THE AMERICAN BOARD OF SURGERY

Booklet of Information

Surgery

2026-2027

The Booklet of Information – Surgery is published by the American Board of Surgery (ABS) to outline the requirements for certification in general surgery. Applicants are expected to be familiar with this information and bear ultimate responsibility for ensuring their training meets ABS requirements, as well as for acting in accordance with the ABS policies governing each stage of the certification process.

This edition of the booklet supersedes all previous publications of the ABS concerning its policies, procedures, and requirements for examination and certification in surgery. The ABS, however, reserves the right to make changes to its fees, policies, procedures, and requirements at any time.

Applicants should visit the ABS website for the most recent updates.

Admission to the certification process is governed by the policies and requirements in effect at the time an application is submitted and is at the discretion of the ABS.

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FURTHER INFORMATION FOR PROGRAM DIRECTORS

When making advancement determinations, program directors are cautioned against appointing residents to advanced levels without first ensuring that their previous training is in accordance with ABS certification requirements. Program directors should contact the ABS prior to making a promotion decision if there is any question of a resident's completed training not meeting ABS requirements.

At the end of each academic year, the ABS requires that program directors verify the satisfactory completion of the preceding year of training for each resident in their program, using the resident roster information submitted to the ABS. For residents who have transferred into their program, program directors must obtain written verification of satisfactory completion for all prior years of training. Upon applying for certification, residents who have transferred programs must provide this verification to the ABS.

In addition to its own requirements, the ABS adheres to ACGME program requirements for residency training in general surgery. These include that program directors must obtain RC-Surgery approval in these situations:

1. Resident assignments are 28 weeks or more at a participating non-integrated site
2. Chief resident rotations are carried out prior to the last 52 weeks of residency

Documentation of such approval or prior ABS approval should accompany the individual's application.

INTRODUCTION TO THE AMERICAN BOARD OF SURGERY

Our Mission

The American Board of Surgery serves patients, society, and the specialty of surgery by providing leadership in surgical education and practice. The ABS ensures excellence through:

- Building a diverse, equitable, and inclusive culture
- Rigorous evaluation and assessment
- Promoting the highest standards for professionalism, lifelong learning, and the continuous certification of surgeons in practice

Our Purpose

The American Board of Surgery is a private, nonprofit, autonomous organization formed to:

- Conduct examinations of acceptable candidates who seek certification or continuous certification by the board.
- Issue certificates to all candidates meeting the board's requirements and satisfactorily completing its prescribed examinations.
- Improve and broaden the opportunities for graduate education and training of surgeons.

The ABS considers certification to be voluntary and limits its responsibilities to fulfilling the purposes stated above. Its principal objective is to pass judgment on the education, training, and knowledge of broadly qualified and responsible surgeons and not to designate who shall or shall not perform surgical operations.

Our History

Organized on January 9, 1937, and formally chartered on July 19, 1937, the formation of the ABS was the result of a committee created by the American Surgical Association, along with representatives from other national and regional surgical societies. Its purpose was to establish a certification process and national certifying body for individual surgeons practicing in the U.S.

The committee decided that the ABS should be formed of members from the represented organizations and once organized, it would establish a comprehensive certification process. These findings and recommendations were approved by the cooperating societies, leading to the board's formation in 1937. This was done to protect the public and improve the specialty.

The ABS was created in accordance with the Advisory Board of Medical Specialties, the accepted governing body for determining certain specialty fields of medicine as suitable for certification. In 1970, it became known as the American Board of Medical Specialties (ABMS) and is currently composed of 24 member boards, including the ABS.

REQUIREMENTS FOR CERTIFICATION

The Certification Process

Individuals who have met all ABS training requirements may begin the board certification process by applying for admission to the required examinations for their specialty area. This process includes education, evaluation, and examination.

Required Education/Training:

- All training completed following medical school must be accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the U.S., or by the Royal College of Physicians and Surgeons of Canada (RCPSC).
- The ABS requires the attestation of the residency program director that an applicant has completed an appropriate education 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.

Examination Application:

- Candidates who believe they meet the ABS's required education/training may begin the certification process by applying for admission to the Qualifying Examination (QE). Candidates must apply to the first exam in their specialty's initial certification process immediately after training to receive the full number of exam opportunities.
- If approved, the applicant is granted admission to the examination.

Qualifying Examination (QE):

- Successful completion of the QE, or written exam, is the first step in the initial certification process for general surgery.

Certifying Examination (CE):

- Following successful completion of the QE, the second and final step in the initial certification process for general surgery, is the CE, or oral exam.
- Successfully passing the CE deems the candidate certified in surgery*, and they then become a diplomate of the ABS.

*Possession of a certificate is not meant to imply that a diplomate is competent in the performance of the full range of complex procedures that encompass general surgery as defined in section I-E. 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 and should be based on an applicant's extent of training, depth of experience, patient outcomes relative to peers, and certification status.

Defining the Specialty of General Surgery

Scope of General Surgery

General surgery requires knowledge of and responsibility for the preoperative, operative, and post-operative management of patients with a broad spectrum of diseases, including those which may require nonoperative, elective, or emergency surgical treatment. The breadth and depth of this knowledge may vary by disease category. Surgical management requires skill in complex decision making; general surgeons should be competent in diagnosis as well as treatment and management, including operative intervention.

The certified general surgeon demonstrates broad knowledge and experience in conditions affecting the:

- Alimentary tract
- Abdomen wall and its contents
- Breast, skin, and soft tissue
- Endocrine system

In addition, the certified general surgeon demonstrates broad knowledge and experience in:

- Surgical critical care
- Surgical oncology
- Trauma

The field of general surgery as a specialty comprises, but is not limited to, the performance of operations and procedures relevant to the areas listed above. It is expected that the certified surgeon will also have additional knowledge and experience relevant to the above areas in the following categories:

Related disciplines, including:

- Anatomy
- Physiology
- Epidemiology
- Immunology
- Pathology (including neoplasia)

Clinical care domains, including:

- Wound healing
- Infection and antibiotic usage
- Fluid and electrolyte management
- Transfusion and disorders of coagulation
- Shock and resuscitation
- Metabolism and nutrition
- Minimally invasive and endoscopic intervention (including colonoscopy and upper endoscopy)
- Appropriate use and interpretation of radiologic diagnostic and therapeutic imaging
- Pain management

The certified general surgeon also is expected to have knowledge and skills for diseases requiring team-based interdisciplinary care, including related leadership competencies.

Certified general surgeons additionally must possess knowledge of the unique clinical needs of the following specific patient groups:

- **Terminally ill patients**, including:
  - Palliative care and pain management
  - Nutritional deficiency
  - Cachexia in patients with malignant and chronic conditions
  - Counseling and support for end-of-life decisions and care
- **Morbidly obese patients**, including:
  - Metabolic derangements
  - Surgical and non-surgical interventions for weight loss (bariatrics)
  - Counseling of patients and families
- **Geriatric surgical patients**, including:
  - Management of comorbid chronic diseases.
- **Culturally diverse and vulnerable patient populations**.

In some circumstances, the certified general surgeon provides care in the following disease areas. However, comprehensive knowledge and management of conditions in these areas generally requires additional training.

- Vascular surgery
- Pediatric surgery
- Thoracic surgery
- Burns
- Solid organ transplantation

In unusual circumstances, the certified general surgeon may provide care for patients with problems in adjacent fields, such as obstetrics and gynecology, urology, and hand surgery.

Certification Requirements

Admission to the ABS certification process is governed by the requirements and policies in effect at the time of application. All requirements are subject to change.

Essential Experience in General Surgery

Residency training in general surgery requires experience in all the following content areas:

- Alimentary tract (including bariatric surgery)
- Abdomen and its contents
- Breast, skin, and soft tissue
- Endocrine system
- Solid organ transplantation
- Pediatric surgery
- Surgical critical care
- Surgical oncology (including head and neck surgery)
- Trauma and emergency surgery
- Vascular surgery

Additional expected knowledge and experience in the above areas includes:

- Technical proficiency in the performance of core operations/procedures in the above areas, plus knowledge, familiarity, and in some cases technical proficiency, with the more uncommon and complex operations in each of the above areas
- Clinical knowledge, including epidemiology, anatomy, physiology, clinical presentation, and pathology (including neoplasia) of surgical conditions
- Knowledge of anesthesia; biostatistics and evaluation of evidence; principles of minimally invasive surgery; and transfusion and disorders of coagulation

- Knowledge of wound healing; infection; fluid management; shock and resuscitation; immunology; antibiotic usage; metabolism; management of postoperative pain; and use of enteral and parenteral nutrition
- Experience and skill in the following areas: clinical evaluation and management, or stabilization and referral, of patients with surgical diseases; management of preoperative, operative, and postoperative care; management of comorbidities and complications; and knowledge of appropriate use and interpretation of radiologic and other diagnostic imaging

General Certification Requirements

Applicants for certification in surgery must meet these general requirements:

- **Have demonstrated that they have attained the level of qualifications required by the ABS to the satisfaction of the program director of a graduate medical education program in surgery** accredited by the ACGME or RCPSC. All phases of the graduate educational process must be completed in a manner satisfactory to the ABS.

- **Have an ethical, professional, and moral status acceptable to the ABS.**

- **Be actively engaged in the practice of general surgery** as indicated by holding admitting privileges to a surgical service in an accredited health care organization or be currently engaged in pursuing additional graduate education in a component of surgery or other recognized surgical specialty. An exception to this requirement is active military duty.

- **Hold a currently registered, full, and unrestricted license to practice medicine in the United States or Canada when registering for the CE**. A full and unrestricted medical license is not required to take the QE. Temporary, limited, educational, or institutional medical licenses will not be accepted for the CE**,** even if the candidate is in a fellowship. See our full *Medical License Requirement* policy for more information.

An applicant must immediately inform the ABS of any conditions or restrictions in force on any active medical license they hold in any state or province. When there is a restriction or condition in force on any of the applicant's medical license(s), the Education and Training Committee of the ABS will determine whether the applicant satisfies the above licensure requirement.

Undergraduate Medical Education Requirements

Applicants must have graduated from an accredited school of allopathic or osteopathic medicine in the United States or Canada. Graduates of schools of medicine in countries other than the United States or Canada must present evidence of certification by the Educational Commission for Foreign Medical Graduates (ECFMG®).

See section on Foreign Graduate Education Credit for more information.

General Graduate Surgical Education Requirements

A graduate education in surgery provides students with the opportunity to acquire a broad understanding of human biology as it relates to surgical disorders, and the technical knowledge and skills needed by a surgical specialist. Students can best attain

this through a progressively graded curriculum of study and clinical experience under the guidance and supervision of certified surgeons, focused on increasing levels of responsibility for patient care up to the final stage of complete management. Major operative experience and independent decision making at the final stage of the program are essential components of surgical education. The ABS will not accept anyone into the certification process who has not had such *experience in general surgery*, regardless of the number of years spent in educational programs.

The graduate educational requirements included in this booklet are the minimum requirements of the ABS and should not be interpreted to be restrictive in nature. The total time required for the educational process should be sufficient to provide adequate clinical experience for the development of sound surgical judgment and adequate technical skills. These requirements do not preclude additional educational experience beyond the minimum 260 weeks of residency, and program directors are encouraged to retain residents in a program as long as is required to achieve the necessary level of performance.

The integration of basic sciences with clinical experience is considered to be superior to formal courses in such subjects. Accordingly, while recognizing the value of formal courses in the study of surgery and the basic sciences, the ABS will not accept such courses in lieu of any part of the required clinical years of surgical education.

At its discretion, the ABS may require that a member of the ABS or a designated diplomate observe and report upon the clinical performance of an applicant before establishing admissibility for examination, or before awarding or renewing certification.

See also Leave Policy

Curriculum Requirements

In order to begin the certification process, there are specific courses required. Where applicable, documentation must be provided at the time of application to the QE. For more information and requirement details, please visit the appropriate curriculum pages:

- *Essentials of General Surgery*
- *ABS Flexible Endoscopy Curriculum*
- *Advanced Trauma Life Support® (ATLS®)*
- *Advanced Cardiovascular Life Support (ACLS)*
- *Fundamentals of Laparoscopic Surgery™ (FLS)*
- *Resident Performance Assessment**

*All applicants to the 2028 General Surgery Qualifying Exam (QE) will be required to turn in a composite profile across all Entrustable Professional Activities (EPAs) when they apply for the exam, and the resident performance assessment requirement will no longer be applicable.

Until that time, if an applicant to the QE can testify that they have had at least 12 EPAs completed, then the 12 resident performance assessments are not required as part of their application. In these situations, the program director may attest that the assessments have been completed. Please note that a combination of resident performance assessments and EPA assessments will not be accepted; it must be one or the other.

Residency Program Requirements

To be accepted into the certification process, applicants must have completed the following to the satisfaction of the ABS:

- **Five years of progressive residency education**
  A minimum of five years of progressive residency education satisfactorily completed in a general surgery program accredited by the ACGME or RCPSC. Experience obtained in accredited programs in other recognized specialties is not acceptable. Additionally, a flexible or transitional first year will not be credited toward PGY-1 training unless it is accomplished in an institution with an accredited program in surgery and at least 24 weeks of the year is spent in surgical disciplines.

- **No more than three residency programs**
  The five years of training must be completed at no more than three residency programs. If credit is granted for prior foreign training, it will count as one program. See also *Limit on Number of Programs* and *Credit for Foreign Medical Education*.

- **At least 48 weeks of full-time clinical activity**
  At least 48 weeks of full-time clinical activity in each residency year, regardless of the amount of operative experience obtained. The 48 weeks may be averaged; see our *leave policy* for further details.

- **Increasing levels of responsibility throughout training**
  At least 216 weeks of clinical surgical experience with increasing levels of responsibility over the five years, with no fewer than 168 weeks devoted to the content areas of general surgery as outlined here.

- **Six-month limit on non-clinical or non-surgical disciplines during PGY-1-3**
  No more than 28 weeks during all junior years (PGY-1-3) assigned to non-clinical or non-surgical disciplines. Experience in surgical pathology and endoscopy is considered clinical surgery, but obstetrics and ophthalmology are not.

- **52-week limit on non-general surgery surgical specialties during PGY-1-3**
  No more than 52 weeks allocated to any one surgical specialty other than general surgery during all junior years (PGY-1, -2, and -3).

- **The final two residency years in the same program**,
  The final two residency years (PGY-4 and -5) must be completed in the same program unless prior approval for a different arrangement has been approved by the ABS.

For information regarding osteopathic training and certification, see our osteopathic training policy.

Chief Resident Year Requirements

The term “chief resident” indicates that a resident has assumed ultimate clinical responsibility for patient care under the supervision of the teaching staff and is the most senior resident involved with the direct care of the patient.

In order to be accepted into the certification process, specific requirements must be met in the chief year of residency.

Candidates for certification:

- **Must have acted in the capacity of chief resident in general surgery for a minimum of 48 weeks over the PGY-4 and PGY-5 years**, per the definition above. Note: The program must obtain prior ACGME approval of chief rotations to be completed in the PGY-4 year. Documentation of ACGME approval of chief rotations in the PGY-4 year will be required at the time of application to the QE.

  See the *Chief Resident Year Requirements* section of the website for more information..

- **Must complete the entire chief resident experience in either the content areas of general surgery or (noncardiac) thoracic surgery,** with no more than 17 weeks devoted to any one area. All rotations at the PGY-4 and -5 levels should involve substantive major operative experience and independent decision making. Exceptions will be made for residents who have been approved under the *flexible rotations option*.

Operative Experience Requirements

The following operative requirements are currently in effect. Candidates must upload a PDF of the ACGME General Surgery Defined Category and Minimum Report via the ABS website.

- **At least 850 operative procedures as surgeon over five years, with at least 200 in the chief resident year.** Teaching assistant cases may count toward the 850 total; however, these cases may not count toward the 200 chief year cases. The procedures must include operative experience in each of the content areas listed in the *Essentials of General Surgery* section.

- **At least 40 cases in surgical critical care, with at least one in each of the seven categories:** ventilatory management; bleeding (non-trauma); hemodynamic instability; organ dysfunction/ failure; dysrhythmias; invasive line management and monitoring; and parenteral/enteral nutrition.

- **At least 25 cases as a teaching assistant by the completion of residency.**

- **At least 250 operations by the beginning of PGY-3 year.** The 250 cases can include procedures performed as operating surgeon or first assistant. Of the 250, at least 200 must be either in the defined categories, endoscopies, or e-codes. Up to 50 non-defined cases may be applied to this requirement.

Entrustable Professional Activities (EPAs)

Entrustable Professional Activities (EPAs) were developed to provide the opportunity for frequent, time-efficient, feedback-oriented, and workplace-based assessments during daily clinical workflow. They are an important clinical assessment component of competency-based resident education, offer the opportunity to operationalize competency evaluation and related entrustment decisions during regular patient care, and address some of the challenges educators and trainees face in bridging core competency theory into clinical practice and performance assessment.

All applicants to the 2028 QE will be required to turn in a composite profile across all EPAs when they apply for the exam.

For complete information about the initiative that launched in July 2023 for general surgery residency programs, visit the page about *EPAs* on our website.

Limit on Number of Programs

Candidates for certification in general surgery must have completed their general surgery training at no more than three programs. In applying this rule, the ABS considers only the five progressive clinical years (either preliminary or categorical) that are to be counted as an applicant's full residency training. The last two years of residency (PGY-4-5) must always be completed at the same institution.

If credit is granted by the ABS for prior training outside the U.S. or Canada, that credit will be counted as one institution.

Medical License Requirement

A full and unrestricted license to practice medicine in the U.S. or Canada is not required to apply to the QE, however, it is required for a candidate to register for the CE. Temporary, limited, educational, or institutional licenses will not be accepted, even if a candidate is currently in a fellowship.

For more information see our policy on *Medical License Requirements*.

Requirements for International Training

In most cases, surgeons who have completed some or all of their surgical training outside of the U.S. and wish to become certified by the ABS must first enroll and complete training in an accredited U.S. or Canadian residency program accredited by the ACGME or RCPSC, respectively.

There are some situations in which the ABS will accept surgical training that was completed outside of the U.S. or Canada:

- **Credit for Foreign Medical Education**
  The ABS does not grant credit directly to residents for surgical education completed outside the U.S. or Canada. The ABS will consider granting partial credit for foreign graduate medical education to a resident enrolled in a U.S. ACGME-accredited general surgery residency program, but only upon request of the program director. Preliminary evaluations will not be provided before enrollment in a residency program, either to the resident or program director.

  See the respective *Credit for Foreign Graduate Medical Education Policy* for complete details, including all required documentation. **Requests for more than one year of credit must be submitted by March 15 with all documentation**.

- **International Rotations**

  The ABS will accept rotations completed outside of the U.S. or Canada toward its general surgery training requirements in certain circumstances. No such rotations will be permitted in the first (PGY-1) year of general surgery residency training.

  See *International Rotations* for further details regarding rotation criteria and information to be included in the request for credit.

ABS General Surgery Leave Policy

General Requirements

In general, the ABS **requires 48 weeks of full-time clinical activity in each of the five years of residency**, regardless of the amount of operative experience obtained. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose. Residents may take documented leave, as allowed by their program, to:

- Care for a new child, whether for birth, adoption, or placement of a child in foster care
- Care for a seriously ill family member (spouse, child, or parent)
- Bereave the loss of a family member (spouse, child, or parent)
- Recover from the resident's own serious illness

The ABS will accept 140 weeks of training in the first three years of residency and 92 weeks in the last two years of residency. No approval is needed for this option.

Training Waiver Policy

Programs may request a training waiver to allow for extended leave without extending training time. Training waiver applications for all individuals will be considered on a rolling basis, except for those in their final year of training. Programs must submit the required materials via the ABS program portal when requesting a training waiver. Note that submitting a trainee waiver request does not guarantee that the trainee will avoid extending their training.

For additional details and a list of required documents, see the ABS Training Waiver Policy.

Additional Leave Options

- Averaging
- Extending chief year
- Six-year option
- Six-year option for residents in ACS Surgeon Scientist Pathway
- Other arrangements

For more information and details for all of the above leave options, as well as consideration for workplace support for pregnant surgeons, please visit the *Leave Policy* page on our website.

Code of Ethics and Professionalism

Certification by the American Board of Surgery (ABS) carries an obligation for the highest standard of ethical behavior and professionalism. The ABS maintains that all patients are entitled to quality surgical care delivered in a professional and ethical manner.

The ABS Code of Ethics and Professionalism requires that all ABS-certified surgeons and those seeking certification by the organization adhere to the following at all times:

- Treat patients in a safe and fair manner without bias to: race, ethnicity, gender, gender identity, gender expression, age, sexual orientation, disability, national origin, or religion
- Demonstrate compassion, integrity, and respect for patients and their families, as well as all other members of the health care team in all types of interactions

- Respect patient privacy and autonomy
- Be accountable to their patients, families, and all members of the health care team
- Refrain from conduct that the ABS determines, in its sole judgment, to be inconsistent with the ethical and professional standards of a surgeon
- Provide the highest level of evidence-based medical care, within their scope of practice, in accordance with the accepted standards of our profession

Candidates for certification should review the *ABS Code of Ethics and Professionalism* in full.

Reporting Requirements

ABS diplomates and surgeons who are engaged in the ABS initial certification process are required to report any of the listed actions to the ABS within three months of said action. A comprehensive list of reportable actions is available on the ABS website under *Reporting Requirements*.

Surgeons engaged in the ABS initial certification process, who fail to report on the examination application or during the certification process, may be subject to expulsion from said process pending further review. All reports must be made by the candidate via the reporting tool within their ABS portal.

Ethical Behavior as It Relates to the ABS Examinations

Unethical behavior is specifically defined by the ABS to include lying, cheating, disclosing examination content, or in any other way failing to abide by examination policies as stipulated by the ABS. Individuals exhibiting such behaviors may: have their examination scores canceled; be permanently barred from taking ABS examinations; be permanently barred from the ABS certification process; be reported to state medical boards; and/or legally prosecuted under state or federal law, including theft, fraud, and copyright statutes. All such determinations shall be at the sole discretion of the ABS.

See also Revocation of Certificate section.

Reconsideration and Appeals

The ABS has full authority to deny or grant an applicant or candidate the privilege of examination based on the facts in the case.

Applicant and candidate requests for reconsideration must be made in writing to the ABS office within 30 days of receipt of notice of the action in question.

See Reconsideration and Appeals for full policy.

Additional Considerations

Military Service
Credit will not be granted toward the requirements of the ABS for service in the U.S. Armed Forces, the U.S. Public Health Service, the National Institutes of Health, or other governmental agencies unless the service was as a duly appointed resident in an accredited program in surgery. For more information, visit our full policy on Military Service.

Flexible Rotations Option
Program directors, with advance approval of the ABS, are allowed to customize up to 52 weeks of a resident's rotations in the last 156 weeks of residency to reflect their future specialty interest. For more information including a list of suggested rotations by specialty, visit our full policy on *Flexible Rotations*.

Re-entry to Residency Training After Hiatus
Any hiatus and re-entry into training in which a resident has been absent from residency training for three to six years must be reviewed and approved by the Education and Training Committee of the ABS if the individual is to qualify for certification at the completion of training. For more information see the *Re-entry After Hiatus* policy.

Osteopathic Trainees
As part of the transition to a single U.S. graduate medical education (GME) accreditation system, the ACGME created "Osteopathic Recognition" to formally acknowledge ACGME-accredited residency or fellowship programs that integrate formal education in Osteopathic Principles and Practice in their curriculum, consistent with the Osteopathic Recognition Requirements.

This training model now allows all U.S. medical school graduates to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common Milestones and competencies. As such, osteopathic surgeons who began their general surgery residency training after June 2020 must have graduated from an ACGME-accredited program to be eligible to enter the ABS general surgery initial certification process.

For complete details see our *Osteopathic Trainees* policy.

EXAMINATIONS IN SURGERY

ABS examinations are developed by exam consultant committees consisting of experienced ABS volunteers. All are required to hold current certificates and participate in the ABS Continuous Certification Program. Consultants do not receive any remuneration for their service. All ABS examinations are protected under federal copyright law.

The ABS has aligned the content of its general surgery examinations with that of the *SCORE® Curriculum Outline for General Surgery*.

Exam Admissibility: Seven-Year Limit

Applicants for certification in surgery will have no more than seven academic years to achieve certification (i.e., pass both the QE and CE).

- The seven-year period starts immediately upon the completion of residency. If individuals delay applying for certification or fail to take an examination in a given year, they will lose exam opportunities. Individuals are encouraged to begin the certification process immediately after residency so they will have the full number of exam opportunities available to them.
- If applicants are unable to become certified within seven years of completing residency, they are no longer eligible for certification and must pursue a readmissibility pathway to re-enter the certification process. For more information, please see *Regaining Admissibility to General Surgery Examinations*.
- An individual will be considered admissible to the certification process only when all requirements of the ABS currently in force at the time of application have been satisfactorily fulfilled, including acceptable operative experience and the attestation of the program director regarding the applicant's surgical skills, ethics, and professionalism.
    - Up to four opportunities in four consecutive years will be given to pass the QE provided the individual applies for certification immediately after training.
    - Up to three opportunities in three consecutive years will be given to pass the CE, immediately following successful completion of the QE.

Please visit our website for our complete *Exam Admissibility Policy*.

The ABS In-Training Examination (ABSITE®)

The ABS offers residency programs an annual opportunity to take the ABSITE, a multiple-choice examination designed to measure residents' progress through their knowledge of applied science and the management of clinical problems related to surgery. The ABSITE consists of approximately 250 multiple-choice questions and is administered in two 2.5-hour blocks as a single examination to all residency levels in a secure online format.

The ABSITE is solely meant to be used by program directors as a formative evaluation instrument in assessing residents' progress, and results of the examination are only released to program directors. The ABS will not release score reports to examinees. The examination is not available on an individual basis and *is not required* as part of the certification process. For more information visit the *ABSITE section* of our In-Training Examinations page.

Exam Irregularities: When irregular behavior on the ABSITE is detected, the residency program will be required to investigate the situation and submit a report of its findings, including its decisions regarding the individuals concerned. See our policy on *ABSITE Irregularities* for more information.

The Qualifying Examination (QE)

General Information

The QE is an eight-hour, computer-based examination offered once per year. The examination consists of approximately 300 multiple-choice questions designed to evaluate an applicant's knowledge of general surgical principles and applied science.

Results are posted on the ABS website approximately four to six weeks after the exam. Examinees' results are also reported to the director of the program in which they completed their final year of residency.

Taking the QE After PGY-4: **The ABS will permit residents who will successfully complete their PGY-4 year in June to apply for and take the QE. All requirements must be met—see the *Taking the QE After PGY-4* section below for more information.**

QE Application Process

Individuals who believe they meet the requirements for certification in surgery may apply to the ABS for admission to the certification process. **All training must be completed by the end of August** for the individual to be eligible for that year's QE (with the exception of PGY-4 applicants). Regardless of the reason, programs must notify the ABS in writing in all cases where a resident will not complete the chief year by June 30.

Application instructions and the online application process are available on the ABS website. The individual who served as the applicant's program director during residency must attest that all information supplied by the applicant is accurate.

An application will not be approved unless:

- Documentation of current or past certification in ACLS, ATLS, FLS and FES is provided
- The resident has completed:
  - At least **850 total cases**
  - At least **200 chief cases**
  - At least **25 teaching assistant cases**
- Cases are listed for patient care/nonoperative trauma, in addition to the **40 cases required in surgical critical care patient management**
- Documentation of satisfactory completion for all years in each program is provided (for applicants who trained in more than one program)
- A copy of their ECFMG certificate is provided (for international medical graduates)

Note that residents are not required to meet RC-Surgery defined category minimums at the time of application—they must only meet ABS requirements.

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.

For more information, *visit the General Surgery QE application section on our website*.

Taking the QE After PGY-4

PGY-4 residents, upon program director's recommendation, may apply for and take the QE without meeting the required ABS case numbers. A case log meeting ABS case numbers is required and must be submitted in June of their chief year.

- **Exam Opportunities and Status**
  Taking the exam after PGY-4 will count toward the four opportunities in four years that are granted to successfully complete the QE. However, the overall seven-year limit to achieve certification will not go into effect until completion of residency.

- **Eligibility Requirements**
  To be eligible, the PGY-4 resident must meet all ABS training and application requirements at the time of application to the QE, except for the required case numbers as noted above. Program directors and program administrators must request access to the online application process for any eligible PGY-4 residents by contacting the exam manager via the ABS website.

- **Additional Information After PGY-5**
  Upon completion of residency, these individuals will be required to submit information regarding their PGY-5 year. The program director will also need to attest to this information and to the satisfactory completion of the entire residency experience. They will not have any official status with the ABS and will not be admissible to the CE until the ABS has verified the satisfactory completion of general surgery training.

Visit our website for more information on *PGY-4 applicants*.

Examination Accommodations

In support of candidates with disabilities or learning differences, or those who are pregnant and lactating mothers, and/or have other medical conditions, the ABS will work with Pearson to try to accommodate requests for accommodations. Pearson has specifically designated centers that are able to offer specific accommodations, and these locations fill up on a first-come, first served basis. ABS has no control over these accommodations.

Please see our Examination Accommodations policy for full details and to access the request form.

Time Limitations

If an individual has not actively pursued admissibility or readmissibility to the ABS certification process within 10 years after completion of residency they will be required to re-enter formal residency training for PGY-4 and PGY-5 level training in a surgery program accredited by the ACGME or RCPSC to regain admissibility.

The Certifying Examination (CE)

General Information

The CE is an oral examination consisting of three 30-minute sessions conducted by teams of two examiners that evaluate a candidate's clinical skills in organizing the

diagnostic evaluation of common surgical problems and determining appropriate therapy. It is the final step toward certification in surgery.

The CE is designed to assess 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 and humanistic qualities.

- **The Curriculum**
  The content of the CE is generally, though not exclusively, aligned with the *SCORE® Curriculum Outline for General Surgery*. Most of the examination focuses on topics listed in the outline as "core." The remainder covers topics listed as "advanced," or complications of more basic scenarios. Candidates are expected to know how to perform and describe all "core" procedures.

- **How it's Administered**
  The CE is administered virtually over six days in the fall and six days in the spring. The exams are conducted by examiners who are experienced ABS diplomates. All examiners are active in the practice of surgery, are currently certified by the ABS, and participate in the ABS Continuous Certification Program. The ABS makes every effort to avoid conflicts of interest between candidates and their examiners.

- **Exam Results**
  Exam results are posted on the ABS website within 10 days after the final day of the exam. Examinees' results are also reported to the director of the program in which they completed their final year of residency.

Please refer to the *Certifying Examination section* of our website for further details about the CE, including exam dates, fees, the CE site assignment process, and a candidate video.

Special Circumstances

Exam Irregularities and Unethical Behavior
Examination irregularities (i.e., cheating in any form) or any other unethical behavior by an applicant, examinee, 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 for irregular or unethical behavior will be at the sole discretion of the ABS. See section on *Ethics and Professionalism* for more information.

ISSUANCE OF CERTIFICATES AND CONTINUOUS CERTIFICATION

A candidate who has met all requirements and successfully completed the QE and CE will be deemed certified in surgery and issued a certificate by the ABS, signed by its officers, attesting to these qualifications.

Diplomates must participate in the ABS Continuous Certification Program to maintain their certification. The ABS reserves the right to change the requirements of Continuous Certification at any time.

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 their certification history. *Please note that any certificate obtained after September 2018 does not include an expiration date, reflecting the ongoing nature of Continuous Certification.*

A surgeon's status may be verified at any time through the *Check a Certification* tool on our website.

The ABS reports all individuals as having one of two statuses: Certified or Not Certified. In addition, an individual may be described as:

- In The Examination Process
- Clinically Inactive
- Retired
- Suspended
- Revoked
- On Probation

Please refer to the *Public Reporting of Status* policy on the ABS website for greater detail on status descriptions.

Individuals may describe themselves as certified by the ABS or as an ABS diplomate only when they hold a current and active ABS certificate. Those whose certificates have expired will be considered Not Certified.

Continuous Certification

Continuous Certification is a program of ongoing professional development created by the ABS in conjunction with the ABMS and its other 23 member boards. It is intended to document to the public and the health care community the commitment of diplomates to lifelong learning and quality patient care.

The requirements of the ABS Continuous Certification Program are:

- ***Professional Responsibility***–A full and unrestricted medical license, hospital/surgical center privileges (if clinically active), participation in a practice improvement activity, and attestation to the ABS Code of Ethics and Professionalism

- ***Education and Assessment***–Category-1 CME and self-assessment activities relevant to the surgeon's practice, and successful completion of an exam/assessment in the specialty

There is also an annual fee due upon registration for the first assessment, two years after initial certification. See our *Annual Fee* policy for more information. Surgeons certified by the ABS are required to participate in Continuous Certification to maintain all ABS certificates they hold. Please refer to *Continuous Certification* on our website for more details.

Revocation of Certificate

Certification by the American Board of Surgery may be subject to sanction such as revocation or suspension at any time that the Diplomates and Surgeons in Practice Committee of the ABS 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.

The ABS may consider sanctions for just and sufficient reason, including, but not limited to, any of the following:

- The diplomate did not possess the necessary qualifications nor meet the requirements to receive certification at the time it was issued; falsified any part of the application or other required documentation; participated in any form of examination irregularities; or made any material misstatement or omission to the ABS, whether or not the ABS knew of such deficiencies at the time.
- The diplomate engaged in the unauthorized disclosure, publication, reproduction, or transmission of ABS examination content, or had knowledge of such activity and failed to report it to the ABS.
- The diplomate misrepresented their status with regard to board certification, including any misstatement of fact about being board certified in any specialty or subspecialty.
- The diplomate engaged in conduct resulting in a revocation, suspension, qualification, or other limitation of their license to practice medicine in any jurisdiction and/or failed to inform the ABS of the license restriction.
- The diplomate engaged in conduct resulting in the expulsion, suspension, disqualification, or other limitation from membership in a local, regional, national, or other organization of their professional peers.
- The diplomate engaged in conduct resulting in revocation, suspension, or other limitations on their privileges to practice surgery in a health care organization.
- The diplomate failed to respond to inquiries from the ABS regarding their credentials, or to participate in investigations conducted by the board.
- The diplomate failed to provide an acceptable level of care or demonstrate sufficient competence and technical proficiency in the treatment of patients.
- The diplomate failed to maintain ethical, professional, and/or moral standards acceptable to the ABS.

For more information and details, visit the *Revocation of Certificate* page on our website.

Certification in Surgical Specialties

The ABS has been authorized by the ABMS to award certification to individuals who have pursued specialized training and met defined requirements in certain disciplines related to general surgery; vascular surgery; pediatric surgery; surgical critical care; and complex

general surgical oncology. Like general surgery, ABS no longer offers ten-year certificates in any of these specialty areas.

Individuals seeking ABS certification in these specialties must fulfill the following requirements:

- Be currently certified by the ABS in general surgery *(see below for exceptions)*
- Possess a full and unrestricted license to practice medicine in the U.S. or Canada
- Have completed the required training in the discipline
- Demonstrate operative experience and/or patient care data acceptable to the ABS
- Show evidence of dedication to the discipline as specified by the ABS
- Receive favorable endorsement by the director of the training program in the particular discipline
- Successfully complete the prescribed exams

Primary Certification in Vascular Surgery

A primary certificate in vascular surgery took effect July 1, 2006. Individuals who complete an accredited independent (5+2) or early specialization (4+2) vascular surgery program following general surgery residency are no longer required to obtain certification in general surgery prior to pursuing vascular surgery certification. However, these individuals must have an approved application for the QE before entering the vascular surgery certification process, meeting all training and application requirements. Visit our *Vascular Surgery* certification page on the website for more information.

Surgical Critical Care: Exam While in Residency

Individuals who completed an ACGME-accredited training program in SCC or anesthesiology critical care (ACC) after three years of progressive general surgery residency may take the SCC Certifying Examination while still in residency. A full and unrestricted medical license is not required at that time. However, if successful on the exam, they will only be considered certified in SCC once they become certified in surgery. When entering the SCC/ACC program, these individuals must have a guaranteed categorical position available to them upon completion.

Diplomates of the American Board of Emergency Medicine (ABEM) may be eligible to obtain certification in SCC through a special certification pathway offered by the ABS. ABEM diplomates must be meeting all requirements at the time of application to the SCC Certifying Examination. For further details and requirements of this pathway, please visit the *Surgical Critical Care Certification for ABEM Diplomates page on our website.*

Joint Training in Thoracic Surgery

Individuals may pursue an early specialization (4+3) pathway leading to certification in both general surgery and thoracic surgery through a joint training program accredited by the ACGME of four years of general surgery followed by three years of thoracic surgery at the same institution. See *Joint Pathway* on our website for details.

RESOURCES

Website Resources

The ABS website, *www.absurgery.org*, is updated regularly and offers many resources for individuals interested in ABS certification. Potential applicants are encouraged to familiarize themselves with the website. Applicants should use the website to submit an application, check the application's status, update personal information, register for an examination, and view recent exam history.

In addition, the following policies are posted on the website. They are reviewed regularly and supersede any previous versions.

- Credit for Foreign Graduate Medical Education
- Code of Ethics and Professionalism
- Examination Admissibility
- Examination of Persons with Disabilities
- Examination Accommodations (Lactating Mothers & Other Medical Conditions)
- Flexible Rotations Policy
- Leave Policy
- Limitation on Number of Residency Programs
- Military Activation
- Osteopathic Trainees Policy
- Privacy Policy
- Public Reporting of Status
- Reconsideration and Appeals
- Re-entry to Residency Training After Hiatus
- Regaining Admissibility to General Surgery Examinations
- Representation of Certification Status
- Revocation of Certificate
- Substance Abuse

ABOUT THE ABS

Officers, Directors, and Council Members

The officers of the ABS include a chair and vice chair elected by the directors from among themselves. The vice chair is elected for a one-year term and then serves the succeeding year as chair. A third elected officer, the president and chief executive officer is not necessarily chosen from among the directors, although prior experience in some capacity with the ABS is highly desirable.

2026-2027 Officers

- Mark R. Chassin, M.D - *Chair*
- John H. Stewart - *Vice Chair*
- Jo Buyske, M.D. - *President and CEO*

2026-2027 Directors

- Marjorie J. Arca, M.D.
- Jo Buyske, M.D.
- Mark R. Chassin, M.D.
- Daniel L. Dent, M.D.
- Cherodeep Goswami
- E. David Han, M.D.
- Margaret L. Jenkins
- Donna L. Lamb, DHSc.
- M. Timothy Nelson, M.D.
- Allison J. Robinson, M.D.
- Michael F. Rotondo, M.D.
- Gilbert R. Upchurch, Jr., M.D.

2026-2027 Council Members

- Adnan A. Alseidi, M.D.
- Bernadette Aulivola, M.D.
- Callisia N. Clarke, M.D.
- Scott D. Coates, M.D.
- Amy R, Evenson, M.D.
- Bridget N. Fahy-Chandon, M.D.
- Abbey L. Fingeret, M.D.
- Caprice C. Greenberg, M.D.
- Jacob A. Greenberg, M.D.
- Jason Hall, M.D.
- Eunice Yuee-Dean Huang, M.D.
- Benjamin T. Jarman, M.D.
- Hee Soo Jung, M.D.
- Fady M. Kaldas, M.D.
- Erin M. King-Mullins
- Steven L. Lee, M.D.
- Brenessa M. Lindeman, M.D.
- Ricardo D. Martinez, M.D.
- Raghu Motaganahalli, M.D.
- Erika A. Newman, M.D.
- Valentine N. Nfonsam, M.D.
- Benedict C. Nwomeh, M.D.
- Bryan K. Richmond, M.D.
- Elsie G. Ross, M.D.
- Malachi Sheahan, M.D.
- Sandra Starnes, M.D.
- Nicole Stassen, M.D.
- Peter S. Yoo, M.D.

Committees of the Council

Committees of the Council are subcommittees of the ABS that address a specific phase of the certification process. These committees make recommendations to the full board regarding their area of concern.

Chairs Committee

- Malachi Sheahan, M.D. - *Chair*
- Bernadette Aulivola, M.D.
- Amy R. Evenson,
- Bridget N. Fahy, M.D.
- Caprice C. Greenberg, M.D.
- Benjamin Jarman, M.D.
- Steven L. Lee, M.D.
- Brenessa M. Lindeman, M.D.
- Nicole Stassen, M.D.
- Peter S. Yoo, M.D.

Education & Training Committee

- Benjamin Jarman, M.D. - *Chair*
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- Kelly M. Collins, M.D.
- Thomas K. Duncan, D.O.
- Yana Etkin, M.D.
- Abbey L. Fingeret, M.D.
- Steven Lee, M.D.
- Ricardo D. Martinez, M.D.
- Benedict C. Nwomeh, M.D.

Assessment Committee

- Peter S. Yoo, M.D. - *Chair*
- Suresh K. Agarwal, Jr., M.D.
- Amy Evenson, M.D.
- Jacob A. Greenberg, M.D.
- Hee Soo Jung, M.D.
- Brenessa M. Lindeman, M.D.
- Erika A. Newman, M.D.
- Malachi Sheahan, M.D.
- Nicole Stassen, M.D.

Diplomates & Surgeons in Practice Committee

- Bridget N. Fahy, M.D. - *Chair*
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- Jason Hall, M.D.
- Erin M. King-Mullins, M.D.
- Raghu L. Motaganahalli, M.D.
- Bryan K. Richmond, M.D.
- Sandra Starnes, M.D.
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Research Committee

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DEI Committee

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- Adnan A. Alseidi, M.D.
- Scott D. Coates, M.D.
- Sharmila D. Dissanaike, M.D.
- Grace Mak, M.D.

Specialty Boards

Specialty Boards of the ABS provide additional expertise in specific specialty areas. They consist of directors nominated by organizations representative of the specialty, as well as ABS council members previously elected from within the specialty. Specialty board directors receive no remuneration for their service. The specialty boards define and oversee all certification and examination processes in their respective specialties.

General Surgery Board

- Brenessa M. Lindeman, M.D.- *Chair*
- Michael A. Awad, M.D.
- Scott D. Coates, M.D.
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- Benjamin T. Jarman, M.D.
- Shanu N. Kothari, M.D.
- Erin M. King-Mullins, M.D.
- Ricardo D. Martinez, M.D.
- Marian P. McDonald, M.D.
- Lilah F. Morris-Wiseman
- Bryan K. Richmond, M.D.
- Peter S. Yoo, M.D.

Vascular Surgery Board

- Malachi G. Sheahan, M.D. - *Chair*
- Christopher J. Abularrage, M.D.
- Kwame Sarpong Amankwah, M.D.
- Bernadette Aulivola, M.D.
- Rabih A. Chaer, M.D.
- Yana Etkin, M.D.
- Jeffrey Jim, M.D.
- Raghu L. Motaganahalli
- Ravi R. Rajani, M.D.
- David A. Rigberg, M.D.
- Elsie G. Ross, M.D.
- Murray L. Shames, M.D.
- Bridgette K. Smith, M.D.

Pediatric Surgery Board

- Steven L. Lee, M.D. - *Chair*
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- Grace Z. Mak, M.D.
- Mark V. Mazziotti, M.D
- Erika A. Newman, M.D.
- Benedict C. Nwomeh, M.D.
- Daniel J. Ostlie, M.D.
- Jeffrey S. Upperman, M.D.

Trauma, Burns & Surgical Critical Care Board

- Nicole A. Stassen, M.D. - *Chair*
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- Saman Arbabi, M.D.
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- Sharmila D. Dissanaike, M.D.
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- Jennifer M. Gurney, M.D.
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- Hee Soo Jung, M.D
- Niels D. Martin, M.D.
- Abhijit S. Pathak, M.D.
- Nicole F Siparsky, M.D.

Complex General Surgical Oncology Board

- Bridget N. Fahy, M.D.- *Chair*
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- Oliver S. Eng, M.D.
- Abbey L. Fingeret, M.D.
- Caprice C. Greenberg, M.D.
- Jason Hall, M.D.
- Valentine N. Nfonsam, M.D.
- Juan R. Sanabria, M.D.
- Charles A. Staley, M.D.
- Sandra Starnes, M.D.

Transplantation Advisory Council

- Amy R. Evenson, M.D. - *Chair*
- Srinath Chinnakotla, M.D.
- Kelly M. Collins, M.D.
- Sander S. Florman, M.D.
- Fady M. Kaldas, M.D.
- Marc L. Melcher, M.D.
- Jennifer E. Verbesey, M.D.

Current ABS Executive Staff

President & Chief Executive Officer - Jo Buyske, M.D.
Vice President - Karen Brasel, M.D., M.P.H.
Chief of Staff & Chief Administrative Officer - Jessica A. Schreader
Chief Operating Officer & Chief Assessment Officer - Andrew Jones, Ph.D.
General Counsel & Chief Diversity, Equity and Inclusion Officer - Adanwimo Okafor, Esq.
Editor-in-Chief, SCORE® - Amit R. T. Joshi, M.D.