Message from the President

Welcome to the ABU newsletter. I want to begin by thanking our Diplomates and applicants for your flexibility over the past year. We realize that the last-minute changes in exam dates and format have been challenging for all of you. Although we have all learned not to try to predict what will happen next in this pandemic, because at this writing it seems like the latest surge is abating we are very hopeful to head into a period of readjusting to a more normal life this Spring and Summer.

These past two years the ABU Trustees and, especially, the office staff have worked diligently to adjust to all that the pandemic has thrown at us. Our staff secured scarce seats at Pearson testing centers for the rescheduled 2020 written exam that graduating residents ultimately took January 2021, and the 2021 class was able to take their written Part 1 exam on time this past summer. Through a tremendous effort in conjunction with the ABU office staff and IT team, Trustee and President-Elect Dr. Gary Lemack led the enterprise to shift the 2021 oral exam to a fully remote format. Unlike many other boards, the ABU successfully completed 100% of the exams in those 2 days with excellent feedback from both examiners and test takers. Although pleased that the exam went so smoothly and recognizing the advantage of avoiding travel, the Trustees unanimously feel that our exam is best administered in person, so we will return to that format this year.

We are excited to be moving to a new venue for our in-person oral exam in April. The dedicated testing center in Raleigh, North Carolina is ideally configured for professional, secure, and comfortable exam delivery and we are confident this will be a major improvement for exam takers. Additionally, this center has tremendous capability which will allow us in the future to incorporate new testing techniques such as using standardized patients or hands-on technical skills testing.

The ABU has also undertaken a major initiative, led by Trustee Dr. Cheryl Lee, to focus on diversity, equity and inclusion. The initial efforts were reviewed in an article by Dr. Doug Husmann and colleagues on the Board in Urology Practice.1 This year all examiners administering the oral boards will undergo training in unconscious bias. We will continue to evaluate all of the Board’s activities through this DEI lens to ensure we represent the interests of all of our Diplomates and applicants.

Our Board is a member board of the ABMS which establishes the standards for certification and provides oversight of our activities. This past year the ABMS completed a major revision of these standards through a project called the Vision Commission. Although the ABU has one of the smallest group of members, our Board is very well represented in the leadership of that organization.

Dr. Brant Thrasher serves on the Executive Committee of the ABMS and current and former Trustees Drs. Cheryl Lee, Martha Terris, Ann Gormley and David Joseph all serve on ABMS committees to help ensure that our interests are heard. Thanks to such active involvement, we are in excellent standing with ABMS and their newly issued Standards for certification and continuing certification.

Continuing certification has probably felt like a moving target for those of you who have been certified for many years. We went from Maintenance of Certification (MOC) to Lifelong Learning (LLL), and from a single ‘high stakes’ exam every 10 years (open book and then closed book), to the addition of other required activities every few years. We listened carefully to Diplomate concerns that the requirements were onerous and the exam didn’t reflect their practice, so we decreased the frequency of requirements. We moved to a modular exam where Diplomates choose a focused area for the test and many of the questions are based on the expanding number of guidelines available to us in urology. And most recently we changed the exam to one that guides directed CME activities to address knowledge gaps rather than a ‘high stakes’ exam that can result in loss of your certificate. The current ABMS standards call for an approach that is more continuous and formative, encouraging Diplomates to stay up to date throughout their years of practice. In response, under the guidance of former Trustee Dr. David Joseph, we have rolled out the new pilot of Continuing Urology Certification (CUC) in which some of you are participating. We will be evaluating the pilot over the next year or two, and if successful, will implement this as our new process for all Diplomates. Dr. Joseph’s article in this newsletter provides an expanded description of the pilot.
Message from the President
continued from page 1

We have also tried hard to improve communication with our Diplomates and candidates. This has included an extensive update to our website and Diplomate Portal, which serves as the primary location to find information about certification and recertification and your personal timeline and process status. We will also continue to hold periodic open zoom Town Hall discussions where Diplomates can ask questions and learn the latest about ABU initiatives. We appreciate hearing Diplomates’ suggestions of how we can improve this communication effort.

Finally, I’d like to thank Vice President Joel Nelson and all our Trustees for their dedication to this organization. Dr. Nelson has led a careful evaluation of the ABU financial status to make sure that we remain on solid financial footing and stay committed to conserving those resources. All the Trustees serve as volunteers and the positions require a significant amount of time and effort. I, for one, have learned a tremendous amount during my time on the Board and am very pleased to have had the opportunity to serve in this role.


INCOMING ABU PRESIDENT

Gary E. Lemack, M.D. of Dallas, Texas will assume the position of President of the American Board of Urology in March, following the Board’s 2022 Spring meeting. Dr. Lemack succeeds Eila C. Skinner, M.D.

ABU Change of Address Policy

The processes of Certification, Recertification, Subspecialty Certification, and Lifelong Learning (LLL) 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 to influence fees.

Therefore, it is imperative 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, those in subspecialty certification, and those in LLL. **It is the obligation of the Diplomate to maintain contact information with the ABU.** Failure to do so compromises the Board’s ability to convey important information to the Diplomate and jeopardizes currency in LLL, recertification, or certification. 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 ultimately result in certificate revocation.

Purpose of the ABU

The purpose of the American Board of Urology is:

1. To improve the quality of urologic care
2. To establish and maintain high standards of excellence in the specialty of Urology and its approved subspecialties
3. To encourage the study, and advance the cause of Urology
4. To evaluate specialists in Urology who apply for initial and continuous certification and urologists in approved subspecialties who apply for subspecialty certification
5. To grant and issue to qualified physicians certificates of special knowledge and skills in Urology and approved subspecialties, and to suspend or revoke same.
6. To serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by furnishing lists of urologists whom it has certified to the American Board of Medical Specialties and the American Medical Association.
Message from the Vice President

Joel B. Nelson, MD
ABU Vice President

Grace and Truth

Trustees serve for six years on the American Board of Urology. They are clinically active Urologists who are governed by the same standards and go through the same requirements for Lifelong Learning as every Diplomate. In distinction to our colleagues who represent and serve urologists through leadership positions in the AUA, specialty societies and organizations, a Trustee’s first and primary responsibility is to the public: “The mission of the American Board of Urology is to act for the benefit of the public by establishing and maintaining standards of certification for urologists, working with certified urologists to achieve lifelong learning to insure the delivery of high quality, safe and ethical urologic care.” This mantra—public benefit—permeates many of the Board’s deliberations and activities; often it is most impactful when the opinions of 12 individual Trustees need to be unified into a single response or course of action.

Advocacy for the public puts the ABU and the Trustees in a unique and, frankly, challenging situation. We are familiar with morbidity and mortality conferences and, in medical staff leadership roles, addressing the troubling lapses by other physicians. Discussing complications, especially our own, and dealing with the bad behavior of our colleagues can be inherently difficult because it requires respect for the rights and agency of others while simultaneously seeking to understand the truth. In my opinion, the ABU strikes the balance between grace and truth very well.

On the truth side, the ABU establishes and maintains the standards that assure the public Board certification has meaning. While it is an honor to become Board certified, given the considerable training, surgical skills, peer endorsement and testing required, it is not an honorary designation. Indeed, the active maintenance of those standards, now with an increased and rewritten. Facts are triple checked, guidelines referenced, ambiguities removed, and personal practices scrubbed. The dissection and reassembly of a protocol takes several hours in Committee. The public’s interests remain central in this process, with questions specifically designed to identify candidates who may be unable to practice urology safely.

Administering the exam is another example of grace and truth. Diplomates reading this likely have the orals seared in their memories and may remember this milestone as anything but graceful. The ABU has taken steps, many behind the scenes, to assure the exam is fair and free from bias—one of the characteristics of grace.

The questions are carefully scripted, and every candidate is held to the same scoring rubric. Each examiner is evaluated based on their scoring severity and consistency; those falling outside the standards no longer give exams. Each candidate now has two examiners who independently score the responses. The setting has moved from hotel bedrooms and conference rooms to a facility specifically designed for this form of testing.

The vast majority of those who take the certifying exam pass, not because it is easy, or the threshold is low. No, it is because the candidates are bright, well-trained, and well-prepared. Their performance is a testament to the excellence of the medical students applying to urology residencies (predominantly from the top of their medical school classes), the quality of those training programs, the abundant and clinically pertinent educational materials provided by the AUA and the very culture of American Urology. In the words of Mike Tomlin, the Head Coach of my beloved and bedeviled Steelers, “The standard is the standard.”

Perhaps the most discriminating tool used by the ABU to assess the truth of a Diplomate’s practice are log reviews. The strength of this assessment is that the logs are derived from billing records, and they are compared to a large population of other clinically active urologists. They are both objective and representative of contemporary practice. They also identify extraordinary practice patterns, those requiring explanation. In 2013, Emeritus Trustee Margaret Pearle wrote an excellent summary of the purpose and value of the log review in her Presidential Message to Diplomates (https://www.abu.org/images/pdfs/2013-ABU-Report.pdf). She noted the marked increase in the use of CPT code 82570 (urine creatinine)—a code rarely seen on today’s logs—and warned “the practice of maximizing revenue through creative or duplicitous billing or by performing unnecessary procedures reflects a facet of unprofessionalism that will not be tolerated by the ABU, whose charge is to protect the public”.

One of the outlier CPT codes that has the attention of the ABU is 51798, measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging. Since urinary retention can be chronic and asymptomatic, there are clearly reasons to perform this study in the appropriate patients and for the correct indications. Because the measurement requires voiding, the choreography of these activities in a busy clinical practice is inherently inefficient. The ABU has found that some Diplomates overcome this inefficiency by performing PVR ultrasounds on nearly all patients upon arrival to their offices. No grace is needed here: the presence of a bladder is not an appropriate indication for this procedure. History tells us when procedures like 51798 are no longer reimbursed, their outlier status disappears.

Finally, if a Diplomate wants to see grace in action, call the offices of the American Board of Urology or speak to the Executive Director, J. Brantley Thrasher. You will find responsiveness, understanding, patience and caring in abundance. The ABU staff and leadership are the epitome of graciousness.

It has been an honor to serve with the other Trustees, past and present, and especially my co-Trustee, Eila Skinner. It is a wonderful thing when an acquaintance becomes a colleague and then a friend.
The first year of the Continuing Urologic Certification (CUC) pilot is complete and has been a successful experience. The CUC pilot is self-paced learning, undertaken on a personal computer, in a private environment. Initial Diplomate enthusiasm exceeded our target goal of participants and because of that some of you had been deferred to this year. Deferred Diplomates have priority for 2022 participation. We had 370 Diplomates participate and complete year one. This group moved to year two of the pilot. We prepared to accept an additional 500 Diplomates in 2022 for year one of CUC. All Diplomates in 2021 easily completed the task of answering the 40 questions within the 6-week window. The feedback received from participating Diplomates was positive and has helped to constructively improve the pilot. Administratively, we appreciate that our messaging must be reinforced and clarified.

Briefly, the CUC pilot assesses the feasibility of replacing the current 10-year secure point-in-time exam undertaken in a formal testing environment with a shorter, formative, continuous learning experience. The CUC is self-paced and undertaken in your own private setting using your own resources. The ABU does not use the 10-year exam as a pass/fail experience. The exam is one component of a portfolio of activities utilized to make a summative decision on a Diplomate’s ability to maintain certification. Other activities used in the summative decision process, in part, include peer review, case logs, and morbidity/mortality narratives. It is important to realize that the CUC pilot ONLY replaces the 10-year exam. In order for the ABU to maintain the CUC pilot as formative, all portfolio activities listed in your Diplomate portal need to be completed. If the CUC pilot is successful and accepted as a formal change by the ABMS, the other activities will be assigned a specific year for completion. This will not create more work or requirements for continued certification, only a better distribution of activities to relieve the burden and congestion of completing all of the activities at one time.

The educational concept behind the CUC pilot is based on 3 components. Knowledge Reinforcement, a memory challenge of basic urologic information. Knowledge Exposure, presenting new concepts that are expected to have a contemporary impact on urology. Knowledge Assessment, identifying gaps in Diplomate knowledge that will benefit from reinforcement. The Diplomate will be continuously participating in one of these learning components based on this schedule:

Year 1. Knowledge Reinforcement 40 questions, self-paced in your own environment
Year 2. Knowledge Exposure 8 articles/guidelines completed over 8 months
Year 3. Knowledge Reinforcement 40 questions, self-paced in your own environment
Year 4. Knowledge Exposure 8 articles or guidelines completed over 8 months
Year 5. Knowledge Assessment 90 question completed in one day in your own environment (Identified gaps in knowledge will result in 1-3 required CME activities)

REPEAT

While Knowledge Reinforcement and Knowledge Exposure ARE NOT pass/fail, a threshold of performance for each activity has been established. Diplomates achieving an average score above the threshold will have met ABU criterion referenced knowledge goals. These Diplomates are not required to take the 5th year Knowledge Assessment and will be given the opportunity to opt out.

Knowledge Exposure has been created through a partnership with AUA University. In addition to having access to contemporary articles, guidelines and white papers, the AUA is offering CME credit for a nominal fee. This becomes an excellent opportunity to obtain required Category 1 credits for both state licensure and ABU continued certification.

Additional information regarding the CUC pilot can be found online Continuing Urologic Certification (CUC) (abu.org)

CERTIFIED BY ABU LOGO

To increase awareness and value of Board Certification, the Trustees of the American Board of Urology commissioned the Certified By ABU logo. As a Diplomate of the American Board of Urology, via the Diplomate portal (www.abu.org), you can now create a personalized logo. Using the Get "Certified by ABU" badge link on your homepage, simply enter your name as you would like for it to appear within the logo (ie: John T. Smith, M.D.) and click “Submit”. Once generated, you will be able to save and use it as with any file. You may make and retain multiple versions. Personalized logos can be used online or in print to enhance email signatures, websites, stationary, etc.
The mission of the American Board of Urology (ABU) is to act for the benefit of the public by establishing and maintaining standards of certification for urologists, working with certified urologists to achieve lifelong learning to insure the delivery of high quality, safe and ethical urologic care. As part of this mission, the ABU is committed to health equity within the field of Urology. This commitment extends to an assurance that the ABU will foster and sustain the needed diversity of our workforce to fully serve every individual with a urologic condition.

Therefore, in 2021, the ABU established the Committee for Diversity and Inclusion (CDI). An important goal of the CDI is to provide greater transparency of ABU’s governance structure. There is keen interest in identifying a diverse group of members to inform Board decisions and policies that support and oversee urologists nationwide and to execute the necessary committee assignments to fulfill the board certification process. Committee members are selected based on geographic location [American Urologic Association (AUA) Section], subspecialty expertise, home institution or site of practice, institution of residency training and fellowship, gender, race and ethnicity. Minimally, the Board seeks to match the current AUA census to ensure adequate representation from numerous stakeholders (Tables 1 and 2).

The ABU consists of three major committees: the Board of Trustees and the Written and Oral Board Examination Committees. The demographic patterns of each committee as of June 2021 are summarized below.

The ABU nomination committee processes are actively informed by this data as it seeks broad representation from the field to execute the business of the Board. Moreover, the ABU has strongly encouraged its six nominating bodies (AUA, AAGUS, ACS, AACU, SAU, and the SPU) to provide a diverse slate of candidates for committee selection. Each year two nominating bodies put forth trustee candidates. After the annual AUA Census is released, the CDI compares the composition of ABU committees to this census and reports the findings to the full Board. This iterative process allows the ABU to regularly consider the demographic shifts in the field of urology and further guide the development of its pipeline from nominating organizations.

Another important initiative of the ABU is to continually ensure that the certification process is fair and equitable. Despite the infrequency of biases reported within specialty certification processes or within objective structured clinical examinations, continual work to mitigate bias from entering the examination environment must occur. Specifically, the Board appreciates the need to minimize individual implicit biases in its examination processes. Implicit bias reflects the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. This year, the CDI developed and implemented implicit bias training for its 107 written and oral board examiners. Eighty-six oral examiners completed this training in February 2022, while 21 members of the Written Exam Committee will undertake the training in April 2022. The CDI is also driven to provide greater transparency around the certification process and its outcomes. Beginning in 2021, the ABU began collecting data on examinee race and ethnicity to facilitate a better understanding of these factors in the certification process. Contemporary data on ABU examination pass rates by gender reveal no evident bias. Full integration and application of bias reduction strategies within the certification process will take time, but through a concerted and iterative system of self-assessment and continuous improvement, the ABU will work to fully mitigate bias within its candidate assessments.

Table 1: ABU Committee Membership Based on Race and Ethnicity*  

<table>
<thead>
<tr>
<th>ABU 2020 Census: Racial Percentage of Practicing Urologists</th>
<th>Racial Percentage: ABU Trustees</th>
<th>Racial Percentage: ABU Written Exam Committee</th>
<th>Racial Percentage: ABU Oral Exam Committee</th>
<th>Racial Percentage: ABU Total Committee Structure*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustees Board of Urology N=12</td>
<td>Members of Written Exam Committee N=21</td>
<td>Members of the Oral Exam Committee N=87</td>
<td>Membership in all ABU Committees N=100</td>
<td></td>
</tr>
<tr>
<td>White Non-Hispanic 81%</td>
<td>92% (11/12)</td>
<td>57% (12/21)</td>
<td>78% (68/87)</td>
<td>75% (75/100)</td>
</tr>
<tr>
<td>White Hispanic 4%</td>
<td>5% (1/21)</td>
<td>1% (1/87)</td>
<td>1% (1/103)</td>
<td></td>
</tr>
<tr>
<td>Asian 12%</td>
<td>33% (7/21)</td>
<td>16% (14/87)</td>
<td>20% (20/100)</td>
<td></td>
</tr>
<tr>
<td>Black/African-American 2%</td>
<td>8% (1/12)</td>
<td>5% (1/21)</td>
<td>4% (3/87)</td>
<td>4% (4/109)</td>
</tr>
<tr>
<td>Multi-Racial 1%</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Please note members may be on more than one committee.

Table 2: ABU Committee Composition Based on Gender  

<table>
<thead>
<tr>
<th>ABU 2020 Census: Practicing Urologists Based on Gender</th>
<th>ABU Trustees</th>
<th>ABU Written Exam Committee</th>
<th>ABU Oral Exam Committee</th>
<th>Membership in All ABU Committees*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male 89.7%</td>
<td>67% (8/12)</td>
<td>81% (17/21)</td>
<td>86% (75/87)</td>
<td>84% (84/100)</td>
</tr>
<tr>
<td>Female 10.3%</td>
<td>33% (4/12)</td>
<td>19% (4/21)</td>
<td>14% (12/87)</td>
<td>16% (16/100)</td>
</tr>
</tbody>
</table>

*Please note members may be on more than one committee.
RE-ENTRY POLICY: If a candidate fails the Qualifying Exam for the third time the Board may consider individual request to re-enter the process. These requests will be assessed on a case-by-case basis. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. Specific CME activity or other evaluation may also be assigned. These evaluations will be performed at the expense of the candidate. If re-entry criteria are met the applicant will be allowed to apply to re-take the exam.

If a candidate fails the Certifying Exam for the third time or fails to pass the exam within the required window of 6 years from residency (with any approved variances), the Board may consider individual requests to re-enter the process. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. Specific CME activity or other evaluation may also be assigned. These evaluations will be performed at the expense of the candidate. If re-entry criteria are met the applicant will be allowed to apply to re-take the Qualifying Exam.

Approved re-entry applicants for either exam will generally be expected to take the exam at the next available time it is administered. Failure to do so requires an excused absence from the ABU, and only one such excused absence will be allowed. The candidate will be expected to successfully complete the entire process (QE and CE) within four years from re-entry with no more than three attempts at either examination. For the unsuccessful candidate, a review will take place by the Board of Trustees.

FAMILY LEAVE POLICY:
Leaves of absence and vacation may be granted to residents at the discretion of the Program Director consistent with local institutional policy and applicable laws. Each program may provide vacation leave and family leave (any leave required to care for a family member) for the resident in accordance with institutional policy. The ABU requires 46 weeks of full-time clinical activity in each of the five years of residency. However, the 46 weeks may be averaged over the first 3 years of residency, for a total of 138 weeks required in the first 3 years, and over the last 2 years, a total of 92 weeks is required. Vacation or various other leave may not be accumulated to reduce the total training requirement. Should circumstances occur which keep a resident from working the required 138 weeks the first 3 years and 92 weeks the last 2 years, the Program Director must submit a request to the ABU for a variance of the current policy or a plan outlining how the training deficit will be rectified. In certain cases, an extension of the residency training may be required. This policy is not retroactive and does not apply to leave taken prior to the 2021-2022 academic year. Ninety-two (92) weeks of training is required for two-year fellowships, without the need to request a variance or submit a plan for making up a training deficit. Leave for educational/scientific conferences are at the discretion of the Program Director.

RETIRED CERTIFICATE STATUS:
The American Board of Urology (ABU) notes that many senior Diplomates, being 30 years post training and nearing retirement, are choosing certificate forfeiture, in lieu of undertaking the Lifelong Learning Level 1 requirements or the practice log requirement and the burden of the knowledge assessment which pertain to Lifelong Learning Level 2. Therefore, to encourage certificate retention, the ABU is offering to those who qualify a Clinically Inactive status or the American Board of Medical Specialties (ABMS) newly instituted Retired Status to support currency in urology among senior Diplomates and affirm their continued value to the ABU and the public. Those interested in Clinically Inactive status must call the Board office for guidance.

Eligibility requirements for the Retired certificate designation include:
1. Possession of an active certificate at the time of retirement.
2. Unrestricted license in any jurisdiction at the time of retirement.
3. Attestation to complete disengagement in patient care with no future plans to return to practice.
4. Non-performance of any function for which Board certification is required.

Individuals who expired or forfeited their certificates since January 2015 and who met and continued to meet the above requirements, may also apply for the Retired status designation.

Those Diplomates of the American Board of Urology who also possess Subspecialty Certification are eligible to apply for the new certificate status, providing they retire in both the subspecialty and the general specialty.

There is no application or maintenance fee to achieve and retain Retired status.

A Diplomate with the Retired status will be listed publicly as Retired with the ABU and on the ABMS Certification Matters™ website.

If you are a retired urologist who would like to take advantage of this new status, our online process makes it simple. Please visit https://www.abu.org/learning/retired-status and complete the Diplomate Request for Retired Status into which you will upload a brief, signed attestation.
**IMG ALTERNATIVE PATHWAY TO CERTIFICATION:**

Entrance into the certification process differs for individuals who completed a urology residency program not approved by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC). For these International Medical Graduates (IMG), an alternate pathway into the certification process is available. Internationally trained urologists in very specific educational roles and with exceptional clinical skills may apply to the American Board of Urology for a variance to enter the certification and subspecialty certification processes. The ABU views such situations to be extraordinary and will approve or disallow the variance for certification and subspecialty certification on a case by case basis. The requirements for application and entrance into the certification process are listed below.

**ELIGIBILITY REQUIREMENTS**

1. Currently employed in the US at an academic center on the core teaching faculty of a residency program approved by the ACGME.
2. Hold the rank of full professor.
3. At least 7 years of full-time faculty position experience within a residency program accredited by the ACGME or the Royal College of Physician and Surgeons of Canada (RCPS-C) providing outstanding clinical and educational service in such a program, along with meaningful scholarship productivity. This service could have been accumulated at more than one such program, including those in Canada.
4. Subspecialty Application: An applicant who has achieved ABU certification through the Alternate Pathway, who continues to meet the criteria above and who has at least 75% subspecialty immersion in either pediatric urology or female pelvic medicine and reconstructive surgery may apply for subspecialty certification in the appropriate subspecialty.

**APPLICATION COMPONENTS**

- Completed application form.
- Cover letter from the applicant detailing his/her contributions to urology in the areas of clinical practice, scholarship, and resident education.
- Updated CV
- Six letters of recommendation from academic urologists in active practice attesting to the applicant’s contributions in the areas of residency/fellow education, scholarship, and patient care. These letters must include those from the following individuals: Department Chair or Division Chief; Residency Program Director at institution where employed; Chair or senior faculty member at the international academic institution worked at least one year before relocating to the U.S.; and two ABU certified senior faculty members at institutions other than where employed. These letters should be sent directly to the ABU from the letter writer. No additionally submitted letters will be included with the final application.
- Note: Other materials submitted such as patient testimonials, media reports or similar documents are not requested and will not be included in the application.
- Fee of $500 must accompany the application

**APPROVAL PROCESS**

- Application, letters of recommendation, and the application fee must all be received by June 1 for consideration at the meeting of the Trustees in August. Applicants will then be notified of the results of the approval process by September 15th, and, if approved, will be eligible to apply for the Qualifying Examination offered the following Summer.
- To document the applicant’s status in the medical community, the Board will request completion of confidential peer review questionnaires from the Chiefs of Staff, Urology and/or Surgery, and Anesthesiology, and, where applicable, the Chief of Pediatrics or Obstetrics/Gynecology for each facility in which the applicant performs at least 50 cases annually. Greater than 50% response rate is acceptable for the applicant to proceed with the process.
- The applicant must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the applicant’s abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will these reviews and documents be revealed to any person other than Trustees and Staff of the Board.
- The Board of Trustees will consider each individual application in its entirety and reach a final decision at its discretion.
The Board Welcomed...
Two New Trustees: E. Ann Gormley, M.D. and Marc P. Cain, M.D.

Dr. Ann Gormley is a Professor of Surgery (Urology) at Dartmouth-Hitchcock Medical Center in Lebanon, New Hampshire. She received a BA in English and her medical degree at the University of Saskatchewan. While completing her residency in Urology at the University of Alberta, she earned an MSc in Experimental Surgery. She then completed a fellowship in Female Urology and Voiding Dysfunction. Dr. Gormley is a member of the Royal College of Physicians and Surgeons of Canada and is Board Certified by the American Board of Urology with sub-certification in Female Pelvic Medicine and Reconstructive Surgery.

Dr. Gormley’s interests are in female urology, voiding dysfunction and resident education. She was the Program Director for the Urology Program at Dartmouth-Hitchcock from 2001-2020 and now serves as the Associate Program Director. Dr. Gormley was awarded the ACGME “Courage to Teach” Award and is a member of the Geisel Academy of Master Educators. She is a member of the Appointments, Promotions and Titles Committee for the Geisel School of Medicine at Dartmouth.

Dr. Gormley was the Chairman of the NIDDK’s Urinary Incontinence Network and is a Past President of the Society for Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU). She is a Past President of the Society of Urology Chairmen and Program Directors (SUCPD). Dr. Gormley served on the AUA/ABU Exam Committee as a member and consultant and is an oral board examiner for the American Board of Urology. She was on the ACGME Urology Residency Review Committee. Dr. Gormley previously served on the AUA Stress Incontinence Guidelines Committee and Chaired the AUA Overactive Guidelines Panel. She is a former Assistant Editor for the Journal of Urology and Urology Practice. She is the Assistant Editor for AUA Updates. Dr. Gormley is a member of the American Association of Genitourinary Surgeons.

Dr. Gormley is an Associate Member of the Committee on Certification for the American Board of Medical Specialties. A Past President and former Secretary for the New England Section of the AUA, Dr. Gormley currently serves as the New England Section’s representative to the Board of the American Urologic Association.

Dr. Mark P. Cain is a Professor of Urology in the Department of Urology, University of Washington School of Medicine. He is Co-Chief of the Division of Urology, Director of Regional Surgical Services, and Director of Surgical Ambulatory Care for Seattle Children’s Hospital.

Dr. Cain graduated from medical school at Oregon Health Sciences University in 1987. He completed his residency in urology at Albany Medical Center, followed by a two-year fellowship in pediatric urology at the Mayo Clinic. He was a member of the urology faculty at Georgetown University for two years, then spent the next 23 years at Riley Hospital for Children and the Indiana University Department of Urology. He served as the Robert Garrett Professor of Urology and Chief of Pediatric Urology until moving to Seattle in 2019. His primary clinical interests are surgical reconstruction of congenital anomalies of the genitalia, complex lower urinary tract reconstruction, management of prenatal urologic abnormalities, and surgical management of urinary tract obstruction. Dr. Cain has published over 290 articles and book chapters regarding various topics in pediatric urology, but with a focus on both long-term and patient centered outcomes of urologic reconstruction. He has been an invited lecturer and Visiting Professor internationally in multiple countries throughout North America, Europe, India, Africa, South America and Asia.

Dr. Cain has served on the Examination Committee for the ABU for several years, most recently as chair of the Pediatric Urology Exam Committee and is an Oral Exam Committee member. He recently served as the Assistant Editor for Pediatric Urology for the Journal of Urology. He is a past member of the Executive Committee of the Society for Pediatric Urology and Section on Urology of the AAP, and Past Chair for the Section on Urology of the American Academy of Pediatrics. He is Past-President and Executive Committee member of the Society for Fetal Urology.

Dr. Cain is a native of the Pacific Northwest, and he enjoys the many fruits of the area including hiking mountains in the high Cascades, fly fishing on remote streams with his family, and Willamette Valley Pinot Noir. He is married to Charla Cain, has three adult children; Chelsea (Cain) Maclin, Alexandra (Cain) Wildeson, and James Cain, and a grandson Quinn Maclin-Cain.
The Boa

The board also continues to evolve in its role in postgraduate urologic education (through the RRC in Urology) and in the oversite of urologic practice for both initial and continuing urologic certification. Over the years the board has adapted to standardized oral examinations and is now considering even further evolutions in the exam process to insure that the certifying examination is an experience truly representative of accrued practice skill and knowledge.

On a personal note, I will say that seven years has rapidly passed and the relationships and friendships amongst the Trustees have underscored this life passage for me. I would like to thank Doug Husmann who has always been the voice of reason and considered input during board deliberations. I would like to also recognize the work of the ABU office team led by Lindsay Franklin. Their efforts to support the members of the board and also all diplomates, who have questions or concerns, are truly remarkable and representative of the highest levels of service and communication. The ABU represents, for me, the pinnacle of my urologic career.”

Dr. Roger R. Dmochowski served as a Trustee of the American Board of Urology from February 2015 until February 2021 and was its President 2020-2021. He also served as Chair of the Executive Committee, Chair of the FPMRS Subspecialty Committee, Chair of the Quality Measures Committee, Secretary-Treasurer, and member of the Policy Committee, Nominating Committee, Lifelong Learning Committee, Pediatric Subspecialty Committee, Residency Review Committee, Diplomate Relations and Communications Committee, and the Recertification/MOC Committee.

Of his term as a Trustee, Dr. Dmochowski stated: “The American Board of Urology (ABU) continues to evolve and grow as one of the leaders in American surgery. Over the last several years, the ABU has become very influential in the American Board of Medical Specialties, through the diligent work of the executive and administrators, Drs. Jordan and now Dr Thrasher. In fact, the ABU now is recognized as being one of the preeminent specialty boards in the United States.

Dr. Douglas A. Husmann served as a Trustee of the American Board of Urology from February 2015 until February 2021 and as Vice President 2020-2021. He served on the Executive Committee and served as Chair of the Nominating Committee, Chair of the Pediatric Subspecialty Committee, Chair of the Publications and Research Committee, member of the Credentials Committee and the Oral Exam Committee, and as Liaison for the Qualifying (Part 1) Examination.

Regarding his service to the ABU, Dr. Husmann had this to say: “As a former Trustee, I am humbled to have worked with numerous individuals who willingly donated their time and expertise to maintain our field’s integrity. Every ABU meeting had a central focus, ” the board exists to act for the benefit of the public by establishing and maintaining standards for urologic certification, without causing an undue burden on the physician."

MISSION STATEMENT

The mission of the American Board of Urology is to act for the benefit of the public by establishing and maintaining standards of certification for urologists, working with certified urologists to achieve lifelong learning to insure the delivery of high quality, safe and ethical urologic care.
2021 Qualifying (Part 1) Examination

361 candidates sat for the 2021 Qualifying (Part 1) Examination. 358 (99%) passed while 3 (1%) failed. The 2022 Qualifying (Part 1) Examination is scheduled for July 7 or 8, 2022.

2021 Certifying (Part 2) Examination

325 candidates challenged the virtual May 2021 Certifying (Part 2) Examination. 293 (90%) passed and were certified while 32 (10%) failed. The Board uses the multi-faceted Rasch model and the Fair Average for scoring the standardized oral examination. This methodology adjusts for differences in the difficulty of various protocols and in examiner severity. The candidates were scored on four clinical skill categories: diagnosis, management, follow up, and overall ability. The Board believes this scoring methodology results in increased statistical reliability. Returning to in-person format, the 2022 Certifying (Part 2) Examination will take place April 1-2.

2021 Female Pelvic Medicine and Reconstructive Surgery Examination

A total of 11 candidates sat for the 2021 Female Pelvic Medicine and Reconstructive Surgery (FPMRS) Subspecialty Certification Examination on June 25 at Pearson VUE Testing Centers across the country. The pass rate on the examination was 73%. As with general urology certificates, all subspecialty certificates are ten-year time-limited and subject to the Lifelong Learning (LLL) Program. The next FPMRS examination will be administered on July 25, 2022.

2021 Pediatric Subspecialty Certification Examination

19 candidates sat for the 2021 Pediatric Subspecialty Certification Examination (PSCE) in October at Pearson VUE Testing Centers across the country. 19 (100%) candidates passed the exam. As with general urology certificates, all subspecialty certificates are ten-year time-limited and subject to the Lifelong Learning (LLL) Program. The next PSCE Examination will be administered on October 21 or 22, 2022.

2021 Lifelong Learning (LLL) Level 2 General, Pediatric Subspecialty and FPMRS Subspecialty

290 Lifelong Learning (LLL) Level 2 Diplomates (229 General Urology / 15 Pediatric/46 Female Pelvic Medicine & Reconstructive Surgery) completed the 2021 Lifelong Learning knowledge assessment at Pearson VUE Testing Centers nationwide October 14 and 18, 2021. Of the 290 total candidates, 201 Diplomates (69%) passed unconditionally, and 89 Diplomates (31%) earned conditional passes. The conditional pass breakdown of each sub-group is as follows: Level 2 General 83 (36%); Level 2 pediatric subspecialty 1 (7%); Level 2 FPMRS 4 (9%). Diplomates who earn conditional passes must complete up to three CME courses within one year as remediation for their weakest identified knowledge area(s). The next LLL knowledge assessment will be administered on October 21 or 22, 2022.

2021 Continuing Urologic Certification (CUC)

370 Diplomates participated in Year 1 of the CUC pilot. Diplomates completed the Knowledge Reinforcement portion of CUC by answering 40 questions within a 6-week window. These Diplomates proceeded to CUC Year 2 (Knowledge Exposure) in February 2022.
The Trustees sincerely appreciate the following Diplomates who made voluntary contributions in 2021:

Bade Akintan, MD
Micaela Aleman, MD
Robert M. Alexander, MD
Ronald C. Allison, MD in memory of Bill Alessio, RN
Paul F. Alpert, MD
Michael J. Altamura, MD
Paul F. Alpert, MD
Bill Alessio, RN
Ronald C. Allison, MD
Jennifer Tash Anger, MD
William David Borkon, MD
Lawrence F. Audino, MD
Prodomos G. Borboroglu, MD
Micaela Aleman, MD
Bade
Stanley A. Brosman, MD
Wilburn Oscar Brazil Jr, MD
Michael S. Brodherson, MD
Andrew Thomas Blackburne, MD
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Thomas N. Fairchild, MD
Bernard H. Feldman, MD
Javier Alonso Felipe-Morales, MD
George A. Fiedler Jr, MD in memory of George A. Fiedler
Matthew Samuel Fine, MD
Anthony A. Caldamone, MD
Joseph C. Cambio, MD
Jeffrey R. Canham, MD
Thaddeus C. Carter, MD
Jeffrey Samuel Cerone, MD in honor of Dr. Daniel Mulligan
Pavitar S. Cheema, MD
Stacy Jay Childs, MD
Zdzislaw Jozef Chorazy, MD
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Elliott L. Cohen, MD
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Robert F. D'Esposito, MD in memory of Dr. Martin Spatz & Dr. Sheldon Rudansky
Hugh Charles Dick, MD
Renan A. Dieppa, MD
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Bernard H. Feldman, MD
Javier Alonso Felipe-Morales, MD
George A. Fiedler Jr, MD in memory of George A. Fiedler
Matthew Samuel Fine, MD
Hugh A. Fisher, MD
Irving J. Fishman, MD in memory of Dr. Brantley Scott
Felipe N. Flores-Sandoval, MD
Brendan M. Fox, MD in memory of Maureen D. Fox
John Roland Franklin, MD
Francis Alouisys Fraser, MD
William A. Freeborn, MD
Frederick M. Fry, MD
Clark Dale Gaddy, MD
Peter J. Garbeff, MD
Ruben L. Garcia Jr, MD
Irving S. Garlovsy, MD
Franklin D. Gaylis, MBBC
Myles David Gibbons, MD
Joseph Andrew Gillespie, MD
David Andrew Gilley, MD
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Robert E. Glesne, MD
Norman J. Goldbach, MD
Kenneth A. Goldberg, MD
Lawrence N. Gorab, MD
Elizabeth Ann Gormley, MD
Robert C. Gose, MD
Robert P. Gossett, MD
Joseph M. Greco, MD
David Frederick Green, MD
John Elbert Greene, MD
Frank J. Greskovich III, MD
Michael E. Gribetz, MD
Tomas Lindor Griebling, MD
Donald P. Griffith, MD
William P. Griggs, MD
Robert T. Grissom, MD
Ethan Daniel Grober, MD
Marcella R. Hamberg, MD
David M. Hardaway, MD
Joseph Denton Harris IV, MD
Mahmoud S. Hasan, MD
John H. Hasley, MD
Thomas Robert Hatch, MD
Leon J. Helmbrecht, MD
George P. Hemstreet III, MD
Ronald G. Henry, MD
Michael Rowe Hermans, MD
Harry W. Herr, MD
Johnny Derroll Hickson III, MD
John D. Holstine, MD in memory of Richard D. Williams, MD
Robert Christopher Iretton, MD
Gregory Scott Jack, MD
David C. Jacks, MD
David Jacobs, MD
Robert P. Gossett, MD
Robert E. Glesne, MD
Norman J. Goldbach, MD
Kenneth A. Goldberg, MD
Lawrence N. Gorab, MD
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Harry W. Herr, MD
Johnny Derroll Hickson III, MD
John D. Holstine, MD in honor of Richard Williams
Robert Christopher Iretton, MD
Gregory Scott Jack, MD
David C. Jacks, MD
David Jacobs, MD in honor of Victor Politano
Thomas William Jarrett, MD
Gerald R. Jenkins, MD
Stephen Cornelius Johnson, MD
Robert David Johnson, MD
George James Jones, MD
Gerald Henry Jordan, MD
Saad Juma, MD
Michael J. Kaempf, MD
David J. Katz, MD
Jeffrey E. Kaufman, MD
Ansa Ullah Khan, MD
Bernard H. Feldman, MD
Javier Alonso Felipe-Morales, MD
George A. Fiedler Jr, MD in memory of George A. Fiedler
Matthew Samuel Fine, MD
Hugh A. Fisher, MD
Irving J. Fishman, MD in memory of Dr. Brantley Scott
Felipe N. Flores-Sandoval, MD
Brendan M. Fox, MD in memory of Maureen D. Fox
John Roland Franklin, MD
Francis Alouisys Fraser, MD
William A. Freeborn, MD
Frederick M. Fry, MD
Clark Dale Gaddy, MD
Peter J. Garbeff, MD
Ruben L. Garcia Jr, MD
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David Andrew Gilley, MD
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Michael Rowe Hermans, MD
Harry W. Herr, MD
Johnny Derroll Hickson III, MD
John D. Holstine, MD in honor of Richard Williams
Robert Christopher Iretton, MD
Gregory Scott Jack, MD
David C. Jacks, MD
David Jacobs, MD
In Memoriam
The American Board of Urology regretfully received notification in 2021 that the following Diplomates have passed away:

Dexter R. Amend, MD
Kathryn S. Buchta, MD
F. Michael Busch, MD
Vincent A. Ciavarra, MD
William P. Connors, MD
William R. Daniel, MD
Chauoki B. Debs, MD
Joseph Y. Dwoskin, MD
Douglas A. Eiler, MD
Lawrence G. Fehrenbaker, Sr, MD
John D. Foret, MD

Melvin Gross, MD
John W. Hall, MD
Allan J. Hartzell, MD
Dens H. Hosking, MD
Rube R. Hundley, MD
A. Charles Jackson, MD
Frank W. Jevnikar, MD
Al E. Jones, MD
Herbert C. Lee, MD
Richard B. Malkin, M.D.
Robert A. Mogil, MD

Walter R. Morgan, MD
Robert E. Moyad, MD
Daniel D. Mulligan, MD
Seth P. Novoselsky, MD
Randall E. Pollard, MD
Joseph L. Raffel, MD
Seth P. Novoselsky, MD
Daniel D. Mulligan, MD
Walter R. Morgan, MD

J. Michael McCarthy
Travis John Pagliara, MD
Jerry M. Parker, MD
John M. Patterson, MD
David Peters, DO
M. Sheldon Polsky, MD
Christina Klein Pramudji, MD
Kevin Pranikoff, MD
Andrew J. Presto III, MD
Steven R. Previte, MD
Larry D. Rabon, MD
Jacob Rajfer, MD
Gerald A. Ravitz, MD
Edward F. Reda, MD
Abbiah N. Reddy, MD
Sunil Reddy, MD
Richard C. Reznich, MD in honor of Willard Goodwin MD
Charles J. Rice, MD in honor of Gene Carlton
Jerome P. Richie, MD
Jorge Luis Rivera-Herrera, MD
Thomas Arthur Rivers, MD
Frederick G. Rodosta, MD
Hector Yamil Rodriguez, MD
Juan A. Rodriguez-Quiles, MD
Eduardo Luis Rojas, MD
Stuart Alan Rosenberg, MD
Gene S. Rosenberg, MD
Randolph J. Ross, MD
Robert R. Ross Jr, MD
Ghassan K. Roumani, MD
Glen A. Rountree, MD
Donald H. Rudick, MD
Lewis F. Russell, MD
John Charles Russell, MD
Harry Merritt Rutland III, MD in memory of Dr. Fray F. Marshall
Stephen A. Sacks, MD
David Jacob Samara, MD
Paul F. Schellhammer, MD in memory of David McCloud
Peter Niles Schlegel, MD
Joseph D. Schmidt, MD
Ira Schwartz, MD in memory of John Murphy
Terrence M. Scott, MD
Michael B.I. Scott, MD
Eric K. Seidman, MD
Edward James Seidmon, MD
Salem S. Shahin, MD
Nikhil Sheth, MD
Geraldine Lee Sheu, MD
Tim A. Sidor, MD
Judy Fried Siegel, MD in memory of William Brock
Jose Benjamin Simo, MD
Andrew L. Simo, MD in memory of Rudolph Talarico
Leonard B. Skaist, MD
Robert Edward Skinner, MD
Scott A. Slavis, MD
James L. Snyder, MD
Solomon K. Sagbein, MD
Obie L. Stalcup, MD
Michael Curtis Staley, MD
Max M. Stearns, MD
Jay Paul Steinberg, MD
Steven K. Sterzer, MD
Nelson Neal Stone, MD
Gerald Sufrin, MD
Emil A. Tanagho, MD
Birendra N. Tandan, MD
Nhiep Tang, MD
Thomas Howard Tarter, MD
Stephen P. Taylor, MD
Raju Thomas, MD
David Edward Thompson, MD
Gregory Mark Thompson, MD
Arthur Tijerina, MD
Britton Edgett Tisdale, MD
Emil F.H. Totonchi, MD
Albert J. Tully Jr, MD
Thurlow R. Underhill, MD
Donald Avera Urban, MD
Paul L. Van Den Brink, MD in honor of R. Stratton, B. Stewart, W. Kiser, C. Hewitt
Rama K.T. Varma, MD
Jack H. Vitenson, MD
Roger J. Vitko, MD
Mark W. Vogel, MD in memory of Norman Nemoy, MD
Daniel C. Voglweede, MD
Stanley A. Wade Jr, MD
Wesley C. Walker, MD
Mary Melanie Waller, MD
Kathleen Elizabeth Walsh, MD in honor of Raju Thomas, MD
Kevin Joseph Ward, MD
Thomas E. Weldon, MD
Joseph K. Wheatley, MD
Kristene Elizabeth Whitmore, MD
John R. Whittaker, MD
James M. Wilson, MD
Gilbert J. Wise, MD
Roy Witherington, MD
Claude H. Workman III, MD
Edward Scott Yarbro, MD
Donald A. Young III, MD
Youssef K. Youssef, MD
Edward Michael Zagula, MD
Stanley Zaslau, MD in honor of Michael J. Droller MD

The American Board of Urology regretfully received notification in 2021 that the following Diplomates have passed away:
The ABU website and Portal provide candidates and Diplomates a means of accessing personalized, current information about the specific processes of certification or Lifelong Learning in which they are involved. Features include web-based interfaces to handle new candidate certification, peer review, log submissions, subspecialty certification, and more. In addition to offering applicants status updates in a given process, the portal provides document storage, secure credit card payment capabilities, and fee history.


You are currently in the process: Life Long Learning Level 2

Application Progress

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CME Credits

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Personal Information

Name: Jane Doe, MD
ABU ID: 81230
DOB: 10/22/1979
SSN: xxx-xx-1234

Primary Contact Info

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Charlottesville, VA 22903

Upcoming Events

10/21/2022 or 10/22/2022
Lifelong Learning Level 2 Examination
Trustees of The American Board of Urology 2021-2022

Top Row: Eila C. Skinner, M.D., Joel B. Nelson, M.D., Gary E. Lemack, M.D., Martha K. Terris, M.D., J. Stuart Wolf, Jr., M.D., Christopher L. Amling, M.D.

Bottom Row: James M. McKiernan, M.D., David B. Bock, M.D., Cheryl T. Lee, M.D., Christopher J. Kane, M.D., E. Ann Gormley, M.D., Mark P. Cain, M.D.

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