# THE AMERICAN BOARD OF UROLOGY, INC.

# 2026
# INFORMATION FOR APPLICANTS FOR PEDIATRIC SUBSPECIALTY CERTIFICATION
# THE LIFELONG LEARNING PROGRAM

**SIXTH EDITION**

**J. Brantley Thrasher, M.D.**
*Executive Director*
600 Peter Jefferson Parkway
Suite 150
Charlottesville, VA 22911
434/979-0059

A Member Board of the
American Board of Medical Specialties (ABMS)

**THIS HANDBOOK IS SUBJECT TO CHANGE**

The Board reserves the right to change dates, procedures, policies, requirements, and fees without notice or issuance of a new handbook.

## MISSION STATEMENT

**The mission of the American Board of Urology is to act for the benefit of the public to ensure high quality, safe, efficient and ethical practice of Urology by establishing and maintaining standards of certification for urologists.**

## EXAMINATION DATES

October 22, 23 or 24,
2026

**The Board reserves the right to change dates, procedures, policies, requirements, and fees without notice or issuance of new handbook.*

## CHANGE OF ADDRESS POLICY

The processes of Certification, Recertification, and Lifelong Learning Program have become increasingly complex, requiring significant exchanges of information between the American Board of Urology and its Diplomates. For many reasons, standard mail, telephone calls, and faxes have become inefficient. The cost involved is significant for the Board, having the potential to influence fees.
It is imperative that the American Board of Urology has current, accurate mailing and electronic contact information for all Diplomates, including those with time unlimited certificates, and those in the Lifelong Learning Program. It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board's ability to transfer important information to the Diplomate and currency in the Lifelong Learning Program, or certification could be impacted. Diplomates are required to verify their contact information annually and if one's information changes, the ABU must be notified. A lapse in this information could result in the revocation of your certificate.

## ADDRESS ALL CORRESPONDENCE TO:

**J. Brantley Thrasher, M.D.**
*Executive Director*
American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911

Phone: 434/979-0059
Fax: 434/979-0266
*www.abu.org*

# Table of Contents

Mission of the Board .....2
Officers and Trustees.....5
Emeritus Trustees .....6
Organization .....9
Purpose of Certification .....9
Functions of the Board .....10
Lifelong Learning Program .....10
LLL Exam Attempts.....11
Irregular Examination Behavior.....11
LLL Components .....12
LLL Requirements Overview.....13
LLL Participation .....14
Subspecialty Certification.....14
Clinically Inactive Status .....15
Expired Certificates.....15
LLL Requirements for Level 1 Pediatric Subspec.....16
LLL Requirements for Level 2 Pediatric Subspec.....19
Completion of LLL .....23
Fees for LLL.....24
Retired Status Certificate.....25
Policies.....26
Professionalism & Ethics.....26
Code of Ethics .....27
Disciplinary Action .....28
Revocation of Certificate.....29
Appeals Procedure.....30
Applicable Law.....33
Final Action of the Board .....33
"Board Eligible" Status.....33
Inquiry as to Status .....33
Unforeseeable Events.....34
Lifelong Learning Timeline.....35
Application Deadlines Level 2.....36
Summary of Fees .....37
Lifelong Learning Requirements Chart.....38

# American Board of Urology
# BOARD OF TRUSTEES
# 2025-2026

*President:*
**Christopher J. Kane, MD**
9300 Campus Point Drive
La Jolla, CA 92037

*Vice President:*
**Cheryl T. Lee, MD**
915 Olentangy River Road
Columbus, OH 43212-3153

*President-Elect:*
**Mark P. Cain, MD**
575 Riley Hospital
ROC 4230
Indianapolis, IN 46202

*Secretary-Treasurer:*
**Christopher M. Gonzalez, MD**
22160 S 1st Ave
Maywood, IL 60153-3328

Gregory A. Broderick, MD, Jacksonville, FL
Toby Chai, MD, Boston, MA
Sam S. Chang, MD, Nashville, TN
Michael S. Cookson, MD, Oklahoma City, OK
Laurie G. Fleck, MD, Mobile, AL
Elizabeth Ann Gormley, MD, Lebanon, NH
Jeffrey M. Holzbeierlein, MD, Kansas City, KS
Kathleen Kobashi, MD, Seattle, WA

## EMERITUS TRUSTEES

* Dr. William F. Braasch, 1935-1940
* Dr. Herman L. Kretschmer, 1935-1944
* Dr. Henry Bugbee, 1935-1945
* Dr. A. I. Folsom, 1935-1946
* Dr. T. Leon Howard, 1935-1946
* Dr. Nathaniel P. Rathbun, 1935-1946
* Dr. Clarence G. Bandler, 1935-1949
* Dr. George Gilbert Smith, 1935-1950
* Dr. Gilbert J. Thomas, Jr., 1935-1953
* Dr. Harry Culver, 1943-1956
* Dr. George F. Cahill, 1944-1954
* Dr. E. Granville Crabtree, 1946-1948
* Dr. A. I. Dodson, 1946-1955
* Dr. Charles C. Higgins, 1946-1952
* Dr. Grayson Carroll, 1947-1961
* Dr. Edgar Burns, 1948-1959
* Dr. Thomas D. Moore, 1949-1958
* Dr. Roger C. Graves, 1950-1952
* Dr. Rubin H. Flocks, 1952-1975
* Dr. William Niles Wishard, Jr., 1953-1969
* Dr. Donald A. Charnock, 1954-1962
* Dr. William P. Herbst, Jr., 1955-1963
* Dr. Frank C. Hamm, 1956-1964
* Dr. Wyland F. Leadbetter, 1957-1965
* Dr. Robert Lich, Jr., 1958-1976
* Dr. Hugh J. Jewett, 1960-1966
* Dr. W. E. Kittredge, 1962-1970
* Dr. Thomas E. Gibson, 1963-1971
* Dr. James H. McDonald, 1963-1981
* Dr. Victor F. Marshall, 1964-1973
* Dr. J. Hartwell Harrison, 1965-1974
* Dr. W. Dabney Jarman, 1966-1975
* Dr. William L. Valk, 1969-1978
* Dr. Clarence V. Hodges, 1971-1980
* Dr. Russell Scott, Jr., 1971-1979
* Dr. Ormond S. Culp, 1972-1977
* Dr. Ralph A. Straffon, 1974-1980
* Dr. J. Tate Mason, 1974-1980
* Dr. Lowell R. King, 1974-1980
* Dr. Willard E. Goodwin, 1975-1981
* Dr. William J. Staubitz, 1975-1981
  Dr. C. E. Carlton, Jr., 1975-1982
* Dr. James F. Glenn, 1976-1982
* Dr. David C. Utz, 1977-1983

* Dr. John T. Grayhack, 1978-1984
* Dr. Alan D. Perlmutter, 1979-1985

* Dr. Frank J. Hinman, Jr., 1979-1985
* Dr. William H. Boyce, 1980-1986
* Dr. Joseph B. Dowd, 1980-1986
* Dr. Paul C. Peters, 1980-1986
* Dr. Bruce H. Stewart, 1981-1983
* Dr. John D. Young, 1981-1987
* Dr. Abraham T.K. Cockett, 1981-1987
Dr. Jay Y. Gillenwater, 1982-1988
* Dr. Joseph J. Kaufman, 1982-1988
* Dr. Russell Lavengood, 1983-1988
* Dr. Winston K. Mebust, 1983-1989
* Dr. John P. Donohue, 1984-1990
Dr. E. Darracott Vaughan, Jr., 1984-1990
Dr. George W. Drach, 1985-1991
* Dr. John W. Duckett, Jr. 1985-1991
Dr. Terry E. Allen, 1986-1992
Dr. Robert P. Gibbons, 1986-1992
Dr. Stuart S. Howards, 1987-1993
Dr. Patrick C. Walsh, 1987-1993
Dr. Jean B. deKernion, 1988-1994
Dr. Carl A. Olsson, 1988-1994
Dr. David L. McCullough, 1989-1995
Dr. Drogo K. Montague, 1989-1995
Dr. W. Scott McDougal, 1990-1996
Dr. Alan J. Wein, 1990-1996
Dr. Jack W. McAninch, 1991-1997
Dr. George W. Kaplan, 1991-1997
Dr. Joseph N. Corriere, Jr., 1992-1998
Dr. Jerome P. Richie, 1992-1998
Dr. H. Logan Holtgrewe, 1993-1999
Dr. Kenneth A. Kropp, 1993-1999
Dr. David M. Barrett, 1994-2000
* Dr. Richard D. Williams, 1994-2000
* Dr. Andrew C. Novick, 1995-2001
* Dr. Thomas J. Rohner, Jr., 1995-2001
Dr. John M. Barry, 1996-2002
* Dr. Fray F. Marshall, 1996-2002
Dr. Michael E. Mitchell, 1997-2003
* Dr. Martin I. Resnick, 1997-2003
Dr. Paul F. Schellhammer, 1998-2004
Dr. Robert M. Weiss, 1998-2004
Dr. Michael J. Droller, 1999-2005
Dr. Joseph A. Smith, Jr., 1999-2005
Dr. Robert C. Flanigan, 2000-2006
Dr. Mani Menon, 2000-2006
Dr. Peter C. Albertsen, 2001-2007
Dr. Linda D. Shortliffe, 2001-2007
Dr. Peter R. Carroll, 2002-2008
Dr. Howard M. Snyder, 2002-2008

*Dr. W. Bedford Waters, 2003-2009
Dr. David A Bloom, 2003-2009
Dr. Michael O. Koch, 2004-2010
Dr. Paul H. Lange, 2004-2010
*Dr. William D. Steers, 2005-2011
Dr. Ralph Clayman, 2005-2011
Dr. Timothy B. Boone, 2006-2012
Dr. Gerald H. Jordan, 2006-2012
Dr. John B. Forrest, 2007-2013
Dr. Barry A. Kogan, 2007-2013
Dr. Margaret S. Pearle 2008-2014
Dr. Robert R. Bahnson 2008-2014
Dr. Michael L. Ritchey 2009-2015
Dr. Peter N. Schlegel 2009-2015
Dr. Ian M. Thompson, Jr 2010-2016
Dr. J. Brantley Thrasher 2010-2016
Dr. J. Christian Winters 2011-2017
Dr. Kevin R. Loughlin 2011-2017
Dr. H. Ballantine Carter 2012-2018
Dr. Fred E. Govier 2012-2018
Dr. Mark S. Austenfeld 2013-2019
Dr. Stephen Y. Nakada 2013-2019
Dr. David B. Joseph 2014-2020
Dr. Hunter B. Wessells 2014-2020
Dr. Roger Dmochowski 2015-2021
Dr. Douglas Husmann 2015-2021
Dr. Eila C. Skinner 2016-2022
Dr. Joel B. Nelson 2016-2022
Dr. Gary E. Lemack, 2017-2023
Dr. Martha K. Terris, 2017-2023
Dr. J. Stuart Wolf, 2018-2024
Dr. Christopher L. Amling, 2018-2024
Dr. James M. McKiernan, 2019-2025
Dr. David B. Bock, 2019-2025

* *Deceased*

## ORGANIZATION

The American Board of Urology was organized in Chicago on September 24, 1934. Members of the Board present from the American Association of Genito-Urinary Surgeons were Dr. William F. Braasch, Dr. Henry G. Bugbee, and Dr. Gilbert J. Thomas; those from the American Urological Association were Dr. Herman L. Kretschmer, Dr. Nathaniel P. Rathbun, and Dr. George Gilbert Smith; those from the Section of Urology of the American Medical Association were Dr. Clarence G. Bandler, Dr. A. I. Folsom, and Dr. T. Leon Howard. The officers of the Board elected at this meeting were Dr. Herman L.

Kretschmer, President; Dr. Clarence G. Bandler, Vice President; and Dr. Gilbert J. Thomas, Secretary-Treasurer.

The American Board of Urology is a nonprofit organization. It was incorporated May 6, 1935, and held its first legal meeting on May 10, 1935. The Board of Trustees has twelve members (including officers). No salary is paid for service on the Board.

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genitourinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.

The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the U.S.A., the National Board of Medical Examiners, and the Council of Medical Specialty Societies.

The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

U.S. CORPORATION CO., DOVER, DELAWARE (Local Representation at Dover, Delaware)

## PURPOSE OF CERTIFICATION

The American Board of Urology, Inc., hereinafter sometimes referred to as "the Board," is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public's knowledge those physicians who have satisfied the Board's criteria for certification, maintenance of certification, and recertification in the specialty of urology, as well as the subspecialties of Pediatric Urology and Female Pelvic Medicine and Reconstructive Surgery.

Certification by the Board does not guarantee competence in practice, but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this handbook. Application for certification is completely voluntary. Some certified and all subspecialty certified physicians are required to meet the requirements of the Lifelong Learning Program Certification of these Diplomates involved in the Lifelong Learning Program verifies that these Diplomates are in an ongoing process of continued learning and practice verification as well as demonstrating

knowledge by passing examinations.

## FUNCTIONS OF THE BOARD

The Board evaluates candidates who are duly licensed to practice medicine, and arranges and conducts examinations for the purpose of certification, subspecialty certification and ongoing Lifelong Learning. Certificates are conferred by the Board to candidates who successfully complete all requirements for a given certificate. All certificates are the property of the Board, and the Board holds the power to revoke such certificates.

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of Diplomates of this Board are published in *The Official ABMS Directory of Board Certified Medical Specialists* and in the *Directory of Physicians of the American Medical Association.*

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of Diplomates of this Board are published in *The Official ABMS Directory of Board Certified Medical Specialists* and in the *Directory of Physicians of the American Medical Association.*

The Board is not responsible for opinions expressed concerning an individual's credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Secretary of the Board.

Application for certification is strictly voluntary. The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

### Lifelong Learning (LLL)

Beginning in 2018, those doctors who became certified, recertified, or subspecialty certified entered a process of Lifelong Learning (LLL). The Lifelong Learning Program is designed to evaluate the continued competence of a Diplomate.

**The Lifelong Learning Program is a continual developing process and thus the requirements may change as mandated by the ABMS. Lifelong Learning Level 1 now begins at Year 2 of a Diplomate's 10-year Lifelong Learning cycle. Diplomates will have up to 4 years to complete all Level 1 requirements. All components must be completed by April 1st of year 5 of their 10-year Lifelong Learning cycle. Please refer to the Lifelong Learning timeline on page 35.**

All subspecialty certificates issued by the American Board of Urology are time limited and subject to the Lifelong Learning Program (LLL). They are valid for 10 years only and will expire on the anniversary of the date of issue.

Diplomates who were originally certified before 1985 and have time unlimited certificates will maintain those certificates as time unlimited. However, if the Diplomate also earns a subspecialty certificate, the Diplomate will enter the LLL process which includes the subspecialty and general certificate.

Diplomates who were originally certified in 1985 or later have time-limited certificates. If a Diplomate also

earns a subspecialty certificate, the original urology certificate will be extended to have the same expiration date as the subspecialty certificate. The diplomate will enter the Lifelong Learning Program as of completion of subspecialty certification, and will be required to complete all components on that timeline.

The LLL process will extend over a ten-year period, with requirements in the program to be completed at year 2 through year 5 for Level 1 and year 7, 8 or 9 of a diplomates ten year certification cycle for Level 2. A chart showing the requirements appears on the last page of this handbook. Diplomates will be required to complete self-assessment programs developed by the Board, meet continuing medical education requirements, and submit practice logs at Level 2 as part of this process. Successful completion of a knowledge assessment will be required within the three-year period prior to expiration of the Diplomate's certification.

The LLL program permits Diplomates to meet the requirements as they continuously keep current with changes in the specialty of urology. It also provides an avenue for compliance with future state and hospital requirements, which are expected to include participation in an LLL process or a Maintenance of Licensure (MOL) process which could require periodic re-examination by the state's medical board. In addition, Lifelong Learning provides assurance to patients and their families, payors and funding agencies, and the general public, that ABU Diplomates maintain and continually improve their knowledge and practice of urology.

The American Board of Urology Lifelong Learning Program is designed to reflect the realities of today's urology practice. Emphasis is placed on the core of knowledge and practice common to all urologists. Realizing that individual urologists may concentrate their practices in various areas, the ABU Trustees have designed the process to permit Diplomates to include areas of their individual expertise when devoting time to CME and self-assessment activities.

## LIFELONG LEARNING PROGRAM EXAMINATION ATTEMPTS

The knowledge assessment portion of the Lifelong Learning Program will not be used as a primary single metric that influences certificate status but rather to help the diplomate to identify those areas of strength versus weakness in their medical knowledge, knowledge that is pertinent to their practice. To that end we will continue the modular format for the Lifelong Learning knowledge assessment. The knowledge assessment will be based on Criterion referencing, thus allowing the identification of two groups, those who unconditionally pass the knowledge assessment and those who are given a conditional pass. The group getting a conditional pass will consist of those individuals who score in the band of one standard error of measurement above the pass point down to the lowest score. That group would be required to complete additional CME in the areas where they demonstrate low scores. After completion of the designated CME activity, they would continue in the Lifelong Learning process and the condition of their pass would be lifted. Going forward, it will be strongly recommended for all diplomates to take the knowledge assessment in year 7 of their Lifelong Learning cycle. This allows all to have three knowledge assessment attempts before expiration of their certificate. Those electing to not take advantage of the three opportunities to take the knowledge assessment would risk the possibility of their certificates expiring before the knowledge assessment is either unconditionally passed or conditionally passed with the conditions lifted on completing the assigned CME.

## IRREGULAR EXAMINATION BEHAVIOR

The American Board of Urology is committed to maintaining the integrity of its examinations. These tests are a critical basis of the decision-making process for Urology Board certification.

Irregular behavior threatens the integrity of the ABU certification process. Irregular behavior is defined as any action by applicants, examinees, potential applicants, or others that subverts or attempts to subvert the examination process. Examples of irregular behavior include, but are not limited to:

- Falsifying information
- Giving, receiving or obtaining unauthorized assistance during the exam.
- Altering or misrepresenting scores.
- Behaving in a disruptive or unprofessional manner at a testing site.
- Theft of examination materials.
- Unauthorized reproduction, by any means, and/or dissemination of examination content or other copyrighted materials.
- Posting or discussing content on any website, or asking others to do so.

If the Board is made aware of irregular behavior on the part of an individual participating in an ABU examination process, the Board will review the information and determine if there is sufficient evidence of irregular behavior. The individual in question is required to cooperate during that review/investigation with ABU officials. Consequences for irregular behavior may include but are not limited to a warning, censure, deferral from the certification process, suspension, or revocation of a current ABU certificate.

## LIFELONG LEARNING PROGRAM COMPONENTS

The Lifelong Learning Program is based on the six general competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) that are the foundation for a physician's training and practice. They are:

1) Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;

2) Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care;

3) Practice Based Learning and Improvement that involve investigation and evaluation of their patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;

4) Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals;

5) Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;

6) Systems-based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

The Lifelong Learning Program consists of four components designed to measure these six competencies on a continuous basis:

1) Evidence of professional standing through maintenance of an unrestricted medical license, hospital privileges and satisfactory references;
2) Evidence of commitment to lifelong learning through continuing education and periodic self- assessment;
3) Evidence of cognitive expertise based on performance through a secure examination;
4) Evaluation of behaviors such as communication and professionalism through peer review.

## LIFELONG LEARNING REQUIREMENTS OVERVIEW

The Lifelong Learning Program (LLL) is a developing process and details will change as implementation progresses. All updates will be available on the ABU website, *www.abu.org*, and in various mailings, presentations, and articles by the Trustees. Please refer to those for the most current information. It is essential, and the Dipomate's responsibility, that the ABU office has current contact data.

### Level 1

The first level of Lifelong Learning includes submission of an application form, completion of a Practice Assessment Protocol (PAP) in an area of urologic practice, completion of a Professionalism and Ethics Module (PEM), documentation of 90 hours of urology-focused CME credit earned in the three years prior to the deadline, 30 hours of which must be Category 1 as defined by the AUA, satisfactory peer review and the Patient Safety Video (PSV) component. The PAP requires Diplomates to participate in authorized performance self-assessment measures, identify perceived weaknesses in their knowledge, and pursue learning activities tailored to areas that need to be strengthened. The goal is for Diplomates to reflect on their personal knowledge and performance and commit to a process of improvement and reevaluation over a specified time frame that will ultimately lead to improved care for their patients.

The PAPs are non-graded practice improvement tools developed by the Board and based on current clinical guidelines. They involve a self-review of a small number of sequential cases in a specific area of the Diplomate's choosing (e.g., evaluation of hematuria, treatment of superficial bladder cancer, etc.); a comparison of the Diplomate's evaluation and management of these cases to accepted practice guidelines; and the successful answering of a short series of questions regarding the Clinical Guidelines. After a minimum of sixty days, the Diplomate will repeat the process with subsequent patients to determine if there is a change in practice resulting from using the PAP.

### Level 2

The requirements for Level 2 include submission of an application, verification of hospital privileges, completion of a PAP, a Patient Safety Module (PSM) (Choose 1 of 10 that consist of 1-3 pages of reading material and a brief non-graded Practice Profile/Assessment), completion and documentation of 90 urology-focused CME credits in the three years prior to the deadline, 30 hours of which must be Category 1 as defined by the AUA; satisfactory peer review; and submission of an adequate 12-month practice log; culminating with a computer-based knowledge assessment at the end of Level 2. The Diplomate will have three annual opportunities to successfully complete Level 2.

More specific details will be available on the Board website, *www.abu.org*, in the annual *ABU Report,* and in various mailings, talks and articles by the Trustees as implementation progresses.

In the event of failure to complete the Lifelong Learning Level 2 process, the Diplomate may re-enter the process the following year or any other year prior to the expiration date of his/her current certificate. The Diplomate may be required to repeat one or more of the elements the following year or

any year prior to the expiration of the current certificate. If a practice log was approved in the previous year's cycle, the Diplomate will not have to submit a new log unless otherwise requested. Additionally, any applicant who fails to complete the Life Long Learning Level 2 process and wishes to re-enter it will be required to pay a $100 administrative fee and submit documentation of 30 additional hours annually of urology- focused CME credits, at least 10 hours of which must be Category 1, as defined by the American Urological Association.

## LIFELONG LEARNING PARTICIPATION

Participation in the ABU Lifelong Learning Program demonstrates the Diplomate's commitment to lifelong learning and continual professional development. This ongoing process is designed to verify a Diplomate's credentials, licensure, professional standing, and practice performance.

All Diplomates with time-limited certificates, those issued since 1985, **must** enter the Lifelong Learning process after successful completion of certification, recertification, or subspecialty certification; and must successfully complete each level of the Lifelong Learning process within the specified time in order to avoid a lapse in certification by the Board.

The Diplomate will be notified by postal mail and/or electronic mail when to enter each level of the Lifelong Learning Program***. It is the Diplomate's responsibility to keep all contact information up to date with the Board. Late fees will not be waived due to outdated addresses.***

Certificates issued prior to January 1, 1985 are not time-limited and will not expire regardless of participation in the Lifelong Learning Program, though individuals in this group are strongly encouraged to participate in Lifelong Learning. They may voluntarily enter the process at Level 1 during any annual cycle by contacting the ABU office. Once enrolled, in order to remain in the program, Diplomates who elect to participate will be expected to complete the same requirements as participants with time-limited certificates.

If a Diplomate with a time-unlimited certificate is required to pass a cognitive examination to meet hospital requirements or state licensing laws, or wishes to voluntarily sit for the Board's knowledge assessment, he/she may do so during any annual cycle for a fee of $1,000.00. Application can be made by contacting the Board office in writing before April 1.

## SUBSPECIALTY CERTIFICATION

All subspecialty certificates issued by the American Board of Urology are valid for ten years and are subject to the Lifelong Learning Program. The expiration date of the Diplomate's active general certificate will be extended to coincide with the expiration of the subspecialty certificate. The Diplomate will enter LLL upon successful attainment of the subspecialty certification.

The Diplomate who chooses to maintain certification in the subspecialty of pediatric urology will be held to the same standard and rigor required for initial certification. Practice logs of twelve months in length must demonstrate that a minimum of 75% of the candidate's practice is dedicated to pediatric urology, and/or the candidate has an adequate number of major pediatric urologic surgery cases as determined by the Board.

The Lifelong Learning Pediatric Subspecialty knowledge assessment is a 150 multiple choice question assessment designed to assess knowledge of the field of pediatric urology. The knowledge assessment will include all aspects of pediatric urology, including but not limited to: congenital abnormalities, childhood acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence.

## CLINICALLY-INACTIVE STATUS

Diplomates who are not in the active practice of clinical urology may apply for Clinically-Inactive status. Clinically-Inactive status is time-limited and subject to Lifelong Learning (LLL). In order to obtain this status, Diplomates must certify non-practicing clinical urology, or very minimal clinical exposure, and must submit acceptable justification and documentation for such status. The designation of Clinically-Inactive status can be granted until certification expiration, or up to ten years. Lifelong Learning for the Clinically-Inactive Diplomate requires completion of all LLL components except the practice log, peer review and the patient portion of the PAP. Clinically-Inactive Diplomates must complete the Guideline portion of a PAP. Fees and deadlines remain the same as for clinically-active Diplomates. All components of LLL must be completed on the specified timeline and all fees must be current for the Diplomate's certificate to remain active.

Extension of Clinically-Inactive status beyond ten years is a variance requiring approval of the Board. Approaching expiration, the Diplomate may apply for recertification and up to 5 additional years of clinical inactivity. If granted, this extension is renewable. At the completion of the period of clinical inactivity, the Board will determine permissibility of the application and criteria for re-entry based upon the Diplomate's situation and prior clinical activity.

The Clinically-Inactive Diplomate who wishes to revert to active status should contact the Board in writing to apply. A six-month practice log must be submitted within 18 months following resumption of clinical urology practice. Upon approval of this practice log, the Diplomate's designation will return to active status.

## EXPIRED CERTIFICATES

Diplomates who fail to complete the recertification process by the end of year 9 will lose their certificate upon its February expiration. The physician then has two grace years during which time he/she can reapply another two times (year 10 and 11). A reinstatement fee of $1,500 is required at year 10 and a fee of $2,000 is required at year 11. If the candidate passes the recertification examination in the 10th or 11th year, the certificate is returned. If the candidate fails in year 11 and they wish to regain certification, the Board may consider individual requests to re-enter the process. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. These evaluations will be performed at the expense of the candidate. Specific CME activity, evaluations and other requirements may also be assigned at the expense of the candidate. If re-entry criteria are met and supported by the assessing program, the applicant will be allowed to apply to take the exam (Qualifying Exam or the Lifelong Learning Remediation Exam, as determined on a case-by-case basis). In addition, the applicant must complete all other outstanding Lifelong Learning activities and may be required to submit a practice log. Approved re-entry applicants will generally be expected to take the exam at the next available time it is administered. Failure to do so requires a written excused absence from the ABU, and only one such excused absence will be allowed.

## HIBERNATION POLICY

When a Diplomate interrupts their clinical practice to pursue a fellowship or other full-time educational program, the Lifelong Learning cycle is suspended. Upon completion of fellowship or educational program, the Diplomate must resume Lifelong Learning, thus compressing their Lifelong Learning cycle

or resetting it by the same number of years.

## LICENSURE REQUIREMENTS

Applicants seeking certification by the Board of Urology must have a valid United States or Canadian medical license, from the state or province in which they practice, that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement.

## PRACTICING OUTSIDE THE UNITED STATES

Following certification, diplomates who practice outside of the United States and its territories, or Canada, will be considered "clinically inactive". They must comply with LLL and remain in contact with the ABU office on an annual basis. If these requirements are met, they can re-enter the LLL process at an appropriate level when they reacquire their state license and return to active clinical practice in the United States. If the Diplomate practices outside the United States or its territories for more than ten years and his/her certificate lapses, the Diplomate will be required to follow the current expired certificate reentry policy.

## LIFELONG LEARNING PROGRAM REQUIREMENTS FOR LEVEL 1- PEDIATRIC SUBSPECIALTY CERTIFICATION

Those Diplomates who earned their initial certification/recertification in 2023 are scheduled to enter Level 1 of the Lifelong Learning process in 2025. The components required for Level 1 are submission of an online application, completion of one Practice Assessment Protocol (PAP), Patient Safety Videos, 90 hours of CME, completion of Professionalism and Ethics module and peer review.

An email was sent to all Diplomates in January who are eligible to enter the Level 1 process in 2026. The notification email will provide the Diplomate with the requirements and logon information for the secure section of the ABU website.

***It is the Diplomate's responsibility to keep all contact information up to date with the Board. Late Fees will not be waived for failure by the Diplomate to update address information.***

### Application

Using the logon information provided in the notification email, the Diplomate will enter the secure section of the ABU website and complete the online application form. This must be completed by April 1 of year 5 of their 10-year LLL cycle. Applications after April 1 will incur a $275 late fee.

Any applicant for LLL who does not respond to all questions on the application or who misrepresents the information requested may be deferred from the process for one year.

### Medical Licensure

The Diplomate will enter their state medical license and expiration date on their online application.

The Board will request information from the Federation of State Medical Boards databank and state licensing boards regarding adverse actions taken against the applicant relative to licensure.

**Practice Assessment Protocol**

Another requirement of Level 1 is completion of one Practice Assessment Protocol (PAP) of the Diplomate's choice. The PAP is a web-based self-evaluation process designed to assist the Diplomate in keeping abreast of current treatment guidelines. The PAP is a two-part activity. The PAP will not be scored. The deadline for completion of Part A is April 1, to avoid a $275 late fee. The deadline for completion of Part B is September 1. There is a minimum of 60 days between Part A and Part B, and must be completed in the same calendar year.

Part A of the PAP involves self-review of a small number of sequential cases in a specific area (e.g., evaluation of hematuria, treatment of superficial bladder cancer, etc.); a comparison of the Diplomate's evaluation and management of these cases to accepted practice guidelines; and the successful answering of a short series of questions regarding the clinical guidelines.

The Diplomate will logon to the secure ABU website and will select one of the available PAPs from those listed. **Only one completed PAP is required.** He/she will select five patient charts with the same recent clinical condition as the selected PAP. Using these patient charts, the Diplomate will answer questions about which of the various treatment options were used with each patient. The Diplomate will be linked via the internet to an AUA Guideline or appropriate source for the most recent treatment guidelines. After reading this article, the Diplomate will review his/her responses to evaluate his/her performance with those patients.

The Diplomate will be asked to complete a series of relevant multiple choice questions. If the Diplomate answers a question incorrectly, he/she will be given the opportunity to respond again. After all questions have been answered correctly, the Diplomate will electronically sign verification that he/she has completed Part A of the PAP. Upon pressing the "Submit" button, the ABU will be notified that the Diplomate has completed Part A of the PAP requirement.

Sixty days after notification that Part A was completed, the Diplomate will be sent an email reminder to complete the second part. Part B is an evaluation of five **different** recent patient charts with the same clinical condition. The Diplomate will answer the same questions pertaining to treatment options for these patients. By comparing his/her responses with the responses on Part A, the Diplomate will determine if his/her treatment of patients with that clinical condition has improved during the time since completion of Part A. The Diplomate will electronically verify that he/she has completed Part B of the PAP. Upon pressing the "Submit" button, the ABU will be notified that the Diplomate has completed Part B of the PAP requirement. The deadline for completion of Part B is October 1.

**Diplomates must complete different PAPs at each level of LLL except in very unusual situations to be determined by the LLL Chairman and/or Committee. Diplomates must write to the Board to request a variance.**

**Peer Review**

The Board will request completion of confidential peer review questionnaires from the Chief of Pediatrics, Chief of Urology, the Chief of Surgery, the Chief of Anesthesiology, and the Chief of Staff for each facility documenting the applicant's status in the medical community.

Once the Diplomate has gathered all names and email address information for each chief of service at each facility where he/she actively practices urology and has at least 50 cases annually, the Diplomate will login to the secure portion of the ABU website and click on the tab labeled "Peer Review". There he/she will enter the information for each facility, with the facility of greatest usage first. If the position does not exist at that institution, please enter "N/A" in the name field and na@na.com in the email field. If further information is needed, the Board will contact the Diplomate.

**Continuing Medical Education**

The Board endorses the concept of Lifelong Learning in urology for its Diplomates. Candidates for the Lifelong Learning Program must demonstrate their involvement in continuing urologic education by documenting 90 urology-focused credits, 30 hours of which must be pediatric urology focused Category 1, as defined by the American Urological Association, within a three-year period prior to submission, based on the diplomates timeline. Continuing Medical Education documentation must be received by April 1, of the diplomates last year of submission, or a $275 late fee will be assessed. Detailed instructions are included on the diplomate portal and on the website, www.abu.org. Please note: The Board does not have access to the AUA CME records; therefore, it is the applicant's responsibility to submit documentation of those credits.

**Patient Safety Videos (Level 1 Only)**

Diplomates at Level 1 of LLL are required to complete a 5 part Patient Safety Video Component (PSV). The AUA Office of Education has produced these instructive Safety Videos. Completion of this component, along with the pre-testing, satisfies the American Board of Urology's safety component requirement for Level 1.

**Professionalism and Ethics Module (PEM)**

Professional Ethics Modules include reading sessions with pre & post test questions, self-reflection questions and a short review consisting of non-graded questions. (Choose 1)

**Completion of Level 1**

After all components of Level 1 of LLL have been completed successfully, the Diplomate will receive a letter in December stating that he/she has completed Level 1 and is currently maintaining certification.

**Other Concerns**

In the event of concerns raised by any of the elements in the Lifelong Learning Program, the Diplomate may be:

a. required to repeat one or more elements;

b. invited to appear before the Board for a personal interview and/or oral examination to clarify the concerns uncovered;

c. required to complete and document a designated number of Category 1 CME credit hours in specified areas of urology in order to complete the Lifelong Learning Program; and/or

d. asked to receive an on-site visit to his/her practice setting by a representative of the Board. Site visits deemed necessary by the Board will be conducted at the applicant's expense. The Board has the option of reviewing office medical records at the time of an interview or site visit.

**At any point in the process, the Board may delay or even deny the completion of the Lifelong Learning (LLL) Program upon consideration of information which appears to the Board to justify such action.** The Diplomate is subject to disciplinary actions as explained in the sections on *Code of Ethics* and *Disciplinary Action* that appear later in this handbook.

The Board may elect to defer continuation of the LLL process pending investigation and resolution of any inadequacies or deviations. It may deny LLL when serious practice deviations or unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's status in the LLL process.

Appeal of any adverse decision by the Board may be made by complying with the appeals procedure described below in the section, *Appeals Procedure.*

**Unforeseeable events:** Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

## LIFELONG LEARNING LEVEL 2 PROGRAM REQUIREMENTS- PEDATRIC UROLOGY SUBSPECIALTY RECERTIFICATION

The components required for Level 2 include submission of an online application, verification of hospital privileges, satisfactory peer review, completion and documenting 90 urology focused CME credits earned within the three year period prior to submission, based on the diplomates timeline. 30 of those credits must be pediatric urology-focused Category 1 CME credits. The remaining 60 credits may be Category 1 or Category 2 general urology credits, completion of a PAP, completion of a Patient Safety Module (PSM), submission of a twelve-month practice log and a cognitive examination.

A letter will be emailed to those Diplomates who are within their Level 2 window notifying them to enter the process in **January 2026.** The notification letter will provide the Diplomate with the submission deadlines, and his/her logon information for the secure section of the ABU website.

***It is the Diplomate's responsibility to keep all contact information up to date with the Board. Late Fees will not be waived for failure to update address information.***

### Application

Using the logon information provided in the notification mailing, the Diplomate will enter the secure section of the ABU website and complete the online application form. This must be completed April 1. Applications submitted after April 1 will be accepted until April 15 with payment of a $750 late fee.

Any applicant for the Lifelong Learning Program who does not respond to all questions on the application

or who misrepresents the information requested may be deferred from the process for one year.

**Medical Licensure**

The Diplomate will enter their state medical license and expiration date on their application.
The Board will request information from the Federation of State Medical Boards databank and state licensing boards regarding adverse actions taken against the applicant relative to licensure.

**Practice Assessment Protocol**

Another requirement of Level 4 is completion of one Practice Assessment Protocol (PAP) of the Diplomate's choice. The PAP is a web-based self-evaluation process designed to assist the Diplomate in keeping abreast of current treatment guidelines. The PAP is a two-part activity. The PAP will not be scored. The deadline for completion of Part A is April 1, to avoid a $275 late fee. The deadline for completion of Part B is between May 1 - September 1. There is a minimum of 60 days between both parts.

Part A of the PAP involves self-review of a small number of sequential cases in a specific area (e.g., evaluation of hematuria, treatment of superficial bladder cancer, etc.); a comparison of the Diplomate's evaluation and management of these cases to accepted practice guidelines; and the successful answering of a short series of questions regarding the clinical guidelines.

The Diplomate will logon to the secure ABU website and will select one of the available PAPs from those listed. He/she will select five patient charts with the same recent clinical condition as the selected PAP. Using these patient charts, the Diplomate will answer questions about which of the various treatment options were used with each patient. The Diplomate will be linked via the internet to an AUA Guideline or appropriate source for the most recent treatment guidelines. After reading this article, the Diplomate will review his/her responses to evaluate his/her performance with those patients.

The Diplomate will be asked to complete a series of relevant multiple choice questions. If the Diplomate answers a question incorrectly, he/she will be given the opportunity to respond again. After all questions have been answered correctly, the Diplomate will electronically sign verification that he/she has completed Part A of the PAP. Upon pressing the "Submit" button, the ABU will be notified that the Diplomate has completed Part A of the PAP requirement.

Sixty days after notification that Part A was completed, the Diplomate will be sent an email reminder to complete the second part. Part B is evaluation of five **different** recent patient charts with the same clinical condition. The Diplomate will answer the same questions pertaining to treatment options for these patients. By comparing his/her responses with the responses on Part A, the Diplomate will determine if his/her treatment of patients with that clinical condition has improved during the time since completion of Part A. The Diplomate will electronically verify that he/she has completed Part B of the PAP. Upon pressing the "Submit" button, the ABU will be notified that the Diplomate has completed Part B of the PAP requirement. The deadline for completion of Part B is October 1, to avoid a $275 late fee.

**Diplomates must complete different PAPs at each level of the Lifelong Learning Program except in very unusual situations to be determined by the Lifelong Learning Program Chairman and/or Committee. Diplomates must write to the board to request a variance.**

**Peer Review**

The Board will request completion of confidential peer review questionnaires from the Chief of Urology, the Chief of Pediatrics, the Chief of Surgery, the Chief of Anesthesiology, and the Chief of Staff for each facility where the applicant practices, documenting the applicant's status in the medical community.

Once the Diplomate has gathered all name and email address information for each chief of service at each facility where he/she actively practices urology, at least **50** cases annually, the Diplomate will login to the secure portion of the ABU website and click on the button labeled "Peer Review". There he/she will enter the information for each facility, with the facility of greatest usage first, then in descending order. If the position does not exist at that institution, enter "NA" in the name field and na@na.com in the email field. If further information is needed, the Board will contact the Diplomate.

**Continuing Medical Education**

The Board endorses the concept of Lifelong Learning in urology for its Diplomates. Candidates for the Lifelong Learning Pediatric Subspecialty certification must demonstrate their involvement in continuing urologic education by documenting 90 urology focused CME credits earned within the three-year period prior to submission, based on the diplomates timeline. 30 of those credits must be pediatric urology-focused Category 1 CME credits. The remaining 60 credits may be Category 1 or Category 2 general urology credits. Continuing Medical Education documentation must be received by April 1, or a $275 late fee will be assessed. Detailed instructions are included in the application mailing and on the website, www.abu.org. Please note: The Board does not have access to the AUA CME records; therefore, it is the applicant's responsibility to submit documentation of those credits.

**Practice Log**

Candidates must submit an electronic log of **all patient visits and procedures** in each hospital, ambulatory care center, and office where the physician has privileges. The log must include all cases performed by the candidate and by physician health care extenders including nurse practitioners, physician assistants, or other auxiliary health care professionals that are billed under the candidate's names. Surgical cases performed outside of the U.S. are acceptable. Note: If you do not practice in the United States, contact the Board office for instructions. Each worksheet included in the log submission must reflect the same twelve consecutive months from the twenty-four months between March 1, 2024 and February 28, 2026.

Practice logs are due in the Board office by April 1. Logs received between April 2 and April 15 will be assessed a $750 late fee. **No practice logs will be accepted after April 15.** It is recommended that you retain a copy of your practice log in the event formatting changes are needed or the Board has specific questions. The practice log must be submitted in electronic format as Excel workbook, text file, or .csv file. It may be uploaded via the document uploader on the secure section of our website. Courier service is recommended for guaranteed receipt of documents and practice log. *Please do not submit duplicates of your log in a different format, and* ***DO NOT SEND A PRINTED COPY.***

**Complication and Mortality Narratives**

The Board is interested in how Pediatric Level 2 candidates' approach and manage surgical complications and mortalities. The Board requires that candidates provide narratives of all complications considered Grade III or higher on the Clavien scale for all complications encountered during the twelve-month period of their practice log and provide narratives of all pre- and post-operative mortalities that were experienced within 30

days of procedure within the last 10 years.

Instructions for completing the electronic log are available on the Board's website: *www.abu.org.*

**Knowledge Assessment- Level 2 Lifelong Learning Program - Pediatric Subspecialty Recertification**

The knowledge assessment is the final component of the Lifelong Learning Program. It is taken after satisfactory completion of the other elements of the process. The knowledge assessment is a four-hour, proctored, computerized knowledge assessment, administered at over 200 Pearson VUE testing centers located throughout the United States, Canada, and Puerto Rico. The Lifelong Learning Pediatric Subspecialty knowledge assessment will be offered on October 16, October 17 and October 18, 2025.

The Lifelong Learning Pediatric Subspecialty knowledge assessment is a four-hour examination that consist of 100-150 multiple-choice questions and will be designed to assess knowledge of the field of pediatric urology. The exam will include all aspects of pediatric urology, including but not limited to congenital abnormalities, childhood acquired urologic problems such as tumors and trauma, and overlapping problems of adolescence.

The Lifelong Learning (LLL) knowledge assessment will not be used as a single metric that primarily influences certificate status, but rather one to help Diplomates identify those areas of strength versus weakness in their medical knowledge -- knowledge that is pertinent to their practice. To that end, the ABU will continue to employ a content-specific modular format for the LLL knowledge assessment. Based on criterion referencing, this knowledge assessment allows for the identification of three groups: those who unconditionally pass, those who pass with CME recommendations, and those receiving a CME conditional pass. Individuals scoring one standard error unit of measurement above the pass point and below receive a pass conditioned upon timely completion of additional CME in their area(s) of weakness. Once the designated CME requirement has been met, the condition is lifted and these Diplomates are able to continue in LLL. It is strongly recommended that all Diplomates elect to undergo Level 2 of LLL and take the knowledge assessment at the first opportunity, in year 7 of their 10-year Lifelong Learning cycle. Doing so affords the maximum time allowance before certificate expiration.

**Disability accommodations policy:** An applicant requesting accommodations during Board examinations due to a physical or mental disability or other limitation that substantially interferes with the ability to complete an examination must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation by a qualified professional that substantiates the disability or limitation must accompany the application. The Board may then have any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualified professional. This can be done at the Board's discretion and the Board will bear the cost of any additional review or evaluation. The respective Committee of the Board will make the final decision for accommodations that will be offered based on the specific examination process in question.

**Unforeseeable events:** Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

**Completion of LLL Level 2 Pediatric Subspecialty**

After all components of Level 2 of the Lifelong Learning Program have been completed successfully, the Diplomate will receive a letter from the Board stating that he/she has completed Level 2 which includes successful completion of the examination and is currently maintaining certification.

**Other Concerns**

In the event of concerns raised by any of the elements in the Lifelong Learning Program process, the Diplomate may be:

a. required to repeat one or more elements;

b. invited to appear before the Board for a personal interview and/or oral examination to clarify the concerns uncovered;

c. required to complete and document a designated number of Category 1 CME credit hours in specified areas of urology in order to complete the Lifelong Learning Program process; and/or

d. asked to receive an on-site visit to his/her practice setting by a representative of the Board. Site visits deemed necessary by the Board will be conducted at the applicant's expense. The Board has the option of reviewing office medical records at the time of an interview or site visit.

**At any point in the process, the Board may delay or even deny completion of the Lifelong Learning Program upon consideration of information which appears to the Board to justify such action.** The Diplomate is subject to disciplinary actions as explained in the sections on *Code of Ethics* and *Disciplinary Action* that appear later in this handbook.

The Board may elect to defer continuation of the Lifelong Learning Program pending investigation and resolution of any inadequacies or deviations. It may deny the continuation of the Lifelong Learning Program when serious practice deviations or unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's status in the Lifelong Learning Program/recertification process.

Appeal of any adverse decision by the Board may be made by complying with the appeals procedure described below in the section *Appeals Procedure.*

## COMPLETION OF THE LIFELONG LEARNING PEDIATRIC SUBSPECIALTY PROGRAM

Diplomates with time-limited or time-unlimited certificates who successfully complete all components of the Lifelong Learning Program including successful completion of the computer-based knowledge assessment will be sent a new certificate at the end of the 10-year cycle. The certificate will indicate that the Diplomate is certified for 10 years but must continue to meet the Lifelong Learning Program requirements for the certificate to remain valid. The American Board of Medical Specialties will be notified of completion of the Lifelong Learning Program, and any other change in status.

If a Diplomate does not comply with the Lifelong Learning Program deadlines in the calendar year in which they are required, his/her certificate may be revoked. The Diplomate will be notified that all requirements must be completed and all applicable late fees paid. If the Diplomate then completes all requirements

within the allotted time, he/she will remain in good standing and will proceed with future Lifelong Learning Program requirements on the originally specified timeline.

If a Diplomate is unable to complete the Lifelong Learning Program requirements by the deadlines due to special circumstances, he/she may write to the Board to request a variance to allow more time for completion. This variance request may or may not be granted, at the sole discretion of the Board.

A Lifelong Learning Level 1 Diplomate whose certificate has been revoked due to failure to complete all requirements of the Life Long Learning Level 1 process on the specified timeline may re-enter the process within 12 months of the revocation by completing all incomplete elements of the Lifelong Learning Level 1 process as outlined in this handbook, payment of the annual certificate fee for the year of application, plus a $1,500 reinstatement fee.

Diplomates holding time-unlimited certificates who choose to participate in the Lifelong Learning Program but do not successfully complete all components within the ten-year cycle will retain their original certificate as time-unlimited. If the diplomate chooses to re-enter the Lifelong Learning Program, he/she may do so by documenting 30 additional hours of urology-focused CME credits annually, at least 10 hours of which must be Category 1, for each year missed. Additionally, the Diplomate will be required to submit a $600 reinstatement fee and must be current on the annual certificate fee for that year.

## CERTIFICATES

The American Board of Urology began a new pilot process for certification in 2021 called Continuing Urologic Certification (CUC) and it is anticipated that CUC will be approved by the ABMS as our certification process in the next couple of years. While in the transition period between Lifelong Learning and CUC, the Board will only issue new "digital" ten-year certificates to those who complete Lifelong Learning Level 2 or CUC and whose certificate will expire prior to the rollover to CUC. Once CUC is approved and initiated, the Board will begin providing printed certificates to Diplomates as they are merged into the Continuing Urologic Certification process.

## DIRECT QUERIES FROM THE BOARD

a. The Board will request information from the Federation of State Medical Boards databank regarding adverse actions taken against the applicant relative to licensure. **Note: the applicant must also notify the Board in writing of any action taken by any state medical board against a medical license, even if the action does not result in revocation.**

b. The Board will request completion of confidential peer review questionnaires from the Chiefs of Urology, Surgery, Anesthesiology, and Staff for each facility in which the applicant practices, documenting the applicant's status in the medical community. The applicant must provide complete names and email addresses electronically on the Board's website at www.abu.org.

c. On the basis of practice log review and other file information, the Board may, at its discretion, request copies of specific hospital and/or office records. Such records must be identified by patient record number only, for purposes of patient confidentiality: names or Social Security numbers are not acceptable. It is the applicant's responsibility to remove all personal information from the submitted information. The applicant shall be responsible for providing requested patient records, and is expected to furnish them within the time frame specified by the Board.

## FEES FOR THE LIFELONG LEARNING PROGRAM (LLL)

(Note: All fees are subject to change without notice.)

All Diplomates of the American Board of Urology will be assessed an annual fee of $300 to help offset the costs of the Lifelong Learning Program (formerly known as MOC) and increased ABU operating expenses. There is no application fee for the Lifelong Learning Program; however, the annual fee payments must be current for a Diplomate to enter and to remain current in the Lifelong Learning Program. This fee will be in lieu of periodic Lifelong Learning Program or recertification application fees.

The annual certificate fee is invoiced in January of each year and payment is due by April 1. It is the responsibility of the Diplomate to ensure that the Board has an accurate mailing address, as there will be no waiver of late fees due to outdated information. Non-payment of the fee by the April 1deadline will result in an increase of the fee to $500. If the fee is not paid in full by July 1, the fee will increase again to $700. Nonpayment by November 1 will result in revocation of certification.

The annual fee will permit Diplomates with time-unlimited certificates who wish to enter into the Life Long Learning Program to do so without any additional fees.

**Late fees:** A $275 late fee will be assessed for any application and/or documentation and/or fees and/or log not received in the Board office by the prescribed deadlines. LLL late fees will follow the same policy as the annual certificate fee; $275 late fee increases to $475 and again to $675 for non-payment. See page 44 of the handbook for deadlines and late fees. Courier service for guaranteed receipt is recommended.

**Other fees:** A $100 fee will be assessed for all returned checks.

**Refunds:** Fees are refundable, less an administrative fee, in most cases of cancelation or deferral. Fees shall be refunded to candidates deferred by the Board, less a $100 administrative fee; or, if deferred for an inadequate practice log, a $100 administrative fee.

**Log Resubmission Fee:** A $500 fee will be assessed to the candidate for any resubmission of practice log data due to their error or omission.

## RETIRED STATUS CERTIFICATE

The American Board of Urology (ABU) notes that many senior Diplomates, being 30 years post training and nearing retirement, are choosing certificate expiration, in lieu of undertaking the logistics of the practice log requirement and the burden of the knowledge assessment. Therefore, to encourage certificate retention, the ABU will offer the American Board of Medical Specialties (ABMS) newly instituted Retired Status to support currency in urology among senior Diplomates and affirm their continued value to the ABU and the public.

Eligibility requirements for the Retired certificate designation include:

1. Possession of an active certificate at the time of retirement.
2. Unrestricted license in any jurisdiction at the time of retirement.
3. Attestation to complete disengagement in patient care, overseeing medical laboratories, or supervising in a medical field.
4. Non-performance of any function for which Board certification is required.

Individuals who expired or forfeited their certificates since January 2015 and who met and continued to meet the above requirements, may also apply for the Retired status designation.

Those Diplomates of the American Board of Urology who also possess Subspecialty Certification are eligible to apply for the new certificate status, providing they retire in both the subspecialty and the general specialty.

There is no application or maintenance fee to achieve and retain Retired status.

A Diplomate with the Retired status will be listed publicly as Retired with the ABU and on the ABMS Certification Matters™ website.

If you are a retired urologist who would like to take advantage of this new status, please complete the Diplomate Request for Retired Status which is available on our website www.abu.org, into which you will upload a brief, signed attestation. You may use the optional template with electronic signature or upload a scanned signed letter of your choosing.

## POLICIES

### PROFESSIONALISM AND ETHICS

The American Board of Urology is committed to the principle that patient welfare is preeminent. This principle presupposes a responsibility to the patient that transcends personal gain and thereby engenders both individual patient and public trust. It is the cornerstone of the ethical and moral framework by which the physician is bound.

The physician-patient relationship, however, is part of a more complex social network that also includes relationships within the profession and society as a whole. A variety of societal forces increasingly conflict with the responsibility of physicians to their patients and the public. Rapidly advancing technologies, relationships with commercial entities, increased demands for documentation, rising health care costs, declining reimbursement, and increasing patient autonomy place conflicting demands on the physician and potentially lead to compromise of patient welfare.

Urologists, in particular, are faced with technological advances that demand increased training but also offer increased opportunity for entrepreneurialism. From this perspective medicine is viewed as a specialized personal service at variance with public responsibility and one that belies the trust instilled in the physician. As a consequence, there has been a call for a renewed commitment to professionalism.

A number of organizations have attempted the development of a code of ethics and professionalism that set forth principles and responsibilities the physician can consult for guidance when confronting an ethical dilemma. In these documents, a number of qualities or virtues are repeatedly espoused, including justice, honesty, competence, impartiality, preservation of patient confidentiality, patient autonomy, and unbiased medical care. To address this need, representatives from the American Board of Internal Medicine Foundation, the European Federation of Internal Medicine and the American College of Physicians-American Society of Internal Medicine collaborated on the Medical Professionalism Project which was charged with developing a charter that provides a basic set of tenets for ethical and professional behavior. The group intended to create a document that is applicable across medical and surgical specialties, healthcare systems, and cultures. To that end, they set forth three Fundamental Principles and a set of ten core commitments that serve to guide the professional and ethical conduct of physicians.

Although this Charter has met with widespread enthusiasm, it has not been uniformly endorsed by all physician groups; indeed it has been criticized for emphasizing a duty-based ethic (that is, duty to those around us), rather than a virtue-based ethic (which focuses on individual traits of human character). Likewise, some have objected to the emphasis on achieving "competence" rather than encouraging excellence, and to the contractual tone of the document that implies an inherent basis of mistrust. While these criticisms may be valid, the document serves as a starting point for a conversation about professional responsibility and provides a framework for moral, ethical and professional conduct. The American Board of Urology endorses the Physician Charter and encourages and expects the urologic community will uphold the commitments which support the fundamental principles set forth by the document.

## CODE OF ETHICS

Ethics are moral values. They are aspirational and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all Diplomates certified by the American Board of Urology. The term urologist as used here shall include all such candidates and Diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient's welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others who pay for those services. In addition, a urologist must not misrepresent any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or to a physician solely for the referral of a patient (fee splitting) is unethical.

Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different

arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare benefits and other attributes of those alternatives when necessary to avoid deception.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the should reflect postoperative medical or surgical care arrangements with advance disclosure to the patients.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive.

Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception.

Communications must not misrepresent an urologist's credentials, training, experience, or ability, or contain material claims of superiority which cannot be substantiated. If a communication results from payment to an urologist, such must be disclosed, unless the nature, format or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

Diplomates of the Board must accurately state their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, and letterheads. Diplomates with expired time-limited certificates may not claim board certification and must revise all descriptions of their qualifications accordingly. When a physician misrepresents certification status, the Board may notify local credentialing bodies, licensing bodies, law enforcement agencies and others.

## DISCIPLINARY ACTION

The Board of Trustees of the American Board of Urology shall have the sole power to censure, suspend, or revoke the certificate of any Diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure or suspension or revocation of the certificate as described herein.

The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board.

The levels of disciplinary action and manner of notification, appeal, and reinstatement, shall be defined as follows:

***Notification***

If the action of the Board is to censure, suspend or revoke the certificate of a Diplomate, the Board shall send written notice thereof to the Diplomate. The notice shall state the reasons for the Board's decision.

***Censure & Suspension***

A Diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the *Code of Ethics* of the American Board of Urology not warranting certificate revocation. The Board of Trustees of the American Board of Urology shall have the sole power to determine the level of disciplinary action and the designated level of suspension. Alterations in licensure such as probation or suspension will necessitate a change in certification status until the license status is returned to unrestricted.

*Censure:* A censure shall be a written reprimand to the Diplomate. Such censure shall be made part of the file of the Diplomate.

*Suspension:* A suspension shall require the Diplomate to return his or her certificate to the Board for a designated time as determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

***Revocation of Certificate***

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board.
Each certificate is issued to an individual physician who, by signature, agrees to revocation of the certificate in the event that:

a. the issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or

b. the physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or

c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or

d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as set up by the Board, and shall refuse to submit to re- examination by the Board; or

e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs;

or

f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than non-payment of dues or lack of meeting attendance; or

g. the physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude or for serious violation of the *Code of Ethics* of the American Board of Urology that adversely reflects on professional competence or integrity.

h. Revocation may occur if a Diplomate, after repeated notification, has failed to pay the required $275 annual fee and applicable late fees and does not comply by December 1 in a given year.

i. If a Diplomate does not comply with the Lifelong Learning Program deadlines in the calendar year in which they are required, his/her certificate may be revoked.

***Reinstatement of Certificate***

Should the circumstances that justified revocation of the Diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance. The Board of Trustees shall have the sole power to determine the time of initiation of the reinstatement process. The applicant whose certificate has been revoked will be required to complete the Lifelong Learning Level 2 process and any delinquency in the Lifelong Learning Program process at the discretion of the Board, and will be subject to the continual Lifelong Learning Program process.

An applicant whose certificate has been revoked and who is permitted to enter the Lifelong Learning Program process will be required to complete 100 hours of CME credit in urology within two years prior to his or her application for reinstatement. These 100 hours must include a minimum of 75 hours of Category 1 credit (as defined by the AUA) and the remainder may include either Category 1 or Category 2 credit. Upon completion and documentation, the applicant may apply for re-entry into the recertification process, and will become subject to the Lifelong Learning Program. The applicant must then repeat the entire Lifelong Learning Program process, including practice log, peer review, and knowledge assessment. Failure of any portion of the Lifelong Learning Program process on the initial or subsequent attempts will require the applicant to obtain an additional 60 hours of CME credit in urology as specified above, within two years, in order to re-apply for re-entry into the Lifelong Learning Program process. The applicant will have up to two opportunities to complete the Lifelong Learning Program process.

Prior to reinstatement of certification, the applicant may be required to meet with the Board. The Diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

***Reentry***

If a Diplomates' certificate expired, lapsed, or has been converted to retired and they wish to regain certification, the board may consider individual requests to re-enter the process. The applicant will be

required to undergo a professional competency and/or educational assessment in a program approved by the ABU. Specific CME activity and other requirements may also be assigned at the expense of the candidate. If re-entry criteria are met and supported by the assessing program, the applicant will be allowed to apply to take the exam (Qualifying Exam or the LLL Remediation Exam, as determined on a case-by-case basis). In addition, the applicant must complete all other outstanding LLL activities, and may be required to submit a practice log.

***Appeals Procedure***

1. The Lifelong Learning Program **is a Matter of the Board's Professionalism Judgment and Discretion:** Final action regarding each applicant's recertification is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.
   Regardless of the sequence by which the various steps of Lifelong Learning Program may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny the Lifelong Learning Program upon consideration of information that appears to the Board to justify such action. The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

2. **Adverse Decision Inquiry - Individual Requirement:** During the course of the Lifelong Learning Program, a candidate or diplomate may receive an adverse decision regarding an individual requirement of the process. A candidate who believes he or she may have received such an adverse decision may inquire in writing to the Executive Secretary within 30 days after written notification by the Board of the adverse decision about which the candidate inquires. Adverse decision inquiries will be handled as follows:

a. For inquiries concerning a candidate's failure of the Lifelong Learning Program Knowledge Assessment, the Board will review the candidate's Lifelong Learning Program Knowledge Assessment Examination responses;

b. For inquiries concerning peer review, practice logs, and/or malpractice and professional responsibility experience, the Board, will review the individual requirement in question.

For the purposes of conducting its review, in either situation (a) or (b) above, the Board may authorize the Chairman of the Lifelong Learning Program Committee, or the full Lifelong Learning Program Committee to act in its stead. In such cases the Chairman or the Committee shall act with full authority of the Board in reviewing the individual requirement in question.

After its review of the individual requirement in question, the Board shall make a determination as to the candidate's fulfillment of the requirement. The Board may (1) confirm the adverse decision; (2) determine that the candidate satisfied the individual requirement in question and

reverse the adverse decision; (3) vacate the adverse decision and direct the candidate to take action to fulfill the individual requirement in question; or (4) make another determination.

3. **Adverse Decisions - Lifelong Learning Program or Revocation:** After reviewing a candidate's application for the Lifelong Learning Program and the supporting materials thereof, the Board shall make a determination as to the candidate's fulfillment of the requirements for Lifelong Learning Program Certification. The Board may (1) determine that the candidate has satisfied the requirements, and grant Lifelong Learning Program Certification; (2) determine that the candidate

has not satisfied the requirements, and deny Lifelong Learning Program Certification; (3) revoke the certificate of the Diplomate; or (4) make another determination.
Should the Board decide to deny Lifelong Learning Program Certification to a Diplomate or to revoke the certificate of a Diplomate, the Board shall send written notice thereof to the applicant or Diplomate. The notice shall state the reasons for the Board's decision.

4. **Request for Hearing, Hearing Fee and Deposit:** A Diplomate who receives a notice that either (1) his or her Lifelong Learning Program Certification was denied; or (2) his or her certificate was revoked, may request a hearing to appeal the denial or revocation. In order to request a hearing, the former Diplomate must, within thirty (30) days after notification by the Board, send written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate whether the applicant or Diplomate wishes to attend the hearing. In order to be considered by the Board, a Request for Hearing must be accompanied by two certified checks, made payable to the Board, as follows:

(a) A certified check in the amount of $2,000.00 in satisfaction of the required, non-refundable filing fee; and

(b) A certified check in the amount of $10,000.00 as a deposit for costs of the hearing, pursuant to paragraph 6 below.

Any purported Request for Hearing that is not accompanied by two certified checks as provided above shall be considered untimely.

A Diplomate properly making a Request for Hearing in the manner provided above shall be referred to as an "appellant."

For those holding a time-limited certificate, their certificate shall stay in effect until the appeals process is completed.

5. **Notice of Hearing:** If the Board receives an appellant's Request for Hearing in a timely manner, the Board shall set the date, time, and place of the hearing, and shall give the appellant at least thirty (30) days prior written notice thereof.

6. **Fees, Costs, and Expenses of Revocation Hearing:**

(a) As noted above, the appellant shall pay to the Board a $2,000.00 fee and a $10,000.00 deposit for the costs of the hearing. Board guidelines for travel, meals, and lodging shall apply to all such expenses.

(b) The appellant's costs and expenses shall be the sole responsibility and obligation of the appellant.

(c) The Board's costs and expenses shall be the sole responsibility and obligation of the Board.

(d) The $10,000 deposit shall be refunded if the appellant notifies the Board in writing at least 30 days before the date of the hearing that he has decided not to pursue the appeal.

The $2,000 hearing fee is not refundable under any circumstances.

7. **Hearing:** The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion. The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of the evidence that the Board's decision was erroneous.

8. **Failure to Appear:** Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees (or the hearing panel) may determine, in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal. In all cases where a hearing panel is appointed, the hearing panel shall act with full authority of the Board, and its decisions shall be the Board's decisions.

9. **Hearing Procedure:** The appellant may appear at the hearing to present his or her position in person, at the time and place specified by the Board, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings, but may consider any information it deems appropriate. The appeals process is a peer review process and neither party may be represented by, or be accompanied by legal counsel, except that the Board may have legal counsel present to advise the Board with respect to procedural issues.

10. **Notice of Decision:** Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.

11. **Finality:** The decision of the Board (or the hearing panel) shall be a final decision of the Board and shall be binding on the Board and on the appellant.

12. **Notices:** All notices or other correspondence described herein or otherwise pertaining to an appeal should be sent to the following address:

The American Board of Urology
600 Peter Jefferson Parkway, Suite 150
Charlottesville, VA 22911
ATTN: Executive Director

## APPLICABLE LAW

All questions concerning the construction, validity, and interpretation of the certification, recertification, and maintenance of certification procedures followed by the American Board of Urology and the performance of the obligations imposed thereby shall be governed by the internal law, not the law of conflicts, of the State of Virginia. If any action or proceeding involving such questions arises under the Constitution, laws, or treaties of the United States of America, or if there is a diversity of citizenship between the parties thereto, so that it is to be brought in a United States District Court, it shall be brought in the United States District Court for the Western District of Virginia.

## FINAL ACTION OF THE BOARD

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

**Regardless of the sequence by which the various steps of the Lifelong Learning Program may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny Lifelong Learning Program Certification upon consideration of information that appears to the Board to justify such action.**

The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

## "BOARD ELIGIBLE" STATUS

The American Board of Urology recognizes the term *Board Eligible* in reference to its applicants and candidates. A candidate is not certified until all components of the certification process have been successfully completed. However, in the case of initial general specialty certification, the period from July 1 or the date of completion of residency training for 6 years or until successful completion of the certification process, whichever comes first, is considered the "board eligible" timeframe. If certification is not completed in that timeframe, or if the Board eligible timeframe ends, the candidate will cease to use that term further. There is no board eligible timeframe for subspecialty certification.

## INQUIRY AS TO STATUS

The Board considers a diplomate's record not to be in the public domain. When a written inquiry is received by the Board regarding a diplomate's status, a general but factual statement is provided that indicates the person's status within the examination process. The Board provides this information only to individuals, organizations, and institutions supplying a signed release of information from the candidate, and a charge of $50 per request will apply.

**UNFORSEEABLE EVENTS:** Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

## CHANGE OF ADDRESS:

**Notifying the Board office of a change of address is the responsibility of the Diplomate.**

## THIS HANDBOOK IS SUBJECT TO CHANGE

The Board reserves the right to change dates, procedures, policies, requirements and fees without notice or issuance of a new handbook.

**Lifelong Learning Timeline**

Initial Certification/Initial Subspecialty Certification

| Certification Exam Year | L1 Entry Timeframe | L2 Entry (Year 7) | Certificate Expiration |
|---|---|---|---|
| 2015 | 2019-2020* | 2022 | 2025 |
| 2016 | 2019-2021* | 2023 | 2026 |
| 2017 | 2019-2022 | 2024 | 2027 |
| 2018 | 2020-2023 | 2025 | 2028 |
| 2019 | 2021-2024 | 2026 | 2029 |
| 2020 | 2022-2025 | 2027 | 2030 |
| 2021 | 2023-2026 | 2028 | 2031 |
| 2022 | 2024-2027 | 2029 | 2032 |

*New policy, implemented in 2019, allows up to four years for completion of all **Level 1** components.

| Certificate Expiration Year | L1 Entry Timeframe | L2 Entry (Year 7) |
|---|---|---|
| 2025 | 2019-2020* | 2022 |
| 2026 | 2019-2021* | 2023 |
| 2027 | 2019-2022 | 2024 |
| 2028 | 2020-2023 | 2025 |
| 2029 | 2021-2024 | 2026 |
| 2030 | 2022-2025 | 2027 |
| 2031 | 2023-2026 | 2028 |

# APPLICATION DEADLINES FOR LIFELONG LEARNING LEVEL 2 PEDIATRIC SUBSPECIALTY

Application deadline ..... April 1

Application late deadline.....April 15
(with $750 late fee, no applications will be accepted after April 15)

Peer Review Deadline (**LEVEL 2** ONLY)……..….... April 1
(after deadline $275 late fee)

Practice Log and Log Documents……... April 1

Practice Log late deadline……..……. April 15
(with $750 late fee, no practice logs will be accepted after April 15)

Practice Assessment Protocol (PAP):

Part A completed.....April 1
($275 late fee after April 1, after June 1 fee increases to
$475, after September 1 fee increases to $675)

Part B completed.....June 1 – October 1
($275 late fee after October 1, after Dec 1 fee increases to $475)

CME Deadline (**LEVEL 2** ONLY) ……April 1
(after April 15 with $275 late fee, after June 1 fee increases to
$475, after September 1 fee increases to $675)

Patient Safety Module……April 1
($275 late fee, after June 1 fee increases to
$475, after September 1 fee increases to $675)

**EXAMINATION RESULTS WILL BE WITHHELD FROM THOSE CANDIDATES WHO HAVE NOT COMPLETED ALL LEVEL 2 LIFELONG LEARNING PEDIATRIC SUBSPECIALTY REQUIREMENTS BEFORE EXAMINATION.**

**A Diplomate's certificate is subject to revocation for non-compliance with LLL requirements.**

| **American Board of Urology Fees** |
|---|
| **Qualifying (Part 1) Examination** |
| Residents- $1530 (may defer fee until Jan 5) |
| Practitioners & Fellows- $1530 (fee must be submitted with application, Nov 1) |
| **Certifying (Part 2) Examination- $1800** |
| Re-examination- $1800 |
| **Pediatric Subspecialty Certification- $1845** |
| **URPS Subspecialty Certification- $1845** |
| **Re-Examination** after failure of any exam [except Certifying (Part 2) Exam]- $500 |
| **Annual Certificate Fee- $330** (increases to $530 after April 1 and $730 after July 1 |
| **Other Fees** |
| L2 Administrative Fee for Deferral from process-$100 |
| "NSF" (non-sufficient funds for returned check) Fee-$100 |
| Site Visit (plus expenses)-$2000 |
| Appeal hearing-$2000 non-refundable filing fee; $10000 deposit for costs |
| Official Verification of Status-$50 |
| Log Resubmission Fee (for omission or error)-$500 |
| Deferral for inadequate log (balance of application fee returned)-$200 |
| Charge for Typing of Practice Log-$500 |
| Charge for Typing of Pediatric/URPS Practice Log-$750 (12 mth) |
| **Late Fees** |
| For application, documentation, fees, log-$750 |
| For CME and all LLL requirements only- $275 |
| **Cancelation Fees** |
| Excused absence-$250 |
| Unexcused absence-$500 |
| Failure to appear-$750 |
| **Reinstatement Fees** |
| After expired or revocation of certificate-$1500 |
| After two successive absences from an examination-$700 |
| |

***There is no application fee for Lifelong Learning; however, Diplomates must be current on the annual certificate fee payment.

Please make checks payable to the American Board of Urology. All checks must be in U.S. Dollars.

Lifelong Learning Level 2 Requirements Chart

| COMPONENT | L1 YEAR (2-5) * | L2 YEAR 7, 8 or 9 ** |
|---|---|---|
| Complete on-line application | X | X |
| Verify unrestricted license | X | X |
| Practice Assessment Protocol (PAP) | X | X |
| Professionalism and Ethics Module (PEM) | X | |
| Peer Review | X | X |
| Patient Safety Videos (PSV) | X | |
| Patient Safety Module (PSM) | | X |
| 12-month practice log | | X |
| CME | X | X |
| LLL Pediatric Subspecialty Knowledge Assessment | | X |

*New policy, implemented in 2019, allows up to four years for completion of all **L1** components. The Lifelong Learning Timeline table is available in this handbook and on the ABU website.

The deadline for all L1 components is April 1 of the last eligible year of the diplomates L1 timeline, except for Part B of the PAP which is due by October 1. After April 1, a $275 late fee will be applied.

**We ask and strongly suggest that the LLL Knowledge Assessment be done at year 7 of the 10-year recertification cycle.

**Lifelong Learning Program is a continual developing process and thus the requirements may change as mandated by the ABMS.**