Why Recertification and MOC?

Change is the order of the day for medicine over the next few years and we all feel intense scrutiny increasing its grip on our practice. The American Board of Urology (ABU) has been responding for the last decade to this heightened level of oversight in response to requirements set forth by the American Board of Medical Specialties (ABMS). ABMS was formed in 1970 to oversee the process and quality of specialty certification across 24 specialty boards offering 37 general specialty certificates and over 90 subspecialty certificates. Periodic recertification was mandated in 1973 when concern was raised about the steady decline in continuing medical education and retooling clinical skills to keep pace with medicine. Lifetime certificates were no longer granted and the next several decades have seen the quality movement advance initiatives to measure “quality” in individual practices. This quest for quality metrics continues unabated as every entity touching medical care tries to institute new measures and validate their methodology. The only current consistent measure for quality of medical care earned and learned through residency training is the certification examination given by the American Boards.

In 2000 the Institute of Medicine published its landmark article on preventable errors in medicine that led to 98,000 deaths in the U.S. per year. In the same year, coincidentally, ABMS instituted Maintenance of Certification (MOC) as the official certification policy for its member boards, including the ABU. Core elements of MOC include professional standing (licensure), lifelong learning and self-assessment (continuing education credits), cognitive expertise (examination acknowledging growth and complexity of the field over time), and practice performance assessment (practice assessment protocols, PAP’s). Board certification is currently among the criteria required by hospitals, insurance plans, health maintenance organizations and other provider organizations to obtain privileges for medical practice. A recent survey published in JAMA revealed 87% of 1997-2000 US medical school graduates currently were ABMS member board certified which is very similar to the 2003 board certification rate of 88%. Furthermore, state medical boards are required to ensure ongoing competence of physicians seeking re-licensure and establish requirements for Maintenance of Licensure (MOL). State medical boards are shifting from enforcers and regulators to “facilitators of quality improvement”. We predict time limited certificates will not satisfy requirements for state licensure in the future and all practicing urologists will be required to follow MOC-like requirements. The ABU strongly endorses the position that MOC should meet the needs of MOL with common goals and requirements to reduce the burden and redundancy that misalignment would create for our diplomates. The ABU will continue to monitor requirements and institute benchmarks as clearly and timely as possible. Our focus will emphasize a continuum of self improvement – what improvements can I make in patient care?, what do I need to know and be able to do? and, how am I doing? To meet the diversity and reality of current practice we are adding more PAP’s, providing more CME credits for completing protocols, and focusing the oral examination questions on solving clinical problems with less emphasis on reciting rigid scripted material. Examinations are now copyrighted ensuring the integrity of the process with criminal prosecution for breaches of professional behavior.

As urologists we owe honor to our teachers, mentors and colleagues in practice. With this in mind, I revisited...
Message from the President
continued from page 1
the presidential messages from my predecessors and make note of their contributions, reflections, and deliberations with fellow trustees:

“Urology is meant to evolve, and because urologists care for the diseases of the genitourinary tract, we must integrate new areas of medical, surgical, technological, imaging and pharmacologic options into diagnosing, managing, treating and preventing problems of the urinary tract” Linda M. Shortliffe, MD (2006)

“The board has been clear to state that subspecialty certification does not mean that fully trained and certified urologists can be prevented, at any level, from evaluating or treating patients with urologic disorders related to a subspecialty. Indeed, the Board maintains that all certified urologists are qualified to evaluate and treat all patients with urological disorders” Peter R. Carroll, MD (2007)

Revised mission statement – “To act for the benefit of the public to insure high quality, safe, efficient and ethical practice of Urology by establishing and maintaining standards of certification for urologists.” W. Bedford Waters, MD (2008)

“As we move forward we need to consider more creative and meaningful ways that we can improve the quality of care that we deliver.” Michael O. Koch, MD (2009)

“As individual physicians our primary accountability is to our patients. As a specialty what is our accountability to society?” William D. Steers, MD (2010)

In closing I want to pay tribute to Stuart S. Howards. Dr. Howards has served as the Executive Secretary of the ABU since April 1, 1997, the longest service in this capacity since 1935 when the ABU was established. He will step down from these duties on February 2012. His tireless service and devotion to organized urology is without peer and we salute Stuart Howards for his commitment to the ABU. It has truly been an honor and privilege to work with him over the last 6 years. Dr. Gerald Jordan will succeed Dr. Howards as Executive Secretary of the ABU in 2012.

“The pathway to wisdom is a crooked one. Doctors have many opportunities to become wiser, and may do so in different ways to different degrees…Seeking wisdom should become embedded in the culture of medicine.” The practice of medicine is a work in progress where continuous learning, improvement and focusing on what is best for our patients benefits the profession. The ABU will continue to serve our diplomates and challenge our profession to embrace the rapid changes facing physicians and the public we serve.

Examination Security
by Gerald H. Jordan, M.D.

Incidents have occurred recently which have substantially compromised some Medical Boards’ ability to administer and maintain secure examinations. Therefore, a number of issues pertinent to the maintenance of security surrounding examinations for certification, recertification, and maintenance of certification (MOC) have been raised. Additionally, the alignment of the American Board of Medical Specialties (ABMS) MOC programs with federal government programs has caused the government to develop concerns regarding the procedures utilized by ABMS member boards to secure examination development, maintenance, and administration.

There is no evidence that any of the American Board of Urology (ABU) examinations have been compromised; however, the ABU has taken important steps regarding the development to secure exams. The ABU administers both written and oral examinations. Written examinations are developed by a committee in a secure setting and immediately loaded onto a secure and encrypted site. All editing of the examinations from that point on occurs on the secure site by individuals with a “need to know” status. The written examinations are downloaded to Pearson VUE for administration in their test centers worldwide. Pearson test centers utilize many procedures to guarantee the security of the testing environment. Strict entry requirements are demanded and the test environment is closely monitored. Virtually nothing occurs during the test that is not observed with records kept.

Certain behavior clearly indicates an intent to cheat. For example, taking information into the exam, such as:

- Reviewing answer sheets
- Photocopying answer sheets
- Taking notes during the examination
- Using electronic devices during the examination

References
as notes on paper or written on one's hands, raises little question that the behavior is clear intent to cheat. Also, making an effort to see what those around you are doing during a securing examination, looking for help from their answer patterns, taking bathroom breaks and discussing the examination, are all obvious efforts to cheat. Likewise, during the oral examination process, discussing questions, which is strictly forbidden, is cheating. One might ask why we are worried since we are all professionals. The sad truth is that professionals seem to be most at risk for behaviors that are cheating. This has been validated in a number of venues by a number of studies. It is believed that the high stakes nature of the examination might pressure individuals into considering cheating. This raises the question, "why have examinations at all—do they make me a better doctor?" The answer is that examinations are a reality of board certification. They are a reproducible and verifiable entity, which can be reported to the public as an indicator of competence; therefore, they are part of the process and will remain part of the process. The physician, like many other professionals, is at risk.

What else has been done to keep the examination process secure? All examination materials are stored in secure sites, board offices are held to a designated level of security (alarm systems, locks, etc.) Board personnel are subject to background checks. Member of the Examination Committee and Trustees of the American Board of Urology are bound to confidentiality with regard to the examination process. Trustees of the ABU cannot participate in board review courses to avoid inadvertent disclosure of critical exam information. In short, the examination security process is under constant review and as areas for improvement are identified, they are addressed.

Much of the examination security process has to begin at the Diplomate level. Copyrighting of ABU examination questions has been put in place for one reason; so that those that abuse the process can be prosecuted. Exam content is considered confidential and is not to be shared among Diplomates and candidates. Oral examination candidates are required to sign a confidentiality statement acknowledging that they have read and understand that the examination content is the property of the American Board of Urology and is secure and confidential. When a Diplomate applies for the process, there is a need to read and acknowledge understanding of the statement. When the individual presents for examination, the statement must again be read and understanding of the content acknowledged. What this means is that the American Board of Urology considers discussion of examination questions unacceptable. It is not okay, and if it is discovered, it is regarded as cheating and the offending Diplomate or candidate may have the entire examination invalidated. For some that may lead to failure to certify or the expiration of certification. In short, that is the least that might happen. As mentioned, a direct effort at copyright infringement is punishable by law.

The American Board of Urology and its Diplomates must function as a team with regards to exam security. Examination security is important to the Diplomate, as it allows many processes that are currently under development to make MOC much easier for the Diplomate. Additionally, it puts all Diplomates on an even playing field. If you have a question about whether a behavior might be considered cheating, it probably is. Remember, your answers have to be yours, the examination process has to be yours, the examination questions have to remain yours, and if all of that is adhered to, the results of the examination will be a representation of your competence and professionalism.

The American Board of Urology welcomes comments from Diplomates and Candidates on the issues raised in the ABU Report or any other issues affecting the practice of urology or certification processes. Please mail your comments to Dr. Stuart S. Howards, Executive Secretary, American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911, or fax your comments to 434/979-0266.
The Board Welcomes…

New Trustees: Kevin R. Loughlin, MD, MBA; and J. Christian Winters, MD

Dr. Kevin R. Loughlin is a Professor of Surgery at Harvard Medical School, Senior Surgeon at Brigham and Woman’s Hospital, and Staff Urologist at Dana Farber Cancer Institute. Dr. Loughlin received his A.B. from Princeton University, his M.D. from New York Medical College, and an MBA from Boston University. He served as Secretary of the New England Section of the AUA from 2002-2007 and as the President of the New England Section of the AUA from 2008-2009. He is currently on the Board of Directors of the American Association of Clinical Urologists and the Massachusetts Association of Practicing Urologists. He will serve as an alternate and then member of the Board of Directors of the American Urological Association from 2011-2019, and is a Fellow of the American College of Surgeons. Dr. Loughlin has served on the editorial boards of the Journal of Urology, Urology and the Canadian Journal of Urology, and has authored over 200 original publications in the field of urology and has authored or edited ten books. He was nominated to be a Trustee of the ABU by the American Urological Association.

Dr. J. Christian Winters serves as Professor and Chairman of the LSU Department of Urology and as Residency Program Director. He completed his internship and surgery training at Ochsner and his urology residency in the combined LSU/Ochsner program and a fellowship in female urology and voiding dysfunction at the Cleveland Clinic. Dr. Winters serves on the executive committees of the Society for Urodynamics and Female Urology and the Southeastern Section of the American Urologic Association. He is also a member of the American Urologic Association Stress Urinary Incontinence Incontinence Guidelines Panel, serves on the Quality Improvement and Patient Safety as well as the Practice Management Committees of the AUA. He was the lead author of the AUA Core Curriculum in Urodynamics, and serves as a Core Curriculum Section Editor in the area of Female Urology and Voiding Dysfunction, and is a Fellow of the American College of Surgeons. Dr. Winters served as Associate Editor of Neurology and Urodynamics and is on the editorial board of the Journal of the Louisiana State Medical Society. Dr. Winters also serves as an editor of the UCUR, the Urodynamics Curriculum for Urodynamic Residents, which is a joint project of the SUCPD and SUFU. He reviews for most major journals in the subspecialty of voiding dysfunction and has published over 100 peer-reviewed manuscripts and text chapters. Dr. Winters has lectured extensively at the AUA, and has delivered state-of-the-art lectures at the Canadian Urologic Society, SUFU, SESAU, and the International Continence Society. Dr. Winters was nominated to be a Trustee of the American Board of Urology by the Society of University Urologists.
The Trustees and staff of the American Board of Urology thank Stuart S. Howards, MD for his unparalleled and dedicated service to the Board in his capacity as Executive Secretary since 1997.

Dr. Howards is the longest serving board executive in ABU history. He will retire from his ABU position in February 2012.

Gerald H. Jordan, MD will assume the position of Executive Secretary of the American Board of Urology at that time.

Subspecialty Certification in Pediatric Urology by the American Board of Urology

266 pediatric urologists have earned subspecialty certification in pediatric urology since the implementation of the subspecialty certification process in 2008. This represents 75% of the estimated 350 active pediatric urologists identified by the Society for Pediatric Urology. The period of time for application by grandfathered applicants, that is, those pediatric urologists who have not completed an ACGME approved, two-year fellowship, has expired. Approximately sixteen Fellows complete the requisite fellowship training annually; therefore, in order to have a cost effective and statistically valid examination, the Board will offer the Pediatric Subspecialty Certification Examination (PSCE) every other year, beginning in 2012.

Dr. Steers is honored to have served to maintain the professionalism of American Urology and witnessed the evolution of the Board from merely setting rules and overseeing testing to grappling with issues on quality, education, professionalism and ethics in our specialty on behalf of patients.

Dr. Ralph Clayman served as a Trustee of the American Board of Urology from 2005 to 2011 and as Vice President from 2010-2011. He also served as Chair of the Policy Committee, and on the Credentials, Qualifying (Part 1) Exam, Publication and Research, and Quality Measures Committees of the Board.

Dr. Clayman stated, “Being a Trustee of the American Board of Urology was truly a highlight of my career in Urology. Having the opportunity to work with some of the brightest and most dedicated people in our field was a rare and valued privilege - and having the opportunity to torment Stuart Howards for six years was just icing on the cake! I believe that over the past six years, the American Board of Urology has served the public well. While there have been many positive actions, the two that stand out in my mind were the creation of a mission/vision statement for the Board and the progress made in allowing urologists from other countries, with high merit and significant contributions to American Urology, to sit for the board examinations. In addition, the ongoing progress made with regard to recertification has been most heartening. The commitment to insuring the highest level of urologic care for the American public remains unwavering among the members of the Board.”
The majority (18 of 24) of the member boards of the American Board of Medical Specialties (ABMS) provide subspecialty certification. The ABMS requirements for a subspecialty certification include a distinct area of knowledge (demonstrated by successful completion of a qualifying examination process) and completion of ACGME-approved accredited fellowships - or in the case of the American Board of Obstetrics and Gynecology (ABOG), an ABOG-accredited fellowship. Obviously there are arguments both for and against subspecialty certification. Opponents feel that this could be divisive for the field of urology, and there is a concern that subspecialty certification creates additional expense and effort for no real advantage. Proponents of subcertification note several incentives, including a desire for recognition of their extra training and a sense they would be in a better competitive position as compared with those in other specialties. For example, pediatric urologists would be better able to compete with pediatric surgeons who do have a subspecialty certificate from the American Board of Surgery. For the practicing urologist, this concern regarding competition was greatly magnified when ABOG announced they were proceeding to apply to the ABMS for subspecialty certification in Female Pelvic Medicine and Reconstructive Surgery. Additionally, there is a substantial overlap in the procedures performed by urologists and urogynecologists. The ABU studied this issue intensely, and concluded that a joint training structure was in the best interest of the practicing urologist and in women with pelvic floor disorders. Thus, the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) initiated discussions to create a joint subspecialty in Female Pelvic Medicine and Reconstructive Surgery. For many years this process has continued. This has led to accreditation of fellowships, and now a combined ABU-ABOG regulating board. This combined board has an equal complement of urologists and gynecologists (three each), and the chair of the board alternates between urology and gynecology.

A core curriculum in Female Pelvic Medicine and Reconstructive Surgery has been developed and refined by this group. This ABU/ABOG board also assumed the task of applying to the American Board of Medical Specialties for formal recognition of the subspecialty of Female Pelvic Medicine and Reconstructive Surgery. This proposal was accepted by the COCERT committee of the ABMS, which is charged with the responsibility for deciding whether or not a subspecialty application is appropriate. COCERT did require modifications of the current accreditation process of fellowships, and these modifications are being implemented. As a result of this subspecialty recognition introducing changes in the accreditation of the specialty, the ABU thought an update on this process would be timely for all Diplomates.

First and foremost, all Diplomates should understand the position of the ABU regarding subspecialty certification. The board has been clear to state that subspecialty certification does not mean that fully trained and certified urologists can or should be prevented, at any level, from evaluating or treating patients with urologic disorders related to a subspecialty. Indeed, the Board maintains that all certified urologists are qualified to evaluate and treat all patients with urological disorders. The Board fully maintains this position as it pertains to FPMRS.

At present there are 8 accredited urology based programs in FPMRS, with several more programs in the application process. In contrast, there are approximately 40 GYB programs. The fellowships in FPMRS will be 3-year programs, which will be accredited by the ACGME. Urology residents will be given 1 year of credit upon successful completion of their urology residency. Thus, fellowships will be 2 years for urologists and 3 for gynecologists. The combined ABU/ABOG oversight board has developed the common program requirements, which will serve as the recommended framework for the fellowship programs. Urology based programs (those programs with a urologist as Program Director) will be reviewed by the Urology Residency Review Committee. The recommendations of the Urology RRC will be passed through the OB-GYN RRC to the ACGME for official accreditation of the fellowship programs. For urology residents graduating from residency after June 2010, completion of an accredited ABOG/ABU or ACGME fellowship program, followed by successful completion of a qualifying examination in FPMRS will be necessary in order to achieve subspecialty certification in FPMRS.

The ABU is currently overseeing the development of a written qualifying examination. The examination will consist of 200 items. 100 items will be urology centric questions that will only be taken by urology candidates, and 100 items will be common FPMRS questions taken by all candidates (urology + GYN). Question development has been an ongoing process, and it is expected that the first examination will be administered in 2013.

The ABU fully recognizes the accomplishments of
many practicing urologists in the area of female pelvic surgery. Thus, the ABU is being very deliberate in the creation of an inclusive “grandfathering” process that will allow urologists currently in practice to achieve subspecialty certification in FPMRS. Urologists will have to demonstrate a specialty focus of FPMRS in their practice. This will be accomplished by submitting CPT case log data demonstrating a significant percentage of their surgical volume in the area of FPMRS, urodynamics and voiding dysfunction. Case logs will be carefully be reviewed by the ABU. The final case log requirements are currently under development, but a ratio of CPT case volumes demonstrating subspecialty focus and/or a minimum number of cases will be required. These requirements will be finalized and announced in the Spring of 2012. If case logs demonstrate a specialty focus in FPMRS, the urologist will be eligible to sit for the qualifying examination as described above. If the candidate passes the examination after case log approval, certification in FPMRS will be awarded through this “grandfathering” process. Urologists graduating urology residency prior to July 1, 2010 will be eligible for this grandfathering process. It is expected that the grandfathering process will be open for a period of 3 years. When this period expires, only those candidates who complete an accredited fellowship program will be able to sit for the exam. Through this process of grandfathering, the ABU is hopeful that practicing urologists with specialty focus in FPMRS will achieve subspecialty certification. The ABMS recognition of FPMRS is a significant advance for women with pelvic floor disorders and the physicians treating them. The ABU will facilitate and encourage the entry of urologists into this process.

It is clear that the process of recognizing subspecialty training will evolve over time. All specialties are considering the entire postgraduate educational process carefully, including urology and governmental agencies. Current ABU trustees as well as those who follow are committed to ensuring that urological training meets the demands of our society, its technology and the patients it serves. We welcome the active participation of all urologists in meeting this objective.

In Memoriam
The office of the American Board of Urology regrettfully reports receiving notification in 2010-2011 that the following Diplomates have passed away.


2011 Qualifying (Part 1) Examination
301 candidates sat for the 2011 Qualifying (Part 1) at Pearson VUE Test Centers across the country. 271 (90%) passed and 30 (10%) failed. 228 US trained urology residents taking the examination for the first time passed.

2011 Certifying (Part 2) Examination
The 2011 Oral Examination was challenged by 258 candidates. In 2011, candidates were rated on each of the individual questions associated with each of the six protocols. All candidates challenged the same six protocols. The questions were then classified under the appropriate clinical skills within each protocol. The skills under which each question was classified were: 1) History/Examination; 2) Imaging/Laboratory; 3) Diagnosis/Differential; 4) Management; and 5) Complications/Followup. This allowed the examiner to assess candidates from five perspectives using questions associated with each of those clinical skills. 237 (92%) candidates passed the examination and 21 (8%) failed.

2010 Recertification Examination
505 candidates sat for the 2010 Recertification Examination at Pearson VUE Test Centers across the country in October 2010. 489 (97%) passed and 16 (3%) failed.
American Board of Urology Change of Address Policy

The processes of Certification, Recertification, and MOC have become increasingly complex, requiring significant exchanges of information between the American Board of Urology and its Diplomates. For many reasons, standard mail, telephone calls, and faxes have become inefficient. The cost involved is significant for the Board, having the potential for influence on fees.

It is critical that the American Board of Urology has current, accurate mailing and electronic contact information for all Diplomates, including those with time unlimited certificates, those in recertification, and those in MOC. It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board's ability to transfer important information to the Diplomate and currency in MOC, recertification, or certification could be impacted. Diplomates are required to verify their contact information annually and if one's information changes, the ABU must be notified. A lapse in this information could result in the revocation of your certificate.

American Board of Urology Annual Certificate Fee Policy

The American Board of Urology initiated a $200 annual certificate fee in January 2009. The fee replaces all periodic Recertification Examination or Maintenance of Certification fees and is invoiced to all practicing Diplomates of the ABU regardless of the status of their certificate; that is, time limited or unlimited. Time unlimited diplomates are not required to pay the fee, but are encouraged to participate on a voluntary basis.

Diplomates should mark their calendars and inform their staffs that this fee is invoiced annually in January and payment is due by April 1 each year. It is the responsibility of the Diplomate to ensure that the Board office has an accurate mailing address and email address, as there will be no waiver of late fees due to outdated information.

For diplomates with time limited certificates, non-payment of the fee by the April 1 deadline will result in a doubling of the fee to $400. Non-payment of the fees by July 1 will result in a doubling of the fee to $800. Non-payment of the total fees by November 1 will result in revocation of certification. Non-compliant Diplomates will be reminded by email after the first quarter of the year and by mail after the second quarter of the year. Final notice will be sent by certified mail giving the Diplomate the opportunity to pay all fees prior to revocation.

Not sure if the ABU office has your current address?

Complete and fax this form to 434/979-0266 or mail to:
American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911.

ABU ID ______________________  Effective Date: ____________________________________________

First Name  Middle Name  Last Name     Suffix  Title

Street Address or PO Box

City      State     Zip

Daytime Phone     Email address
The entire class of 495 Diplomates completed all MOC Level 1 requirements in 2010. 541 Diplomates are currently working towards completing their MOC 2011 Level 1 requirements while 255 Diplomates are enrolled in MOC 2011 Level 2. As of this printing, over half of these Diplomates have completed their requirements. MOC Level 1 requires completion of an online application, submission of a copy of valid medical licensure, and completion of an online practice assessment protocol (PAP). MOC Level 2 requires completion of an online application, submission of a copy of valid medical licensure, completion of an online practice assessment protocol (PAP), satisfactory peer review, and documentation of 90 hours of urology focused continuing medical education (CME).

All ABU Diplomates required to enter the MOC process in 2012 will receive a letter in late December 2011 outlining their requirements. Members of the 2012 MOC class will receive a letter in April 2012 with a user name and password to log in to the ABU website and complete MOC requirements. The letter will again outline the MOC requirements for their appropriate MOC level. Current requirements for each level of MOC are represented in the adjoining chart. The MOC Entry Timeline reflects when Diplomates are expected to enter each level of MOC. Any questions regarding the MOC process may be emailed to MOCCoordinator@abu.org.

**MOC Products/Tools Update**

- Five new practice assessment protocols (PAPs) have been developed for use in 2012 which cover AUA Guideline topics: microhematuria, renal masses, BPH, UTI, and male infertility. The pediatric Reflux PAP has also been updated for 2012.
- Patient safety modules and ethics modules similar in design to the PAPs have been developed for use in MOC. ABU staff is working towards implementation in 2013.

**Update on ABMS Reporting:**

To fulfill the ABMS requirement mandating reporting the MOC status of all Diplomates, the American Board of Urology has adopted the following language: *The Diplomate is in compliance with the requirements of his/her ABU certificate.*

The Trustees and staff of the American Board of Urology wish to thank Dr. W. Bedford Waters for his dedicated service as MOC Chair from February 2009 through February 2012. Dr. Waters, Trustee Emeritus of the American Board of Urology (2003-2009), worked tirelessly on developing the framework and components of the current ABU MOC process, including attending meetings, formulating policy, writing and editing protocols and advising staff on critical decisions. Dr. Waters will be replaced by Dr. Timothy B. Boone at the conclusion of his term in February 2012.
Brochure Describes Certification

Diplomates of the American Board of Urology who wish to make patients aware of their certification and the process for obtaining it may benefit from the brochure: Your Urologic Surgeon is Certified by the American Board of Urology.

This new brochure includes sections on The Importance of Board Certification, Maintenance of Certification, and Pediatric Subspecialty Certification and a detailed illustration of the urinary system. A sample will be mailed with the annual certificate fee invoice in January, or you may request a sample by contacting the Board office at 434/979-0059.

There are limited quantities of the previous brochure available in English and in Spanish. (The new brochure is currently only available in English.) Please note on the order form if you are ordering the previous brochure.

Brochures may be ordered from the Board office in quantities of 100, 200 or 500 using the order form below. We regret that telephone orders and credit cards cannot be accepted.

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**Brochure Order Form**

*Please type or print clearly*

Brochures are available only to American Board of Urology certified Diplomates.

Diplomate # (if available): ________________  Quantity: 100  200  500

______ English  ______ Spanish

Name: ________________________________

Address: ____________________________________________

______________________________

City: ________________ State: _______ Zip: ____________

Mail order form and check to:

The American Board of Urology, 600 Peter Jefferson Parkway, Suite 150, Charlottesville, VA 22911

**Order Instructions:**

1. Complete the form
2. Circle number requested
3. Check English or Spanish
4. Enclose check or money order payable to ABU for:
   - 100 - $50.00
   - 200 - $75.00
   - 500 - $150.00
   - VA residents add 5% sales tax

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**Request for Printed Copy of 2012 Newsletter**

With improved internet capabilities and access, and as part of the Board’s ongoing commitment to controlling costs, the next ABU Report will be published on the Board website, [www.abu.org](http://www.abu.org). We will make printed copies available to those Diplomates who prefer a printed one.

If you wish to receive a printed copy next year rather than accessing it on the website, please complete the information below and fax it to the Board at 434-979-0266 or mail it to:

The American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911

Diplomate Number (from mailing label): ________________

Name: ________________________________

Street 1: ________________________________

Street 2: ________________________________

City: ________________ State: __________ Zip: ____________
Voluntary Contributors

The Trustees of the American Board of Urology wish to express special thanks to the following retired Diplomates who were gracious enough to pay the $200 annual certificate fee:

Ben Bashinski Jr MD
Edward M Blight Jr MD
Thomas A Borden MD
Stanley A Brosman MD
Anton J Bueschen MD
Hernan M Carrion MD
C David Cawood MD in honor of Dr. Herbert Seybold
Shu F Cheng MD
William A Cook MD
Eric R Engelman MD
Robert L Brusenhan Jr MD
Preston H Bradshaw Jr MD
Kent F Borkovec MD in honor of Dr. Herbert Seybold
John A Ezzard MD
Robert H Edwards MD
Ben Bashinski Jr MD
Edward M Blight Jr MD
Thomas A Borden MD
Stanley A Brosman MD
Anton J Bueschen MD
Hernan M Carrion MD
C David Cawood MD in honor of Dr. Herbert Seybold
Shu F Cheng MD
William A Cook MD
Eric R Engelman MD
Robert L Brusenhan Jr MD
Preston H Bradshaw Jr MD
Kent F Borkovec MD in honor of Dr. Herbert Seybold
John A Ezzard MD
Robert H Edwards MD
Eric R Engelman MD
Manuel Fernandes MD
Kenneth A Forbes MD
David S Friedman MD
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Yuly Goldin MD
Virinder S Grewal MD
James H Herlong MD
Melvin H Herman MD
Masahisa Hjikata MD
Delutha H King Jr MD
Clyde A Kyle Jr MD
Mario L Labardini MD
Sushil S Lacy MD
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David L McCullough MD
Larry A Meyer MD
Richard G Middleton MD
Theodore L Mobley MD
C R Natarajan MD
Ernest A Norehmad MD
William E Nuesse MD in honor of Dr Lino Arduino
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Marjorie E Ramos MD
John Fletcher Redman MD
Alfonso Richards MD
James P Roach MD
Hugh P Robinson MD
Thomas J Rohner Jr MD
Paul F Schellhammer MD
Joseph I Schultz MD in honor of Dr Willard E Goodwin
Robert A Shpall MD
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Michael P Small MD
James L Snyder MD
Key H Stage MD
Robert M Trevino MD
Raymond W Turner MD
William R Turner Jr MD
Jose L Villalobos MD
Robert S Waldbaum MD in memory of Dr Harry Barbasis
William S Warden MD
Arthur W Whitehurst MD
Lawrence Winton MD
Roy Witherington MD

The Trustees want to thank the following retired Diplomates for their support of the Board’s activities from September 2010 – September 2011:

Kent F Borkovec MD in honor of Dr David Pressman
Preston H Bradshaw Jr MD
Robert L Brusenhan Jr MD
John A Ezzard MD
Earl P Galleher Jr MD in honor of Dr John G Young and Dr Edward W Campbell Jr
George M Glantz MD in memory of Dr William M Glantz
Marcelle R Hamberg MD
Samuel P Hawes III MD
Charles M Holman Jr MD
Gerald W Ireland MD
Leo M King MD
Werner A Linz MD
John H Mahler MD
Haragopal K Penugonda MD
Philip T Schley MD
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