

THE AMERICAN BOARD OF UROLOGY, INC.
Application for Certification: Supplemental - Part 2

This application must be received in the Board office with application fee by July 1 to avoid assessment of a late fee. No applications will be accepted after August 2, 2010.

I hereby make application to The American Board of Urology, Inc. (hereinafter called the Board), for issuance to me of a Certificate as a Diplomate in Urology, and for examination relative thereto. I have enclosed the required application fee. I have read the current handbook, *Information for Applicants and Candidates*, published by the Board, and agree to the provisions, requirements, limitations, restrictions, and regulations therein set forth. I hereby release, discharge, and exonerate the Board, its directors, officers, members, examiners, employees, and agents from any damage, claim, or complaint by reason of any action they, or any one of them, may take or fail to take in connection with this application, such examination, the grade or grades given me in respect to the examination, the failure of the Board to issue to me such Certificate, and/or with the enforcement of any of the provisions of the Articles of Incorporation and Bylaws of the Board relative thereto or to the revocation of such Certificate, if issued. The Board may elect to defer continuation of the certification process pending investigation and resolution of any inadequacies or deviations. It may deny certification when serious practice deviations or unethical conduct are involved. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of any applicant's or candidate's status in the certification process. The Board will defer for one year, at a minimum, any candidate who misrepresents or does not respond to questions on the application.

I understand that the American Board of Urology will provide to each Program Director and the Residency Review Committee a list of the examination results achieved by the program's graduates in the certifying examination process. I understand that the names of candidates may be made available to organizations offering review courses and to the other sponsoring organizations.

Signature _____

Please type or print clearly.

Name: _____ Date of Birth: _____

First Middle Last

Last 4 digits of Social Security Number: _____ E-mail: _____

(Mandatory for ABU use - will not be released to other parties)

Mail all Board correspondence to my (choose one): office address or home address

Office Address _____

City _____ State/Country _____ Zip _____

Phone _____ / _____ Fax _____ / _____

(Mandatory) (Mandatory)

Cell Phone: _____

Home Address _____ Phone _____ / _____

City _____ State/Country _____ Zip _____

The Board may provide candidate address information to the American Urological Association for membership communications only, unless you indicate otherwise. Do not provide my address to the AUA.

How long have you practiced urology on a full-time basis? **(Give inclusive dates and locations.)**

a. Civilian Practice ___ / ___ / ___ to ___ / ___ / ___ Location: _____

b. Military Practice ___ / ___ / ___ to ___ / ___ / ___ Location: _____

Questions? The answers to most candidate questions may be found in the *Information for Applicants and Candidates* handbook or on the Board's web page at www.abu.org.

1. Do you currently hold a valid license? Yes No
2. Is it subject to any restrictions, conditions, or limitations? If so, attach descriptive documentation. Yes No
3. Have you at any time had any restrictions or limitations on your medical license?
If so, please attach explanation. Yes No
4. Have you been involved in a post-residency fellowship? If yes, you must attach notarized documentation. Yes No
5. Have you ever been denied hospital privileges, had such privileges revoked, or voluntarily relinquished
privileges because you were asked to? If yes, attach explanation. Yes No
6. Have you ever been named in a malpractice or professional responsibility suit? If so, you must attach
the name of case, court in which filed, and brief description of the allegations and outcome. Yes No
7. Within the last 10 years, have you ever been made aware of a claim or dispute regarding your
professional responsibility, other than by lawsuit, arbitration, or other dispute resolution? If so,
you must provide the name and address of each person or entity involved in the claim or dispute
and a brief description of the matter and its current status. Yes No
8. Have you ever been or are you now in treatment for alcohol and/or substance abuse? If yes, must attach explanation. Yes No
9. How many cases have you reviewed as an expert witness:
for the plaintiff? _____ for the defendant? _____ as a treating physician? _____
10. How many times have you given depositions or testified as an expert witness:
for the plaintiff? _____ for the defendant? _____ as a treating physician? _____
11. Do you require accommodation due to a disability? If you require aids or assistance during the Board
examination, please indicate this by checking the "yes" box. You are required to submit appropriate
documentation substantiating your disability. The Board reserves the right to verify your disability. Yes No
12. Do you request an after sunset examination on Saturday for religious reasons? Yes No
The Board staff will schedule an examination after sunset for the Saturday examination for Sabbath
observers. Candidates will be sequestered for the afternoon with all other candidates until their

Application Check List

**Recent Photograph
(color or black-and-white)**

**This photo will appear
on the ID badge you
wear all day on both
examination days**

***Do not staple or write
on photo***

- Copy of medical licensure valid through 02/28/2011.
*If your license expires before 2/28/11, send a copy of your current card or license,
and a copy of your renewed card or license as soon as it is available.*
- Recent photograph for identification purposes and badge.
- Yes/No boxes for questions 1-13 checked and documentation attached.
- Certificate name completed.
- Back page completed for chiefs of service (add additional copies if needed).
- Mailing labels for chiefs of service from whom peer review will be requested.
- Signature on page 1 and page 3.
- Canadian applicants:** Notarized copy of RCPS(C) certificate.
- Check enclosed in the amount of \$1800, plus \$750 late fee if applicable. (Fees are refundable, less an administrative fee, in most cases of cancelation or deferral).
- Practice Log Verification/Notarization Statement, Complications Narratives and Practice Breakdown form must be received in the Board office by September 1.
- Practice logs must be received in the Board office by September 1. Logs received after September 1 will incur a \$750 late fee. No practice logs will be accepted after September 15.

Send by overnight courier for guaranteed receipt to:

The American Board of Urology, Inc.
c/o Stuart S. Howards, M.D.
Executive Secretary
2216 Ivy Road, Suite 210
Charlottesville, VA 22903

THE AMERICAN BOARD of UROLOGY, INC.
Revocation of Certificate of Certification

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

- a. the issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
- b. the physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or
- c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or in any other statement or representation to the Board or its representatives; or
- d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as established by the Board, and shall refuse to submit to re-examination by the Board; or
- e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or
- f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society or state medical association for reasons other than non-payment of dues or lack of meeting attendance; or
- g. the physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude, or for serious violation of the *Code of Ethics* of the American Board of Urology that adversely reflects on professional competence or integrity.

The Board of Trustees shall have the sole power, jurisdiction and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The Board of Trustees of the American Board of Urology shall have the sole power to censure or suspend or revoke the certificate of any Diplomat.

The undersigned hereby acknowledges reading and understanding the above provisions regarding the grounds for revocation of certificates issued and the procedures to be followed in determining whether or not a certificate should be revoked and hereby agrees to release, discharge, and exonerate the Board, its directors, officers, members, employees, and agents from any and all damage, claim, or complaint by reason of any act of omission.

A Word of Caution: The Board does not recognize such terms as *Board Eligible* or *Board Qualified*, and you should not use these terms. You will not be certified until you have successfully completed the Certifying (Part 2) Examination. In addition, you will be responsible for the content of any advertisements bearing your name. If senior associates indicate on the group's stationery or advertisements that they are Board Certified or are Diplomates of the American Board of Urology, be sure that your name is not included in that category. Violations may result in inadmissibility to the Certifying (Part 2) Examination for one or more years.

I wish my name to be embossed on my certificate as follows (include MD, DO, MBBS, or other verifiable title as you wish it to appear on your certificate): Please type or print legibly on the line below to avoid error.

X _____

I hereby authorize and request any third parties contacted by the Board to furnish such records and information, including confidential information, relating to my abilities and reputation as a urologist, as the Board in its sole discretion may deem necessary or advisable in connection with this application. Further, I hereby release, discharge, and exonerate the Board, its trustees, officers, members, consultants, committee members, examiners, employees, agents, and any third parties furnishing information (including but not limited to any and all health care facilities and the data banks of the Federation of State Medical Boards) from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorney's fees) arising from, out of, or in conjunction with any action which they or any of them may take or fail to take in connection with the furnishing of information to the Board by such third parties.

To the Applicant: Your signature constitutes understanding of the above and verification of the information submitted.

Date: _____ Signature: _____

Board staff will obtain confidential peer reviews documenting your good standing in the medical profession from the Chief of Staff, Chief of Urology or Surgery, and Chief of Anesthesiology of each facility where you have admitting and surgical privileges. If a position does not exist at that institution, please indicate. List **all facilities where you actively practice urology in order of usage (greatest to least)** and **submit accurate office address mailing labels for each physician listed** using the enclosed Avery 5162 labels. *If additional space is required, make copies of this page.* Please type to avoid delays in peer review processing. If desired, you may submit up to two additional letters of recommendation: It is your responsibility to supply the Board office with such letters.

NAME AND ADDRESS OF INSTITUTION:

_____ % Practice Primary privileges Provisional/courtesy

	For ABU Use Only		
	1st	2nd	Eval
Chief of Staff	_____	_____	_____
Chief of Urology/Surgery	_____	_____	_____
Chief of Anesthesiology	_____	_____	_____

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