CERTIFICATION EXAMINATION IN
LIMB PRESERVATION
AND SALVAGE

WINTER 2014 TESTING PERIOD
January 11 - 25, 2014 • Application deadline is 11/15/13

SUMMER 2014 TESTING PERIOD
June 7 - 21, 2014 • Application deadline is 4/15/14

www.abmsp.org

The Time is Now. The Course is Clear.
The Key is You.

FOR PODIATRISTS, 
BY PODIATRISTS.

PROMOTING A 
NEW LEVEL OF CARE.
The American Board of Multiple Specialties in Podiatry (the Board) was incorporated in 1986 to promote certification among podiatrists. In 1991, its certification programs in Primary Care in Podiatric Medicine and Podiatric Surgery received full accreditation from the National Commission for Certifying Agencies (NCCA), the Institute of Credentialing Excellence (ICE) which was developed with the support and assistance of the then United States Department of Health, Education, and Welfare. In 2002, its certification program in Prevention and Treatment of Diabetic Foot Wounds and in Diabetic Footwear received the same accreditation. In March 2008, all three certification program received accreditation by the American National Standards Institute (ANSI) by meeting the international standards for accreditation program as set forth in ANSI/ISO/IEC/17024:2003.

PURPOSE STATEMENT

The specific and primary purpose of the American Board of Multiple Specialties in Podiatry is: (i) to develop and implement national and international standards for and to administer examinations for certification in (a) primary care in podiatric medicine; (b) podiatric surgery; (c) prevention and treatment of diabetic foot wounds and diabetic footwear; (d) limb preservation and salvage; and (e) any other specialty certification in podiatry; (ii) to grant recognition to individuals who meet the standards; (iii) to monitor the adherence to the standards by podiatrists certified by the corporation; and (iv) to maintain a registry of podiatrists certified by the corporation.

American Board of Multiple Specialties in Podiatry Certification Examinations

- Primary Care in Podiatric Medicine
- Podiatric Surgery
- Prevention and Treatment of Diabetic Foot Wounds and Diabetic Footwear
- Limb Preservation and Salvage
THE ROLE OF CERTIFICATION

Certification is a voluntary process in which individuals are recognized for advanced knowledge, competence, and skill. Certification requires assessment, testing, and evaluation of education and/or experience. Certification by the American Board of Multiple Specialties in Podiatry is sought voluntarily by podiatrists in order to attain a credential which attests to their training and experience as providers of services to persons who suffer from diseases and deformities of the foot.

OBJECTIVES OF CERTIFICATION

To establish competency in podiatric medicine, podiatric surgery, diabetic foot wounds and footwear, and limb preservation and salvage by:

1. Providing a standard of requisite knowledge for certification in podiatric medicine, podiatric surgery, diabetic foot wounds and footwear, and limb preservation and salvage.

2. Recognizing formally those individuals who meet the eligibility requirements of the American Board of Multiple Specialties in Podiatry and pass written examinations in specialties within the field of podiatry.

3. Encouraging continued professional growth in podiatric medicine, podiatric surgery, diabetic foot care, and limb preservation and salvage.

4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

ELIGIBILITY REQUIREMENTS

1. Licensed as an DPM, MD, DO or equivalent in other countries (must submit copy of license and degree)

2. Hold current board certification by a recognized certification board by the respective profession (must submit copy of certificate)

3. Conduct a search of the National Practitioners Database and submit a copy of your record (http://www.npdb-hipdb.hrsa.gov/)

4. Submit application, consent form, copy of the front of a current driver’s license or other government photo identification, and fee. * Recommended two (2) years experience in the limb salvage clinical setting

APPEALS ON ELIGIBILITY

Candidates who have been deemed ineligible to sit for an examination may appeal in writing to the American Board of Multiple Specialties in Podiatry. The letter must be accompanied by supporting documents. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The American Board of Multiple Specialties in Podiatry will review the appeal and notify the candidate in writing of its decision within 10 days of receipt of the written appeal.
ADMINISTRATION
The Certification Program is sponsored by the American Board of Multiple Specialties in Podiatry (the Board). The Certification Examination in Limb Preservation and Salvage is administered for the Board by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning eligibility for the examination should be directed to the Board at (888) 852-1442. Questions concerning admission to the examination and test sites should be directed to PTC at (212) 356-0660.

The American Board of Multiple Specialties in Podiatry name, logo, certificates, cards, and abbreviations are the exclusive property of the Board. Use of these and all Board materials in any manner not permitted by the Board’s Code of Professional Practice, and any use by non-Board certificants, is not authorized and is prohibited by law.

NON-DISCRIMINATION
The American Board of Multiple Specialties in Podiatry 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.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION
Candidates who pass the Certification Examination in Limb Preservation and Salvage and who adhere to the Board’s Code of Professional Practice are eligible to indicate Board Certified, Limb Preservation and Salvage and will receive certificates from the American Board of Multiple Specialties in Podiatry. A registry of those certified in limb preservation and salvage will be maintained by the Board and may be reported in its publications.

Certification is valid for a period of four (4) years at which time the candidate must submit a completed application for recertification, the applicable recertification fees, other material as might be required, and be in compliance with all Board requirements.

REVOCATION OF CERTIFICATION
Individuals who fail to meet the requirements set forth in the Board’s Code of Professional Practice may have their Certification revoked.

APPLICATIONS
Additional Handbooks and Applications for the Certification Examination in Limb Preservation and Salvage may be obtained from the Professional Testing Corporation, 1350 Broadway - 17th Floor, New York, NY 10018, (212) 356-0660, or at the PTC website www.ptcny.com.
COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the application. Mark only one response unless otherwise indicated.

NOTE: The name you enter on your Application must match exactly the name listed on your current government-issued photo ID such as driver’s license or passport.

CANDIDATE INFORMATION: Print your name, address, e-mail address, daytime phone number, and fax number in the appropriate row of empty boxes. Also, indicate your choice of testing period.

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.

BACKGROUND INFORMATION: Complete the Medical/Podiatric Education History, Resident Information, and Professional Work Experience sections in full.

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

Mail the application with the consent form and the appropriate documentation and fee (see FEES on page 4) in time to be received by the deadline to:

Limb Preservation and Salvage Examination
Professional Testing Corporation
1350 Broadway - 17th Floor
New York, NY 10018

APPLICATION CHECKLIST: Candidates MUST include the following:

------- Completed and signed application
------- Copy of current DPM, MD, or DO license
------- Copy of DPM, MD, or DO degree
------- Copy of certificate for board certification
------- Copy of the front of a current driver’s license or other government photo ID
------- Copy of National Practitioners Database record
------- Completed consent form
------- Examination fee

NOTE: Applications will be returned if not submitted with the required documentation.
FEES

Application fee .......................................................... $495.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:

CERTIFICATION EXAMINATION IN LIMB PRESERVATION AND SALVAGE

Visa, MasterCard, and American Express are also accepted. Complete and sign the credit card payment form on the Application.

DO NOT SEND CASH.

REFUNDS

There will be NO refund of fees. Fees WILL NOT be transferred from one testing period to another.

VETERANS REIMBURSEMENT OF FEE

The Board’s certification examinations have been recognized by the VA as approved for reimbursement. If you are a veteran eligible for benefits under the Montgomery G.I. Bill, you may be eligible for reimbursement for your testing fees for the certification examinations offered by the American Board of Multiple Specialties in Podiatry. To apply for benefits, send a copy of your test results to the VA office that handles your educational benefits, along with a letter including the following information:

1. Your request for reimbursement.
2. Your name and Social Security number or VA claim number.
3. The name of the test and the date when you took the examination.
4. The name and address of the organization issuing the certificate (The American Board of Multiple Specialties in Podiatry, 1350 Broadway, 17th Floor, New York, New York 10018.)
5. The cost of the examination, not including registration fees or other fees. (The cost of the Certification Examination in Limb Preservation and Salvage is $495.00.)
6. The statement: “I authorize release of my test information to the VA.”

If you have never previously filed a claim for VA educational benefits under the Montgomery G.I. Bill, you must also submit an application for benefits.

For additional information, please contact the Department of Veterans Affairs (“VA”) at 1-888-GIBILL-1 (1-888-442-4551) or consult the VA website at www.gibill.va.gov.
EXAMINATION ADMINISTRATION

The Certification Examination in Limb Preservation and Salvage is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI Computer Testing, Inc. 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.htm or call PSI at (800)211-2754. 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 an Eligibility Notice from PTC.

TESTING SOFTWARE DEMO

A Testing Software Demonstration can be viewed online.

Go to http/www.ptcny.com/cbt/demo.htm

This online Demo 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 mailed an Eligibility Notice within 6 weeks preceding the start of the testing period. A paper copy of your Eligibility Notice plus 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. A candidate not receiving an Eligibility Notice at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

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

It is highly recommended that each candidate becomes familiar with the testing site.

It is the candidate’s responsibility to call PSI to schedule the exam appointment.

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

Special testing arrangements may be made for individuals with special needs. Submit the Application, examination fee, all required documentation, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for individuals with special testing needs must be received at least EIGHT weeks before the testing period begins.
Please notify PTC at least two weeks prior to your examination appointment if you need to bring a service dog, medicine, food, or beverages needed for a medical condition with you to the test center.

**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) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. There will be NO refund of fees. Fees WILL NOT be transferred from one testing period to another.

**RULES FOR THE EXAMINATION**

1. Hand-held, battery or solar operated, nonprinting and nonprogrammable calculators are permitted.

2. Electronic devices, including but not limited to, cell phones, pagers, Bluetooth type devices, MP3 players (iPod), cameras, voice recorders, laptop computers and tablets cannot be used during the examination.

3. 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.

4. Anyone giving or receiving assistance of any kind will have all test materials taken away and will be asked to leave the room.

5. Visitors are not permitted in the examination room.

6. Test documents and notes must remain in the examination room. Removing any test material by any means is prohibited.

7. 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.

8. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

**REPORT OF RESULTS**

Within four weeks after the testing period ends, candidates will be notified in writing by Professional Testing Corporation of their examination results. The total score and scores on major areas of the examination will be indicated whether the candidate passes or fails. No scores will be reported over the telephone, fax or by e-mail. Candidates will not be permitted to review the questions they missed.
EXAMINATION CHALLENGES

It is the policy of the American Board of Multiple Specialties in Podiatry to provide every candidate with an opportunity to question the reliability, validity, and/or fairness of a test and its questions. Candidates may comment about any test question or questions, test procedure, and/or the test itself by completing the comment form, which is found at the end of every examination. Alternatively, a candidate may submit a complaint in writing to the Board administrative offices no later than fourteen (14) calendar days after taking the examination. Complaints and challenges must be communicated in writing and within this timeframe; the Board will NOT consider late challenges or complaints, or complaints not submitted in writing.

All challenges and complaints shall receive the Board’s full attention. The Board shall investigate each challenge or complaint and acknowledge it in writing to the complaining candidate.

PASSING SCORE

The Certification Examination in Limb Preservation and Salvage is Pass or Fail only. The method used to set the passing score for the examinations is in accordance with standard criterion-referenced passing score standards. The passing score is set by the American Board of Multiple Specialties in Podiatry using generally accepted psychometric principles and methods to determine what constitutes a competent podiatric professional. Each candidate is measured against a standard of knowledge, not against the performance of other individuals taking the examination.

The examination consists of 250 multiple-choice questions, with 4 responses, only one of which is correct. The passing score for the examination is 175.

REEXAMINATION

The Certification Examination in Limb Preservation and Salvage may be taken as often as desired upon re-registration and payment of the examination fee.

CONFIDENTIALITY

1. The Board will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Board or the Professional Testing Corporation.
3. The Board will publish a list of candidates who pass the examinations each year and will maintain a current listing of diplomates. Board certification status, but not scores, will be released upon request. Requests should be submitted to the Board’s administrative office.
1. The Certification Examination in Limb Preservation and Salvage is a computer-based examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.

2. The content for the examination is described in the Content Outline starting on page 9.

3. The questions for the examination are obtained from individuals with expertise in Limb Preservation and Salvage and are reviewed for construction, accuracy, and appropriateness by the Board.

4. The Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination in Limb Preservation and Salvage will be weighted in approximately the following manner:

I. History and Physical Examination .........................................................15%
II. Diabetic Foot Disease .............................................................................10%
III. Evaluation of High Risk Patient ..............................................................19%
IV. Diagnostic Methods ................................................................................16%
V. Treatment Plan ........................................................................................30%
VI. Coordination of Care .............................................................................10%
I. HISTORY AND PHYSICAL EXAMINATION

A. Interview of High Risk Patient
1. Presenting Complaint
   a. Pain Status
   b. Reason for Visit
   c. History of Complaint
   d. Length of Complaint
2. Past Diagnostic Examinations
   a. Imaging
   b. Vascular Testing
   c. Laboratory Testing
   d. Neurological Testing
3. Treatments and Recommendations for Treatments
   a. Pharmacologic Treatment History
   b. Surgical Intervention History
   c. Wound Care History
4. Effects of Treatments
5. Background and Co-Morbidities
   a. Psychological
      1. Emotional Status
      2. Mental Status
   b. Medical
      1. Renal Status
      2. Cardiac Status
      3. Peripheral Circulation Status
      4. Endocrine Status
   c. Psychosocial
      1. Marital Status
      2. Home Situation
      3. Employment Status

B. Physical Examination
1. General Health
2. Vascular
   a. Arterial
   b. Venous
3. Neurological
4. Musculoskeletal
5. Dermatological

II. DIABETIC FOOT DISEASE

A. Gangrene/Peripheral Arterial Disease
1. Pain
2. Wet
3. Dry
4. Demarcation

B. Cellulitis
1. Location
2. Demarcation
3. Episodes

C. Osteomyelitis
1. Biopsy
2. MRI
3. Nuclear
D. Charcot Arthropathy
   1. Extremity Temperature Difference
   2. Ulceration
   3. Location of Deformity
E. Necrotizing Fasciitis
   1. Drainage
   2. Progression
   3. Odor
F. Neuropathy

III. EVALUATION OF HIGH RISK PATIENT

A. Risk Status of Patient
   1. Spreading
   2. Depth
   3. Systemic Disease
B. Ulcerations
   1. Size and Depth
   2. Location
   3. Clinical Appearance
C. Vascular Disease
   1. Clinical Appearance
   2. Doppler
   3. Testing
D. Osteomyelitis
   1. Signs and Symptoms
   2. Bone Culture
   3. Imaging
   4. Blood Tests
E. Infections
   1. Clinical Signs and Symptoms
   2. Culture and Sensitivity
F. Charcot Arthropathy
   1. Signs and Symptoms
   2. Imaging
G. Pathology of Disease

IV. DIAGNOSTIC METHODS

A. Arterial Testing
B. Venous Testing
C. Imaging
   1. MRI/MRA
   2. CT
   3. Radiography
   4. Nuclear
   5. Ultrasound
D. Laboratory Examinations
E. Biopsy and Surgical Pathology
V. TREATMENT PLAN

A. Surgical
   1. Types of Amputations
   2. Causes of Amputation
   3. Incision and Drainage/Debridement
   4. Biologic Dressings
   5. Surgical Techniques

B. Nonsurgical
   1. Nonbiologic Dressings
   2. Growth Factors
   3. Medications

C. Decision Making
   1. Treatment Setting
   2. Amputation and Resection
   3. Limb Salvage Biomechanics

D. Mechanical Healing Procedures
   1. Vascular Pump
   2. Hyperbarics
   3. Wound Vacuum-Assisted Closure
   4. Compression
   5. Electromechanical Procedures

E. Outcome Goals

F. Complications

VI. COORDINATION OF CARE

A. Biomechanics of Amputated Foot
B. Orthotic/Prosthetic/Shoe Considerations
C. Skin and Nails
D. Nutrition
E. Exercise
F. Psychosocial
G. Postoperative
H. Wounds
I. Referrals
J. Counseling and Education
1. What is the leading cause of lower extremity amputation in the U.S.?
   1. Stroke
   2. Myocardial infarction
   3. Coronary heart failure
   4. Peripheral vascular disease

2. What bones are infused in a Boyd amputation?
   1. Talus and tibia only
   2. Calcaneus and tibia only
   3. Talus and calcaneus only
   4. Calcaneus, tibia, and talus

3. Which of the following is the most modifiable risk factor for prevention of peripheral artery disease?
   1. Nicotine level
   2. Cholesterol level
   3. Blood glucose level
   4. Free fatty acids level

Correct answers to sample questions: 1.4 2.2 3.1
The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references, neither is it suggested that the Certification Examination in Limb Preservation and Salvage is necessarily based on these references.


CERTIFICATION EXAMINATION IN PREVENTION AND TREATMENT OF DIABETIC FOOT WOUNDS AND IN DIABETIC FOOT WEAR

Handbook for Candidates

SUMMER TESTING PERIOD
Application Deadline: June 30, 2005
First Day of Testing: Saturday, August 6, 2005
Last Day of Testing: Saturday, August 20, 2005

WINTER TESTING PERIOD
Application Deadline: December 31, 2005
First Day of Testing: Saturday, February 4, 2006
Last Day of Testing: Saturday, February 18, 2006

SUMMER TESTING PERIOD
Application Deadline: June 30, 2006
First Day of Testing: Saturday, August 5, 2006
Last Day of Testing: Saturday, August 19, 2006

AMERICAN BOARD OF PRACTICE SPECIALTIES IN FOOT CARE
Please read the directions in the Handbook for Candidates carefully before completing this application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

## Candidate Information

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Dr.</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Suffix (Jr., Sr., etc.)</th>
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<tr>
<th>Home Address - Number and Street</th>
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City

State/Province

Zip/Postal Code

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Daytime Phone

Fax:

## Eligibility and Background Information

### A. NUMBER OF YEARS OF CLINICAL EXPERIENCE:

- Three
- Four
- Five
- Six to seven
- Eight to ten
- Eleven or more

### B. PRIMARY PLACE OF EMPLOYMENT: (Darken only one response.)

- Private Practice
- Group Practice
- Clinic
- Hospital
- University/Academic
- Government
- Other (please specify below)

### C. CURRENTLY CERTIFIED IN PRIMARY CARE IN PODIATRIC MEDICINE BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?

- No
- Yes

### D. CURRENTLY CERTIFIED IN PODIATRIC SURGERY BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?

- No
- Yes

### E. CURRENTLY CERTIFIED IN PREVENTION AND TREATMENT OF DIABETIC FOOT WOUNDS AND FOOT WEAR BY AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY?

- No
- Yes

### F. ARE YOU A MEMBER OF THE AMERICAN PODIATRIC MEDICAL ASSOCIATION?

- No
- Yes

### G. CURRENTLY CERTIFIED BY OTHER PODIATRIC BOARD?

- No
- Yes

If yes, please indicate Board: _____________________________

### H. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No
- Yes

If yes, when and under what name?

Month/Year: _____________________________

Name: _____________________________

### I. IF YOU ARE A VETERAN, ARE YOU BEING REIMBURSED FOR THE EXAMINATION FEE?

- No
- Yes

### J. PROFESSIONAL LICENSE HELD:

- DPM
- DO
- MD

License #: _____________________________

State: _____________________________

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

### Age Range:

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

### Gender:

- Male
- Female
Application for Certification Examination in Limb Preservation and Salvage

Background Information

MEDICAL/PODIATRIC EDUCATION HISTORY: List medical/podiatry school attended.

Name: _______________________________________________________________ Dates Attended: From _____/_______ To _____/_______

Complete Address: ____________________________________________________

Name: _______________________________________________________________ Dates Attended: From _____/_______ To _____/_______

Complete Address: ____________________________________________________

RESIDENT INFORMATION: List residency or preceptorship programs completed.

Institution Name: ______________________________________________________

Complete Address: ____________________________________________________ Dates Attended: From _____/_______ To _____/_______

Institution Name: ______________________________________________________

Complete Address: ____________________________________________________ Dates Attended: From _____/_______ To _____/_______

PROFESSIONAL WORK EXPERIENCE: List work experience related to limb preservation and salvage.

Employer: _____________________________________________________________ Title: __________________________

Dates of Employment: From _____/_______ To _____/_______ Duties: ________________________________

Employer: _____________________________________________________________ Title: __________________________

Dates of Employment: From _____/_______ To _____/_______ Duties: ________________________________

Candidate Signature

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.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date. I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information relating to any Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

CANDIDATE SIGNATURE: __________________________________________________________________________ DATE: __________

CREDIT CARD PAYMENT: If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): _________________________________________________________________

Address (as it appears on your statement): ________________________________________________________

Charge my credit card for the total fee of: $ ____________

Expiration date (month/year): ______/_______

Card type: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: ____________

SIGNATURE: ________________________________
AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

LIMB PRESERVATION AND SALVAGE

CONSENT FORM

I, _______________________________________, certify that all information contained in
my application for certification in Limb Preservation and Salvage is true and accurate to the best
of my knowledge. I certify that I have read and understand the requirements for certification as
set forth in the candidate handbook for the Certification Examination in Limb Preservation and
Salvage. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry
(the Board) and its officers, directors, committee members, employees, and agents (“the above
designated parties”) to review my application to take the certification examination in Limb
Preservation and Salvage. I authorize the Board to determine my eligibility for certification in
Limb Preservation and Salvage. I agree to revocation or other limitation of my certification if
any statement made on my application or hereafter supplied to the Board is false or inaccurate or
if I violate any of the rules or regulations of the Board.

I understand and agree that if I am granted certification in Limb Preservation and Salvage, it will
be my responsibility to remain in compliance with all certification standards. I understand it is
my responsibility to maintain valid certification status by complying with all recertification
requirements and timely submitting such proof of compliance as is required by the Board.

I agree to cooperate promptly and fully in any review of my certification by the Board, including
submitting such documents and information deemed necessary to confirm the information in my
application. I authorize the above designated parties to communicate any and all information
relating to any application, certification status, and review thereof, including, but not limited to,
pending or outcome of disciplinary proceedings to state and federal authorities, employers, and
others.

I understand that the Board reserves the right to refuse admission to any examination to me if I
do not have an Admission Notice and proper photo identification, or if administration has begun.
If I am refused admission for any of these reasons or fail to appear at the test site, I will not
receive a refund of the application or examination fees and there will be no credit for future
examinations. I authorize the proctors at my assigned test site to maintain a secure and proper
test administration at their discretion. I acknowledge that in this capacity, the proctors may
relocate me before or during the examination. I will not communicate with other examinees in
any way.

I understand that I may only seek admission to take the examination in Limb Preservation and
Salvage for the purpose of seeking certification in Limb Preservation and Salvage, and for no
other purpose. Because of the confidential nature of the examination, I will not take any
examination materials from the test site, reproduce the examination materials, or transmit the
examination questions or answers in any form to any other person. The examination is the
exclusive property of the Board and may not be used in any way without the express prior
written consent of the Board.
The credential abbreviations and related names, and any certificates, pins and other jewelry, logo materials, cards and other items displaying the emblems of the Board, are all the exclusive property of the Board. I agree to abide by the Board’s instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of the Board.

I agree to correct at my own expense any inaccurate or unauthorized use by me of the Board’s intellectual property. I agree that if I refuse to make corrections, then the Board is entitled to obtain all relief permitted by law.

I understand that review of the adequacy of examination materials will be limited to computing any scoring correction. If I do anything which is not authorized or which is prohibited by the Board in connection with any examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will not receive a refund of the application or examination fees, and there will be no credit for any future examination.

I waive all further claims of examination review and agree to indemnify and hold harmless the above designated parties for any action taken pursuant to the rules and standards of the Board with regard to my application, the examination(s) and/or my certification except claims based on gross negligence or lack of good faith.

I agree that if I pass the examination, the Board may release my name and the fact that I have been granted certification in Limb Preservation and Salvage to newspapers and other publications. I agree that the Board may release my name and address in a listing of certified podiatrists to individuals and/or organizations interested in podiatry as directed by the board of directors.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

____________________  __________________
Signature        Date

____________________
Name-please print