





## Application for Part II - Oral Examination American Board of Spine Surgery

### Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

**Race:**

- African American     Native American  
 Asian     White  
 Hispanic     No Response

**Age Range:**

- Under 25     40 to 49  
 25 to 29     50 to 59  
 30 to 39     60+

**Gender:**

- Male  
 Female

**FOR OFFICE USE ONLY**

 Date
   
  
 \_\_\_\_\_

Fee: \_\_\_\_\_

 CC     Check

\_\_\_\_\_

### Candidate Signature

**COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.**

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete.

**CANDIDATE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

#### Surgical Case List Guidelines

The required documentation must include a listing of all operative cases for the six (6) consecutive months starting one year prior to the oral examination date\*. The case listing must comply with the following guidelines:

- The list of operative cases during the six (6) month period must be produced from or verified by a credible source, such as the Hospital's medical records department.
- The list must be ordered chronologically, and contain the following information for each procedure listed:
  - Date of Surgery
  - Patient Initials and/or ID Number
  - Case Diagnosis
  - Full Description of Each Procedure Performed Results / Outcome of Each Case
  - Resolution of Complications (if any)
- The list must be submitted along with the application form no later than June 16 in order to be considered for the October Examination.

\* In the case of the November examination, the 6 month period is from the preceding November through the end of April of the current year.

**PLEASE NOTE:**

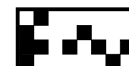
Case lists that do not meet the above criteria will be returned to the candidate for correction. A candidate will not be assigned a space on the upcoming oral exam schedule until their case list has been accepted.

The number of candidates which can be accommodated at a given examination date and location is limited. Space will only be assigned to accepted candidates, and will be filled on a first come first served basis. Therefore it is advised that you submit your application with the above case list well in advance of the application deadline.

The case lists and resulting case documentation at the oral exam itself will only be seen by the ABSS executive staff and the surgeons who will be reviewing the lists and conducting the oral exam interviews. In order to maintain HIPAA compliance, available upon request is a standardized limited use agreement to cover your release of the information above and our specific use of such information.

If you have questions about the oral examination process please refer to the most current Booklet of Information. If your questions are not answered by the Booklet of Information please contact the ABSS office at 212-356-0682.

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### CANDIDATE ATTESTATION

Please read the following and sign accordingly:

I hereby make application to the American Board of Spine Surgery, Inc, for the issuance to me of a Certificate of Qualification as a specialist in spine surgery upon successfully meeting all of the requirements relative thereto, all in accordance with and subject to its bylaws, rules, and regulations in force at this time. I agree to disqualification from examination or from issuance of a Certificate of Qualification in the event that any of the statements hereinafter made by me are false, if I have failed to provide material information, or in the event that any of the rules governing such examination are violated by me. I agree that said American Board of Spine Surgery, Inc., its directors, officers, examiners, and/or agents shall not be liable for any action they, or any of them, may take in good faith in connection with the application, any investigation made or examinations held thereunder, the grade given with respect to the examinations, or for failure of said Board to issue to me such certificate.

I agree to hold the Board, its directors, officers, examiners, and/or agents free from any complaints or claims or demands for damage or otherwise by reason of any act of omission or commission that they, or any of them, may take in connection with this application, the grade or grades given with respect to my examinations, or the failure of the Board to issue to me such certificate. I understand that the decision as to whether my examinations qualify me for a certificate vests solely and exclusively in the Board and that its decision is final.

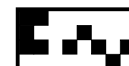
I understand that: (1) the giving or receiving of aid in an examination as evidenced either by observation or by statistical analysis of incorrect answers of one or more participants in the examination; or (2) the unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after the examination; or (3) the offering of any benefit to any agent of the Board in return for any right, privilege, or benefit which is not usually granted by the Board to other similarly situated candidates or persons may be sufficient cause to bar me from future examinations, to terminate my participation in such examination, to invalidate the results of my examination, to withhold or revoke my scores or certificate, or to take other appropriate action.

In furtherance to my application to the American Board of Spine Surgery, Inc., I hereby request and authorize any hospital or medical staff where I now have, have had, or have applied for medical staff privileges, and any medical organization of which I am a member or to which I have applied for membership, and any person who may have information (including medical records, patient records, and reports of committees, including tissue committees) which is deemed by the American Board of Spine Surgery, Inc., to be material to its evaluation of my application for admission to its examination, to provide such information to representatives of the Board upon their request. I agree that communications of any nature made to the Board regarding my admission to its examination may be made in confidence and shall not be made available to me under any circumstances. I hereby release from liability any hospital, medical staff, medical organization or person, the American Board of Spine Surgery, Inc., and its representatives from liability for acts performed in good faith and without malice in connection with the provision, collection, or evaluation of information or opinions, whether or not requested or solicited in connection with my application for certification by the American Board of Spine Surgery, Inc.

I understand and agree that as an applicant, I have the responsibility for supplying to the Board information adequate for a proper evaluation by the Board of my credentials. I further agree that I will not cause or attempt to cause any public disclosure of the contents of any application, including my own, or any proceedings of any committees evaluating such applications, whether such disclosure is by operation of law or otherwise. I intend to be legally bound by the foregoing.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT YOUR NAME HERE:** \_\_\_\_\_





## Application for Part II - Oral Examination American Board of Spine Surgery

### APPLICATION FEE

Part II Oral Examination Fee: \$1,500 (Due upon application for Part II)

Applications for Part II Oral Examination will be mailed to candidates who have passed the Part I Written Examination

Mail to: AMERICAN BOARD OF SPINE SURGERY  
1350 Broadway, 17th Floor  
New York, NY 10018

### APPLICATION CHECK LIST

Applications that do not include the following items will not be considered for eligibility and will be returned to the applicant.

Application form:

- You have printed or typed all the information on the application form.
- You have read the application form carefully and understand the requirements of certification.
- You have signed and dated the application form.
- You have completed all of the questions required for eligibility determination.
- You have listed the correct address to which correspondence is to be mailed.
- You have made a copy of the completed form for your records.

Items to enclose with application:

- Current **letters of recommendation** as described in the Booklet of Information, unless you are applying for Part I and Part II in the same year or within one year of each other.
- Copy of **license** to practice medicine or osteopathy that is:
  - valid, unrestricted, current through the date of the examination for which you are applying.
  - issued by one of the states of the United States of America, its territories or possessions or a branch of the United States Uniformed Services, or one of the provinces or territories of Canada.
- Surgical case list** as outlined on the application form.
- Documentation of **length of practice** in spine surgery, indicating at least the minimum of 2 years. A suggested source of this documentation might be a letter from the director of your surgical facility or hospital which verifies how long you have practiced or had privileges there.
- Money order or check payable to American Board of Spine Surgery in the amount of U.S. \$1,500 (Oral Examination fee).

Please send the completed application form, fee, and documentation to the following address:

American Board of Spine Surgery  
1350 Broadway, 17th Floor  
New York, NY 10018  
212-356-0682

Any questions concerning applications should be addressed to the ABSS at the above address.

