



THE AMERICAN BOARD OF SURGERY

BOOKLET ON CERTIFICATION IN SURGICAL SPECIALTIES

The Booklet on Certification in Surgical Specialties is published by the American Board of Surgery (ABS) to outline the examination requirements for certification in pediatric surgery, surgical critical care and surgery of the hand, as well as hospice and palliative medicine and complex general surgical oncology. Applicants are advised to thoroughly review its contents.

This edition of the booklet supersedes all previous publications of the ABS concerning its policies, procedures, and requirements for examination and certification. The ABS reserves the right to make changes in its fees, policies, procedures, and requirements at any time; admission to the certification process is governed by the policies and requirements in effect during the current application period and is at the discretion of the ABS. Applicants should visit the ABS website at www.absurgery.org for the most recent updates.

For information on certification in vascular surgery, please refer to the *Booklet of Information – Vascular Surgery*, also available from www.absurgery.org

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I. GENERAL INFORMATION

A. The Certification Process

The ABS considers certification to be based upon a process of education, evaluation and examination. The ABS requires the attestation of the training program director that an applicant has completed an appropriate educational experience and attained a sufficiently high level of knowledge, clinical judgment and technical skills, as well as ethical standing, to be admitted to the certification process.

Individuals who believe they meet the ABS' educational, ethical and experience requirements may begin the certification process by applying for admission to the requisite examinations, which may consist of a multiple-choice examination or both multiple-choice and oral examinations. The application is reviewed by the ABS and, if approved, the applicant is granted a number of opportunities to take and pass the required examinations for certification in that specialty. Upon successful completion of the examination process, the candidate is deemed certified by the ABS in the specialty.

B. General Surgery vs. Specialty Training

The primary specialty of general surgery includes pediatric surgery, surgical critical care and surgical oncology in its content areas. Trained general surgeons who are diplomates of the American Board of Surgery are expected to be qualified to manage the more commonly encountered and less complex problems related to these specialties. The ABS, therefore, grants certificates in these specialties only to those who, by means of additional education, have clearly demonstrated their dedication to the specialty and qualifications in the discipline beyond that expected of a general surgeon.

It is not the intent nor the role of the ABS to designate who shall or shall not perform surgical procedures or any category thereof. Credentialing decisions are best made by locally constituted bodies based on an applicant's extent of training, depth of experience, patient outcomes relative to peers, and certification status.

C. Ethics and Professionalism

The American Board of Surgery believes that certification by the ABS carries an obligation for ethical behavior and professionalism in all conduct. The exhibition of unethical behavior or a lack of professionalism by an applicant, examinee or diplomate may therefore prevent the certification of the individual or may result in the suspension or revocation of certification. All such determinations shall be at the sole discretion of the ABS.

Unethical and unprofessional behavior is denoted by any dishonest behavior, including: cheating; lying; falsifying information; misrepresenting one's educational background, certification status and/or professional experience; and failure to report misconduct. The American Board of Surgery has adopted a "zero tolerance" policy toward these behaviors, and individuals exhibiting such behaviors may be permanently barred from certification, reported to state medical boards, and/or legally prosecuted for copyright or other violations if identified.

Unethical behavior is specifically defined by the ABS to include the disclosure, publication, reproduction or transmission of ABS examinations, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purposes. This also extends to sharing examination information or discussing an examination while still in progress. Unethical behavior also includes the possession, reproduction or disclosure of materials or information, including examination questions or answers or specific information regarding the content of the examination, before, during or after the examination. This definition specifically includes the recall and reconstruction of examination questions by any means and such efforts may violate federal copyright law. All ABS examinations are copyrighted and protected by law; the ABS will prosecute violations to the full extent provided by law and seek monetary damages for any loss of examination materials. *(See also H-2. Examination Irregularities)*

D. Time-Limited Certificates

It is the current policy of the ABS that all certificates are valid only for a period of ten years, from the date of issuance through Dec. 31 of the year of expiration. Diplomates who certify or recertify after July 1, 2005, must participate in the ABS Maintenance of Certification (MOC) Program to maintain their

certificate. The ABS reserves the right to change the duration of its certificates or the requirements for maintenance of certification at any time.

E. Maintenance of Certification

Maintenance of Certification is a program of continuous professional achievement developed by the ABS in conjunction with the American Board of Medical Specialties and its 23 other member boards. MOC, which replaces the ABS' previous recertification requirements, is intended to document to the public and the health care community the ongoing commitment of diplomates to lifelong learning and quality patient care.

MOC consists of four parts to be fulfilled over the 10-year certification cycle:

- 1) *Professional Standing* – a full and unrestricted medical license, hospital privileges and professional references
- 2) *Lifelong Learning and Self-Assessment* – ongoing continuing medical education and self-assessment activities
- 3) *Cognitive Expertise* – successful completion of a secure examination at 10-year intervals
- 4) *Evaluation of Performance in Practice* – ongoing participation in an outcomes database or quality assessment program

Please refer to www.absurgery.org for information on current MOC requirements. Diplomates who became certified in general surgery after this date and wish to be certified in another ABS specialty must be in compliance with MOC to be admissible to the certification process.

MOC requirements run in three-year cycles. At the end of each cycle, diplomates report to the ABS by completing an online form about their MOC activities. Diplomates will be notified when action is required for MOC. For diplomates who hold multiple certificates, only the secure examination must be repeated for each specialty.

Surgeons who pass the secure exam prior to the expiration date of their certificate will receive a new certificate with an expiration date extending from the expiration date of the previous certificate.

The ABS considers MOC to be voluntary in the same manner as original certification. To assure receipt of materials pertaining to MOC, diplomates are strongly encouraged to notify the ABS promptly of any changes of address.

F. Reporting of Status

The ABS considers the personal information and examination record of an applicant or diplomate to be private and confidential. When an inquiry is received regarding an individual's status with the ABS, a general statement is provided indicating the person's current situation as pertains to ABS certification, along with his or her certification history.

In response to an inquiry, the ABS will report an individual's status as either *Certified* or *Not Certified*. In certain cases, one of the following descriptions may also be reported: *In the Examination Process*, *Clinically Inactive*, *Suspended*, or *Revoked*. Please refer to the *Reporting of Status Policy* at www.absurgery.org for definitions of the above terms.

Individuals may describe themselves as certified by the ABS or as an ABS diplomate only when they hold a current ABS certificate. Those whose certificates have expired will be considered "Not Certified." An individual's status may be verified through the ABS website, www.absurgery.org.

The ABS supplies biographical and demographic data on diplomates to the ABMS for its Directory of Certified Medical Specialists, which is available at www.abms.org. Upon certification, diplomates will be contacted by the ABMS and asked to specify which information they would like to appear in the directory. Diplomates will have their listings retained in the directory only if they maintain their certification according to the ABS MOC Program.

G. Reconsideration and Appeals

The ABS may deny or grant an applicant or candidate the privilege of examination whenever the facts in the case are deemed by the ABS to so warrant.

Applicants and candidates may request reconsideration and appeal as outlined in the ABS' published policy. A copy of the Reconsideration and Appeals Policy is available from the ABS office or www.absurgery.org. A request for reconsideration, which is the first step, must be made in writing to the ABS office within 90 days of receipt of notice from the ABS of the action in question.

H. Sanction of Certificate

Certification by the American Board of Surgery may be subject to sanction, such as revocation or suspension, at any time that the directors shall determine, in their sole judgment, that the diplomate holding the certification was in some respect not properly qualified to receive it or is no longer properly qualified to retain it. A copy of the *Revocation Policy* is available from the ABS office or website.

I. Special Circumstances

1. Persons with Disabilities

The American Board of Surgery complies with the Americans with Disabilities Act by making a reasonable effort to provide modifications in its examination process to examination applicants with documented disabilities. These modifications are appropriate for such disabilities but do not alter the measurement of the skills or knowledge that the examination process is intended to test. The ABS has adopted a specific policy and procedure regarding examination of such applicants, which is available from the ABS office or website (www.absurgery.org). Any disability which an applicant believes requires modification of the administration of an examination must be identified and documented by the applicant in accordance with this policy. All materials submitted to the ABS documenting such a disability must be received by the published application deadline for the examination in question.

2. Examination Irregularities and Unethical Behavior

Examination irregularities, e.g., cheating in any form or other unethical behavior, by an applicant or diplomate may result in the barring of the individual from examination on a temporary or permanent basis, the denial or revocation of a certificate, and/or other appropriate actions, up to and including legal prosecution. Determination of sanctions will be at the sole discretion of the ABS.

3. Substance Abuse

Applicants with a history of substance abuse will not be admitted to any examination unless they present evidence satisfactory to the ABS that they have successfully completed the program of treatment prescribed for their condition. The ABS additionally must be satisfied that they are currently free of substance abuse.

II. CERTIFICATION IN PEDIATRIC SURGERY

A. Pediatric Surgery Defined

Pediatric surgery is defined as the diagnostic, operative, and postoperative surgical care of patients from prenatal diagnosis through adolescence with congenital and acquired anomalies and diseases, be they developmental, inflammatory, neoplastic, or traumatic. The scope of this discipline is broadly the same as general surgery, focused especially in infancy and childhood but to include the fetus, adolescent, and young adult with special health care needs arising from childhood surgical conditions.

The American Board of Surgery has been granted approval by the American Board of Medical Specialties to award certification in pediatric surgery to those whose specialized training and professional activities primarily encompass the discipline as defined above. It has been agreed that this certificate will not be offered to those who, for practical purposes, limit their activities to the spheres of interest of other approved surgical specialty boards, such as neurologic, orthopaedic, plastic, thoracic and urologic surgery. It is further recognized that such other disciplines limiting their activities to anatomical regions or special systems may include surgery pertinent to those specialties in these age groups.

B. Requirements for Certification in Pediatric Surgery

Applicants must:

1. Be currently certified in surgery by the American Board of Surgery.
2. Have a currently registered full and unrestricted license to practice medicine in the U.S. or Canada. An applicant must immediately inform the ABS of any conditions or restrictions in force on any active medical license he or she holds in any state or province. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABS will determine whether the applicant satisfies the above licensure requirement.
3. Have an ethical, professional and moral status acceptable to the ABS.
4. Have satisfactorily completed at least two years of training in pediatric surgery, the final year in the position of chief resident, in a program in pediatric surgery accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada. The residency training in pediatric surgery must be in addition to that required for certification in surgery by the ABS.
5. Have acquired no fewer than 48 weeks of full-time surgical experience in each residency year.
6. Receive a favorable evaluation from the director of the program in which the special training was obtained, attesting to the applicant's acquisition of the knowledge and skills essential for a specialist in pediatric surgery.
7. Be actively and primarily engaged in the practice of pediatric surgery as indicated by holding full surgical privileges in this discipline in approved hospitals.
8. Submit for the ABS' review an operative experience report as surgeon and assistant surgeon that is deemed acceptable to the ABS, not only as to volume, but as to spectrum and complexity of cases. Cases must be from the applicant's fellowship and verified by his or her program director.
9. Successfully completed the program *Pediatric Advanced Life Support (PALS)*, offered by the American Heart Association. Documentation of successful course completion must be submitted with the application.

C. Applying for Certification in Pediatric Surgery

Individuals who believe that they meet the requirements listed above may apply for certification in pediatric surgery and have their applications evaluated. If approved, they will be admitted to the Pediatric Surgery Qualifying Examination. Information on application requirements and the online application process are available from the ABS website, www.absurgery.org.

The individual who served as the applicant's program director during the time of his or her fellowship must certify that all application and operative experience information supplied by the applicant is accurate.

Note that the acceptability of an applicant does not depend solely upon completion of an approved program of education but also upon information received by the ABS regarding professional maturity, surgical judgment, technical capabilities and ethical standing.

D. Pediatric Surgery Qualifying Examination

1. Format

The Pediatric Surgery Qualifying Examination is a computer-based examination offered annually by the ABS. The examination consists of approximately 200 multiple-choice questions designed to assess the applicant's cognitive knowledge in pediatric surgery. The examination is a one-day examination lasting five hours and is held at computer-testing facilities across the U.S. The examination must be successfully completed for an applicant to be admissible to the Pediatric Surgery Certifying (oral) Examination.

Information regarding examination dates and fees, as well as an exam content outline, is available at www.absurgery.org. Examination results are mailed and posted on the ABS website approximately four weeks after the exam. Examinees' results are also reported to the director of their training program.

2. Opportunities and Readmissibility

Once an application is approved, the applicant has a maximum of **five opportunities within five years** to pass the examination. If an applicant decides not to take the exam in a given year, it is a lost opportunity as the five-year limit is absolute. During the five-year period, examinees who postponed or were unsuccessful will be contacted regarding the next exam; a new application is not necessary.

Applicants who exceed the above restrictions lose admissibility to the examination and should contact the ABS regarding the readmissibility requirements in effect at that time.

E. Pediatric Surgery Certifying Examination

Candidates who successfully complete the Pediatric Surgery Qualifying Examination are admissible to the Pediatric Surgery Certifying Examination, the last step toward board certification in pediatric surgery. It is held annually in a major U.S. city.

1. Format

The Pediatric Surgery Certifying Examination is an oral examination consisting of **five consecutive 30-minute sessions**, each conducted by a team of two examiners. Each of the five sessions focuses on a different key area of pediatric surgery:

- Cancer
- Trauma and critical care
- GI, hepatobiliary, abdomen
- Head and neck, endocrine, GU
- Thoracic, airway, chest wall

Its purpose is to evaluate a candidate's clinical skills in organizing the diagnostic evaluation of common problems in pediatric surgery and determining appropriate therapy. Emphasis is placed on candidates' ability to use their background knowledge and training to adequately manage a broad range of clinical problems.

The ABS has already determined through the Pediatric Surgery Qualifying Examination that candidates possess adequate cognitive knowledge in pediatric surgery. The Pediatric Surgery Certifying Examination is therefore designed to measure a candidate's surgical judgment, clinical reasoning skills and problem-solving ability. Technical details of operations may also be evaluated, as well as issues related to a candidate's ethical behavior and humanistic qualities.

The examinations are conducted by members of the Pediatric Surgery Board of the American Board of Surgery and by other nationally recognized experts in pediatric surgery. All are certified in pediatric

surgery and active in its practice and/or teaching. The ABS makes every effort to avoid any conflicts of interest between candidates and their examiners. Examination results are mailed and posted on the ABS website (www.absurgery.org) the day after the examination. Examinees' results are also reported to the director of their training program.

If successful on this examination, the candidate is deemed certified in pediatric surgery by the ABS.

2. Opportunities and Readmissibility

Candidates are offered **five opportunities within a five-year period** to pass the Pediatric Surgery Certifying Examination. Both of these limits are absolute; exceptions will only be made for active duty military service outside the United States. The five-year period begins upon successful completion of the Pediatric Surgery Qualifying Examination.

Applicants who exceed the above restrictions lose admissibility to the examination and should contact the ABS regarding the readmissibility requirements in effect at that time.

III. CERTIFICATION IN SURGICAL CRITICAL CARE

A. Surgical Critical Care Defined

Surgical critical care (SCC) is a specialty of surgery and a primary component of general surgery related to the care of patients with acute, life-threatening or potentially life-threatening surgical conditions. SCC not only incorporates knowledge and skills of nonoperative techniques for supportive care for critically ill patients but also a broad understanding of the relationship between critical surgical illness and surgical procedures. Although much of this knowledge and skills is common to critical care specialists from a variety of medical disciplines, the diplomate in surgical critical care has specialized expertise relating both to the physiologic responses to tissue injury from trauma, burns, operation, infections, acute inflammation, or ischemia and to the ways these responses interact with other disease processes.

Specialists in SCC possess advanced knowledge and skills that enable them to provide comprehensive care to critically ill patients from all surgical specialties and in all age groups. Care for the critically ill surgical patient may take place in a variety of settings, e.g. pre-hospital situations, the emergency department, the operating room, and intensive care units. Because the care of such patients involves skill in a number of disciplines, as well as an understanding of surgery, the specialist in surgical critical care must have a broad knowledge base and expertise concerning the biology of the critically ill surgical patient and the support of organ system function. They should be capable of providing leadership within their health care organizations regarding the needs of critically ill surgical patients and the administration of critical care units. They also should be able to teach others and conduct research in the field.

B. Requirements for Certification in Surgical Critical Care

Applicants must:

1. Be currently certified in surgery by the American Board of Surgery. The ABS will also accept applicants currently certified in vascular surgery who completed an integrated (0+5) training program. In addition, the ABS will accept current diplomates of other ABMS surgical boards, providing their primary certifying board supports their application.
ABEM Diplomates: The ABS has also created a pathway for ABEM diplomates to achieve SCC certification. Please refer to the [ABS website](#) for full details.
2. Have a currently registered full and unrestricted license to practice medicine in the U.S. or Canada. An applicant must immediately inform the ABS of any conditions or restrictions in force on any active medical license he or she holds in any state or province. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABS will determine whether the applicant satisfies the above licensure requirement.
3. Have an ethical, professional and moral status acceptable to the ABS.
4. Have satisfactorily completed a training program (48 weeks of full-time experience) in surgical critical care or anesthesiology critical care accredited by the ACGME, or a two-year training program in adult critical care medicine accredited by the RCPSC.

Part-Time Option: At the discretion of the program director, ACGME training may be completed over two consecutive years on a part-time basis. The training must be equal to 48 weeks of full-time experience.

5. Receive a favorable evaluation from the director of the program in which the special training was obtained, attesting to the applicant's acquisition of the knowledge and skills essential for a specialist in surgical critical care.
6. Be actively engaged in the practice of surgical critical care as indicated by holding full surgical privileges in this discipline in approved hospitals.
7. Submit for the ABS' review detailed information regarding a minimum of 50 patients cared for during your fellowship. Cases must be from the applicant's fellowship and verified by his or her program director.

C. Examination While in Residency

Individuals who complete an ACGME-accredited surgical critical care or anesthesiology critical care fellowship after completing three progressive years of general surgery or integrated vascular surgery residency may apply for SCC certification and take the exam while still in residency. A full and unrestricted medical license is not required at time of application. The SCC certificate is not awarded, however, until certification in surgery or vascular surgery is achieved. When entering the SCC program, applicants must have a guaranteed categorical residency position in an accredited general surgery or vascular surgery program available to them upon completion.

D. Applying for Certification in Surgical Critical Care

Individuals who believe that they meet the requirements listed above may apply for certification in surgical critical care and have their applications evaluated. If approved, they will be admitted to the Surgical Critical Care Certifying Examination. Information on application requirements and the online application process are available from the ABS website, www.absurgery.org.

The individual who served as the applicant's program director during the time of the fellowship must attest that all application and operative experience information supplied by the applicant is accurate.

Note that the acceptability of an applicant does not depend solely upon completion of an approved program of education but also upon information received by the ABS regarding professional maturity, surgical judgment, technical capabilities and ethical standing.

E. Surgical Critical Care Certifying Examination

1. Format

The SCC Certifying Examination is a computer-based examination offered annually by the ABS. The examination consists of approximately 200 multiple-choice questions designed to assess the applicant's cognitive knowledge and clinical judgment in surgical critical care. The examination is a one-day examination lasting five hours and is held at computer-testing facilities across the U.S.

Information regarding examination dates and fees, as well as an exam content outline, is available at www.absurgery.org. Examination results are mailed and posted on the ABS website approximately four weeks after the exam. Examinees' results are also reported to the director of their training program.

If successful on this examination, the candidate is deemed certified in surgical critical care by the ABS.

2. Opportunities and Readmissibility

Once an application is approved, the applicant has a maximum of **five opportunities within five years** to pass the examination. If an applicant decides not to take the exam in a given year, it is a lost opportunity as the five-year limit is absolute. During the five-year period, examinees who postponed or were unsuccessful will be contacted regarding the next exam; a new application is not necessary.

Applicants who exceed the above restrictions lose admissibility to the examination and should contact the ABS regarding the readmissibility requirements in effect at that time.

IV. CERTIFICATION IN SURGERY OF THE HAND

A. Surgery of the Hand Defined

Surgery of the hand is the field of medicine that includes the investigation, preservation, and restoration by medical, surgical, and rehabilitative means of all structures of the upper extremity directly affecting the form and function of the hand and wrist.

The ABS intends the certificate in surgery of the hand for only those surgeons who, by virtue of additional training, practice characteristics reflecting a major commitment to surgery of the hand, and through contributions to this field, have demonstrated qualifications in hand surgery that deserve special recognition.

The certificate in surgery of the hand does not confer legal privileges nor license to practice the specialty of surgery of the hand. Possession of a certificate in surgery of the hand does not indicate total qualifications for practice privileges nor does it imply exclusion of others not so certified. There is neither requirement nor necessity for a diplomate of the American Board of Surgery to hold a certificate in surgery of the hand in order to be considered qualified to include hand surgery within the practice of surgery.

B. Requirements for Certification in Surgery of the Hand

Applicants must:

1. Be currently certified in surgery by the American Board of Surgery and have been in the active practice of surgery of the hand for at least two years following the completion of any formal training.
2. Have a currently registered full and unrestricted license to practice medicine in the U.S. or Canada. An applicant must immediately inform the ABS of any conditions or restrictions in force on any active medical license he or she holds in any state or province. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the ABS will determine whether the applicant satisfies the above licensure requirement.
3. Have an ethical, professional and moral status acceptable to the ABS.
4. Have satisfactorily completed a one-year fellowship (48 weeks of full-time experience) accredited by the ACGME in surgery of the hand.
5. Receive a favorable evaluation from the director of the program in which the special training was obtained, attesting to the applicant's acquisition of the knowledge and skills essential for a specialist in surgery of the hand.
6. Be actively engaged in the practice of surgery of the hand.
7. Submit for the ABS' review a list of at least 125 cases managed during a consecutive 15-month period within the two years preceding application. Surgery of the hand includes only those procedures performed on the upper extremity distal to the elbow. The case list must include cases fulfilling **at least five** of the following nine categories:

<u>Category</u>	<u>Minimum Number of Cases</u>
Bone and Joint	20
Nerve	20
Tendon and Muscle	20
Skin and Wound Problems	14
Contracture and Joint Stiffness	10
Tumor	10
Congenital	3
Microvascular	3
Nonoperative	6

Nonoperative cases are those that require significant evaluation, such as pain problems, and must be documented with consultation reports. No more than six nonoperative cases will be accepted.

In the category of Bone and Joint, no fractures proximal to the wrist joint may be included. In the category of Nerve, no more than five cases of carpal tunnel syndrome may be included. In the category of Tendon and Muscle, no more than five cases of trigger finger may be included. In the category of Tumor, no more than five cases of ganglion may be included.

Complex cases can satisfy up to three categories. For example, the management of a complex mutilating injury involving repair of muscle, tendon, nerve, vascular injury, and skin would count for muscle and tendon, nerve, and vascular repair, but not for the skin. This example clearly indicates a more complex operative experience than a simple, single-task surgery. Those cases in which the involvement of two categories is part of a single-focus surgery, such as the use of a tendon in ligament reconstruction and tendon interposition of the basal joint, would count as only one case.

C. Applying for Certification in Surgery of the Hand

Individuals who believe that they meet the requirements listed above may apply for certification in surgery of the hand and have their applications evaluated. If approved, they will be admitted to the Surgery of the Hand Certifying Examination. Potential applicants should contact the ABS office for the required forms.

The individual who served as the applicant's program director during the time of his or her fellowship must certify that all application and operative experience information supplied by the applicant is accurate.

Note that the acceptability of an applicant does not depend solely upon completion of an approved program of education but also upon information received by the ABS regarding professional maturity, surgical judgment, technical capabilities and ethical standing.

D. Surgery of the Hand Certifying Examination

1. Format

The Surgery of the Hand Certifying Examination is a computer-based examination offered annually by the ABS in conjunction with the American Board of Orthopaedic Surgery and the American Board of Plastic Surgery. An applicant may enter the examination process only through one certifying board and may not apply to a different board for additional examination opportunities.

The examination consists of multiple-choice questions designed to assess the applicant's cognitive knowledge and clinical judgment in surgery of the hand. The examination is a one-day examination lasting five hours and is held at computer-testing facilities across the U.S.

Information regarding examination dates and fees, as well as an examination content outline, is available at www.absurgery.org. Examination results are mailed approximately six weeks after the examination.

If successful on this examination, the candidate is deemed certified in surgery of the hand by the ABS.

2. Opportunities and Readmissibility

Once an application is approved, the applicant has a maximum of **three opportunities in a five-year period** to pass the examination. During the five-year period, examinees who postponed or were unsuccessful will be contacted regarding the next exam; a new application is not necessary.

Applicants who exceed the above restrictions lose admissibility to the examination and should contact the ABS regarding the readmissibility requirements in effect at that time.

V. CERTIFICATION IN OTHER SPECIALTIES

A. Certification in Hospice and Palliative Medicine

The ABS, along with nine other ABMS member boards, offers as of 2008 a subspecialty certificate in hospice and palliative medicine. While diplomates will apply through the ABS, the examination will be administered through the American Board of Internal Medicine (ABIM) every even-numbered year. In addition to ABS diplomates currently certified in general surgery, the ABS will also accept current diplomates from other ABMS surgical boards as applicants for certification.

For the first five years of the certificate (the 2008, 2010 and 2012 exams), a practice pathway is available for diplomates already involved in hospice and palliative care. A training pathway has also been established, requiring satisfactory completion of a 12-month training program in hospice and palliative medicine accredited by the ACGME.

The examination is a one-day exam approximately 10 hours long given through Pearson VUE testing services. An “examination blueprint” (content outline) is available from the ABIM website.

Once an application is approved, the applicant has a maximum of **three opportunities within five years** to pass the examination. If an applicant decides not to take the exam in a given year, it is a lost opportunity as the five-year limit is absolute. During the five-year period, examinees who postponed or were unsuccessful will be contacted regarding the next exam; a new application is not necessary.

Applicants who have exhausted their five-year admissibility period should contact the ABS regarding the readmissibility requirements in effect at that time.

B. Certification in Complex General Surgical Oncology

The American Board of Surgery received approval in March 2011 to offer a new subspecialty certificate in complex general surgical oncology. The certificate was established to assess qualifications for the treatment of complex cases typically seen in cancer centers and specialized institutions, while recognizing that the vast majority of surgical oncology cases are, and will continue to be, treated by general surgeons practicing in the community.

The certificate will be offered to graduates of two-year training programs accredited by the ACGME or RCPSC, following completion of general surgery residency. Candidates will also be required to first obtain ABS certification in general surgery. The ABS’ Surgical Oncology Board (SOB-ABS) is currently developing the written and oral examinations to be required for certification, with the first written exam anticipated to be held in the fall of 2014.

For further information on both of these specialties, please see www.absurgery.org.