



*The only board devoted  
exclusively to  
Cosmetic Surgery*

*AMERICAN BOARD OF  
COSMETIC SURGERY, INC.*

**AMERICAN BOARD OF COSMETIC SURGERY**

*The only board devoted exclusively to Cosmetic Surgery*

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

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**ADMINISTRATIVE OFFICES**

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*Promoting the Safe Practice of Cosmetic Surgery*

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**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

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**SECTION 1**



The only board devoted  
exclusively to  
Cosmetic Surgery

## AMERICAN BOARD OF COSMETIC SURGERY, INC.

**THE MATERIALS CONTAINED IN THIS BOOKLET AND  
ACCOMPANYING CANDIDATE APPLICATION  
HAVE BEEN PREPARED SPECIFICALLY FOR THE 2012 EXAMINATION  
OF THE AMERICAN BOARD OF COSMETIC SURGERY, INC. (ABCS)**

Dear Doctor:

The enclosed information and Candidate Application are being furnished in response to your inquiry.

***We ask that you read all of the information contained in this booklet carefully prior to completing your Candidate Application.*** All of the required documentation must be submitted with your application and must be received in the General Office on or before **May 1, 2012**. Applications received after that date or applications which are incomplete will not be considered. All applications and accompanying materials submitted to the ABCS become the property of the ABCS and **WILL NOT BE RETURNED. ALL CERTIFICATION REQUIREMENTS WILL BE STRICTLY ADHERED TO WITHOUT EXCEPTION.**

The examination is scheduled as follows:

### **October 20 and October 21, 2012**

ABOG Testing Center  
2915 Vine Street  
Dallas, TX 75204

The American Academy of Cosmetic Surgery (AACS) conducts an Annual Review Course in conjunction with their Annual Scientific Meeting in January of each year. You may contact the AACS at (312) 981-6781 or via e-mail at [info@cosmeticsurgery.org](mailto:info@cosmeticsurgery.org) for further details regarding the Annual Review Course. While attendance at the Annual Review Course is not mandatory, it is strongly recommended that all applicants for certification attend.

Peter B. Canalia, J.D., Executive Director

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#### **ADMINISTRATIVE OFFICES**

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219/836-8585 • Fax 219/836-5525 • [ambrdcs1@sbcglobal.net](mailto:ambrdcs1@sbcglobal.net) • [www.americanboardcosmeticsurgery.org](http://www.americanboardcosmeticsurgery.org)  
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## **MISSION STATEMENT:**

The mission of the American Board of Cosmetic Surgery (ABCS) is to serve the public by promoting the safe and ethical practice of the sub-specialty of Cosmetic Surgery. The ABCS is the only board devoted exclusively to Cosmetic Surgery. Diplomates of the ABCS shall demonstrate the highest standards of training, knowledge, and expertise, as determined by a process of peer review and standardized examination and certification.

The goals of the American Board of Cosmetic Surgery are:

- 1) To achieve and maintain the highest professional standards in Cosmetic Surgery.
- 2) To establish a method for the qualification of specialists in Cosmetic Surgery and a certification system.
- 3) To establish training standards.
- 4) To carry out such goals and objectives in full compliance with all laws and regulations relating to equivalent surgical specialists.

## **DEFINITION OF COSMETIC SURGERY:**

Cosmetic Surgery is a sub-specialty of medicine and surgery that uniquely restricts itself to the enhancement of appearance through surgical and medical techniques. It is specifically concerned with maintaining normal appearance, restoring it, or enhancing it beyond the average level toward some aesthetic ideal. Cosmetic Surgery is a multi-disciplinary and comprehensive approach directed to all areas of the head, neck and body.

Special skill and knowledge are essential and specialists in Cosmetic Surgery are competent in the anatomy, physiology, pathology and basic sciences. The educational profile of an ABCS board certified Cosmetic Surgeon is unique in that it begins with a fully trained and certified physician. Through continued post-residency education, training and experience, Cosmetic Surgery is taught and learned across traditional disciplinary boundaries. The sub-specialty fully incorporates the participation and knowledge from all contributing disciplines to attain a high level of skill and understanding. Contributing disciplines include dermatology, facial plastic surgery, general surgery, plastic surgery, otolaryngology-head and neck surgery, oculoplastic surgery, gynecological surgery, oral-maxillofacial surgery and others.

The ABCS board certified Cosmetic Surgeon offers specialized expertise in patient education and counseling, procedural skills, and the early recognition and treatment of complications. ABCS board certified Cosmetic Surgeons have enhanced the knowledge and training of fellow physicians and directly benefitted society through educational publications, scientific journals and in the development of safe and innovative techniques.

Competency in Cosmetic Surgery implies a combination of knowledge, surgical judgment, technical expertise and ethics in order to achieve the goal of providing aesthetic improvement.

### **HISTORY OF THE AMERICAN BOARD OF COSMETIC SURGERY:**

On March 26, 1979 the American Board of Aesthetic Plastic Surgery was incorporated in Delaware. The founders dedicated their practices to Cosmetic Surgery and recognized the interdisciplinary nature of this sub-specialty. They created the Board in the public interest to establish a standard of qualifications. A second corporation was formed in California on March 26, 1982 under the name of the Board of Cosmetic Surgery, Inc. The Delaware corporation and the California corporation subsequently assigned all their rights and obligations in 1990 to the American Board of Cosmetic Surgery, Inc., a corporation organized under the nonprofit law of the Commonwealth of Pennsylvania. The American Board of Cosmetic Surgery is an independent organization, recognized as a nonprofit entity by the Internal Revenue Service under Section 501C-6 of the Internal Revenue Code. The American Board of Cosmetic Surgery has an independent set of officers, board of trustees, and executive director who manage, maintain, and set policy for the Board.

### **RESPONSIBILITIES OF DIPLOMATES:**

Becoming a Diplomat of the American Board of Cosmetic Surgery is a significant professional achievement and honor. Diplomates must strive to represent the high ethical and moral standards of the ABCS and to support the Board activities for the advancement of the sub-specialty of Cosmetic Surgery. Diplomates agree to adhere to the ABCS and American Medical Association guidelines regarding the ethical practice of Cosmetic Surgery, including advertising and representations to the public and to practice the highest standard of patient care and safety at all times.

**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 2**

**AMERICAN BOARD OF COSMETIC SURGERY**  
**Certification Requirements**  
**(Effective for the year 2012)**

**Areas of Certification and General Requirements**

- (1) Applicants may apply for the following areas of certification:
  - \* Body, Breast and Extremity Cosmetic Surgery
  - \* Dermatologic Cosmetic Surgery
  - \* Facial Cosmetic Surgery
  - \* General Cosmetic Surgery
  
- (2) All candidates must meet the following criteria:
  - (A) Applicant must complete a current application furnished in PDF format online or by the ABCS General Office (refer to application process and procedures).
  - (B) Applicant must affirmatively state and prove valid hospital operating room privileges in current good standing. If the applicant does not have current hospital operating room privileges and performs all surgical procedures in an outpatient facility, the facility must be currently accredited by The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF), MEDICARE or a similar accrediting body approved by the state medical board having jurisdiction where the applicant performs surgery.
  - (C) Applicant will submit four (4) letters of recommendation, including but not limited to letters from: (a) the chairperson of his/her residency program, if available, or from the department chief of his/her current hospital facility; (b) his/her cosmetic surgery fellowship director, if applicable, or verification of completion of fellowship; (c) a Diplomate of the ABCS; and (d) any other practicing physician.
  - (D) Applicant will submit proof of a current valid and unrestricted medical license in good standing in the jurisdiction where the applicant practices. Applicants must submit an explanation of any current or past disciplinary action by any state medical or osteopathic board.
  - (E) Applicant will submit current copy of his/her curriculum vitae, certified by applicant as true and correct as of the date submitted.
  - (F) Applicant will affirm that he or she has no history of, nor are actions currently pending regarding any felony, crimes, convictions, or substance abuse.
  - (G) Applicant will furnish proof of valid Advanced Cardiac Life Support (ACLS) certification at the time of application (photocopy of valid card required).

- (H) Applicant must submit proof of at least 300 Category 1 CME credits in cosmetic surgery. These may be earned in one of the following ways:
- (i) Completion of a cosmetic surgery fellowship in the areas sought in a program approved by the American Academy of Cosmetic Surgery satisfies this requirement if completed within three (3) years of the date of application.
  - (ii) In the event an Applicant applies for the examination more than three (3) years but within six (6) years of completing his/her approved fellowship training, the Applicant shall receive credit for 150 CME credits in Cosmetic Surgery (Category 1) and must average 50 CME Category 1 credits in Cosmetic Surgery per year for each year following completion of his/her fellowship to the date of application; and
  - (iii) In the event an Applicant applies for the examination more than six (6) years after completing their approved fellowship training, the Applicant must average 50 CME Category 1 credits in Cosmetic Surgery per year for the six (6) years preceding his/her date of application.
- (I) Applicant will provide a Physician Profile, ordered by the applicant from the American Medical Association (AMA), the American Osteopathic Association (AOA) or the Federation Credentials Verification Service (FCVS). Please note it may take as long as 30 days to receive this form from the AMA, the AOA, or the FCVS.
- (J) Applicant will submit two (2) current passport type photographs.
- (K) Applicant will successfully complete a written examination covering general knowledge of cosmetic surgical procedures. The ABCS will accept applications for the written component of the Annual Examination from:
- (i) Applicants who meet the current requirements; and
  - (ii) American Academy of Cosmetic Surgery (AACS) fellows who have successfully completed an approved AACS Cosmetic Surgery Fellowship Program.

Applicant must successfully complete an oral examination in the area of cosmetic surgery certification sought. The written and oral components must be successfully completed within three years of each other.

- (L) Applicant must furnish proof of prior board certification by:
- (i) one of the following boards recognized by the American Board of Medical Specialties, the Bureau of Osteopathic Specialists of the American Osteopathic Association (BOS), the Royal College of Physicians and Surgeons of Canada (RCPSC):
    - 1) Dermatology
    - 2) General Surgery
    - 3) Obstetrics and Gynecology
    - 4) Ophthalmology with completion of an American Society of Ophthalmic Plastic and Reconstructive Surgery, Inc. (ASOPRS) approved Oculoplastic fellowship
    - 5) Otolaryngology
    - 6) Plastic and Reconstructive Surgery
  - Of
  - (ii) The American Board of Oral and Maxillofacial Surgery (ABOMS) with M.D. degree.

(The above boards collectively referred to hereinafter as the “approved boards”)

**Training Requirements and Eligibility Via FELLOWSHIP ROUTE**

(1) A candidate may be eligible for one or more areas of cosmetic surgery certification via the Fellowship Route based upon the following:

- (A) Initial certification by an approved board;
- (B) Postgraduate surgical training in accordance with the following training summary:

**FELLOWSHIP TRAINING SUMMARY**

APPROVED BOARDS	TRAINING	AREA ELIGIBLE
Dermatology	One year dermatologic cosmetic surgery fellowship _____	Dermatologic Cosmetic Surgery _____
	One year general surgery residency and one year facial cosmetic surgery fellowship _____	Facial Cosmetic Surgery _____
	One year general surgery residency and one year body, breast & extremity cosmetic surgery fellowship _____	Body, Breast & Extremity Cosmetic Surgery _____
	One year general surgery residency and two- year general cosmetic surgery fellowship	General Cosmetic Surgery
General Surgery	One year facial cosmetic surgery fellowship _____	Facial Cosmetic Surgery _____
	One year body, breast & extremity cosmetic surgery fellowship _____	Body, Breast & Extremity Cosmetic Surgery _____
	One year general cosmetic surgery fellowship	General Cosmetic Surgery

Obstetrics and Gynecology	<p>One year facial cosmetic surgery fellowship</p> <hr/> <p>One year body, breast &amp; extremity cosmetic surgery fellowship</p> <hr/> <p>One year general cosmetic surgery fellowship</p>	<p>Facial Cosmetic Surgery</p> <hr/> <p>Body, Breast &amp; Extremity Cosmetic Surgery</p> <hr/> <p>General Cosmetic Surgery</p>
Ophthalmology with Oculoplastic Surgery Fellowship	<p>One year facial cosmetic surgery fellowship</p> <hr/> <p>One year general surgery residency and one year body, breast &amp; extremity cosmetic surgery fellowship</p> <hr/> <p>One year general surgery residency and two- year general cosmetic surgery fellowship</p>	<p>Facial Cosmetic Surgery</p> <hr/> <p>Body, Breast &amp; Extremity Cosmetic Surgery</p> <hr/> <p>General Cosmetic Surgery</p>
Oral/Maxillofacial Surgery with M.D. degree	<p>One year facial cosmetic surgery fellowship</p> <hr/> <p>One year body, breast &amp; extremity cosmetic surgery fellowship, including one year general surgery residency</p> <hr/> <p>One year general cosmetic surgery fellowship, including one year general surgery residency</p>	<p>Facial Cosmetic Surgery</p> <hr/> <p>Body, Breast &amp; Extremity Cosmetic Surgery</p> <hr/> <p>General Cosmetic Surgery</p>
Otolaryngology	<p>One year facial cosmetic surgery fellowship</p> <hr/> <p>One year body, breast &amp; extremity cosmetic surgery fellowship, including one year general surgery residency</p> <hr/> <p>One year general cosmetic surgery fellowship, including one year general surgery residency</p>	<p>Facial Cosmetic Surgery</p> <hr/> <p>Body, Breast &amp; Extremity Cosmetic Surgery</p> <hr/> <p>General Cosmetic Surgery</p>
Plastic Surgery	<p>One year general cosmetic surgery fellowship</p>	<p>General Cosmetic Surgery</p>

- (2) The Fellowship Program must be approved by:

The American Academy of Cosmetic Surgery (AACS). A list of approved programs may be obtained from the AACS:

737 North Michigan Avenue, Suite 2100

Chicago, Illinois 60611

telephone: 312/981-6781; telefax: 312/981-6787

E-mail at: [info@cosmeticsurgery.org](mailto:info@cosmeticsurgery.org); website: [www.cosmeticsurgery.org](http://www.cosmeticsurgery.org)

- (3) Cosmetic surgery fellows of an AACS accredited cosmetic surgery fellowship program may apply and sit for the written portion of the ABCS exam during their fellowship training provided they are board eligible or certified by one of the “approved boards” by the ABCS.
- (4) Cosmetic surgery fellows of an AACS accredited cosmetic surgery fellowship program may apply and sit for the oral portion of the ABCS exam immediately following their fellowship training if they can comply with the following and are board certified by one of the “approved boards” by the ABCS.
- (A) Documented case logs as either surgeon, assistant surgeon or co-surgeon of at least 300 cosmetic surgery procedures in the specific area they seek board certification that encompasses an adequate diversity as determined by the ABCS Fellowship and Board Review Committee.
- (B) If less than 300 cases were documented during the fellowship, the applicant must document an additional 50 cosmetic surgery procedures as primary surgeon, post fellowship, in the specific area they seek board certification that encompasses an adequate diversity as determined by the ABCS review committee.
- (5) A candidate that has not completed an approved American Academy of Cosmetic Surgery fellowship may be eligible for certification via a two-tiered process:

### **Tier 1: Pre-Application / Petition of Equivalency**

Applicant must furnish:

1. Initial certification by an approved board;
2. Recommendation letter from fellowship director attesting to training in the areas being sought for certification or, alternatively, a certificate of completion of fellowship obtained at time of completion of fellowship training identifying training in the area of certification sought;
3. Surgical operative logs during fellowship training;
  - Experiences must meet minimal guidelines for training fellowship as set forth in GUIDELINES FOR CLINICAL FELLOWSHIP TRAINING IN COSMETIC SURGERY by the American Academy of Cosmetic Surgery; and
4. Initial non-refundable application fee in the amount of \$500.00.

Upon review by the ABCS Fellowship and Board Review Committee and affirmative majority vote of the Board of Trustees, candidates that meet these criteria will receive written notification of equivalency of training to that of an AACS approved fellowship program and will then be eligible to pursue ABCS certification via the Fellowship Route. Potential candidates that are denied equivalency of training by the Board of Trustees at its sole and absolute discretion will receive written notification.

## **Tier 2: Standard Application Process**

The candidate will then be eligible to receive all directions and documentation of requirements of the ABCS examination application, and will be subject to all of the then current examination fees. The candidate will also be held to the same due process as those of approved AACS fellowship training. Candidates from non-AACS approved cosmetic surgery fellowships whose training is deemed equivalent to that of an AACS approved cosmetic surgery fellowship must submit a minimum of thirty (30) cosmetic surgery procedures as primary surgeon following completion of the fellowship program. Candidates shall submit the required operative reports with clearly labeled, publication quality, before and after photos to verify the completion of the case requirements. The operative reports must meet the standards set forth in the Application Booklet. The cosmetic surgery procedures must be in the area in which the applicant seeks certification and shall be of a sufficient mix to illustrate a depth and breadth of knowledge in the area of certification sought. Guidelines for the cosmetic surgical procedures acceptable to the credentialing committee shall be provided with the Candidate Application booklet furnished by the General Office.

**Training and Experience Requirements and Eligibility Via the EXPERIENCE ROUTE**

Absent any action to the contrary by the Board of Trustees, the eligibility for certification via the Experience Route will expire in 2015.

(1) The ABCS recognizes additional education and experience only in the area that is consistent with the candidate’s initial approved board certification. If a candidate seeks certification in an area inconsistent with his/her initial approved board certification, he/she will not be able to pursue certification under the experience route. PLEASE NOTE, the only means by which a candidate can apply for certification in an area that is not consistent with his/her initial approved board certification is by obtaining additional training and applying by the fellowship route OR by applying for a Certification of Added Qualification (CAQ).

Certification via the Experience Route requires initial certification by an approved board:

**TRAINING/EXPERIENCE SUMMARY**

<b>Approved Boards</b>	<b>Area Eligible</b>
Dermatology	Dermatologic Cosmetic Surgery
General Surgery	Facial Cosmetic Surgery Body, Breast & Extremity Cosmetic Surgery General Cosmetic Surgery
Obstetrics and Gynecology	Body, Breast & Extremity Cosmetic Surgery
Ophthalmology with Oculoplastic Surgery Fellowship	Facial Cosmetic Surgery
Oral/Maxillofacial Surgery with an M.D. degree	Facial Cosmetic Surgery
Otolaryngology	Facial Cosmetic Surgery
Plastic Surgery	Body, Breast & Extremity Cosmetic Surgery General Cosmetic Surgery

- (A) Applicant must furnish proof of at least 300 CME credits in cosmetic surgery. All credits must be in Category 1.
- (B) Applicant must submit typed case logs documenting at least 1,000 cosmetic procedures. Applicant may submit up to a maximum of 300 cosmetic surgical procedures against 1,000 procedure requirement which were performed during post graduate training of one of our core boards in which the applicant was co-surgeon or first assistant with formal documentation as defined by committee.
- (C) Applicant must submit typed case logs documenting at least 200 cosmetic procedures performed in the year prior to application.
- (D) Applicant’s case logs must illustrate a depth and breadth of cosmetic cases in the area of certification sought.

- (E) Applicant must submit typed operative reports, with clearly labeled publication quality before and after photographs securely attached to each operative report. Operative reports must illustrate a depth and breath of cosmetic cases in the area of certification sought as set forth in the Examination Candidate Application Booklet which is hereby incorporated by reference. Operative reports must meet the standards set forth in the Candidate Application Booklet furnished in PDF format online or by the General Office. The number of operative reports to be submitted depends upon the area of certification sought. **General** requires 120 reports; **Facial** requires 105 reports; **Body, Breast & Extremity** requires 100 reports; and **Dermatologic** requires 100 reports as set forth in the Guidelines for Applicants in the Examination Candidate Application Booklet.

**Training Requirements and Eligibility via CERTIFICATE OF ADDED QUALIFICATION (CAQ) ROUTE**

(1) An applicant may apply for a Certificate of Added Qualification (CAQ) in cosmetic surgery. There are two CAQ categories available:

- (A) Facial Cosmetic Surgery
- (B) Body, Breast & Extremity Cosmetic Surgery

(2) To be eligible for a CAQ in cosmetic surgery from the American Board of Cosmetic Surgery, the applicant must meet the following minimum requirements:

- (A) The applicant must meet the criteria required for certification by the ABCS and be a Diplomate in good standing of the ABCS in Facial, Dermatologic, or Body, Breast and Extremity Cosmetic Surgery.
- (B) The applicant must hold a current, valid and unrestricted medical license (in conformance with the written policy of the ABCS) and perform his/her surgical procedures in an accredited facility (in conformance with the written policy of the ABCS).
- (C) The applicant must submit a current dated Candidate Application and application fee in the amount of \$500.00.
- (D) The applicant must submit a typed case log documenting at least 100 cosmetic surgical procedures within the category of his/her requested CAQ, and shall be of a sufficient mix to illustrate a depth and breadth of knowledge in the area of certification sought. The cosmetic surgical procedures must have been performed within the previous consecutive three (3) years of his/her application.
- (E) The applicant must submit operative reports containing 100 cosmetic surgical procedures subject to the review of the ABCS Credentials Committee. Fifty (50) of the 100 cosmetic surgical procedures submitted must contain publication quality pre and post operative photographs securely attached to the operative reports. The operative reports must illustrate a depth and breadth of cosmetic surgical procedures within the category of his/her requested CAQ.
- (F) The applicant must have completed at least 4 AACS-sponsored (or deemed equivalent by the ABCS Credentials Committee) Surgical Workshops in his/her chosen CAQ category within the previous three (3) years.
- (G) The applicant must have completed a minimum of 100 Category 1 CME hours in Cosmetic Surgery within the preceding three (3) years of his/her CAQ application.
- (H) The applicant must pass a 100 question written examination, formulated by the ABCS Examination Committee, that covers the cosmetic surgical procedures within their chosen CAQ category. Effective 2010 and thereafter, the written examination for a CAQ would be waived if the applicant had obtained his/her initial ABCS certification within the preceding three (3) years.
- (I) The applicant must pass an oral examination in his/her chosen CAQ category.

- (J) CAQ certificates will be time-limited and require maintenance of the CAQ within 10 years and may be performed with Recertification of their ABCS certification.

### **Credentialing Committee**

- (1) A Credentialing Committee, established by the President of the Board, shall review all applications and recommend and approve qualified candidates who satisfy the foregoing certification requirements for examination.
- (2) Upon the act of the Board of Trustees, in its sole and absolute discretion, a successful applicant who meets all credential requirements and successfully passes the oral and written components of the examination shall be granted membership status and issued a certificate of membership. The certificate shall at all times remain the property of the ABCS and neither the certificate nor the ABCS membership shall be considered a property right of the member. The certificate and ABCS membership shall be valid until membership is revoked or otherwise terminated in accordance with these by-laws, provided, however, under no circumstances shall the term of the certificate or ABCS membership exceed ten (10) years. In the event that membership status is revoked or is not renewed, the certificate shall be returned to the Corporation by the holder. If a certificate is not returned promptly after termination of membership, the Corporation may initiate legal action to recover the certificate. The former member shall be obligated to reimburse the Corporation for all reasonable expenses, including reasonable attorney fees incurred by the Corporation in connection with such action.
- (3) The Board of Trustees shall have the power to deny membership or to revoke a member's membership in its sole and absolute discretion. The decision of the Board of Trustees shall be final.
- (4) Certificates of membership are not transferable or assignable.
- (5) The Board of Trustees shall establish initial and annual membership fees and application fees. For those Diplomates certified in 1990 and thereafter, the annual membership fees (sustaining fees) shall be mandatory. *Those Diplomates who have not paid the mandatory sustaining dues within ninety (90) days of the date they were billed shall be assessed a late fine of fifty dollars (\$50.00).* Those Diplomates who fail to pay their mandatory sustaining fees shall have their names submitted to the Board of Trustees for sanctions, including, but not limited to, "status of Diplomate not in good standing for failure to pay mandatory dues" or "revocation of Diplomate status for failure to pay mandatory dues" as the Trustees deem fit.

### **Recertification**

The candidate successfully completing the Board Examination will be awarded a certificate which will be valid for ten (10) years. Diplomates of the American Board of Cosmetic Surgery must be reexamined every ten (10) years to maintain certification.

### **Application Process and Procedures**

Prospective applicants, who believe they fulfill the eligibility requirements, must obtain a current dated application furnished in PDF format online or from the ABCS General Office. The application must be completed in its entirety and must include all requested documentation. The completed application and application fee shall be submitted to the General Office by the application deadline. Applications that are incomplete by the deadline or received after the deadline will not be considered. All applications and accompanying materials submitted to the ABCS become the property of the ABCS and will not be returned or copied. All materials submitted shall be no larger than 9 inches by 11 inches.

**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 3**

# ABCS CANDIDATE APPLICATION CHECKLIST (2012)

Applicant Name: \_\_\_\_\_ Area of Certification Sought: \_\_\_\_\_

## GENERAL REQUIREMENTS - FELLOWSHIP & EXPERIENCE ROUTE CANDIDATES

Application COMPLETE (MUST BE TYPED or PRINTED CLEARLY) \_\_\_\_\_

Copy of Curriculum Vitae \_\_\_\_\_

Copy of Core Certification from ABMS/AOA/RCPSC \_\_\_\_\_

Proof of Valid ACLS at time of Application (Copy of Valid Card Required) \_\_\_\_\_

AMA/AOA/FCVS Physician Profile (Ordered by Applicant) \_\_\_\_\_

Applicant Photo(2 passport type photos) \_\_\_\_\_

Verification of Hospital Operating Room Privileges \_\_\_\_\_ OR, Approved Facility (see Certification Requirements -General Requirements) \_\_\_\_\_

Letters of Reference (4 Required)

Chairperson of Residency OR Dept. Chief of current Hospital Facility \_\_\_\_\_

ABCS Diplomate \_\_\_\_\_

Director of Cosmetic Surgery Fellowship (mandatory if applicable) \_\_\_\_\_

(1 OR 2) Practicing Physician \_\_\_\_\_

Copy of current valid MD or DO license \_\_\_\_\_

Application Fee (\$500) (Check No. \_\_\_\_\_) \_\_\_\_\_

Examination Fee (Check No. \_\_\_\_\_) \_\_\_\_\_

Written Only (\$1,000) \_\_\_\_\_ Oral Only (\$1,000) \_\_\_\_\_ Written and Oral (\$2,000) \_\_\_\_\_

### Fellowship Route

Verification of Satisfactory Completion of Cosmetic Fellowship from AACS & Case Log (300 minimum)

(or non-AACS Fellowship Program deemed equivalent and approved by ABCS Credentialing Committee) in area sought. Indicate Number of Years ( )

Type of fellowship (body, breast & extremity, dermatologic, facial, general) \_\_\_\_\_

For Candidates from non-AACS Fellowship Programs deemed equivalent and approved by the ABCS, 30 Operative Reports of Satisfactory Major Cases with Before/After Photographs \_\_\_\_\_

**(Photocopies are NOT ACCEPTABLE) - see accompanying guidelines**

Verification of Surgical Residency Training. (Indicate Number of Years) \_\_\_\_\_

Proof of a minimum of 300 Category 1 CME credits (Required only if Fellowship Program was completed more than 3 years prior to the date of application - see attached policy) \_\_\_\_\_

### Experience Route

Case Log Documenting 1000 Cosmetic Procedures (minimum) see accompanying guidelines \_\_\_\_\_

Case Log Documenting 200 Cosmetic Procedures (minimum) performed within the year prior to date of application \_\_\_\_\_

Typed Operative Reports of Satisfactory Major Cases (number dependent upon area of certification sought ) with before and after photographs **(Photocopies are NOT ACCEPTABLE)** see accompanying guidelines \_\_\_\_\_

Proof of a minimum of 300 Category 1 CME credits (see attached policy) \_\_\_\_\_

**ABCS CAQ CANDIDATE APPLICATION CHECKLIST (2012)**

Applicant Name: \_\_\_\_\_ Area of Certification Sought: \_\_\_\_\_

**REQUIREMENTS FOR CERTIFICATE OF ADDED QUALIFICATION (CAQ) ROUTE**

- Application COMPLETE (MUST BE TYPED or PRINTED CLEARLY) \_\_\_\_\_
- Proof of current, valid and unrestricted medical license (copy of valid medical license required) \_\_\_\_\_
- Proof of Valid ACLS (copy of valid card required) \_\_\_\_\_
- Application Fee (\$500.00) \_\_\_\_\_
- Oral Examination Fee (\$1,000.00) \_\_\_\_\_
- Written Examination Fee (\$1,000.00), if applicable \_\_\_\_\_
- Typed Case Log Documenting 100 Cosmetic Surgical Procedures within the category of the requested CAQ (minimum) \_\_\_\_\_
- Typed Operative Reports containing 100 Cosmetic Surgical Procedures within the category of the requested CAQ (50 Operative Reports must contain before & after photos) \_\_\_\_\_
- Verification of 4 AACS-sponsored (or deemed equivalent by the ABCS Credentialing Committee) Surgical Workshops within the category of the requested CAQ in the previous 3 years of CAQ application \_\_\_\_\_
- Proof of a minimum of 100 Category 1 CME credits in cosmetic surgery within the preceding 3 years of CAQ application \_\_\_\_\_

**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 4**

**AMERICAN BOARD OF COSMETIC SURGERY**  
**GUIDELINES FOR APPLICANTS**

(i) The following surgical procedures qualify for inclusion on operative logs. The logs must be detailed enough so that the credentials committee can determine that the procedure meets the requirements set forth on page 2 hereof.

- Abdominoplasty of all types
- Ablative Chemical peeling(into papillary dermis) and of same size requirement as dermabrasion
- Brachioplasty
- Breast augmentation by implant (bilateral counts as one procedure)
- Calf implants
- Canthoplasty/pexy
- Chin implants
- Dermabrasion of the face for extensive scars or wrinkles (must be at least the size of one entire cosmetic unit such as lips and chin, cheek, forehead, periorbital)
- Direct brow lift (bilateral counts as one procedure)
- Face Lifts of all types
- Fat grafting done as an independent procedure
- Forehead/Brow lift (all types)
- Genioplasty
- Gluteal implants
- Glutealplasty (Buttock lift)
- Hair lift
- Hair transplantation grafting
- Hair restoration flaps
- Labiaplasty
- Laser resurfacing with same size requirements as dermabrasion
- Liposuction of the face and/or neck (counts as one procedure)
- Liposuction of the abdomen, flank and/or waist (counts as one procedure)
- Liposuction of the back and/or buttocks (counts as one procedure)
- Liposuction of the legs (counts as one procedure)
- Liposuction of the breast (counts as one procedure)
- Lower blepharoplasty (bilateral counts as one procedure)
- Malar implants
- Mandibular Osteotomy
- Mastopexy (bilateral counts as one procedure)
- Maxillary Osteotomy
- Midface lift
- Nasal dorsal augmentation by implantation or grafting not done as part of a rhinoplasty
- Neck Lift (platysmaplasty) when not in conjunction with face lift, with or without liposuction after platysmaplasty
- Otoplasty (bilateral counts as one procedure)
- Pectoral implants
- Reduction mammoplasty (bilateral counts as one procedure)
- Rhinoplasty with or without grafting
- Scalp reductions or extensions
- Soft tissue augmentation (noncutaneous) with human collagen, fat or alloplastic material (all areas on one patient equal one procedure)
- Subperiosteal malar lift or SOFF lift **NOT** done at the time of a traditional face lift

- Thighplasty (Thigh lift)
- Upper eyelid cosmetic ptosis repair as a separate procedure
- Upper blepharoplasty (bilateral counts as one procedure)
- Varicose vein surgery (injection sclerotherapy, microstripping, SF or SP junction ligation)

(ii) The following procedures **DO NOT QUALIFY** for inclusion on the operative logs:

- Bone grafting as a part of osteotomies or rhinoplasty
- Botox injections, GFX or radio frequency ablation
- Cosmetic tattooing of any area
- Dental implants
- Ear lobe split repairs
- Excisions of lesions with or without plastic repairs
- Facial fractures
- Microdermabrasion
- Pigmented lesion, tattoo, laser treatment
- Repairs or reconstruction of trauma
- Scar revision by dermabrasion, laser, or chemical peeling
- Sclerotherapy of cutaneous ectasias
- Septoplasty
- Skin flaps or skin grafts to reconstruct skin lesion removal
- Superficial chemical peeling with glycolic, salicylic, trichloroacetic acids
- Thread Lifts
- Vascular lesion laser treatment or hair removal
- Zyderm or Zyplast injections, or injections of other fillers

(iii) **SURGICAL LOG REQUIREMENTS**

a) The *typewritten* surgical log must meet the following criteria before the credentials committee will consider it:

COLUMN 1 (Procedure number in consecutive order)	COLUMN 2 (Date of procedure)	COLUMN 3 (Medical Patient Number Per HIPPA)	COLUMN 4 (Type of procedure)
---	---------------------------------	--	---------------------------------

b) The surgical log should be tallied on a separate page:

COLUMN 1 Type of procedure (e.g. hair transplantation) (upper blepharoplasty)	COLUMN 2 Total number of cases (e.g. 10 cases) (24 cases)
--	--

**NOTE:** Grand total for Column 2 should equal the required number of cases.

(iv)

### OPERATIVE REPORTS

Operative reports must be typewritten in narrative form, similar to those completed for hospital reports, and must be signed by the primary surgeon. The front page of the report must contain a list of all procedures performed. Only those procedures listed on the front page will be counted by the committee. The reports must list any and all co-surgeons and assistant surgeons. The reports will show pre and post operative diagnoses and the indication for surgery. The narrative description must be sufficiently detailed such that a physician not fully familiar with the procedure will understand what was done. Important items such as estimated blood loss should be included in the report. Liposuction procedures must list the amount of fluid infused into the tissue, the total volume of aspirate, the total volume of the infranatant fluid and the mg/kg dosage of lidocaine.

Clearly labeled publication quality before and after photographs when required, shall be securely attached to said operative report. Pictures must clearly demonstrate treated area(s). For example, an abdominal liposuction should include a lateral view and liposuction of the lateral thighs should include an anterior or posterior view. All pictures should be labeled with **'BEFORE'** or **'AFTER'** labels.

(v) **EXPERIENCE ROUTE CASE LOG REQUIREMENTS**

The committee will evaluate each candidate's case log based on the depth and breadth of the cases submitted. Candidates with extremely narrow practice scopes will not be approved. Candidate must submit a minimum number of operative reports with publication quality pre and post operative photographs securely attached. The minimum number of operative reports and photographs varies dependent upon the area of certification sought. Minimum number of operative reports and photographs for *experience route* candidates are set forth on the following pages.

**BODY, BREAST & EXTREMITY COSMETIC SURGERY** - Applicant shall submit operative reports from five (5) of the eight (8) categories noted below subject to the review of the credential committee. Applicant shall submit a minimum of twenty (20) operative reports for each of the five categories selected (total minimum of 100 operative reports). Ten of the twenty operative reports submitted for each category must contain publication quality pre and post operative photographs securely attached to the operative reports. (Total minimum of 50 operative reports with photos).

1. Abdominoplasty
  - a. Complete
  - b. Partial
2. Arm Lift or Thigh Lift
3. Breast
  - a. Augmentation with implant
  - b. Mastopexy
  - c. Reduction
4. Body Implants (other than breast)
  - a. Extremity
  - b. Gluteal
  - c. Pectoral
5. Fat Transfer
6. Labiaplasty
7. Liposuction
  - a. Trunk
  - b. Upper and Lower Extremities
  - c. Face and Submental
8. Varicose Vein Surgery

**Once the candidate meets the minimum requirement of patients per procedure, the list comprising the balance of the 1000 cases may be any mix, provided the procedures are on the approved list included in this application booklet.**

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(vi) **EXPERIENCE ROUTE CASE LOG REQUIREMENTS**

The committee will evaluate each candidate's case log based on the depth and breadth of the cases submitted. Candidates with extremely narrow practice scopes will not be approved. Candidate must submit a minimum number of operative reports with publication quality pre and post operative photographs securely attached. The minimum number of operative reports and photographs varies dependent upon the area of certification sought. Minimum number of operative reports and photographs for *experience route* candidates are set forth on the following pages.

**FACIAL COSMETIC SURGERY** - Applicant shall submit operative reports for seven (7) of the ten (10) categories noted below subject to the review of the credential committee. Applicant shall submit a minimum of fifteen (15) operative reports for each of the seven categories selected (total minimum of 105 operative reports). Ten of the fifteen operative reports submitted for each category must contain publication quality pre and post operative photographs securely attached to the operative reports. (Total minimum of 70 operative reports with photos).

1. Rhinoplasty
2. Cosmetic Eyelid Procedures
  - a. Upper Blepharoplasty
  - b. Lower Blepharoplasty
  - c. Canthoplasty / Pexy (as a separate procedure)
  - d. Cosmetic Ptosis Repair (as a separate repair)
3. Brow / Forehead Lift
4. Face Lift (all types excluding thread lifts)
  - a. Traditional
  - b. Deep Plane
  - c. Subperiosteal
5. Maxillofacial Cosmetic Surgery (augmentation with facial implants)
  - a. Augmentation
  - b. Osteotomies (Genioplasty, etc.)
6. Cervicofacial Liposuction
7. Fat Transfers
8. Otoplasty or Cheloplasty
9. Hair Loss
  - a. Hair Transplant
  - b. Scalp Flaps
  - c. Expanders
10. Facial Skin Resurfacing (Ablative)
  - a. Laser Resurfacing
  - b. Dermabrasion
  - c. Chemical Peels

**Once the candidate meets the minimum requirement of patients per procedure, the list comprising the balance of the 1000 cases may be any mix, provided the procedures are on the approved list included in this application booklet.**

---

(vii) **EXPERIENCE ROUTE CASE LOG REQUIREMENTS**

The committee will evaluate each candidate's case log based on the depth and breadth of the cases submitted. Candidates with extremely narrow practice scopes will not be approved. Candidate must submit a minimum number of operative reports with publication quality pre and post operative photographs securely attached. The minimum number of operative reports and photographs varies dependent upon the area of certification sought. Minimum number of operative reports and photographs for *experience route* candidates are set forth on the following pages.

**DERMATOLOGIC COSMETIC SURGERY** - Applicant shall submit operative reports for three (3) of the five (5) categories noted below subject to the review of the credential committee. Applicant shall submit a minimum of twenty (25) operative reports for each of the three (3) categories selected, and an additional 25 operative reports from any category (total minimum of 100 operative reports ). One half of the operative reports submitted from each category must contain publication quality pre and post operative photographs securely attached to the operative reports. (Total minimum of 50 operative reports with photos).

1. Ablative Facial Skin Procedures of at least one cosmetic unit
  - a. Laser Resurfacing
  - b. Dermabrasion
  - c. Chemical Peels
2. Liposuction
  - a. Face
  - b. Body
  - c. Extremities
3. Fat Transfers
4. Hair Loss Treatment
5. Varicose Vein Surgery

**Once the candidate meets the minimum requirement of patients per procedure, the list comprising the balance of the 1000 cases may be a mix, provided the procedures are on the approved list included in this application booklet.**

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**(viii) EXPERIENCE ROUTE CASE LOG REQUIREMENTS**

The committee will evaluate each candidate's case log based on the depth and breadth of the cases submitted. Candidates with extremely narrow practice scopes will not be approved. Candidate must submit a minimum number of operative reports with publication quality pre and post operative photographs securely attached. The minimum number of operative reports and photographs varies dependent upon the area of certification sought. Minimum number of operative reports and photographs for *experience route* candidates are set forth on the following pages.

**GENERAL COSMETIC SURGERY** - Applicant shall submit operative reports for twelve (12) of the eighteen (18) categories noted below subject to the review of the credential committee. Applicant shall submit a minimum of ten (10) operative reports for each of the twelve categories selected (total minimum of 120 operative reports). Five of the ten operative reports submitted for each category must contain publication quality pre and post operative photographs securely attached to the operative reports. (Total minimum of 60 operative reports with photos).

1. Rhinoplasty
2. Cosmetic Eyelid Procedures
  - a. Upper Blepharoplasty
  - b. Lower Blepharoplasty
  - c. Canthoplasty / Pexy (as a separate procedure)
  - d. Cosmetic Ptosis Repair (as a separate repair)
3. Brow / Forehead Lift
4. Face Lift (all types excluding thread lifts)
  - a. Traditional
  - b. Deep Plane
  - c. Subperiosteal
5. Maxillofacial Cosmetic Surgery (augmentation with facial implants)
  - a. Augmentation
  - b. Osteotomies (Genioplasty, etc.)
6. Cervicofacial Liposuction
7. Fat Transfers
8. Otoplasty or Cheloplasty
9. Hair Loss
  - a. Hair Transplant
  - b. Scalp Flaps
  - c. Expanders
10. Facial Skin Resurfacing (Ablative)
  - a. Laser Resurfacing
  - b. Dermabrasion
  - c. Chemical Peels
11. Abdominoplasty
  - a. Complete
  - b. Partial
12. Arm Lift or Thigh Lift
13. Breast
  - a. Augmentation with implant
  - b. Mastopexy
  - c. Reduction

14. Body Implants (other than breast)
  - a. Extremity
  - b. Gluteal
  - c. Pectoral
15. Fat Transfer
16. Labiaplasty
17. Liposuction
  - a. Trunk
  - b. Upper and Lower Extremities
  - c. Face and Submental
18. Varicose Vein Surgery

**Once the candidate meets the minimum requirement of patients per procedure, the list comprising the balance of the 1000 cases may be any mix, provided the procedures are on the approved list included in this application booklet.**

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**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 5**

**CREDENTIAL CURRICULUM OF COSMETIC SURGERY PROCEDURES  
FOR EACH AREA OF CERTIFICATION**

<b>FACIAL COSMETIC SURGERY</b>	<b>BODY, BREAST &amp; EXTREMITY COSMETIC SURGERY</b>	<b>DERMATOLOGIC COSMETIC SURGERY</b>	<b>GENERAL COSMETIC SURGERY (all of Facial, Body, Breast &amp; Extremity, and Dermatologic)</b>
Rhinoplasty Primary Rhinoplasty Revision Rhinoplasty Reconstructive Rhinoplasty	Abdominoplasty Complete Partial	Laser Resurfacing	
Blepharoplasty Upper Eyelid Lower Eyelid	Arm Lift or Thigh Lift	Dermabrasion	
Brow Lift Coronal Endoscopic	Breast Augmentation with implant Mastopexy Reduction	Chemical Peels	
Face Lift Traditional Deep Plane Subperiosteal	Body Implants (other than breast) Extremity Gluteal Pectoral	Liposuction Face Body Extremities	
Chin Augmentation Reduction	Fat Transfer	Soft Tissue Augmentation	
Cervicofacial Liposuction	Labiaplasty	Hair Loss Treatment	
Malar & Submalar Augmentation	Liposuction Trunk Upper and Lower Extremities Face and Submental	Varicose Vein Surgery	
Ear Otoplasty Cosmetic Reconstruction	Varicose Vein Surgery		
Hair Loss Hair Transplant Scalpflaps Expanders			

**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 6**



<b>6 FELLOWSHIPS</b>	Director and Facility	Dates	AACs Approved:	
	_____	_____	yes _____	no _____
	_____	_____	yes _____	no _____
	_____	_____	yes _____	no _____
	_____	_____	yes _____	no _____

<b>7 PRESENT HOSPITAL PRIVILEGES</b>	Name of City/Community, Hospital & Contact Person	Medical Staff Position	Specify Month and Year	
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

<b>8 SURGICAL FACILITIES AND ACCREDITING BODY</b>	Primary Facility for Surgical Procedures
	Hospital _____
	Ambulatory Surgical Center _____
	Office Surgical Facility / Accrediting Body _____

<b>9 DISCLOSURE</b>	<p>IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE GIVE FULL DETAILS FOR EACH ACTION ON A SEPARATE SHEET OF PAPER.</p>	
	Has your license to practice medicine in any jurisdiction ever been (a) denied, limited, suspended, not renewed or revoked; (b) the subject of a previously successful or currently pending challenge; c) voluntarily relinquished?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been reprimanded by a medical licensing agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have your privileges to practice at any hospital or institution ever been suspended, diminished, revoked or not renewed, or have you ever voluntarily relinquished such privileges?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any medical or professional organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been denied, suspended, excluded or expelled from professional participation in Medicare or any other Federally funded program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been refused membership on a hospital medical staff, or have you ever voluntarily relinquished medical staff membership?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your request for any specific clinical privileges ever been denied or granted with stated limitations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Has your narcotics registration ever been (a) suspended, limited or revoked; (b) the subject of a previously successful or currently pending challenge; or c) voluntarily relinquished?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been charged with any ethics violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

<p style="text-align: center;">9 DISCLOSURE (continued)</p>	<p>Have you ever been retained to give opinion testimony in any medical malpractice case? If so, please identify the name of the case, parties, court, case number and the party you represented for each lawsuit. <span style="float: right;">__ YES    __ NO</span></p> <p>Do you have any past or present alcohol or drug dependency or abuse which might interfere with your ability to practice the science of cosmetic surgery in a safe and ethical manner? <span style="float: right;">__ YES    __ NO</span></p>
<p style="text-align: center;">DOCUMENTATION REQUIRED</p>	<p>A. WRITTEN REFERENCES (FOUR REQUIRED)</p> <ol style="list-style-type: none"> <li>1. Chairperson of Residency Training Program, if available, or Department Chief of Current Hospital Facility.</li> <li>2. Fellowship Director, If Applicable.</li> <li>3. One Diplomate of the American Board of Cosmetic Surgery.</li> <li>4. 1 (or 2) Practicing Physician(s).</li> </ol> <p>NOTE: Information requested in letters of reference:</p> <ol style="list-style-type: none"> <li>a) Training period</li> <li>b) Hands on experience vs. observational</li> <li>c) How many cases and their type</li> <li>d) Was there clinical experience</li> <li>e) Exposure to complications</li> <li>f) Ethics, skill, basic knowledge</li> </ol> <p>B. Current copy of Curriculum Vitae (see requirements attached)</p> <p>C. Operative reports (see requirements attached)</p> <p>D. Case logs (see requirements attached)</p> <p>E. Fellowship evaluation form (see requirements attached)</p> <p>F. AMA / AOA / FCVS Physician Profile (see requirements attached)</p>
<p style="text-align: center;">FEES</p>	<p><b>FEES (payable to ABCS):</b></p> <p>Application fee \$500.00 (non-refundable and payable upon submittal of application)</p> <p>Written only \$1,000.00 (payable upon approval of application)</p> <p>Oral only \$1,000.00 (payable upon approval of application)</p> <p>Both Components payable upon approval of application</p>
<p style="text-align: center;">CATEGORIES</p>	<p><b>CERTIFICATION CATEGORIES:</b></p> <ol style="list-style-type: none"> <li>1. Body, Breast &amp; Extremity Cosmetic Surgery (available for CAQ)</li> <li>2. Dermatologic Cosmetic Surgery</li> <li>3. Facial Cosmetic Surgery (available for CAQ)</li> <li>4. General Cosmetic Surgery</li> </ol> <p>I am applying for (category)</p> <p>_____ (Specify area of certification requested)</p>

**PLEASE REVIEW THE STATEMENTS BELOW, INITIAL AND SIGN WHERE INDICATED.**

I authorize the Board to make whatever inquiries and investigation it deems necessary to ascertain and verify my qualifications, credentials, professional standing through the Federation of State Medical Boards and further to inquire into my moral or ethical character from other resources as necessary in order to judge my application. I acknowledge that the processing and consideration of my application will involve participation by numerous members of the Board and staff on behalf of the Board and agree that these activities shall not be considered to be a disclosure, production, inspection, nor dissemination by the people performing these tasks. I will not commence, bring or institute a proceeding, suit or action in any court or other tribunal or forum directed against or to the Board or any of its members or staff in any way concerning, pertaining to or arising out of the consideration, proceeding, rejection, deferment, acceptance or other handling of this application for, or any of the inquiries or investigations conducted in connection therewith, provided said processing is done in a proper and ethical manner.

ACKNOWLEDGED \_\_\_\_\_  
(Candidate Initials Required)

In making application to the American Board of Cosmetic Surgery:

I agree to abide by the Articles of Incorporation and Bylaws of the Board and by such rules and regulations as may be enacted from time to time, and to advance and extend the ideals and principles of the Board. Such by-laws and regulations include mandatory annual sustaining dues. Failure to pay may result in revocation of membership. I further acknowledge the certificate is a time limited certificate. Upon the expiration of stated term I further acknowledge I must meet all requirements of Maintenance of Certification (MOC) including taking and passing a recertification examination in order to remain a Diplomate of the Board.

ACKNOWLEDGED \_\_\_\_\_  
(Candidate Initials Required)

I pledge to pursue the practice of cosmetic surgery with scientific honesty and to place the welfare of my patients above all else, to advance constantly in knowledge, and to render willing help and teaching to my colleagues in medicine and seek their counsel when in doubt as to my own judgment.

ACKNOWLEDGED \_\_\_\_\_  
(Candidate Initials Required)

As a condition of continued membership in good standing, I understand: (1) if I regularly perform surgery utilizing anesthesia of Level 2 or higher in an ambulatory surgery facility or office based surgical facility, I must assure that the facility is accredited by The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAH), American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF), MEDICARE or a similar accrediting body approved by the state medical or osteopathic board having jurisdiction where the Diplomate performs surgery; and (2) I must maintain current Advanced Cardiac Life Support (ACLS) certification

ACKNOWLEDGED \_\_\_\_\_  
(Candidate Initials Required)

I acknowledge that Certificates of membership shall, at all times, remain the property of the corporation. I declare that on revocation or resignation of my Diplomate status, I shall return my certificate to the Board. If I fail to do so, I shall be responsible for all costs and expenses including reasonable attorneys fees incurred by the Board in recovering said certificate.

ACKNOWLEDGED \_\_\_\_\_  
(Candidate Initials Required)

I acknowledge the certification I seek is time limited to ten years

ACKNOWLEDGED \_\_\_\_\_  
(Candidate Initials Required)

Please attach  
2 recent photographs  
(passport photograph  
or equivalent  
is acceptable)

I fully understand that any misstatements in, or omissions from this questionnaire constitute good and sufficient cause of denial of my application to, or cause for summary revocation of any certification granted by The American Board of Cosmetic Surgery, Inc. All information submitted by me in this questionnaire is true to my best knowledge and belief. I understand that I have a continuing obligation to report any changes in the information submitted on this questionnaire.

Date: \_\_\_\_\_, 20\_\_\_\_ Signature: \_\_\_\_\_

**For Board Use Only: Do Not Write Below This Line**

Date referred to Credentials Committee \_\_\_\_\_ Credentials Committee Recommendations \_\_\_\_\_ (Date) \_\_\_\_\_

Notification (Date) \_\_\_\_\_ Entered on Computer (Date) \_\_\_\_\_

Published to Membership (Date) \_\_\_\_\_ Resignation \_\_\_\_\_ Revocation \_\_\_\_\_

# American Board of Cosmetic Surgery, Inc.

PETER B. CANALIA, J.D.  
Executive Director

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[www.americanboardcosmeticsurgery.org](http://www.americanboardcosmeticsurgery.org)

---

## Credit Card Payment Form

Name of Physician: \_\_\_\_\_

Type of Credit Card: Visa                      Master Card                      Amount: \$ \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Name of Card Holder (if different from physician listed above):  
\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Year: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Payment for:                      **2012 Annual Examination**  
Application Fee:                      \$500.00  
(non-refundable and payable upon submittal of application)  
  
Oral Examination Fee:                      \$1,000.00  
(payable upon approval of application)  
  
Written Examination Fee:                      \$1,000.00  
(payable upon approval of application)

**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 7**



[About AMA](#) » [Physician Data Resources](#) » [Services and Publications](#)

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## Services and publications

The AMA is recognized world-wide for providing data services and publications to organizations, agencies, and individuals interested in accessing physician-related information. AMA data services and publications are described below.

### AMA Profile Service

The AMA Physician Profile Service provides vital information to individuals and organizations concerned with verifying physician credentials. Each profile includes primary source information on an individual physician's:

- Name, preferred professional mailing address, and telephone number
- Birthplace and date
- Medical and/or osteopathic education (medical school or college of osteopathic medicine) and year of graduation
- Graduate medical education (residency training) specialty/subspecialty, sponsoring institution, and training dates
- State license(s) issued and issue date(s), expiration date(s), status (as of date), and type of license (temporary, limited, or unlimited)
- National Board of Medical Examiners certification year
- American Board of Medical Specialties certification(s) and subcertification(s), effective date(s), and expiration date(s)
- American Osteopathic Association Bureau of Osteopathic Specialists certification
- Drug Enforcement Administration (DEA) registration status
- National Provider Identification (NPI) registration information
- Licensure, Medicare/Medicaid, and other federal sanctions
- AMA Physician's Recognition Award (AMA PRA) and date
- Major professional activity
- Practice specialty

AMA Profiles are used extensively by organizations that verify physician credentials directly (e.g., licensing boards, hospitals, group practices, managed care organizations, physician recruiters), credentialing organizations that verify physician credentials for a third party, and other organizations that need background information on physicians. For more information, please refer to the [AMA Profile Service home page](#).

### Publications

AMA physician data are used to prepare a variety of nationally recognized publications and products. Each product is described below. Call toll free at (800) 621-8335 to order AMA publications. Visit the [AMA Bookstore](#) for additional publications and products. All AMA products and publications are subject to sales tax (where applicable) and shipping charges.

#### *Physician Characteristics and Distribution in the US, 2008 Edition*

Provides vital information on over 920,000 physicians. Data are organized by physician trends, characteristics, and distribution. The trends section provides data accumulated from 1975 to the present by medical practice specialty and major professional activity. The characteristics section presents key professional and individual characteristics of the physician population. The distribution section provides detailed information on the geographical location of physicians. Order as 390208, for \$185.00 (AMA member \$160.00).

#### Access physician statistics now

For more information about physician statistics published by the American Medical Association, please visit the [statistics section](#) of the AMA Bookstore.

Choose from the selections below to access physician-related information.

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[Physicians in the United States and possessions by selected characteristics](#)

[Physicians by specialty within county](#)



AMA Profile Service    Credentialing Newsletter    Sample Profiles


AMA Profile Service for Initial and Reappointment Credentialing


Happy 164th birthday to the American Medical Association!

Customer login 

Customer Login

 [New Customer Account Registration](#)

Enter Account #: 

 [Profile Fee, Delivery and Accreditation Acceptance Information \(e.g., The Joint Commission, NCQA, and AAAHC\)](#)

Enter Password:

 [Physicians Only – Requests for Profiles to be sent to Licensing Boards](#)

[Official Letter From ABMS](#) (PDF File)



The content of AMA Profiles are intended to assist with credentialing of Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), and Physician Assistants (PAs). Appropriate use of the AMA Physician Masterfile and AAPA Physician Assistant Masterfile data contained in the Profile is for authorized health care organizations only.

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Quick Sign In

**Customer ID**

**Password**

Remember my customer ID

[Forget your customer ID or password?](#)

[Sign In Help](#)

Physicians

[Help](#)

## Official Osteopathic Physician Profile Report

*The primary source for verifying osteopathic physician credentials information from the American Osteopathic Association*

### Welcome to the New and Improved Osteopathic Profile Ordering System!

- Greater search flexibility
- PDF version of the profile ([Click here to download Adobe PDF reader](#))
- Profiles saved in your account for 30 days
- Improved billing history
- Easy and consistent navigation along with on screen help
- [W-9 Form](#)

**Please Note:** There must be a valid email address on the account! We know that in some instances, more than one person accesses this account at one facility or location. But, only one valid email address is necessary.

**PHYSICIANS**

If you're a physician, you can send your profile to one or more state licensure boards.

This service is free of charge for AOA member physicians.

- [Send Your Profile](#)
- [AOA Membership Benefits](#)
- [Learn More...](#)

**HEALTHCARE ORGS, CVOs, STATE BOARDS**

If you're from a Healthcare Organization, CVO or State Board you can order physician profiles.

This service is free of charge for State Boards.

- [Order Physician Profiles](#)
- [Healthcare Organization Types](#)
- [Sample Profile](#)
- [Learn More...](#)

For more information [contact us](#).

[About Official Osteopathic Physician Profile Report](#)  
[AOA Membership](#) | [AOA Web Profile Legal Disclaimer](#) | [Pricing](#)  
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The AOIA is located at 142 East Ontario St, Chicago, IL, 60611.





Account: [Sign In](#) | [Register](#) | [Help Me](#)

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- [Home Page](#)
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Quick Sign In

**Customer ID**

**Password**

Remember my customer ID

[Forget your customer ID or password?](#)

[Sign In Help](#)

Physicians

### Account Sign In (Physicians)

[Help](#)

**"Send Your Profile" requires a valid sign in.**

After signing in, the system will automatically redirect you to the appropriate area.

PHYSICIANS

**AOA Number:**

- OR -

**First Name:**

**Last Name:**

---

**Birth Date:**

**IMPORTANT NOTICE TO PHYSICIANS**

Licensing Boards will not accept profiles directly from physicians. The AOIA will mail your profile within 24 hours of your order.

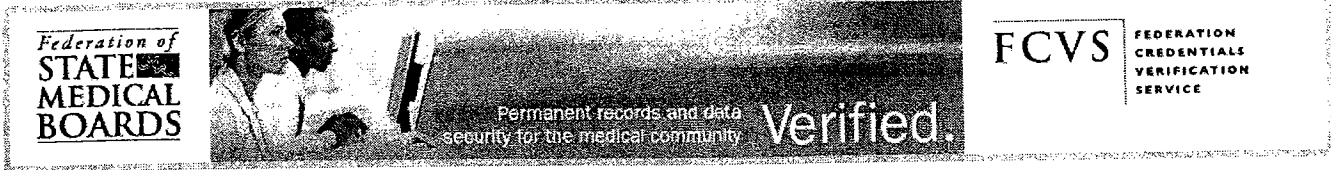
For security purposes, you will be unable to view your profile.

[About Official Osteopathic Physician Profile Report](#)  
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- LICENSURE EXAMINATIONS (USMLE)

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- CREDENTIALS VERIFICATION (FCVS)

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- PHYSICIAN DATA (FPDC)

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- EDUCATION & MEETINGS

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- ADVOCACY & POLICY

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- FSMB FOUNDATION

---

- PUBLICATIONS & MEDIA

---

- CONTACT A STATE MEDICAL BOARD

- [Overview](#)
- [Physician Profile Search](#)
- [Closed Residency Programs](#)
- [FAQs](#)
- [FCVS Fees](#)
- [FCVS Contacts](#)

**FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)**

**FCVS for State Medical Boards**

FCVS was developed from a recommendation in a report by the FSMB's Ad Hoc Committee on Licensure by Endorsement. Noting the need physicians have to obtain licensure in multiple states or relocate to another state without delays encountered in obtaining a new license, the committee recommended the establishment of a trusted central repository of physician's core credentials that could be utilized by all state medical boards for purposes of licensure. FCVS began operations in September 1996.

FCVS obtains primary source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS, which can be forwarded, at the physician's request, to any state medical board that has established an agreement with FCVS, hospital, health care or any other entity.

**Accepting Boards**

Most licensing boards accept the FCVS Physician and Physician Assistant Information Profile. For a list of states, please choose below:

- **Physician:** Licensing Boards Accepting the FCVS Information Profile
- **Physician Assistant:** Licensing Boards Accepting the FCVS Information Profile

**Methods for State Boards to Utilize FCVS**

- [State Approaches Memo](#)

**FCVS Participating Boards**

- [FCVS Participating Boards](#)
- [FCVS State Specific Licensure Requirements](#)
- [FCVS State Specific Licensure Requirements for Virgin Islands](#)

**Applications and Forms**

- [Physician Application and Forms](#)
- [Physician Assistant Application and Forms](#)

**FCVS Credentialing Assistance**

**Physician Status Report**

State Medical Boards have on-line access to the credentialing status of physicians who have designated the board as a recipient of their FCVS credentials profile. Information that can be seen for an individual physician are the data elements that FCVS verifies as well as if we have received or not received that particular item (the item itself is not viewable).

Each state medical board has been pre-issued a "User ID" and a "Password". To obtain your "User ID" and a "Password" simply [send an email](#) and the information will be forwarded to you. This is available for state medical board staff only.

Once you have your log in information, you can gain [access to the reports](#), and then click on "Physician Packet Inquiry".

To determine if a physician has a previously established FCVS profile without logging in click on "[Search for FCVS Established Physicians](#)".

**Medical School or PGT Program Search**

FCVS is continually updating our database of contact information for Medical Schools (both US and international) and Post-graduate training programs. If you need assistance in determining the contact information for an institution, [send an e-mail](#) to our staff. We will provide you with our most current contact information.

- [Imposter List \(FSMB Member Resource Center\)](#)

**RELATED LINKS**

- FCVS for...
- [Physicians](#)
  - [Physician Assistant](#)
  - [Step 3 Applicants](#)
  - [State Medical Boards](#)

- Additional Resources
- [Physician Forms](#)
  - [Physician Assistant Forms](#)
  - [Physician Brochure](#)
  - [PA Brochure](#)
  - [Licensure Requirements](#)
  - [FCVS Accepting Boards](#)



**IN ACCORDANCE WITH SECTION 7.06 (5) OF THE BY-LAWS OF  
THE AMERICAN BOARD OF COSMETIC SURGERY, INC.**

*“...For those Diplomates certified in 1990 and thereafter, the annual membership fees (sustaining dues) shall be mandatory.”*

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The annual sustaining dues for fiscal year October 1, 2012 to September 30, 2013 shall be determined by the Board of Trustees of the American Board of Cosmetic Surgery

The annual sustaining dues are established by the Board of Trustees on an annual basis and are billed on or about September 1 of each year. FAILURE TO PAY MAY RESULT IN THE TERMINATION OF DIPLOMATES CERTIFICATION.

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**IN ACCORDANCE WITH SECTION 7.07 OF THE BY-LAWS OF  
THE AMERICAN BOARD OF COSMETIC SURGERY, INC.**

“Commencing in 1998, all members receiving certification shall receive a time-limited certificate for ten years.”

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Diplomates certified are required to obtain and maintain continuing ACLS recertification in order to remain in good standing.

As a condition of continued membership in good standing, I understand if I regularly perform surgery utilizing anesthesia of Level 2 or higher in an ambulatory surgery facility or office-based surgical facility, I must assure that the facility is accredited by The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF), MEDICARE or a similar accrediting body approved by the state medical or osteopathic board having jurisdiction where the Diplomate performs surgery.

**AMERICAN BOARD OF COSMETIC SURGERY**

**2012 EXAMINATION**

**CANDIDATE APPLICATION BOOKLET**

**SECTION 8**

# ABCS Written Examination Content Outline

The following is a general content outline for the 2012 ABCS Written Examination scheduled on Sunday, October 21, 2012 at the ABOG Testing Facility in Dallas, TX.

<b>TOPIC</b>	<b>APPROXIMATE PERCENTAGE OF WRITTEN TEST ITEMS</b>
<b>I. Breast</b>	<b>13-17%</b>
A. Augmentation	
B. Reduction	
C. Mastopexy	
D. Gynecomastia	
E. Reconstruction	
F. Breast Cancer	
<b>II. Body/Extremity</b>	<b>8-12%</b>
A. Soft-tissue Augmentation	
B. Abdominoplasty	
C. Post-Massive Weight Loss Surgery	
D. Soft-tissue Excision	
E. Genitalia	
F. Phlebology	
<b>III. Liposuction</b>	<b>8-12%</b>
A. Instrumentation/Modalities	
B. Anesthesia	
C. Anatomic Considerations	
<b>IV. Facial</b>	<b>28-32%</b>
A. Soft Tissue	
B. Implants	
C. Liposuction	
D. Rhinoplasty	
E. Otoplasty	
F. Face and Neck Lift	
G. Forehead/Brow Lift	
H. Blepharoplasty	
I. Lips	
J. Midface	
K. Orthognathic	
L. Genioplasty	

- V. Dermatology** 13-17%
- A. Resurfacing
  - B. Laser/Light/Radiofrequency Treatments
  - C. Scar Management
  - D. Soft Tissue
  - E. Implants
  - F. Hair Restoration
  - G. Liposuction
  - H. Phlebology
- VI. Patient Safety** 8-12%
- A. Airway/Oxygenation/Ventilation
  - B. ACLS
  - C. Medical Emergencies
  - D. Surgical Emergencies
  - E. OR/Environment Safety
  - F. Ethics/Communication
  - G. Patient Evaluation/Perioperative Care
- VII. Surgical Principles** 8-12%
- A. Anatomy
  - B. Physiology
  - C. Aesthetic Analysis
  - D. Pharmacology
  - E. Complications

**Please note approximately 30% of the ABCS written items will be at the recall of facts/recognition level; 40% of the questions will be at the application level; and about 30% of the items will be at the problem solving/synthesis/evaluation level.**

**This is furnished as a study guide and identifies the topics with which you should be familiar. The written examination consists of one (1) session with a maximum time of four (4) hours.**