

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- f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a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. The American Board of Urology will print only the medical degree with which you were conferred.

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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