

1. 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
2. Within the last 10 years, have you ever been a party in an arbitration or alternative dispute resolution proceeding regarding malpractice or professional responsibility? If so, attach descriptive documentation with the name of matter, name and address of resolution office, and brief description of the allegations and outcome. Yes No
3. Within the last 10 years, have you ever been named in a malpractice or professional responsibility suit? If so, please attach documentation with name of case, court in which filed, and brief description of the allegations and outcome. Yes No
4. Within the last 10 years, have you ever been made aware of a claim or dispute regarding your malpractice or professional responsibility, other than by lawsuit, arbitration, or other dispute resolution? If so, attach descriptive documentation with 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
5. 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.
6. Within the last 10 years, has your license been subject to any restrictions, conditions, or limitations? Yes No
If so, attach descriptive documentation.
7. Do you currently hold a valid license? and; Yes No
8. Is it subject to any restrictions, conditions, or limitations? If so, attach descriptive documentation. 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 due to physical or mental disability during the Board examination, please indicate this by checking the appropriate box below. You will be expected to submit appropriate documentation substantiating your disability. The Board reserves the right to verify your disability. Yes No

Application Check List:

**Attach
recent photograph**

**Do not staple or
write on photo**

- Copy of medical license with expiration date valid through 10/31/10.
If your license expires before 10/31/10, send a copy of your current card or license, and a copy of your renewed one as soon as it is available.
- Answered questions 1-11 above and attached documentation and narratives of all pertinent information regarding questions #1-11 above. **This information must be included with your application.**
- Signatures on page 1, and two places on page 3.
- Recent photograph for identification purposes.
- Back page completed (and additional copies if needed).
- Mailing labels for physicians from whom peer review will be requested.
- Documentation of at least 90 urology-focused CME credits, at least 30 of which are Category I, **earned within the 3-year period between August 2007 and July 2010.** All CME documentation **must** be submitted by August 2, 2010.

Practice logs must be received in the Board office by March 15th. Logs received between March 16th and March 31st will incur a \$750 late fee. No practice logs will be accepted after March 31st. Send by 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 Recertification

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.
- h. the physician so certified has failed to meet the requirements to maintain his/her certification in a timely manner, including payment of all fees.

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 Diplomate. 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 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.

Date: _____ Signed: _____

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 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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