

APPLICATION FOR CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

by the American Board of Facial Plastic and Reconstructive Surgery, Inc.®

Application Postmark Deadline: January 15, 2002

ABFPRS

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ABFPRS APPLICATION FOR CERTIFICATION

INSTRUCTIONS FOR COMPLETING ABFPRS CERTIFICATION APPLICATION

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE ENTERING ANY INFORMATION. Also, study the *Booklet of Information* provided with this application and an integral part of it. Applicants bear the sole responsibility for meeting all eligibility criteria, application deadlines, and submission requirements, as delineated in both documents. Only applications that are clear, complete, and accurate will be reviewed by the Credentials Committee, which determines each applicant's eligibility for certification. Incomplete applications will be returned for correction, and the delay may jeopardize the timely review of an application for the current certification cycle. **Before you begin to complete this form, it is recommend that you contact the ABFPRS office at (703) 549-3223.**

To be considered for the current certification cycle, **completed applications and all supporting documents must be postmarked no later than January 15, 2002.** The application form and all supporting documents are to be mailed at one time in the same envelope. **It is the applicant's responsibility to keep personal copies of all materials submitted.**

The ABFPRS cannot copy or return application materials to you for reference during the review process, nor can the ABFPRS forward materials to another organization to fulfill application requirements there.

Applicants who want immediate acknowledgment of delivery should send materials by certified mail, return receipt requested, or use a national courier service. They will receive a notice from the Board office verifying that materials appear complete and have been forwarded to the Credentials Committee, or that they appear incomplete and require additional information before they will be forwarded. **NOTE:** The Board may request additional information from any of the following: the National Practitioner Data Bank, Federation of State Medical Boards, local medical society, Board-certified surgeons from the geographical area where the applicant practices, the director of the applicant's fellowship training program, hospital chiefs of staff and/or other individuals familiar with the applicant's knowledge, experience, attitude, and moral and ethical standing.

Specific instructions follow on how best to answer each question on the application form. Please note that the completed application is to be signed before a notary public.

INSTRUCTIONS

- 1 Enter the date on which you complete the application.
- 2 Print your full legal name: last name, first name, middle name or initial. Board records will reflect your name as it appears on this application. If you do not have a middle name, enter the word "None" in the space provided. If your name is followed by Jr., Sr., III, etc., indicate this immediately after your last name and preceding your first name. After your application is submitted, you will be able to change your name only by written request, with accompanying legal documentation regarding your name change.
- 3 Circle the appropriate degree, either MD or DO, and enclose verification of this degree in the form of a photocopy of your medical school diploma.
- 4 Enter your complete mailing address, including institution, department name, building name or codes if appropriate, suite or room numbers if applicable, and the city, state or province, and complete ZIP code. **NOTE:** It is the responsibility of the applicant to immediately notify the Board office of any change in mailing address that takes effect during the certification process. Notification should be sent to ABFPRS, 115C South St. Asaph Street, Alexandria, VA 22314.
- 5 Enter both your office/daytime telephone and residential telephone numbers. Also note your fax number for each location, if available. If you rotate among clinics or hospitals, or if you have more than one office, please use the number where you will be most likely to receive a timely message. If possible, include the name of a contact person if you are not readily available.
- 6 Enter e-mail address, if available.
- 7 Enter the month, day, and year of your birth.
- 8 Enter Social Security number.
- 9 Complete the entire section of information about your education, including the degree issued and the month and year of graduation from each institution. All educational experience must be accounted for. If you have received a certificate for successfully completing a 12-month AAFPRS Foundation-approved fellowship, be sure to circle "Yes" beneath the line of information for "Fellowship." Note that fellowships of less than 12 full months' duration will not

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be recognized for the purpose of determining eligibility for certification. If you completed an approved fellowship, note the name of the fellowship director.

- 10 The Board requires that a prospective candidate for certification possess a current, valid, and unrestricted license to practice medicine in the United States or Canada, except as provided for in the *Booklet of Information* (see page 6). The Board does not consider that a temporary limited license such as an educational, institutional, or house staff permit is adequate to meet the requirement. Provide information on ALL licenses that do meet this requirement that you have held in the past as well as those which you currently hold, and enclose a photocopy of all current licenses.
- 11 To be eligible for certification, an applicant must be a Diplomate of the American Board of Otolaryngology, the American Board of Plastic Surgery, or a Fellow in the Royal College of Physicians and Surgeons of Canada (in otolaryngology or plastic surgery). Complete this section to reflect your status with one or more boards and enclose a photocopy of your certificate(s).
- 12 List all past and present hospital appointments and practice settings, recording the beginning and ending dates of your affiliation/practice location. List appointments in chronological order, with the most recent appointment first. Note that all time in medical practice (civil and military) must be accounted for.
- 13 This question has six parts (A-F), which together comprise a report of the operative experience you believe qualifies you for Board certification.

Part A: Select the two consecutive years from the past five years that are most representative of your work as a facial plastic and reconstructive surgeon. **NOTE:** For the purposes of this application, a “year” may be any 12-month period.

Part B: Using Acceptable Procedures Chart on pages 7-18 as your guide to procedures eligible for credit toward ABFPRS certification, prepare and enclose a complete sequential operative log that includes all eligible procedures that you performed as primary surgeon in each of the two years selected. You may use the form enclosed with your application materials, or generate your own. In either case, the log must include the date the procedure was performed, the patient’s name (or initials), the hospital or other location of the surgery, and the appropriate terminology for the procedure. U.S. applicants should include the appropriate CPT code, if available. **NOTE:** In regard to coding, you are advised not to unbundle, but rather to pick the one code that best fits each procedure. For instance, minor procedures such as septal cartilage grafts will not count if they are part of a major procedure such as a septorhinoplasty.

Part C: From your sequential operative log, select and submit operative reports on 50 different cases per year for each of the two years selected. In selecting case reports, keep these points in mind:

- Eligible case reports are only those that include procedures listed on the Acceptable Procedures Chart on pages 7-18.
- Eligible case reports may involve multiple procedures, but you may count each multi-procedural case as one case only.
- In selecting which of your eligible cases to submit, consider cases that will help the Credentials Committee understand the breadth as well as depth of your caseload, and your experience with major procedures. The Committee is likely to reject cases that are too minor or too general, that the Board accepts in limited numbers only (see Limited Procedures table in “Part D” below), that are too similar to a large percentage of other cases submitted, or that are not on the list of acceptable procedures. Eligible case reports that involve filling agents or implants will report use only of materials used in an appropriate manner and/or approved by the Food and Drug Administration or the appropriate tissue bank.
- Eligible case reports must include the procedural terminology from the Acceptable Procedures Chart at the top of each report. Although it is not required that operative reports also list appropriate CPT codes, it is to your advantage to do so, to further clarify for the Credentials Committee the precise work for which you are requesting credit. Operative descriptions must reflect terminology and codes provided.
- Eligible case reports must clearly show that you were the primary surgeon. Candidates from teaching hospitals or the military must submit a letter from their institution verifying that they held a full-time faculty or supervisory medical staff position for each of the two years selected, that their duties included supervising

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residents whose names appear as primary surgeon on operative reports, and that they were the surgeon who had the pre- and postoperative responsibility that comprised the majority of care for the patient. Operative reports must reflect in dictation that the supervisory surgeon was physically present and actively involved during the critical portions of the procedure.

- Eligible case reports must follow the standards set by the Joint Commission for the Accreditation of Healthcare Organizations or the Accreditation Association for Ambulatory Health Care. These standards require, in general, that operative reports contain sufficient information to identify the patient, support the diagnosis, justify the treatment, document the postoperative course and results, and promote continuity of care. Specifically, operative reports should include the date and location of surgery; the name of the primary surgeon and assistants; findings; procedures used (preferably, identified by CPT nomenclature and codes); specimens removed; postoperative diagnosis and course, including postoperative complications and their management; discharge condition; instructions for follow-up care; and such other elements as are necessary to assure a high standard of patient care. When the procedure involves flaps, their size and location must be noted; likewise, if a laser is used, its setting and the number of passes must be noted.
- Eligible case reports performed outside the U.S. or Canada must be accompanied by a sequential operative log that is signed by the surgical team leader or hospital administrator. Only 15 such case reports may be included in the 100 reports submitted for the two years defined in question 13A.
- Eligible case reports must be organized in chronological order or your application will be returned.

NOTE: Applications submitted without operative reports that clearly meet these criteria will be returned for completion before forwarding to the Credentials Committee. **REMINDER:** Keep personal copies of all case reports.

Part D: Also from your sequential operative log, tally precisely how many of each eligible procedure you performed as primary surgeon in each of the two years selected and pencil in these numbers in the appropriate columns on the Acceptable Procedures Chart on pages 7-18. **Do not ink** or type in numbers until you review the following information regarding limitations the Board has placed on the number of certain minor procedures that will be accepted for credit. Your final tally should exclude procedures that exceed these limits. **NOTE:** Be sure that your procedural tally is entirely corroborated by your sequential operative log. The Credentials Committee may ask you to provide operative reports, photographs, or other documentation to substantiate any procedure reported on either your sequential operative log or procedural tally.

LIMITED PROCEDURES: The Board has set limits on certain procedures, which affect (1) how many operative reports an applicant may submit for credit on these procedures and (2) how many of these procedures may be counted on the procedural tally and the related sequential operative log.

- In the table on page 4, where you see numerals like **5/20**, it means that the Board limits applicants for certification to 5 operative reports or patients per year on this procedure, with 20 additional cases/patients acceptable per year in the procedural tally and the related sequential operative log.
- Similarly, **5/0** means that applicants are limited to 5 operative reports or patients per year on this procedure, but may not submit additional cases for credit in the procedural tally and the related sequential operative log.
- Some limits are verbal rather than numerical (e.g., dermabrasion is limited to major scars only, not minor.)

Part E: From your procedural tally on the Acceptable Procedures Chart, bring forward and total the number of procedures performed each year in each of the following five categories: Head and Neck, Trauma, Reconstructive, Congenital, and Cosmetic Surgery.

Part F: Take your grand total of procedures performed during each of your two consecutive years and divide by two to determine the average number of cases for which you may receive credit toward certification.

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LIMITED PROCEDURES

Procedure*	Limit*
13132, 13150, 13151, 13152: Repair, complex, forehead, cheeks, chin, mouth, neck, eyelids, nose, ears, and/or lips	5/5
15770: Graft; derma-fat-fascia [<i>use for autologous lipoinjections</i>]	5/0 for autologous lipoinjections (operative reports required)
15775, 15776 Punch grafts	5/0 (patients, not sessions)
15780, 15781 Dermabrasion (total or segmental face)	5/20 for total face, but <u>no</u> additional cases for segmental face
15788, 15789 Chemical peels	5/20 (medium and deep peels only)
15821-15824 Blepharoplasty	Bilateral counts as 1 procedure
17106-17208 Vascular lesion Rx	5/20
17270-17286 Malignant lesion Rx	5/0
17304 Mohs' surgery	5/0 if involving direct closure of wound <1 cm; no limit if wound is ≥ 1 cm and involves flaps or organs
17999 Laser resurfacing	5/20
21199 Osteotomy, mandible, segmental; with genioglossus advancement	5/0 if genioplasty for sleep apnea
21315, 21320, 21325, 21330, 21335, 21336, 21337 Nasal fractures	5/0
30520, 30630 Septoplasty, Septal perforation Rx	5/0
40510, 40520, 40527 Lip excision	5/0; no limit if involving wound ≥ 1 cm
69005 Drainage of ear hematoma	5/0
69110 Partial external ear repair	5/0
69300 Otoplasty	Bilateral counts as 1 procedure

* Limited credit may be given to other procedures at the Board's discretion.

- 14 Answer all questions in this section by placing a checkmark beside "Yes" or "No," as appropriate. If "Yes," give full details on a separate sheet of paper. Full details must include institutions, dates, the substance of any allegations in the proceedings or actions, and the substance of any findings in the proceedings or actions.
- 15 Signify your willingness to adhere to the ABFPRS Code of Ethics by placing your initials in the box.
- 16 List three physicians who will submit letters of recommendation for you. Each must be certified by the ABO, the ABPS, or the RCPSC. The Credentials Committee may not accept letters from practice partners or associates. Letters must be received by January 15, 2002. Letters should include the following information: how long the physician has known you, whether your acquaintance continues to the present, the opportunities the physician has had to form a judgment about your integrity and general character, what reservations the physician has (if any) about recommending you for certification, and additional comments as the physician deems appropriate.
- 17 Two recent 3" x 4" photographs, which you must sign across the front, are to be submitted. Staple one to the application form in the box provided. Staple the second to the 5 1/2" x 8 1/2" card enclosed with the application form. (One photograph remains with your application; the other is used to identify you when you register for the examination in Washington, D.C. *)
- 18 Enclose a check or money order for U.S. \$2,500* with your application. Make check payable to the American Board of Facial Plastic and Reconstructive Surgery Inc.® The \$1,000 examination fee will be returned to applicants who are not accepted to sit for the examination.
- 19 Carefully read the terms of this section and signify your agreement by affixing your full legal signature on the line provided. Your signature must be notarized.

* Fellowship variance: Applicants for certification who already have taken the Board examination as part of an ERF/AAFPRS Foundation-approved fellowship need submit only one photograph. The certification fee for such applicants is U.S. \$1,500.

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1 Date of application: _____
Month Day Year

2 Name: _____
Last First Middle

3 Degree: (circle one) MD DO Please enclose copy of your medical school diploma.

4 Current Mailing Address:

Address Line 1

Address Line 2

City State/Province Country Zip/Postal Code

5 Telephone Numbers:

Daytime: (_____) _____ Fax: (_____) _____
Area Code Number Area Code Number

If unavailable, message may be left with _____
Full Name

Residence : (_____) _____ Fax: (_____) _____
Area Code Number Area Code Number

6 E-mail: _____

7 Date of Birth: _____ 8 Social Security No. _____
Month Day Year

9 Education: All educational experience must be included. List institution, department, or specialty and degree if applicable, and month and year of completion/graduation:

Institution/Department	City/State	Degree	Graduation: Mo./Yr.
Undergraduate:			
Medical:			
Residency:			
Fellowship:			

Was this a full 12-month fellowship approved by the Educational and Research Foundation for the AAFPRS? (circle) YES NO

Name of Fellowship Director: _____

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10 Licensure: List all licenses you currently hold or have ever held. Please enclose a copy of all current licenses.

State or Province	License Number	Registration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11 Board Certification: Check as many as are applicable. Please enclose a copy of your certificate(s).

_____ American Board of Otolaryngology	Date of certification: _____ Month/Day/Year
_____ American Board of Plastic Surgery	Date of certification: _____ Month/Day/Year
_____ Royal College of Physicians and Canada in otolaryngology and/or plastic surgery	Date of certification: _____ Month/Day/Year

12 Hospital Appointments: List all past and present hospital appointments and practice settings. Note that all time in medical practice (civil and military) must be included.

Institution/Practice Name	Location	Dates: Month/Year From-To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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13 Facial Plastic and Reconstructive Operative Experience Report:

A Define the consecutive two years you elect to report on:

Year 1: _____ to _____ Year 2: _____ to _____
mo./yr. mo./yr mo./yr mo./yr

B Enclose a sequential operating log of all eligible facial plastic and reconstructive procedures performed over both years (see Acceptable Procedures Chart below).

C Enclose operative reports on 50 individual patients you treated during each of the two years you chose.

D Count the number of procedures included on your sequential operative log for each year and record the numbers in the appropriate spaces on the Acceptable Procedures Chart below. Subtotal number of procedures in each category (Head and Neck, Trauma, Reconstructive, Congenital, and Cosmetic).

ACCEPTABLE PROCEDURES CHART

CPT five-digit nomenclature and other data are copyright 2001 American Medical Association. All Rights Reserved.
 No fee schedules, basic units, relative values or related listings are included in CPT.
 The AMA assumes no liability for the data contained herein.

PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
I. HEAD AND NECK			
21044	Excision of malignant tumor of mandible		
30118	Excision or destruction, any method (including laser), intranasal lesion; external approach (lateral rhinotomy)		
30120	Excision or surgical planing of skin of nose for rhinophyma		
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous		
30125	complex, under bone or cartilage		
30150	Rhinectomy; partial		
30160	total		
31225	Maxillectomy; without orbital exenteration		
31230	with orbital exenteration (en bloc)		
31750	Tracheoplasty; cervical		
31780	Excision tracheal stenosis and anastomosis; cervical		
31825	Surgical closure tracheostomy or fistula; with plastic repair		
31830	Revision of tracheostomy scar		
38555	Excision of cystic hygroma, cervical; with deep neurovascular dissection		
38700	Suprahyoid lymphadenectomy		
38720	Cervical lymphadenectomy (complete)		
38724	Cervical lymphadenectomy (modified radical neck dissection)		

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
40840	Vestibuloplasty; anterior		
41130	Glossectomy; hemiglossectomy		
41135	partial with unilateral radical neck dissection		
41140	complete or total, with or without tracheostomy, without radical neck dissection		
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection		
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection		
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)		
42107	Excision, lesion of palate; with local flap closure		
42120	Resection of palate or extensive resection of lesion		
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve		
42420	total, with dissection and preservation of facial nerve		
42425	total, en bloc removal with sacrifice of facial nerve		
42426	total, with unilateral radical neck dissection		
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx		
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)		
42845	closure with other flap		
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls		
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap		
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction		
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy		
60212	with contralateral subtotal lobectomy, including isthmusectomy		
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		
60225	with contralateral subtotal lobectomy, including isthmusectomy		
60240	Thyroidectomy, total or complete		
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		
60254	with radical neck dissection		
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid		
60270	Thyroidectomy, including substernal thyroid gland; sternal split or transthoracic approach		
60271	cervical approach		
60280	Excision of thyroglossal duct cyst or sinus		
60281	recurrent		
<i>Subtotal—Head and Neck</i>			

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures Year 1 Year 2	
II. TRAUMA			
21315	Closed treatment of nasal bone fracture; without stabilization		
21320	with stabilization		
21325	Open treatment of nasal fracture; uncomplicated		
21330	complicated, with internal and/or external skeletal fixation		
21335	with concomitant open treatment of fractured septum		
21336	Open treatment of nasal septal fracture, with or without stabilization		
21337	Closed treatment of nasal septal fracture, with or without stabilization		
21338	Open treatment of nasoethmoid fracture without external fixation		
21339	with external fixation		
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus		
21343	Open treatment of depressed frontal sinus fracture		
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches		
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint		
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation		
21347	requiring multiple open approaches		
21348	with bone grafting (includes obtaining graft)		
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation		
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)		
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod		
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches		
21366	with bone grafting (includes obtaining graft)		
21385	Open treatment of orbital floor "blowout" fracture; transantral approach (Caldwell-Luc type operation)		
21386	periorbital approach		
21387	combined approach		
21390	periorbital approach, with alloplastic or other implant		
21395	periorbital approach with bone graft (includes obtaining graft)		
21400	Closed treatment of fracture of orbit, except "blowout"; without manipulation		
21401	with manipulation		
21406	Open treatment of fracture of orbit, except "blowout"; without implant		
21407	with implant		
21408	with bone grafting (includes obtaining graft)		

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures Year 1 Year 2	
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint		
21422	Open treatment of palatal or maxillary fracture (LeFort I type);		
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches		
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint		
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		
21433	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches		
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)		
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)		
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		
21450	Closed treatment of mandibular fracture; without manipulation		
21451	with manipulation		
21452	Percutaneous treatment of mandibular fracture, with external fixation		
21453	Closed treatment of mandibular fracture with interdental fixation		
21454	Open treatment of mandibular fracture with external fixation		
21461	Open treatment of mandibular fracture; without interdental fixation		
21462	with interdental fixation		
21465	Open treatment of mandibular condylar fracture		
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints		
	<i>Subtotal—Trauma</i>		
III. RECONSTRUCTIVE			
11641	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 0.6 to 1.0 cm		
11642	lesion diameter 1.1 to 2.0 cm		
11643	lesion diameter 2.1 to 3.0 cm		
11644	lesion diameter 3.1 to 4.0 cm		
11646	lesion diameter over 4.0 cm		
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion		
11970	Replacement of tissue expander with permanent prosthesis		
11971	Removal of tissue expander(s) without insertion of prosthesis		
13120	Repair, complex, scalp; 1.1 cm to 2.5 cm		
13121	2.6 to 7.5 cm		

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
13131	Repair, complex, forehead, cheeks, chin mouth, or neck; 1.1 cm to 2.5 cm		
13132	2.6 cm to 7.5 cm		
13150	Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less		
13151	1.1 to 2.5 cm		
13152	2.6 to 7.5 cm		
14020	Adjacent tissue transfer or rearrangement, scalp; defect 10 sq cm or less		
14021	defect 10.1 to 30 sq cm		
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck; defect 10 sq cm or less		
14041	defect 10.1 to 30 sq cm		
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		
14061	defect 10.1 to 30 sq cm		
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area <i>[use for scalp reduction]</i>		
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits		
15220	Full thickness graft, free, including direct closure of donor site, scalp		
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck		
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, lips		
15350	Application of allograft, skin		
15400	Application of xenograft, skin		
15572	Formation of direct or tubed pedicle, with or without transfer; scalp		
15574	forehead, cheeks, chin, mouth, neck		
15576	eyelids, nose, ears, lips, or intraoral		
15610	Delay of flap or sectioning of flap (division and inset); at scalp		
15620	at forehead, cheeks, chin, neck		
15630	at eyelids, nose, ears, or lips		
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter, sternocleidomastoid, levator scapulae)		
15740	Flap; island pedicle		
15750	neurovascular pedicle		
15756	Free muscle flap with or without skin with microvascular anastomosis		
15757	Free skin flap with microvascular anastomosis		
15758	Free fascial flap with microvascular anastomosis		
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area		
15770	derma-fat-fascia <i>[use for autologous lipoinjections]</i>		

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)		
15841	free muscle graft (including obtaining graft)		
15842	free muscle flap by microsurgical technique		
15845	regional muscle transfer		
17270	Destruction, malignant lesion, any method, scalp, neck; lesion diameter 0.5 cm or less		
17271	lesion diameter 0.6 to 1.0 cm		
17272	lesion diameter 1.1 to 2.0 cm		
17273	lesion diameter 2.1 to 3.0 cm		
17274	lesion diameter 3.1 to 4.0 cm		
17276	lesion diameter over 4.0 cm		
17280	Destruction, malignant lesion, any method, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		
17281	lesion diameter 0.6 to 1.0 cm		
17282	lesion diameter 1.1 to 2.0 cm		
17283	lesion diameter 2.1 to 3.0 cm		
17284	lesion diameter 3.1 to 4.0 cm		
17286	lesion diameter over 4.0 cm		
17304	Chemosurgery (Mohs' micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation		
20955	Bone graft with microvascular anastomosis; fibula		
20962	other than fibula, iliac crest, or metatarsal [use for scapula]		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest or metatarsal		
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft		
21142	two pieces, segment movement in any direction, without bone graft		
21143	three or more pieces, segment movement in any direction, without bone graft		
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)		
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)		
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)		
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)		
21151	any direction, requiring bone grafts (includes obtaining autografts)		

ABFPRS APPLICATION FOR CERTIFICATION

PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I		
21155	with LeFort I		
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I		
21160	with LeFort I		
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)		
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)		
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)		
21180	with autograft (includes obtaining grafts)		
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial		
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm ²		
21183	total area of bone grafting greater than 40 cm ² but less than 80 cm ²		
21184	total area of bone grafting greater than 80 cm ²		
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		
21193	Reconstruction of mandibular rami, horizontal, vertical, "C", or "L" osteotomy; without bone graft		
21194	with bone graft (includes obtaining graft)		
21195	Reconstruction of mandibular rami; and/or body, sagittal split; without internal rigid fixation		
21196	with internal rigid fixation		
21198	Osteotomy, mandible, segmental;		
21199	with genioglossus [tubercle] advancement		
21206	Osteotomy, maxilla, segmental (eg, Wassmund [tubercle] or Schuchard)		
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)		
21209	reduction		
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		
21215	mandible (includes obtaining graft)		
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)		
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)		
21240	Arthroplasty, temporomandibular joint, with or without autograft, (includes obtaining graft)		
21242	Arthroplasty, temporomandibular joint, with allograft		
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement		

ABFPRS APPLICATION FOR CERTIFICATION

PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)		
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial		
21246	complete		
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)		
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial		
21249	complete		
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)		
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)		
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach		
21261	combined intra- and extracranial approach		
21263	with forehead advancement		
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach		
21268	combined intra- and extracranial approach		
21275	Secondary revision of orbitocraniofacial reconstruction		
21280	Medial canthopexy (separate procedure)		
21282	Lateral canthopexy		
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach		
21296	intraoral approach		
30465	Repair of nasal vestibular stenosis (e.g. spreader grafting, lateral nasal wall reconstruction)		
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft		
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression		
40510	Excision of lip; transverse wedge excision with primary closure		
40520	V-excision with primary direct linear closure		
40525	full thickness, reconstruction with local flap (eg, Estlander or fan)		
40527	full thickness, reconstruction with cross lip flap (Abbe-Estlander)		
40650	Repair lip, full thickness; vermilion only		
40652	up to half vertical height		
40654	over one-half vertical height, or complex		
42260	Repair of nasolabial fistula		
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)		
42953	Pharyngoesophageal repair		

ABFPRS APPLICATION FOR CERTIFICATION

PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula		
43305	with repair of tracheoesophageal fistula		
43496	Free jejunum transfer with microvascular anastomosis		
64864	Suture of facial nerve; extracranial		
64865	infratemporal, with or without grafting		
64866	Anastomosis; facial-spinal accessory		
64868	facial-hypoglossal		
64870	facial-phrenic		
64872	Suture of nerve; requiring secondary or delayed suture		
64874	requiring extensive mobilization, or transposition of nerve		
64876	requiring shortening of bone of extremity		
64885	Nerve graft (includes obtaining graft), head or neck; up to 4.0 cm length		
64886	more than 4.0 cm length		
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4.0 cm length		
64891	more than 4.0 cm length		
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4.0 cm length		
64893	more than 4.0 cm length		
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4.0 cm length		
64896	more than 4.0 cm length		
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4.0 cm length		
64898	more than 4.0 cm length		
64901	Nerve graft, each additional nerve; single strand		
64902	multiple strands (cable)		
64905	Nerve pedicle transfer; first stage		
64907	second stage		
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)		
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material		
67902	frontalis muscle technique with fascial sling (includes obtaining fascia)		
67903	(tarso)levator resection or advancement, internal approach		
67904	(tarso)levator resection or advancement, external approach		
67906	superior rectus technique with fascial sling (includes obtaining fascia)		
67908	conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)		
67909	Reduction of overcorrection of ptosis		

ABFPRS APPLICATION FOR CERTIFICATION

PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures Year 1 Year 2	
67911	Correction of lid retraction		
67914	Repair of ectropion; suture		
67915	thermocauterization		
67916	blepharoplasty, excision tarsal wedge		
67917	blepharoplasty, extensive (eg, Kuhnt-Szymanowski or tarsal strip operations)		
67921	Repair of entropion; suture		
67922	thermocauterization		
67923	blepharoplasty, excision tarsal wedge		
67924	blepharoplasty, extensive (eg, Wheeler operation)		
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness		
67935	full thickness		
67950	Canthoplasty (reconstruction of canthus)		
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin		
67966	over one-fourth of lid margin		
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage		
67973	total eyelid, lower, one stage or first stage		
67974	total eyelid, upper, one stage or first stage		
67975	second stage		
68700	Plastic repair of canaliculi		
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)		
69005	Drainage external ear, abscess or hematoma; complicated		
69110	Excision external ear; partial, simple repair		
69120	complete amputation		
69150	Radical excision external auditory canal lesion; without neck dissection		
69155	with neck dissection		
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to trauma, infection) (separate procedure)		
69320	Reconstruction of external auditory canal for congenital atresia, single stage		
69535	Resection temporal bone, external approach		
<i>Subtotal—Reconstructive</i>			

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures Year 1 Year 2	
IV. CONGENITAL			
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm		
17107	10 – 50 sq cm		
17108	over 50 sq cm		
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only		
30462	tip, septum, osteotomies		
30540	Repair choanal atresia; intranasal		
30545	transpalatine		
30580	Repair fistula; oromaxillary		
30600	oronasal		
30630	Repair nasal septal perforations		
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral		
40701	primary bilateral, one stage procedure		
40702	primary bilateral, one of two stages		
40720	secondary, by recreation of defect and reclosure		
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle		
42200	Palatoplasty for cleft palate, soft and/or hard palate only		
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only		
42210	with bone graft to alveolar ridge (includes obtaining graft)		
42215	Palatoplasty for cleft palate; major revision		
42220	secondary lengthening procedure		
42225	attachment pharyngeal flap		
42226	Lengthening of palate, and pharyngeal flap		
42227	Lengthening of palate, with island flap		
42235	Repair of anterior palate, including vomer flap		
69300	Otoplasty, protruding ear, with or without size reduction		
<i>Subtotal—Congenital</i>			
V. COSMETIC			
15775	Punch graft for hair transplant, 1 to 15 punch grafts		
15776	more than 15 punch grafts		
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)		
15781	segmental, face		
15788	Chemical peel, facial; epidermal		

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PROCEDURE	CPT ©2001 American Medical Association. All Rights Reserved.	# of Procedures	
		Year 1	Year 2
15789	dermal		
15819	Cervicoplasty		
15820	Blepharoplasty, lower eyelid;		
15821	with extensive herniated fat pad		
15822	Blepharoplasty, upper eyelid;		
15823	with excessive skin weighting down lid		
15824	Rhytidectomy; forehead		
15825	neck with platysmal tightening (platysmal flap, "P-flap")		
15826	glabellar frown lines		
15828	cheek, chin, and neck		
15829	superficial musculoaponeurotic system (SMAS) flap		
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad		
15876	Suction assisted lipectomy; head and neck		
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue <i>[use for laser resurfacing]</i>		
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)		
21121	sliding osteotomy, single piece		
21122	sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)		
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)		
21125	Augmentation, mandibular body or angle; prosthetic material		
21127	with bone graft, onlay or interpositional (includes obtaining autograft)		
21137	Reduction forehead; contouring only		
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft)		
21139	contouring and setback of anterior frontal sinus wall		
21270	Malar augmentation, prosthetic material		
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip		
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip		
30420	including major septal repair		
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)		
30435	intermediate revision (bony work with osteotomies)		
30450	major revision (nasal tip work and osteotomies)		
40500	Vermilionectomy (lip shave), with mucosal advancement		
<i>Subtotal—Cosmetic</i>			

ABFPRS APPLICATION FOR CERTIFICATION

E Record subtotals of procedures performed by category from Acceptable Procedures Chart above.

PROCEDURE	# of Procedures	
	Year 1	Year 2
1. HEAD AND NECK		
2. TRAUMA		
3. RECONSTRUCTIVE		
4. CONGENITAL		
5. COSMETIC		
<i>GRAND TOTAL</i>		

F Determine average number of procedures for two-year period by completing this formula: $(\frac{\text{Year 1 Grand Total}}{\text{Year 1 Grand Total}} + \frac{\text{Year 2 Grand Total}}{\text{Year 2 Grand Total}}) \div 2 = \underline{\hspace{2cm}}$

14 Credentials Questionnaire: Place a checkmark besides "Yes" or "No," as appropriate. If "Yes," give full details on a separate sheet of paper. The Board reserves the right to verify information given below with the National Practitioner Data Bank and/or your state/provincial board of medical examiners.

- a** Has your license to practice your profession in any jurisdiction ever been limited, suspended, revoked, denied, or subjected to probationary condition, or have proceedings toward any of those ends ever been instituted? __ YES __ NO
- b** Have your clinical privileges at any hospital or healthcare institution ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? __ YES __ NO
- c** Has your medical staff membership status at any hospital ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? __ YES __ NO
- d** Have you ever been denied membership on a hospital staff or advancement in medical staff status? __ YES __ NO
- e** Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state, or national, or have proceedings toward any of those ends ever been instituted? __ YES __ NO
- f** Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended, reduced, or have proceedings toward any of those ends ever been instituted? __ YES __ NO
- g** Has your Drug Enforcement Agency or your controlled substances authorization ever been denied, revoked, suspended, reduced, voluntarily surrendered or not renewed, or have proceedings toward any of those ends ever been instituted? __ YES __ NO
- h** Have you ever voluntarily relinquished a medical staff membership, a clinical privilege, a medical organization or professional society membership, or a narcotics registration in lieu of formal action? __ YES __ NO
- i** Have you ever been charged with or convicted of a felony? __ YES __ NO
- j** Do you presently have a physical or mental health condition that affects or is reasonably likely to affect your ability to perform your professional duties? __ YES __ NO
- k** Do you have or have you had a substance abuse problem? __ YES __ NO
- l** Are there currently pending any professional medical misconduct proceedings against you in this state or province or another state or province? __ YES __ NO
- m** Have there been any findings of professional misconduct in this state or province or another against you by a licensing or disciplinary board? __ YES __ NO
- n** Have you ever represented yourself in advertisements, or in any other written or oral form, as already certified by, or in any other way affiliated with, the American Board of Facial Plastic and Reconstructive Surgery? __ YES __ NO
- o** Have any malpractice suits been filed or settled against you in this state or province or another state or province in the last five years? __ YES __ NO

ABFPRS APPLICATION FOR CERTIFICATION

15 Code of Ethics: By initials in the box below, signify your agreement to adhere to the ABFPRS Code of Ethics.

A certificant should pursue the practice of surgery with scientific honesty and place the welfare of patients above all else.

A certificant should advance constantly in knowledge and render willing help and teaching to colleagues in medicine and seek their counsel when in doubt about the certificant's own judgment.

The certificant should abide by the 1998 Draft Guidelines for Truthful Advertising of Physician Services of the American Medical Association [Note: A summary of this document is included on pages 23-24 of this application] in order to promote legitimate and ethical advertising of physicians' services and to avoid the occasion of unprofessional conduct.

The certificant should not practice the division of fees either directly or indirectly and should make fees commensurate with the services rendered.

Initial agreement here.

16 Recommendations: Three recommendations are required. Indicate in the spaces below the names of the physicians whom you have asked to write letters of recommendation. Circle the appropriate acronym to show the board certification of each—ABO, ABPS, or RCPSC. Ask that letters be sent directly to: ABFPRS, Attn.: Credentials Committee, 115C South St. Asaph Street, Alexandria, VA 22314.

1 _____
Name of ABO/ABPS Diplomate or RCPSC Fellow (please print) Degree

Title/Institution (if applicable)

Street/Mailing Address

City State Zip Code

2 _____
Name of ABO/ABPS Diplomate or RCPSC Fellow (please print) Degree

Title/Institution (if applicable)

Street/Mailing Address

City State Zip Code

3 _____
Name of ABO/ABPS Diplomate or RCPSC Fellow (please print) Degree

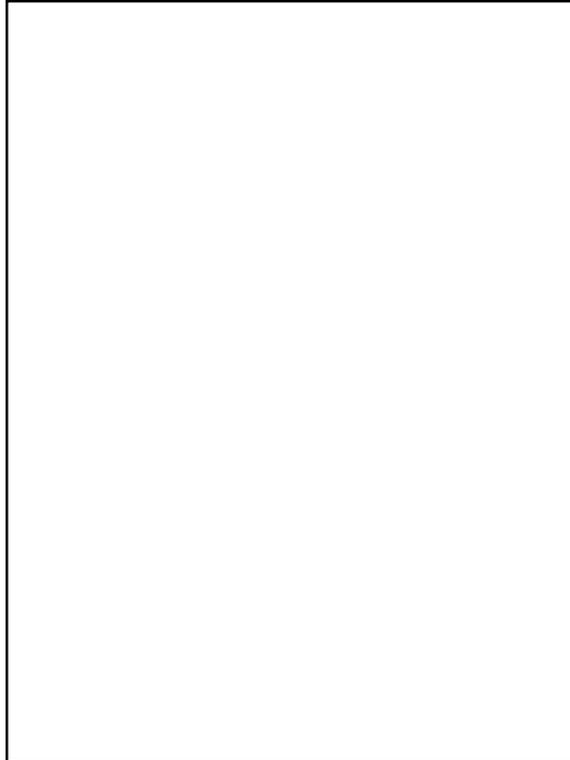
Title/Institution (if applicable)

Street/Mailing Address

City State Zip Code

ABFPRS APPLICATION FOR CERTIFICATION

17 Photographs: Staple one signed photograph in the square below. Staple a second photograph to the 5 ½" x 8 ½" card enclosed with this application. Photographs should be no larger than 3" x 4" and should be signed on the front.



18 Examination Fee: Enclose a check or money order in payment of the \$2,500 examination fee, in U.S. funds, made payable to the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS).

19 Agreements:

I hereby apply to the American Board of Facial Plastic and Reconstructive Surgery Inc.® for certification in accordance with its rules, regulations, and policies. I have enclosed payment of the \$2,500 certification fee. I understand that only the \$1,000 examination portion of this fee will be returned if my application to sit for the examination is not accepted, and that no portion of the fee is refundable once I am scheduled to sit for the examination, except as provided for in the *Booklet of Information* under "Fees," page 10. I authorize the Board prior or subsequent to my examination to make whatever inquiries and investigation it deems necessary to ascertain and verify my qualifications, credentials, professional standing, and moral and ethical character, and to disclose information in that process that the Board has received.

I further covenant and agree to hold the Board, the members of its board of directors, examiners, officers, staff, and agents harmless and free from any claims or demands for damage or otherwise by reason of any act of omission or commission that they may make in connection with this application, the grades given with respect to my examination, or any failure of the Board to issue to me a certificate. I understand that the decision as to whether my examination qualifies me for certification rests solely and exclusively with the Board and that its decision is final.

ABFPRS APPLICATION FOR CERTIFICATION

I confirm that I have read the *Instructions for Completing the ABFPRS Certification Application* and the *Booklet of Information* provided with this application by the Board and understand its contents. The terms and provisions of the *Instructions* and the *Booklet of Information* are hereby incorporated in the terms of this agreement by reference and are part of this application for examination.

Full, legal signature of applicant

Date

Notarized before me this _____ day of _____, 2002.

_____ did appear before me and swore that the above information is true, accurate, and complete.

I hereto set my hand and seal this _____ day of _____, 2002.

Signature, Notary Public

My commission expires on _____

FOR BOARD OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE.

Date Application Received _____ Date Application Postmarked _____

Date Application Completed _____ Date Incomplete Application Returned _____

Date Application Referred to Credentials Committee _____

Credentials Committee Recommendation _____ Date _____

Date Applicant Notified of Credentials Committee Action _____

Date of Receipt of Examination Fee _____ Amount _____ Check No. _____

Date Examination Guide Sent _____

ABFPRS APPLICATION FOR CERTIFICATION

SUMMARY OF AMA ETHICAL ADVERTISING GUIDELINES

The AMA's guidelines provide general guidance. Laws and regulations in some states may differ from the AMA guidelines, and physicians should review those laws and regulations as well.

Advertisements are communications in any medium that are disseminated by or at the behest of a physician for the purpose of soliciting or encouraging the use of the physician's services. There are no restrictions on advertising by physicians except those that can be specifically justified to protect the public from deceptive practices. Truthful advertisements can help patients select a physician by informing them about the skills, qualifications, services, location, and other important information about physicians. However, false, deceptive, or misleading advertisements may cause harm to patients.

FOUR PRINCIPLES

There are four principles to follow if advertisements are to be truthful and not false, deceptive, or misleading. These are:

1. Advertisements should not contain false claims or misrepresentations of material fact.
2. Advertisements should not contain implied false claims or implied misrepresentations of material fact.
3. There should not be knowing omissions of material fact from advertisements.
4. Physicians should be able to substantiate material objective claims and representations made in an advertisement.

APPLICATIONS¹

Generally, advertisements are more likely to comply with these principles if, from the perspective of a reasonable patient, they are easy to understand, free of obvious exaggerations and appeals to emotional vulnerabilities, and clearly identifiable as advertising rather than news.

Here are guidelines for applying these rules to specific types of advertisements:

- ▶ **Patient testimonials and endorsements.** Testimonials should be made only by patients who actually received and benefited from the physician's services. Furthermore, they should represent the experience that is typical of what other patients may expect. Endorsements by organizations or experts must be supported by an actual evaluation of the physician's services conducted by the organization or expert.
- ▶ **Pictures or images of a person.** Whenever a model's picture is used in a way that would suggest that the model received the services advertised, the advertisement should clearly and concisely state that the model has not received the advertised services. Patient photos should represent normal results rather than an atypical amount of relief. Photographs of patients taken after receiving services should use the same light, poses, and photographic techniques as photographs taken before surgery so as to accurately document the results of the services.
- ▶ **Representations about quality of care.** Statements about superior service are extremely difficult to verify or measure and should be made only if factually supportable.
- ▶ **Safety, efficacy, and recovery periods.** Statements assuring safety, effectiveness, and quick recovery may mislead patients who lack appreciation of the risks and adverse effects associated with medical and surgical treatments. Such statements should be made only if supported by scientific studies and representative of the typical patient's experience.
- ▶ **Physician qualifications.** Qualifications listed in an advertisement should substantiate the physician's competence with respect to the services being advertised.
 - **Board certification.** Because patients are likely to assume that physicians who advertise their board certification have been subjected to a rigorous peer review of their education, training, and experience to perform advertised services, physicians should advertise board certification only if the certification is relevant to the services advertised and the organization conferring the board certification requires a thorough review of the physician's fitness substantially similar to the criteria of well-recognized and authoritative organizations such as those sponsored by the American Board of Medical Specialties, or their equivalent. (The American Board of Facial Plastic and Reconstructive Surgery may be disclosed in all states, although one state [Oklahoma] requires the physician to make advance application.)
 - **Supplemental training.** Physicians should advertise continuing medical education only if it has led to new skills that supplement initial specialty training.

¹The guidelines specifically state that they do not apply in certain types of proceedings, including malpractice litigation.

ABFPRS APPLICATION FOR CERTIFICATION

- *Claims of an exclusive or unique skill or remedy.* It is unlikely that a physician has a unique skill or remedy, although he or she may have such within a particular geographic area. Physicians who claim unique skills and remedies must be able to substantiate them.
 - *Routine provision of services.* Similarly, physicians must be able to substantiate any claims as to the frequency or number of times they provide a particular service.
 - *Years of experience.* If a physician includes his or her years of professional experience, this fact must be readily substantiated. If a physician couples this information with a list of procedures performed, patients will infer that these procedures have been performed for the duration of the physician's years of professional experience, so advertisements should not couple this information unless it is true and can be substantiated.
 - *Performance of a procedure.* An advertisement should not state or imply that a particular physician might or will perform a particular procedure unless that is the case.
 - *Medicare or Medicaid approval.* Advertisements should not imply that procedures are approved or endorsed by federal Medicare or state Medicaid programs; however, they may advertise that a physician accepts Medicare or Medicaid patients.
 - *FDA approval.* Federal law requires that physician advertisements should not promote equipment, devices, or drugs used by the physicians as being approved by the federal Food and Drug Administration.
- ▶ **Comfort, ease, and pain.** Patients experience comfort, ease, and pain differently, and so claims that procedures cause little inconvenience or pain are difficult to substantiate. However, a physician may make such claims if the physician can document that this is the experience of his or her patients and likely to be the experiences of patients generally.
 - ▶ **Fees and costs.** Advertisements that include fees should indicate whether there may be additional costs for related services, such as clinical laboratory services. Free services offered must in fact be free, rather than contingent on purchase of other services or reimbursable by a third-party payer. Representations that a physician will not balance-bill a patient above the fee allowed by the patient's payer should not be made if the physician plans to bill the patient a co-payment amount or the full amount, if a patient's payer denies coverage in full or part.
 - ▶ **Location and conveniences.** Useful information that does not generally raise concerns in physician advertisements includes the physician's name, address, telephone number, hours of practice, schools attended, language or languages spoken, names of associations, hospitals or clinics with which the physician is affiliated, amenities available (such as outpatient facilities, third-party payers accepted), and a statement as to whether the physician regularly accepts installment payments of fees or credit cards. Other useful information may include military service, posts of honor, teaching positions, or medical authorship.
 - ▶ **Medical society memberships.** Advertisements may include medical society membership information so long as the physician has the membership claimed and the advertisement does not imply that the association has tested the knowledge or competence of the physician unless that is the case.
 - ▶ **Area of specialization.** Physicians may advertise that they specialize in a particular area of medical practice, provided that the physician in fact has the education, training, experience, competence, and judgment necessary to practice the identified specialty.

ABFPRS APPLICATION FOR CERTIFICATION

APPLICANT'S CHECKLIST

Did You Remember To ...

- Complete all items on application accurately?
- Enclose a copy of your medical school diploma?
- Enclose a copy of all current medical license(s)?
- Enclose a copy of your ABO, ABPS, and/or RCPSC certificate(s)?
- Enclose copies of 50 operative reports per year performed during two consecutive years within the past five years?
- Enclose a copy of your complete sequential operative log for the two selected years?
- Enclose any additional information required by your answers to the Credentials Questionnaire (question 14)?
- Initial agreement to the ABFPRS Code of Ethics (question 15)?
- Request three MDs or DOs who also are certified by the ABO, ABPS, or RCPSC to submit letters of recommendation for you by January 15, 2002?
- Enclose two signed 3" x 4" photographs?
- Enclose a check or money order for U.S. \$2,500 in payment of the examination fee?
- Sign your application before a notary public?
- Place the application and all supporting documents — unfolded — in one envelope?
- Correctly address the envelope to the American Board of Facial Plastic and Reconstructive Surgery, 115C South St. Asaph Street, Alexandria, VA 22314?
- Meet the January 15, 2002, deadline for posting all application materials?