

THE AMERICAN BOARD OF UROLOGY, INC.
Application for Certification: Qualifying (Part 1) Examination

This application must be received in the Board office by November 2 to avoid assessment of a late fee. No applications will be accepted after December 1.

Name: _____ Date of Birth: _____
 First Middle Last Suffix Month / Day / Year

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

Both addresses must be completed. Please type or print clearly.

Office Address _____

City _____ State/Country _____ Zip _____

Phone _____ / _____ Fax _____ / _____ E-mail: _____
 (Mandatory) Mandatory) (Mandatory)

Home Address _____ Phone _____ / _____

City _____ State/Country _____ Zip _____

Birthplace: _____ Last 4 digits of SSN _____ ECFMG No. _____

I hereby make application to The American Board of Urology, Inc. (hereinafter called the Board), for examination relative to qualifying for certification as a specialist in Urology, all in accordance with and subject to the guidebook *Information for Applicants and Candidates*. I have enclosed the required application fee. I have read the current *Information for Applicants and Candidates* guidebook that gives the nature of the business, objectives, and purposes to be carried out by the Board, and I agree to be bound according to the provisions, requirements, limitations, restrictions, and regulations therein set forth during the application and certification phase and in subsequent practice as a certified urologist.

By submitting this application I hereby release, discharge, and exonerate the Board, its directors, officers, committee members, employees, and agents, from, against, and with respect to, any and all claims, losses, costs, expenses, damages, and judgments (including attorney's fees) alleged to have arisen from, out of, with respect to, or in connection with any action which they, or any of them, take or fail to take, as a result of or in connection with this application, any examination conducted by the Board which I apply to take or take, the grade or grades given to me on the examination, or the enforcement of any of the provisions of the Rules and Regulations of the Board as set forth in the guidebook *Information for Applicants and Candidates*.

I understand and acknowledge that the Board will act on this application in good faith and consistent with the terms and procedures set forth in the guidebook *Information for Applicants and Candidates* and, further, that the Board will not discriminate against any applicant on the basis of race, creed, sex, age, or handicap, consistent with constitutional and statutory requirements.

By submitting this application, I hereby authorize the Board to contact any third parties named in my application or otherwise selected by the Board, and to conduct such other investigations as to my standing, reputation, skills and performance as a physician, including, without limitation, my reputation for complying with the standards and ethics of the medical profession, as the Board in its sole discretion may deem advisable, at any time. I also 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, committee members, employees, and agents, and any third party furnishing information to the Board, from any and all claims, losses, costs, expenses, damages, and judgments, including reasonable attorney's fees, alleged to have arisen 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 by such third parties. I understand my failure to attain or to adhere reasonably to the Board's standards can be the basis for denying my application, for refusing to certify me, or for revoking my certificate once it is issued.

I acknowledge that the Board may elect to defer my entry into or 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 any candidate who misrepresents or does not respond to questions on the application.

I understand that the application fee is necessary to cover the expenses of the Board in processing my application and that, if my application is denied at this stage, the fee may not be refunded. I also understand that payment of this fee in no way vests me with any right to certification, and that my right and ability to practice the specialty of urology is in no way restricted by this Board if certification is denied. I am making this application voluntarily after thoroughly reading this application and the guidebook *Information for Applicants and Candidates*.

I hereby understand and acknowledge that one of the principal purposes of the Board is to ensure high ethical and professional standards for the practice of urology, and that, in connection therewith, full and honest disclosure of information concerning me, my medical training, practice, and reputation, and my adherence to the ethical standards of the medical profession, is of the utmost importance to the fulfillment of this purpose, and further that the release of any information or records obtained or created by the Board in connection with my application could threaten such full and honest disclosure. Therefore, I hereby acknowledge the confidentiality of, and agree that I will not request the Board to release, any and all information or records it may have obtained or created in connection with my application other than a copy of my application form or my score on any written examination, to me or any other person or organization, any information or records it has obtained or created in connection with my application other than the information described above, except in response to a duly issued subpoena or court order requiring the disclosure of confidential information or records the Board may have, if any, and if different from the information described above. I understand and acknowledge that the Board will adhere to this policy regardless of the person requesting the information or records.

I understand that the American Board of Urology will provide to each Program Director and the Residency Review Committee a list of results achieved on the Qualifying (Part 1) Examination by the program's residents and graduates. I understand that the names of candidates will be made available to organizations offering review courses and to the Board's sponsoring organizations. I understand some data may be used for statistical analysis by the American Board of Urology. 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.

I have read the above paragraphs and agree to abide by the terms therein.

Date: _____ Signature: _____

Do you currently hold a valid medical license (not subject to any restrictions or conditions)? _____ Yes _____ No

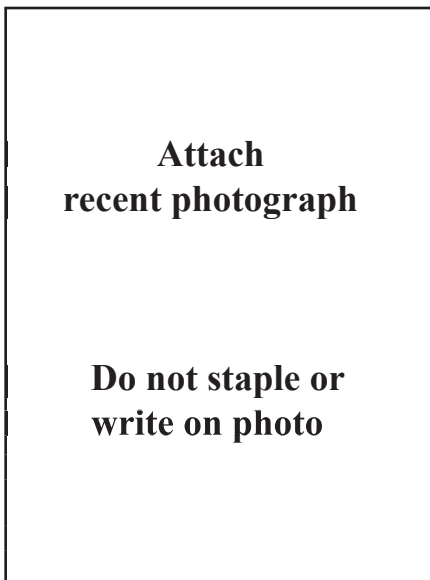
Have you ever been or are you now in treatment for alcohol or substance abuse? _____ Yes _____ No
If yes, provide explanation and attach documentation.

Do you require accommodation due to a physical or mental disability? _____ Yes _____ No

The Board supports the intent of the Americans with Disabilities Act and will make reasonable effort to provide qualified candidates who have documented disabilities the necessary auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge the Board assessment program is designed to test or result in undue burden to the Board. If you require aids or assistance due to a physical or mental disability during the examination, submit documentation with your application.

Canadian applicants: Certification by the Royal College of Physicians and Surgeons of Canada is not required for admissibility to the Qualifying (Part 1) Examination. However, it is required to be admissible to the Certifying (Part 2) Examination.

Instructions to the applicant:



1. Application and notarized documentation must be received in the Board office by November 2. Applications may be accepted with a \$750 late fee until December 1. Applications received after December 1 will not be accepted. Send by courier for guaranteed receipt to: The American Board of Urology, 2216 Ivy Road, Suite 210, Charlottesville, VA 22903.

2. The application fee of \$1,300 is due at the time of application. Chief residents **only** may defer payment of the fee until January 5 but must submit all application documents by November 2. All fees are payable in U.S. dollars. No fees will be accepted after January 5.
_____ Fee enclosed OR _____ Fee by January 5 (Chief residents only)

3. Include the following required documentation with your application. **All copies of documents must be notarized.**

- a. ECFMG certificate, if applicable
- b. Medical school certificate of graduation
- c. Pre-urology 1 and pre-urology 2 training certificates or original letter from program director of surgical residency confirming completion

4. Photograph attached.

This application may be rejected if documentation is inadequate; educational requirements have not been met; no letter from the Program Director indicating satisfactory completion of residency is on file; receipt of an unsatisfactory Program Director's Evaluation form; application is not signed; photograph is not attached; and/or residency is not approved by the ACGME.

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.

For Your Information:

1. A letter from your program director must be received in the Board office by January 1, verifying anticipated satisfactory completion of at least six months as a chief resident by June 30.
2. An evaluation form from your program director must be received in the Board office by March 1.

Check with your program director prior to the due dates to ensure these documents have been mailed to the Board office.

Training Information

Name of medical school _____

Address _____
Street City State Zip Country

Degree(s) and date(s) of receipt _____

Present position _____

Post-graduate training: this section must be completed for each post-graduate year.

1. Submit PGY-1 & PGY-2 certificates or original letter from program director : see *Instructions to the Applicant* on pg. 2.
2. List in descending chronological order:

	Program / Address	Date Began	Date Ended	Program Director	Position
PGY-7	_____				
PGY-6	_____				
PGY-5	_____				
PGY-4	_____				
PGY-3	_____				
PGY-2	_____				
PGY-1	_____				

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.

For Board Staff Use Only

Exam Detail

Part 1 Detail:

1. Date _____ Score _____ % P / F

2. Date _____ Score _____ % P / F

3. Date _____ Score _____ % P / F

4. Date _____ Score _____ % P / F

Part 2 Detail:

1. Date _____ Logit _____ % P / F

2. Date _____ Logit _____ % P / F

Examiner 1 _____

Examiner 1 _____

Examiner 2 _____

Examiner 2 _____

3. Date _____ Logit _____ % P / F

4. Date _____ Logit _____ % P / F

Examiner 1 _____

Examiner 1 _____

Examiner 2 _____

Examiner 2 _____