

THE EXAMINATION OF THE AMERICAN BOARD OF SPINE SURGERY

Booklet of Information

WINTER 2017 TESTING PERIOD

PART I – WRITTEN EXAMINATION

Application Deadline: January 3, 2017

Testing Begins: Saturday, February 11, 2017

Testing Ends: Saturday, February 25, 2017

SPRING 2017 TESTING PERIOD

PART I – WRITTEN EXAMINATION

Application Deadline: May 1, 2017

Testing Begins: Saturday, June 3, 2017

Testing Ends: Saturday, June 17, 2017

FALL 2017 TESTING PERIOD

PART I – WRITTEN EXAMINATION

Application Deadline: October 16, 2017

Testing Begins: Saturday, November 18, 2017

Testing Ends: Saturday, December 2, 2017



MISSION STATEMENT

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

DEFINITION OF SPINE SURGERY

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

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

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INTRODUCTION

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

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

ADMINISTRATION

The Examination of the American Board of Spine Surgery is administered by the Professional Testing Corporation (PTC), 1350 Broadway – 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

NON-DISCRIMINATION

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

CORRESPONDENCE WITH THE BOARD OFFICE

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

American Board of Spine Surgery
1350 Broadway, Ste 1705
New York, NY 10018

Telephone: 212-356-0672

Fax: 212-356-0678

email: info@americanboardofspinesurgery.org

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

WHAT IS THE AMERICAN BOARD OF SPINE SURGERY?

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

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

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

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

ELIGIBILITY REQUIREMENTS

- 1) To qualify for the certifying examination of the American Board of Spine Surgery, candidates must be either certified or at least have passed Part I of the examination process by the American Board of Neurological Surgery or the American Board of Orthopaedic Surgery and, if required, appropriately recertified; and must further qualify by one of the following:
 - a. Successfully completed a twelve-month approved spine fellowship program, or
 - b. Have resident training and experience deemed by the American College of Spine Surgery to be equivalent to a twelve-month approved spine fellowship program.
- 2) Each candidate shall hold a valid, current, non-restricted license to practice medicine issued in the United States or Canada.
- 3) Each candidate shall submit two letters of recommendation as to character, reputation, practice ethics, etc. written by the director of the residency program, the director of the spine fellowship program, or the Chief of Surgery or equivalent at a hospital where the candidate holds staff privileges, or other person in a position of authority who is familiar with the candidate's work and is qualified to evaluate and comment on the candidate's performance. Please see the [Application Cover Letter](#) for more details.

ELIGIBILITY DETERMINATION

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

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

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

APPEALS

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

REQUESTS FOR SPECIAL CONSIDERATION

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

APPLICATIONS

The Application for the Part I Written Examination is included at the end of this Handbook. The Application for the Part II Oral Examination can be requested from Professional Testing Corporation, 1350 Broadway, Suite 1705, New York, NY 10018, (212) 356-0660, ptcny@ptcny.com, www.ptcny.com.

COMPLETION OF APPLICATION

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

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

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

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

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

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

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

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

**ABSS EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway, Ste 1705
New York, NY 10018**

EXAMINATION FEES

Part I Written Examination	\$950.00
Part II Oral Examination	\$1,500.00

Fees may be submitted via check or money order in United States currency, or by credit card (American Express, MasterCard or Visa only). No foreign currency (including Canadian) will be accepted.

Please make checks/money orders out to:
PROFESSIONAL TESTING CORPORATION

A charge of \$50.00 will apply for all returned checks.

REFUNDS

The application fee is non-refundable but may be applied to the next scheduled examination. If, however, a candidate is found ineligible, the entire examination fee will be returned.

CERTIFICATES

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

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

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

CHANGE OF ADDRESS

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

EXAMINATION ADMINISTRATION

The Part I Written Examination is administered three times a year during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit: <http://www.ptcny.com/cbt/sites> or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.**

TESTING SOFTWARE TUTORIAL

A Testing Software Tutorial can be viewed online. Go to <http://www.ptcny.com/cbt/demo>. This online Tutorial can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent a postcard from PTC confirming receipt. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization. If you do not receive a Scheduling Authorization or other correspondence at least three weeks before the beginning of the testing period, contact Professional Testing Corporation by telephone at (212) 356-0660.

The Scheduling Authorization will indicate where to call to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

Your current government issued photo identification, such as a driver's license or passport, must be presented in order to gain admission to the testing center. PTC also recommends candidates bring a paper copy of their Scheduling Authorization and their PSI appointment confirmation with them to their examination.

- **It is your responsibility as the candidate to call PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

SPECIAL NEEDS

ABSS and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this form if you need to bring a service dog, medicine, food, and/or beverages needed for a medical condition with you to the testing center.

Information supplied on the Request for Special Accommodations form will only be used to determine the need for special accommodations and will be kept confidential

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

RULES FOR THE EXAMINATION

1. Hand-held, battery or solar operated, nonprinting and nonprogrammable calculators are permitted.
2. No papers, books or other reference materials may be taken into or removed from the examination room.
3. All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to cell phones, laptop computers, tablets, Bluetooth devices; all wearable technology such as smart watches; MP3 players such as iPods, pagers, cameras and voice recorders are not permitted to be used and cannot be taken into the examination room.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on the screen at the beginning of the examination session.
5. Anyone giving or receiving assistance of any kind will have all test materials taken away and will be asked to leave the room.
6. Visitors are not permitted in the examination room.
7. Test documents and notes must remain in the examination room. Removing any test material by any means is prohibited.

8. The Board prohibits certain behaviors, including (but not limited to) the activities listed below.
 - A. Copying test questions.
 - B. Copying answers.
 - C. Permitting another to copy answers.
 - D. Falsifying information required for admission to an examination.
 - E. Impersonating another examinee.
 - F. Taking the examination for any reason other than for the purpose of seeking certification.
9. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

RESULTS

Results (pass or fail) of the Part I Written Examination will be mailed to all examinees within 60 days of the examination date to allow for extensive analysis and to assure that individual results are reliable and accurate.

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

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

CANCELLATION OF EXAMINATION

If ABSS must cancel a scheduled Part I Written Examination or is unable to conclude the Examination after it has begun, the ABSS is not responsible for expenses the candidate may have incurred or for any expense that may be incurred for any substitute Part I Written Examination.

CONTENT OF THE PART I WRITTEN EXAMINATION

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

CONTENT OUTLINE

I. BASIC SCIENCES

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

II. CLINICAL SCIENCES

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

III. SURGICAL SCIENCES

- A. Neurosurgery and Orthopaedic Surgery
 - 1. Pre-operative Care
 - 2. Selection of Procedure
- B. Anesthesiology
- C. Allied Surgical Specialties
- D. Spine Procedures
 - 1. Decompression
 - 2. Stabilization
 - 3. Deformity Correction
 - 4. Instrumentation
 - 5. Excision
 - 6. Neuroablation
 - 7. Vertebral Augmentation
 - 8. Total Disc Arthroplasty
- E. Complications

IV. GENERAL TOPICS

- A. Spinal Deformity and Scoliosis
- B. Low Back Pain
- C. Neck and Thoracic Pain
- D. Disc Protrusion/Herniation
 - 1. Cervical
 - 2. Thoracic
 - 3. Lumbar
- E. Spinal Stenosis
- F. Sacroiliac Dysfunction
- G. Syringomyelia
- H. Vascular Disorders of the Spine
- I. Bone grafting: Autografts, Allografts, Biologics
- J. Microscopic, Minimally Invasive, and Percutaneous Surgery
- K. History of Spine Surgery
- L. Medico-Legal Considerations
- M. Ethics
- N. Research
- O. Socioeconomic

PART II – ORAL EXAMINATION

The Part II Oral Examination is the second of the two parts of the certification examination procedure for spine surgeons. Potential candidates must have been continuously and actively in the practice of spine surgery in the United States, its territories, Canada or a U.S. service installation for 22 months immediately prior to the examination. Of the 22 months, twelve consecutive months must be in one location. Time spent in fellowships cannot be counted. Candidates must also hold a full and unrestricted license to practice medicine in the U.S. or Canada, or be in full-time practice employed by the U.S. Federal Government.

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

Candidates must submit a list of all surgical cases for the six consecutive months starting one year prior to the examination. The Board will select 12 cases from the list. Of the 12 cases, the candidate will pick 10 cases to present at the examination. Candidates must bring to the examination all pertinent materials (x-rays, charts, video prints/photo prints, operative notes, etc.) on the 10 cases they have chosen. Graphics shall be presented on a flash drive in PowerPoint presentation format for ease of transport and review by the examiners.

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

The Part II Oral Examination is given once a year at an easily accessible city. Typically, the Part II Oral Examination is offered in October. Please check the ABSS website for updates.

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AMERICAN BOARD OF SPINE SURGERY

1350 Broadway, Suite 1705, New York, NY 10018

Phone 212-356-0660

ABSS@PTCNY.com

www.AmericanBoardofSpineSurgery.org

Dear Applicant;

Enclosed is the current application for Part I Written Examination by the American Board of Spine Surgery.

Please note the following information, as it is very important to the processing of your application in a timely and effective manner. Your application must be accompanied by the items cited on the enclosed application checklist, with the exception of the letters of recommendation which the authors may send to the ABSS office directly.

The purpose of letters of recommendation is to provide the Board with references from contemporary colleagues who can speak about the nature of the candidate's practice in the year that the examination is taken. These are not intended to be character references, but are intended to give an account of the nature of the practice that is being carried out by the candidate at the moment.

The bylaws require that such letters be written by "the director of the residency program, the director of the spine fellowship program, the Chief of Surgery or equivalent at a hospital where the applicant holds staff privileges, or other person in a position of authority who is familiar with your work and is knowledgeable and qualified to evaluate and comment on the applicant's performance."

A letter from the director of your residency or spine fellowship is appropriate if you completed your training program within the past year or two. However, if you are more than one or two years removed from your spine fellowship or training program, we usually ask that an orthopedic or neurosurgical colleague who is knowledgeable about the practice of the candidate should be the first reference. It should be someone who works in the same hospital, and is preferably a doctor who refers patients to you or works on them with you.

The second letter should be from the physician in a position of authority as described above, or it would be appropriate to submit a letter from another colleague who works alongside you regularly such as an anesthesiologist or an invasive radiologist. These are the people who can write references about the consistent quality of your work.

If you have any questions about the application itself or its supporting materials, or about the application or examination processes, please contact Mimi Eckert at the ABSS Executive Office.

Good luck and we look forward to having you as a Diplomate of ABSS.

Sincerely,

Credentials Committee



Application for Part I Written Examination American Board of Spine Surgery

Eligibility and Background Information

D. BOARD CERTIFICATION:

American Board of Neurological Surgery

American Board of Orthopaedic Surgery

Date Passed Part I OR Date Certified: _____

Date Passed Part I OR Date Certified: _____

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

E. YEAR YOU BEGAN PRACTICE IN THE FIELD OF SPINE SURGERY FOLLOWING COMPLETION OF RESIDENCY TRAINING

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F. WHAT PERCENTAGE OF YOUR CLINICAL PRACTICE IS IN THE FIELD OF SPINE SURGERY

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 %

G. HAVE YOU EVER HAD YOUR AUTHORITY TO PRESCRIBE DRUGS RESTRICTED, SUSPENDED OR REVOKED?

No Yes

H. HAVE YOU EVER VOLUNTARILY WITHDRAWN AN APPLICATION FOR LICENSURE TO PRACTICE MEDICINE OR ENTERED INTO AN AGREEMENT BY WHICH YOU AGREED TO SUSPEND, LIMIT, CEASE OR OTHERWISE CONDITION YOUR PRACTICE OF MEDICINE OR BY WHICH YOU AGREED TO HAVE YOUR LICENSE RESTRICTED, SUSPENDED, REVOKED OR OTHERWISE AFFECTED?

No Yes

I. HAVE YOU EVER HAD YOUR LICENSE TO PRACTICE MEDICINE RESTRICTED SUSPENDED OR REVOKED?

No Yes

J. HAVE YOU EVER BEEN CONVICTED OF FELONY?

No Yes

K. HAVE YOU EVER VOLUNTARILY DISCONTINUED STATE LICENSURE?

No Yes

L. I AM ELIGIBLE FOR ABSS CERTIFICATION AS DEFINED IN THE CURRENT ABSS BOOKLET OF INFORMATION. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

No Yes

M. **A or B**

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

Dates	Program	Location	Director
to			
to			
to			

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

Dates	Program	Location	Director
to			
to			
to			

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:

- African American
- Asian
- Hispanic
- Native American
- White
- No Response

Age Range:

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

Gender:

- Male
- Female

FOR OFFICE USE ONLY

Date 0370 0380

Fee: _____

CC Check

Candidate Signature

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____

DATE: _____

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Application for Part I Written Examination American Board of Spine Surgery

CANDIDATE ATTESTATION

I hereby make application to the American Board of Spine Surgery, Inc, for the issuance to me of a Certificate of Qualification as a specialist in spine surgery upon successfully meeting all of the requirements relative thereto, all in accordance with and subject to its by laws, rules, and regulations in force at this time. I agree to disqualification from examination or from issuance of a Certificate of Qualification in the event that any of the statements hereinafter made by me are false, if I have failed to provide material information, or in the event that any of the rules governing such examination are violated by me. I agree that said American Board of Spine Surgery, Inc., its directors, officers, examiners, and/or agents shall not be liable for any action they, or any of them, may take in good faith in connection with the application, any investigation made or examinations held thereunder, the grade given with respect to the examinations, or for failure of said Board to issue to me such certificate.

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

I agree to hold the Board, its directors, officers, examiners, and/or agents free from any complaints or claims or demands for damage or otherwise by reason of any act of omission or commission that they, or any of them, may take in connection with this application, the grade or grades given with respect to my examinations, or the failure of the Board to issue to me such certificate. I understand that the decision as to whether my examinations qualify me for a certificate vests solely and exclusively in the Board and that its decision is final.

I understand that: (1) the giving or receiving of aid in an examination as evidenced either by observation or by statistical analysis of incorrect answers of one or more participants in the examination; or (2) the unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after the examination; or (3) the offering of any benefit to any agent of the Board in return for any right, privilege, or benefit which is not usually granted by the Board to other similarly situated candidates or persons may be sufficient cause to bar me from future examinations, to terminate my participation in such examination, to invalidate the results of my examination, to withhold or revoke my scores or certificate, or to take other appropriate action.

In furtherance to my application to the American Board of Spine Surgery, Inc., I hereby request and authorize any hospital or medical staff where I now have, have had, or have applied for medical staff privileges, and any medical organization of which I am a member or to which I have applied for membership, and any person who may have information (including medical records, patient records, and reports of committees, including tissue committees) which is deemed by the American Board of Spine Surgery, Inc., to be material to its evaluation of my application for admission to its examination, to provide such information to representatives of the Board upon their request. I agree that communications of any nature made to the Board regarding my admission to its examination may be made in confidence and shall not be made available to me under any circumstances. I hereby release from liability any hospital, medical staff, medical organization or person, the American Board of Spine Surgery, Inc., and its representatives from liability for acts performed in good faith and without malice in connection with the provision, collection, or evaluation of information or opinions, whether or not requested or solicited in connection with my application for certification by the American Board of Spine Surgery, Inc.

I understand and agree that as an applicant, I have the responsibility for supplying to the board information adequate for a proper evaluation by the Board of my credentials. I further agree that I will not cause or attempt to cause any public disclosure of the contents of any application, including my own, or any proceedings of any committees evaluating such applications, whether such disclosure is by operation of law or otherwise. I intend to be legally bound by the foregoing.

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

CANDIDATE SIGNATURE: _____ **DATE:** _____

PRINT YOUR NAME HERE: _____





Application for Part I Written Examination American Board of Spine Surgery

APPLICATION FEE

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

Part II Oral Examination Fee: \$1,500 (Due upon application for Part II)

Applications for Part II Oral Examination will be mailed to candidates who have passed the Part I Written Examination

Mail to: AMERICAN BOARD OF SPINE SURGERY
1350 Broadway, 17th Floor
New York, NY 10018

APPLICATION CHECK LIST

Applications that do not include the following items will not be considered for eligibility and will be returned to the applicant.

Application form:

- You have printed or typed all the information on the application form.
- You have read the application form carefully and understand the requirements of certification.
- You have signed and dated the application form.
- You have completed all of the questions required for eligibility determination.
- You have listed the correct address to which correspondence is to be mailed.
- You have made a copy of the completed form for your records.

Items to enclose with application:

- Two (2) recent, passport-size photographs (head and shoulders only): name **MUST BE** printed in ink on the back.
- Copy of current ABOS or ABNS member board certificate(s) or letter of satisfactory completion of Part I
- Copy of certificate(s) of satisfactory completion of a twelve month spine fellowship or equivalent resident experience (see page 3 of application).
- Copy of license to practice medicine or osteopathy that is:
 - valid, unrestricted, current through the date of the examination for which you are applying.
 - issued by one of the states of the United States of America, its territories or possessions or a branch of the United States Uniformed Services, or one of the provinces or territories of Canada.
- Two (2) letters of reference from the director of the residency program, the director of the spine fellowship program, the Chief of Surgery or equivalent, or someone in a position of authority who is familiar with your work and is knowledgeable and qualified to evaluate and comment on your performance. **PLEASE SEE THE APPLICATION COVER LETTER IF YOU HAVE BEEN OUT OF YOUR FELLOWSHIP OR RESIDENCY PROGRAM FOR MORE THAN 1 YEAR.**
- Money order or check payable to American Board of Spine Surgery in the amount of the indicated application fee. (See the fee schedule on the application form. The application fee is non-refundable.)

Please send the completed application form, fee, and documentation to the following address:

American Board of Spine Surgery
1350 Broadway, 17th Floor
New York, NY 10018

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

