

1. Do you currently hold a valid medical license? and; Yes No
2. Is it currently subject to any restrictions, conditions, or limitations? If so, attach descriptive documentation. Yes No
3. Within the last 10 years, has your medical license been subject to any restrictions, conditions, or limitations? If so, attach descriptive documentation. Yes No
4. Within the last 10 years, have you ever been or are you now in treatment for alcohol and/or substance abuse? Yes No
If so, attach descriptive documentation.
5. Within the last 10 years, have you ever appeared before a hospital disciplinary board, been denied hospital privileges, had such privileges restricted or revoked, or voluntarily resigned such privileges? If so, attach descriptive documentation. Yes No
6. Within the last 10 years, have you ever been named in a malpractice or professional responsibility suit? If so, attach documentation with name of the case, court in which filed, a brief description of the allegations and outcome, and settlement amount if any. 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? Specifically, have you ever been made aware of a claim brought in any forum, tribunal, administrative proceeding, or pursuant to any other formal or informal means of dispute resolution? If so, you must provide the name and address of each person or entity involved in the claim or dispute including that of the tribunal itself and a brief description of the matter and its current status. Yes No
8. During the past twelve months, approximately what percentage of your practice time was spent as an expert witness, including reviewing cases, preparing for testimony, and actually testifying in court or in a deposition? _____%
9. **Do you require accommodation due to a physical or mental disability during the Board examination?** You will be expected to submit appropriate documentation substantiating your disability. The Board reserves the right to verify your disability. Yes No

**Attach
recent photograph**

**Do not staple or
write on photo**

Application Check List:

- Copy of medical licensure with expiration date valid through 6/30/2012.
If your licensure expires before 6/30/2012, send a copy of your current card or license, and a copy of your renewed one as soon as it is available.
- Signatures on page 1 and on page 3.
- Recent color or black-and-white photograph for identification purposes.
- Back page completed (add additional copies if needed).
- Mailing labels for physicians from whom peer review will be requested.
- Check in the amount of \$2500 (plus \$750 late fee if applicable) enclosed. (Fees are refundable, less an administrative fee, in most cases of cancelation or deferral.)
- Notarized* documentation of fellowship. A notarized copy of a certificate of completion or a letter from the director of the fellowship is required.
- All nine questions above are answered and documentation attached.

Applications must be received in the Board office by September 15th. Applications will be accepted until October 1st with a \$750 late fee. No applications will be accepted after October 1st. Late fees are non-refundable.

Practice logs must be received in the Board office by October 1st. Logs received between October 1st and October 15th will incur a \$750 late fee. No practice logs will be accepted after October 15th.

CME documentation must be received in the Board office by December 1st.

Note: Annual certificate fees must be current to achieve pediatric urology subspecialty certification.

Send by courier for guaranteed receipt to:

The American Board of Urology, Inc.
c/o Stuart S. Howards, M.D.
Executive Secretary
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911

THE AMERICAN BOARD of UROLOGY, INC.
Revocation of Certificate

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 recertification 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 set up 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 a 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 Trustees of the American Board of Urology shall have the sole power to censure or suspend or revoke the certificate of any Diplomate. The Board 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.

You will not be certified in the subspecialty of Pediatric Urology until you have successfully completed all requirements. The Board does not recognize such terms as *Board Eligible* or *Board Qualified*, and you should not use these terms. In addition, you will be deemed responsible for the content of any advertisements bearing your name. Violations may result in inadmissibility to the Pediatric Subspecialty Certification Examination for one or more years.

The undersigned hereby acknowledges reading and understanding the above provisions regarding the grounds for revocation of certificates issued by the Board; 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.

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 to the Board 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 directors, officers, members, consultants, committee members, examiners, and any third parties furnishing information (including the data banks of the Federation of State Medical Boards, National Practitioners Databank, and physician's review organization), from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys' fees) arising from, out of, or in connection 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.

My signature on this application constitutes understanding of the above and verification of the information submitted.

Date: _____

Signature: _____

