

AMERICAN BOARD OF UROLOGY  
PRACTICE LOG VERIFICATION STATEMENT

Name \_\_\_\_\_

Medical School: \_\_\_\_\_

Urology Residency Training Program: \_\_\_\_\_

Please indicate if you have an area of special focus in your practice:

\_\_\_\_\_

If you have had fellowship training, please state the subspecialty area, where and when the fellowship was done:

\_\_\_\_\_

Please describe your current practice in 100 words or less:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The electronic log submission and documentation represent a true, complete, and accurate log of my consecutive office visits and surgical procedures for the required time period.

Candidate: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signature  
(Signature must be notarized)

Office Fax: \_\_\_\_\_

Notary: