

# The Examination of the American Board of Spine Surgery



## Candidate Handbook 2020

Application Deadline	Testing Window
January 22, 2020	February 15 – February 29, 2020
April 29, 2020	June 6 – June 20, 2020
September 30, 2020	November 7 – November 21, 2020

Administered by:



1350 Broadway, Suite 800 | New York, NY 10018

[www.ptcny.com/contact](http://www.ptcny.com/contact)

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*This Handbook contains necessary information about the Examination of the American Board of Spine Surgery. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This Handbook is subject to change.*

### **MISSION STATEMENT**

"To assist the public and the medical profession by setting appropriate graduate and post-graduate education and training requirements for competency in spine surgery."

### **DEFINITION OF SPINE SURGERY**

Spine surgery is the surgical subspecialty devoted to the restoration and preservation of spine function by managing disorders of the spine with both non-operative and operative treatment modalities.

Expertise in spine surgery is not a prerogative of a single surgical specialty. Because of this there is a real need for an independent and interdisciplinary organization such as the ABSS.

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## CONTACT INFORMATION

<p><b>Professional Testing Corporation (PTC)</b></p> <p><a href="http://www.ptcny.com">www.ptcny.com</a></p> <p>(212) 356-0660</p>	<ul style="list-style-type: none"> <li>• Apply for examination</li> <li>• Obtain general application policy and procedure information</li> <li>• Obtain information about testing policies and procedures</li> <li>• Transfer to a new testing period</li> <li>• Request Special Accommodations</li> <li>• Request Hand Score/Score Transfer</li> <li>• Question about score reports</li> <li>• Miscellaneous inquiries</li> </ul>
<p><b>Prometric</b></p> <p><a href="http://www.prometric.com/ABSS">www.prometric.com/ABSS</a></p> <p>(800) 741-0934</p>	<ul style="list-style-type: none"> <li>• Schedule test appointment</li> <li>• Reschedule test appointment (within a testing period)</li> <li>• Cancel test appointment</li> <li>• Find directions to test site</li> <li>• Questions regarding testing sites and appointments</li> </ul>
<p><b>American Board of Spine Surgery (ABSS)</b></p> <p><a href="http://www.americanboardofspinesurgery.org/">www.americanboardofspinesurgery.org/</a></p>	<ul style="list-style-type: none"> <li>• Part II – Oral Exam Information</li> <li>• Recertification Information</li> </ul>

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## ATTENTION CANDIDATES

This handbook contains necessary information about the ABSS Examination of the American Board of Spine Surgery. It is required reading for those applying and taking the Examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this handbook for future reference. This handbook is subject to change. See [www.ptcny.com](http://www.ptcny.com) for handbook updates.

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## INTRODUCTION

This Candidate Handbook was published by the American Board of Spine Surgery to inform prospective candidates about the Board and its policies and about the rules, requirements, and procedures for examination and certification.

Rules, procedures, fee amounts, deadline dates and other administrative considerations are established by the Board to facilitate the scheduling and administering of the examination. The Board reserves the right to amend those considerations from time to time when necessary to maintain the efficient execution of its mission. Whenever changes are made to information contained in this booklet, candidates who have made applications will be notified.

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## WHAT IS THE AMERICAN BOARD OF SPINE SURGERY?

The American Board of Spine Surgery is an independent organization incorporated in 1997 to address the special needs of the unique surgical specialty that has emerged from neurosurgery and Orthopaedics.

A primary goal of the American Board of Spine Surgery is to assist the public and the medical profession by setting educational and post-graduate training requirements for spine surgeons and by the promotion of continuing quality assurance programs.

The creation of the ABSS is an important step forward in helping to reinforce public trust in the medical profession at a time when such trust is in need of reinforcement.

Reasonable standards of expertise and quality for Spine Surgeons can be developed and promulgated. These will clearly be much more meaningful with the advice and support of organized Orthopaedics, neurosurgery, and the other surgical specialties.

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## ELIGIBILITY REQUIREMENTS

### PART I: WRITTEN EXAMINATION

To qualify for Part 1 of the certifying examination of the American Board of Spine Surgery, applicants must first have passed at least the Part 1 written examination of, or be certified by the American Board of Neurological Surgery, the American Board of Orthopaedic Surgery, or equivalent and must further qualify as follows:

- 1) Successful completion of a twelve-month approved spine fellowship program or have resident training and experience deemed by the American Board of Spine Surgery to be equivalent to a twelve-month approved spine fellowship program.
- 2) Must possess a full and unrestricted license to practice medicine or be engaged in full-time practice in the United States federal government for which licensure is not required.
- 3) Must cause to be provided to the Board two letters of recommendation evaluating the character, ethical and professional standards, and the demonstrated clinical and surgical skills of the applicant. Such letters must be written by the director of the residency program, the director of the spine fellowship program, the Chief of Surgery or equivalent at a hospital where the applicant holds staff privileges, or other person in a position of authority who is familiar with the applicant's work and is knowledgeable and qualified to evaluate and comment on the applicant's performance.

## **PART II: ORAL EXAMINATION**

To be eligible to take Part 2 of the certifying examination, candidates must first be approved to take, and be scheduled for, Part 1.

After qualifying, candidates must demonstrate that they meet the following requirements, as well as comply with the procedures established by the Board of Directors in the Rules and Procedures published in the Booklet of Information for applicants:

- 1) The candidate must hold full and unrestricted license to practice medicine;
- 2) The candidate must demonstrate that his/her certification by the American Board of Neurosurgery, the American Board of Orthopaedic Surgery, or equivalent is still current;
- 3) Must provide 2 letters of recommendation fitting the criteria outlined in Section 3 above if taking PART II more than 1 year following completion of PART I;
- 4) Must be able to demonstrate 2 years of having been actively engaged in the practice of spine surgery.

It shall be the responsibility of the applying candidate to obtain from the ABSS Board office the necessary application forms and examination schedules for Part 2 of the examination.

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## **ELIGIBILITY DETERMINATION**

The Credentials Committee shall review applications and make the determination as to eligibility. In the event that a candidate is not approved or does not meet all of the eligibility requirements, he or she may appeal to the full Board of Directors for determination of eligibility. The Board of Directors determination of eligibility is considered final.

Candidates will be notified within 30 days of receipt of all application materials as to their eligibility to take the examination. If the candidate becomes unable to take the scheduled examination, notification must be sent to the Board Office.

All candidates taking an examination of the American Board of Spine Surgery must complete the entire required written and oral examination to receive certification. Certification by any other specialty Board does not exempt candidates from any part of the examination process.

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## **ELIGIBILITY APPEALS**

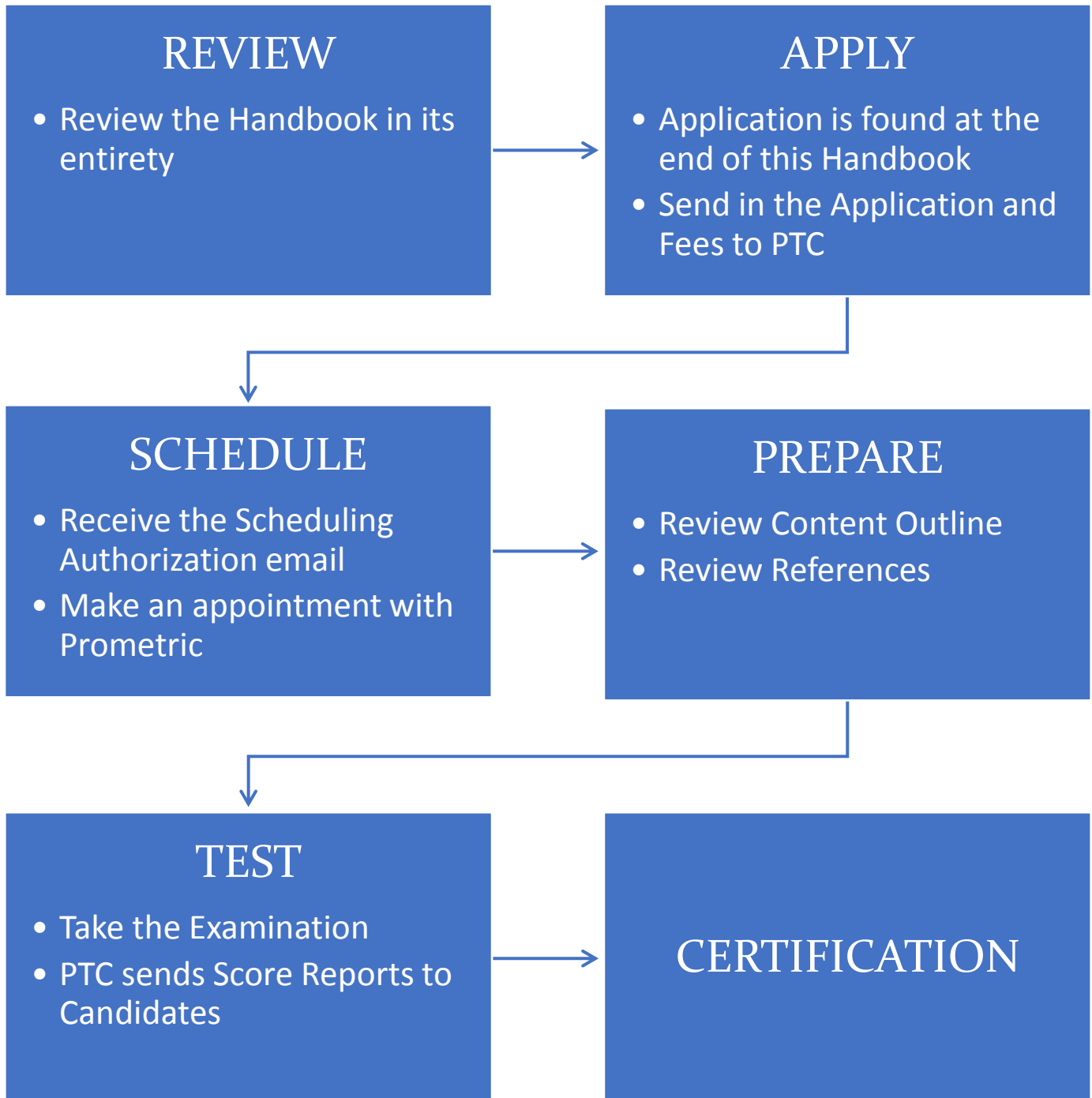
The Board has established a policy relative to resolution of questions or disagreements regarding its decision on admissibility to examination, the form, content, administration, or results of any portion of the Examination, and the revocation of certificates. A copy of the Appeals Policy is available from the Board Office, upon written request by a candidate in any stage of the application process.

### ***REQUESTS FOR SPECIAL CONSIDERATION***

Any requests for waiver of any rule or requirement must be submitted in writing. Requests for waiver or extension of deadlines must be received at least 30 days prior to such deadline. All such requests will be considered by the Board, whose decision shall be final.

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## THE CERTIFICATION PROCESS



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## COMPLETION OF APPLICATION

Complete the application by providing ALL information requested on the Application form. Mark only one response unless otherwise indicated. Print carefully, as the forms are optically scanned.

**NOTE:** The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver's license or passport. Do not use nicknames or abbreviations.

**CANDIDATE INFORMATION:** Print your name (as shown on your current government-issued photo ID), office and home addresses, phone numbers, website, and email addresses in the appropriate row of empty boxes. Notification of success on the examination will come to your home address; you may elect "office" or "home" for further ABSS communications. Your address information will only be available to PTC and ABSS.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**CANDIDATE SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

**CANDIDATE ATTESTATION:** Read, sign and date the Candidate Attestation located on page 3 of the application.

***Mail the Application with the appropriate fee (see FEES on page 5) in time to be received by the deadline shown on the cover of this Handbook to:***

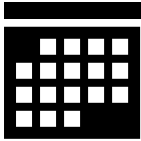
**ABSS EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway, Suite 800  
New York, NY 10018**

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## EXAMINATION ADMINISTRATION AND SCHEDULING

The ABSS Examination of the American Board of Spinal Surgery Part I: Written Examination is administered during established two-week testing windows on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

### Scheduling Examination Appointments



Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from **notices@ptcny.com**. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window contact the Professional Testing Corporation at (212) 356-0660 or online at [www.ptcny.com/contact](http://www.ptcny.com/contact).

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee. See page 8 for more information on transferring to a new testing window.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

**Note: International candidates may also schedule, reschedule, or cancel an appointment online at [www.prometric.com/ABSS](http://www.prometric.com/ABSS).**

#### **IMPORTANT!**

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted.

The name on your Scheduling Authorization **MUST** exactly match the name on your photo ID. **Fees will not be refunded for exams missed because of invalid ID.**



## Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: [www.prometric.com/ABSS](http://www.prometric.com/ABSS).

Time Frame	Reschedule Permitted?	Stipulations
Requests submitted 30 days or more before the original appointment	Yes	None
Requests submitted 5 to 29 days before the original appointment	Yes	Candidate must pay Prometric a rescheduling fee of \$50.
Requests submitted less than 5 days before the original appointment	No	Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay full examination fees for a future testing period.



### Failing to Report for an Examination

If you fail to report for an examination, you will forfeit all fees paid to take the examination. A completed application form and examination fee are required to reapply for the examination.

## EXAMINATION FEES

Fee Type	Amount	DetailsPar
Part I: Written Examination Application Fee	US \$950.00	<ul style="list-style-type: none"> <li>• Non-refundable</li> <li>• Non-transferable</li> <li>• Includes testing center fees</li> <li>• Includes non-refundable \$50 administrative fee</li> </ul>
Part II: Oral Examination Application Fee	US \$1,500.00	
Rescheduling Fee (29-5 days prior to scheduled appointment; see page 6)	US \$50.00	<ul style="list-style-type: none"> <li>• <b>Applies to candidates who need to move their appointment within their current testing period</b></li> <li>• Payable directly to Prometric</li> <li>• Reschedule with Prometric online or over the phone</li> </ul>

**All fees are non-refundable and non-transferable.** Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds. All requests must be made through PTC. A \$50 fee will be charged for bounced checks.

## SPECIAL NEEDS

ABSS and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence. All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com/PDF/PTC\\_SpecialAccommodationRequestForm.pdf](http://www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf) or by calling PTC at (212) 356-0660.

This Form must be uploaded with the online application. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

**Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.**

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## PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver's license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the name on your ID match the name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).
- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the testing center. Make sure you give yourself plenty of time to arrive as late arrival may prevent you from testing.
- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>.
- Prometric's website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use these to help you start studying for the examination.
- Review What to Expect at the Testing Center and the Rules for the Examination on the next page before your appointment.

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## WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

- Candidate Check-In
  - Candidates will be asked to present their IDs
  - Candidates will be asked to empty and turn out their pockets
  - Candidates will be “wanded” or asked to walk through a metal detector
  - Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
  - Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
  - Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.
  
- During the Exam
  - No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam
  - Accessing mobile phones or study materials during the examination is prohibited
  - Smoking is prohibited at the testing center
  - All examinations are monitored and may be recorded in both audio and video format


Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

Please see [Prometric's website](#) for more information about what to expect on testing day.

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## RULES FOR THE EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

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- ⇒ You must present your current driver's license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.
  - ⇒ No Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology (such as smart watches), MP3 players (such as iPods), pagers, cameras, and voice recorders are permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.
  - ⇒ No papers, books, or reference materials may be taken into or removed from the testing room.
  - ⇒ No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
  - ⇒ Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
  - ⇒ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see [Prometric's statement on Test Center Security](#) for more information.
  - ⇒ All watches and "Fitbit" type devices cannot be worn during the examination.
  - ⇒ No food/beverages are permitted inside the testing room. Leave these items in your assigned locker.
  - ⇒ The Board prohibits certain behaviors, including (but not limited to) the activities listed below.
    - A. Copying test questions.
    - B. Copying answers.
    - C. Permitting another to copy answers.
    - D. Falsifying information required for admission to an examination.
    - E. Impersonating another examinee.
    - F. Taking the examination for any reason other than for the purpose of seeking certification.

Contact PTC at (212) 356-0660 or [www.ptcny.com/contact](http://www.ptcny.com/contact) with any questions about the Examination Rules.

**Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.**

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## REPORT OF RESULTS

Results (pass or fail) of the PART I: WRITTEN EXAMINATION will be mailed to all examinees within 60 days of the end of the examination period to allow for extensive analysis and to assure that individual results are reliable and accurate.

**Results will not be given out by telephone, email, or fax.**

Candidates must achieve a passing grade for the entire examination. The score is determined by the total number of items answered correctly. Therefore, candidates are encouraged to answer all items.

Results (pass or fail) of the PART II: ORAL EXAMINATION will be mailed to all examinees within 60 days of the end of the examination date. Certificates will be included for passing examinees.

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## REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on [www.ptcny.com](http://www.ptcny.com) with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoring.

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## ATTAINMENT OF CERTIFICATION & RECERTIFICATION

Candidates who pass both the PART I and PART II examinations are certified and become Diplomates of the Board. They receive a certificate that is valid for ten years.

A surgeon who is granted certification is known as Diplomate of the Board.

Additional or replacement certificates are available upon written request. A fee of \$100.00 for each certificate ordered should be included with the request. The Diplomate’s name should be listed as it should appear on the certificate.

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## NON-DISCRIMINATION STATEMENT

The American Board of Spine Surgeons does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

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## CORRESPONDENCE WITH THE BOARD OFFICE

To ensure that materials are received by the Board Office by the deadline dates, it is recommended that a guaranteed delivery service be used. Correspondence should be addressed to:

American Board of Spine Surgery  
1350 Broadway, Suite 800  
New York, NY 10018

Telephone: 212-356-0668

Fax: 212-356-0678

email: [info@americanboardofspinesurgery.org](mailto:info@americanboardofspinesurgery.org)

It is important that Diplomates and Candidates inform the Board Office when they change their mailing address.

### Change of Address

If a candidate's address, as it appears on the admission materials on file at the examination site, is incorrect or will change before the "Results Mailing Date," it is the candidate's responsibility to provide corrections to Professional Testing Corporation.

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## CONTENT OF THE PART I: WRITTEN EXAMINATION

The questions for the examination cover subjects considered to be of fundamental importance to competent performance in the field of spine surgery. Every effort is made to avoid ambiguity, irrelevancy, and items of opinion. There are no "trick" questions. All questions are analyzed by psychometric techniques to assure their quality:

### I. BASIC SCIENCES

- A. Anatomy
  - 1. Embryology, Growth, and Development
  - 2. Regional Anatomy of the Cervical, Thoracic, and Lumbar Spine
  - 3. Vascular Anatomy of the Spine
  - 4. Surgical Anatomy and Approaches
- B. Biochemistry, Physiology, and Neurophysiology
- C. Biomechanics
- D. Pathology
  - 1. Congenital
  - 2. Acquired
    - a. Infection
    - b. Trauma
    - c. Degeneration
    - d. Neoplasia
    - e. Inflammation and Metabolism

### II. CLINICAL SCIENCES

- A. Neurology
  - 1. Clinical Evaluation
  - 2. Electrodiagnosis and Monitoring
  - 3. Neurological Conditions
- B. Physical Medicine and Rehabilitation
- C. Radiology and Imaging
- D. Rheumatology
- E. Clinical Psychology and Psychiatry
- F. Pain Management
- G. Pharmacology
- H. Orthotics

### III. SURGICAL SCIENCES

- A. Neurosurgery and Orthopaedic Surgery
  - 1. Pre-operative Care
  - 2. Selection of Procedure
- B. Anesthesiology

- C. Allied Surgical Specialties
- D. Spine Procedures
  - 1. Decompression
  - 2. Stabilization
  - 3. Deformity Correction
  - 4. Instrumentation
  - 5. Excision
  - 6. Neuroablation
  - 7. Vertebral Augmentation
  - 8. Total Disc Arthroplasty
- E. Complications

#### IV. GENERAL TOPICS

- A. Spinal Deformity and Scoliosis
- B. Low Back Pain
- C. Neck and Thoracic Pain
- D. Disc Protrusion/Herniation

- 1. Cervical
- 2. Thoracic
- 3. Lumbar
- E. Spinal Stenosis
- F. Sacroiliac Dysfunction
- G. Syringomyelia
- H. Vascular Disorders of the Spine
- I. Bone grafting: Autografts, Allografts, Biologics
- J. Microscopic, Minimally Invasive, and Percutaneous Surgery
- K. History of Spine Surgery
- L. Medico-Legal Considerations
- M. Ethics
- N. Research
- O. Socioeconomic

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## PART II: ORAL EXAMINATION

The PART II: ORAL EXAMINATION is the second of the two parts of the certification examination procedure for spine surgeons.

The purpose of the oral examination is to evaluate the candidate's clinical competence. This is done through a credentialing process and an examination.

Candidates must submit a list of all surgical cases for the six consecutive months starting one year prior to the examination. The Board will select 12 cases from the list. Of the 12 cases, the candidate will pick 10 cases to present at the examination. Candidates must bring to the examination all pertinent materials (x-rays, charts, video prints/photo prints, operative notes, etc.) on the 10 cases they have chosen.

The PART II: ORAL EXAMINATION is approximately three hours, divided into three 50-minute interviews with two examiners per interview. During two of these, the candidates present their cases and the examiners ask questions on these cases and others on their case lists. One of the interviews will focus on material presented by the examiners for discussion. Specific skills that are evaluated are data gathering, diagnosis, treatment, technical skill, outcomes, ethics, and general surgical knowledge.

The PART II: ORAL EXAMINATION is given via a virtual meeting. Please contact the ABSS office for application and scheduling information.

PTC19061





# Application for Part I Written Examination

## American Board of Spine Surgery

Please read the directions in the Handbook for Candidates carefully before completing this Application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F
1	2	3	4	5	6

### Candidate Information

Please enter your Name exactly as it appears on a Government Issued Photo I.D.

Dr.
 First Name:  Middle Initial:

Last Name:  Suffix (Jr., Sr., etc.):

Facility:

Office Address:

Number and Street:

PO Box or Suite Number:  City:

State/Province:  Zip/Postal Code:

Website:  
 .COM  
 .NET  
 .ORG  
 .EDU

**Mailing Address:**  (Mail will be sent here; if same as office, please check this box)

Number and Street:

Apartment Number:  City:

State/Province:  Zip/Postal Code:  Work Phone:  -  -

Date of birth:  -  -  Fax Phone:  -  -

E-mail Address:

### Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

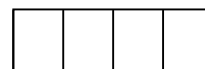
- A. MY PRACTICE OF SPINE SURGERY CONSISTS OF:**  
(Darken only one response.)
- Primarily Lumbar Surgery
  - Primarily Deformity Surgery
  - Primarily Cervical Surgery
  - Primarily Fracture Surgery
  - Combination of the above
- B. I HOLD A LICENSE TO PRACTICE MEDICINE THAT IS VALID, UNRESTRICTED, AND CURRENT AT THE TIME OF THE EXAMINATION:**
- | License #  | State  | Year  |
|--|--|---|
| 1. <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> | <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1.2em;"></span> | <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span> |
| 2. <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> | <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1.2em;"></span> | <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span> |
| 3. <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> | <span style="border-bottom: 1px solid black; display: inline-block; width: 50px; height: 1.2em;"></span> | <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span> |

- C. RESIDENCY TRAINING IN AN ACGME-ACCREDITED PROGRAM: IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.**

Dates	Program	Location	Ortho	Neuro
to				
to				
to				

(Complete Page 2)

58476





# Application for Part I Written Examination American Board of Spine Surgery

## Eligibility and Background Information

**D. BOARD CERTIFICATION:**

- American Board of Neurological Surgery       American Board of Orthopaedic Surgery  
 Date Passed Part I OR Date Certified: \_\_\_\_\_      Date Passed Part I OR Date Certified: \_\_\_\_\_

*Board certification is a prerequisite. If you are not Board certified or have at least passed Part I, stop here. If you wish to have the Board consider your application without certification by one of the above boards please complete the rest of this application and contact the ABSS office for further instructions.*

- E. YEAR YOU BEGAN PRACTICE IN THE FIELD OF SPINE SURGERY FOLLOWING COMPLETION OF RESIDENCY TRAINING**
- F. WHAT PERCENTAGE OF YOUR CLINICAL PRACTICE IS IN THE FIELD OF SPINE SURGERY**         %

- G. HAVE YOU EVER HAD YOUR AUTHORITY TO PRESCRIBE DRUGS RESTRICTED, SUSPENDED OR REVOKED?** -----  No     Yes
- H. HAVE YOU EVER VOLUNTARILY WITHDRAWN AN APPLICATION FOR LICENSURE TO PRACTICE MEDICINE OR ENTERED INTO AN AGREEMENT BY WHICH YOU AGREED TO SUSPEND, LIMIT, CEASE OR OTHERWISE CONDITION YOUR PRACTICE OF MEDICINE OR BY WHICH YOU AGREED TO HAVE YOUR LICENSE RESTRICTED, SUSPENDED, REVOKED OR OTHERWISE AFFECTED?** -----  No     Yes
- I. HAVE YOU EVER HAD YOUR LICENSE TO PRACTICE MEDICINE RESTRICTED SUSPENDED OR REVOKED?** ---  No     Yes
- J. HAVE YOU EVER BEEN CONVICTED OF FELONY?** -----  No     Yes
- K. HAVE YOU EVER VOLUNTARILY DISCONTINUED STATE LICENSURE?** -----  No     Yes
- L. I AM ELIGIBLE FOR ABSS CERTIFICATION AS DEFINED IN THE CURRENT ABSS BOOKLET OF INFORMATION. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.** -----  No     Yes

**M. A or B**

- A. SUCCESSFUL COMPLETION OF A TWELVE-MONTH SPINE FELLOWSHIP PROGRAM. (PLEASE ATTACH CERTIFICATION OF SATISFACTORY COMPLETION.)**

Dates	Program	Location	Director
to			
to			
to			

- B. HAVE RESIDENT TRAINING AND EXPERIENCE THAT IS EQUIVALENT TO A TWELVE-MONTH SPINE FELLOWSHIP PROGRAM. (PLEASE ATTACH CERTIFICATION OF SATISFACTORY COMPLETION.)**

Dates	Program	Location	Director
to			
to			
to			

## 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:**      **Age Range:**      **Gender:**
- African American     Native American     Under 25     40 to 49     Male
- Asian     White     25 to 29     50 to 59     Female
- Hispanic     No Response     30 to 39     60+

**FOR OFFICE USE ONLY**

Date      0370  
                  0380

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

58476





## Application for Part I Written Examination American Board of Spine Surgery

### CANDIDATE ATTESTATION

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 by laws, 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 understand that I am hereby applying for the certification process and that the acceptance of my application and possible subsequent approval to sit for either Part I or Part II of the examination does not suggest or imply automatic or guaranteed certification.

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.

I pledge myself to the highest ethical standards in the practice of spine surgery.

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

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





## Application for Part I Written Examination American Board of Spine Surgery

### APPLICATION FEE

Part I Written Examination Fee: \$950 (check/money order payable to American Board of Spine Surgery)

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:

- Two (2) recent, passport-size photographs (head and shoulders only): name **MUST BE** printed in ink on the back.
- Copy of current ABOS or ABNS member board certificate(s) or letter of satisfactory completion of Part I
- Copy of certificate(s) of satisfactory completion of a twelve month spine fellowship or equivalent resident experience (see page 3 of application).
- 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.
- Two (2) letters of reference from the director of the residency program, the director of the spine fellowship program, the Chief of Surgery or equivalent, or someone in a position of authority who is familiar with your work and is knowledgeable and qualified to evaluate and comment on your performance. **PLEASE SEE THE APPLICATION COVER LETTER IF YOU HAVE BEEN OUT OF YOUR FELLOWSHIP OR RESIDENCY PROGRAM FOR MORE THAN 1 YEAR.**
- Money order or check payable to American Board of Spine Surgery in the amount of the indicated application fee. (See the fee schedule on the application form. The application fee is non-refundable.)

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

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

