THE AMERICAN BOARD OF UROLOGY, INC.

®

2027
INFORMATION FOR APPLICANTS AND CANDIDATES

SEVENTY-FOURTH EDITION
Please discard all earlier booklets.

J. Brantley Thrasher, M.D.
Executive Secretary
600 Peter Jefferson Pkwy, Suite 150
Charlottesville, VA 22911
434/979-0059
www.abu.org

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

EXAMINATION DATES:
All examination dates are subject to change.

QUALIFYING (PART 1) EXAMINATION
July 15, 16, 17 and 19, 2027

CERTIFYING (PART 2) EXAMINATION
March 19 or 20, 2027

Application Filing Deadlines: See back cover

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.

CHANGE OF ADDRESS:
It is the responsibility of the Diplomate to ensure the Board office has current phone numbers, postal and email addresses.

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
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MISSION STATEMENT

The mission of the American Board of Urology is to act for the benefit of the public by establishing and maintaining standards of certification for urologists, working with certified urologists, working with Lifelong Learning to insure the delivery of high quality, safe and ethical urological care.

CHANGE OF ADDRESS POLICY

The processes of Certification, Recertification, Subspecialty Certification, and Lifelong Learning (LLL) 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, those in recertification, those in subspecialty certification, and those in LLL. 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 LLL, recertification, 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.

American Board of Urology
BOARD OF TRUSTEES 2026-2027

President:	**Mark P. Cain, M.D** Riley Hospital for Children 575 Riley Hospital Drive ROC 4230 Indianapolis, IN 46202
Vice President:	**E. Ann Gormley, M.D.** Dartmouth-Hitchcock Med Center 1 Medical Center Drive Section of Urology Lebanon, NH 03756
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EMERITUS TRUSTEES

* Dr. William F. Braasch, 1935-1940
* Dr. Henry Bugbee, 1935-1945
* Dr. Gilbert J. Thomas, 1935-1953
* Dr. Herman L.Kretschmer, 1935-1943
* Dr. Nathaniel P. Rathbun, 1935-1946
* Dr. George Gilbert Smith, 1935-1950
* Dr. Clarence G. Bandler, 1935-1949
* Dr. A. I. Folsom, 1935-1946
* Dr. T. Leon Howard, 1935-1946
* 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, 1950-1951
* 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

EMERITUS TRUSTEES, *continued*

* 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

EMERITUS TRUSTEES, *continued*

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 M. Shortliffe, 2001-2007
Dr. Peter R. Carroll, 2002-2008
Dr. Howard M Snyder, III, 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

EMERITUS TRUSTEES, *continued*

Dr. Gerald H. Jordan, 2006-2012Dr.
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, 2010-2016
Dr. J. Brantley Thrasher,2010-2016
Dr. J. Christian Winters, 2011-2017Dr.
Kevin R. Loughlin, 2011-2017 Dr. H.
Ballentine Carter, 2012-2018Dr. Fred
E. Govier, 2012-2018
Dr. Stephen Y. Nakada, 2013-2019Dr.
Mark S. Austenfeld, 2013-2019Dr.
David B. Joseph, 2014-2020 Dr.
Hunter B. Wessells, 2014-2020
Dr. Roger Dmochowski, 2015-2021
Dr. Douglas Husmann, 2015-2021
Dr. Eila Skinner, 2016-2022
Dr. Joel Nelson, 2016-2022
Dr. Gary E. Lemack, 2017-2023
Dr. Martha K. Terris, 2017-2023
Dr. J. Stuart Wolf, 2018-2024
Dr. Christopher Amling, 2018-2024
Dr. James M. McKiernan, 2019-2025
Dr. David B. Bock, 2019-2025
Dr. Christopher J. Kane, 2020-2026
Dr. Cheryl T. Lee, 2020-2026

* 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 meetingon 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 Academic Urologists, the American College of Surgeons, and the Society of Pediatric Urologists.

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, lifelong learning, 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 (LLL) program. Certification of these Diplomates involved in LLL verifies that these Diplomates are in an ongoing process of lifelong 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, recertification, 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 tocensure, suspend or 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 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.

THE CERTIFICATION PROCESS

Applicants approved by the Board to enter the certification process must complete both a Qualifying (Part 1) Examination and, after passing this examination, a subsequent Certifying (Part 2) Examination to become certified. Assessment of clinical practice through review of practice logs and peer review will also be carried out prior to admission to the Certifying (Part 2) Examination.

Effective with the June 2014 graduating residents: Certification must be achieved within six years of the successful completion of an ACGME accredited urology residency. An applicant will have no more than three attempts to pass the Qualifying (Part1) Examination and no more than three attempts to pass the Certifying (Part 2) Examination. Applicants who have not successfully completed the certification process within six years of completion of their urology residency or who have failedeither the Qualifying (Part 1) Examination or Certifying (Part 2) Examination three times must repeat and successfully complete the urology portion of an ACGME accredited urology residency program in order to re-enter the certification process.

EDUCATIONAL REQUIREMENTS

An applicant may initiate application for certification by the Board during the final year of his or her residency training or at some point thereafter. Every applicant must meet certain basic requirements as follows:

Education & residency: The applicant must be a graduate of a medical school approved by the Liaison Committee on Medical Education or a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association, and have completed a urology residency program accredited by

the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada [RCPS(C)]. ACGME training programs in urology are described in the American Medical Association *Graduate Medical Education Directory*, Section II, "Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements."

Postgraduate training requirements: The American Board of Urology mandates a minimum of 5 clinical years of postgraduate medical training. Training must include:

- A PGY1 (URO 1) year in an ACGME or RCPS(C) approved surgical or urology program including the following rotations:
  - 3 months of general surgery
  - 3 months of additional surgical training. Recommended rotations include surgical critical care, trauma, colorectal surgery, transplantation, plastic/reconstructive surgery. Alternate rotations may be accepted on a case-by-case basis based on educational value.
  - Minimum 3 months of urology
  - 3 months of other rotations, not including dedicated scholarly activity. This time may include additional urology,other surgical rotations, or appropriate nonsurgical rotations such as interventional radiology, nephrology, andanesthesiology.

- 4 years in an ACGME or RCPS(C) approved urology program, including at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training. The resident must have a minimum total of 48 months dedicated to urology training. Up to 3 months of urology in the PGY1 year may be counted toward the 48 months.

- For the above requirements, a month is defined as a calendar month. Up to 3 months of scholarly activity is allowed, excluding the PGY1 and chief years.

- For residents who completed 3 months of urology in the PGY1 year, up to 6 months of dedicated scholarly activity is allowed, excluding the PGY1 and chief year.

- A resident who has completed a PGY-1 year in a ACGME-approved general surgery program that included 3 months of general surgery and 3 months of additional surgical training as described above prior to entering urology residency training has fulfilled the "general surgery" requirements. A minimum of 48 months of clinical urology training must be completed in the urology residency.

- All rotations must have been approved by the candidate's program director.

- PGY 2-5 (Uro 2-5)

- 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training.
- 48 months dedicated to urology training. (A maximum of 3 months of urology in the PGY1 year will be credited toward the 48 months).
- A maximum of 6 months of research/dedicated scholarly activity is allowed, provided 3 months of urology was completed as a PGY1. Research/dedicated scholarly activity is not allowed as a PGY1 or during the 12 months of chief residency.

Residents must comply with the guidelines in place at the time he/she enrolled in the program.

All rotations listed above that are not part of the core urology training must have been approved by the candidate's program director. As part of the core urology training, the candidatemust have completed at least 12 months as a chief resident in urology with the appropriate clinical responsibility and under supervision during the last two years of training in an ACGME- approved program.

To be admissible to the Certifying (Part 2) Examination, a Canadian trained candidate must be certified by the RCPS(C). Medical graduates from schools outside the United States or Canada who provide an equivalent medical background and who have completed an ACGME-approved urology residency in the United States may qualify for examination by the American Board of Urology. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG).

Canadian Medical School Graduates: Physicians who attended medical school in Canada and received all pre-urology and urology residency training in approved Canadian programs must satisfactorily complete the same training as listed above. Certification by the RPCS(C) is not required for the Qualifying (Part 1) Examination, but is required to be admissible to the Certifying (Part 2) Examination.

International Medical School Graduates: Applications from medical graduates from schools outside the United States or Canada who provide an equivalent medical background and a) who have completed an ACGME-approved urology residencyand the prerequisite ACGME-approved pre-urology training in the United States may qualify for examination or b) who have completed a RCPS(C)-approved urology residency in Canada will be reviewed on a case by case basis. All such applicants must have a valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG).

Changing programs: A resident may only transfer once during the urology portion of training and the last two years of residency training must be spent in the same institution. A resident who wishes to transfer must notify the ABU in writing six months in advance of the transfer and copy the currentProgram Director and DIO. The Program Director from the recipient program must send a letter to the ABU verifying there is an appropriate residency slot in the program for the resident to fill.

Leaves of absence: Leaves of absence and vacation may be granted to residents at the discretion of the Program Director consistent with local institutional policy and applicable laws. Each program may provide vacation leave and family leave (any leave required to care for a family member) for the resident in accordance with institutional policy. The ABU requires 46 weeks of full-time clinical activity in each of the five years of residency. However, the 46 weeks may be averaged over the first 3 years of residency, for a total of 138 weeks required in the first 3 years, and over the last 2 years, a total of 92 weeks is required.

Vacation or various other leave may not be accumulated to reduce the total training requirement. Should circumstances occur which keep a resident from working the required 138 weeks the first 3 years and 92 weeks the last 2 years, the Program Director must submit a request to the ABU for a variance of the current policy or a plan outlining how the training deficit will be rectified. In certain cases an extension of the residency training may be required.

Ninety-two (92) weeks of training is required for two-year fellowships, without the need to request a variance or submit a plan for making up a training deficit.

This policy is not retroactive and does not apply to leave taken prior to the 2021-2022 academic year.

Leave for educational/scientific conferences are at the discretion of the Program Director.

Internationally Trained Urologists:

Entrance into the certification process differs for individuals that completed a urology residency program not approved by the Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC). For these *International Medical Graduates* (IMG), an alternate pathway into the certification process is available. However, The American Board of Urology (ABU) considers this situation to be extraordinary, and approves or disallows entrance into this *alternate* pathway on a case-by-case basis. The requirements for application and entrance into the certification process are listed below.

REQUIREMENTS FOR APPLICATION

1. Currently employed in the US at an academic center on the core teaching faculty of a urology residency program approved by the ACGME.
2. At least 7 years of experience in a full-time faculty position in a program with a residency program accredited by the ACGME or the Royal College of Physician and Surgeons of Canada (RCPS-C) providing outstanding clinical and educational service in such a program, along with meaningful scholarship productivity. This service could have been accumulated at more than one such program, including in Canada.
3. Subspecialty Application: An applicant who has achieved ABU certification through the Alternate Pathway, who continues to meet the criteria above and who has at least 75% subspecialty immersion in either pediatric urology or female pelvic medicine and reconstructive surgery may apply for subspecialty certification in the appropriate subspecialty.

APPLICATION PROCESS

- The application must include a completed application form.

- A cover letter must be included from the applicant detailing his/her contributions to urology in the areas of clinical practice, scholarship and resident education.
- An updated CV
- Six letters of recommendation from academic urologists in active practice attesting to the applicant's contributions in the areas of residency/fellow education, scholarship and patient care. These must include a letter from individuals in the positions listed below. These letters should be sent directly to the ABU from the letter writer. No additional letters that are submitted will be included with the final application. (your department chair (or Division Chief), residency program director at your institution, two letters from ABU certified senior faculty members at other academic institutions attesting to the applicant's contributions in the areas of residency/fellow education, scholarship and patient care, letter from the Chair or a senior faculty member at the international academic institution in which the applicant worked for at least 1 year prior to coming to the US.)
- Other materials submitted such as patient testimonials, media reports or similar documents are not requested and will not be included in the application.

APPROVAL PROCESS

- Applications and letters of recommendation and the application fee must be received by June 1 in order for the application to be considered at the meeting of the Trustees in August. Applicants will be notified of the results of the approval process by September 15th of the same year, and if approved will be eligible to apply to take the qualifying examination the following year.
- A fee of $500 must accompany the completed application.
- The Board will request completion of confidential peer review questionnaires from the Chief of Urology and/or Surgery, the Chief of Anesthesiology, and the Chief of Staff (or Chief of Pediatrics/Obstetrics & Gynecology where applicable) for each facility in which the applicant performs at least 50 cases annually, documenting the applicant's status in the medical

community. Greater than 50% response rate is acceptable for the candidate to proceed with the process.

- The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate's abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will the source of any peer review be revealed to any person other than Trustees and Staff of the Board.
- The Board of Trustees will consider each individual application including the entirety of the application. Final decision is up to the discretion of the Board.

OTHER REQUIREMENTS

Credentials approval: Applicants for certification must be approved by the Credentials Committee of the Board. Additional information may be requested by the Executive Secretary. No duty or obligation to assist any applicant in completing the application process is implied. The applicant is responsible for ensuring that all supporting documents are received in the Board office by the indicated time.

Release of liability: As a condition of application to the certification process, applicants must sign a waiver releasing, discharging, and exonerating the Board, its trustees, officers, members, examiners, employees, and agents from any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys' fees) alleged to have arisen from, out of, or in connection with the certification process.

Release of results: As a condition of application to the certification or lifelong learning process, the applicant must sign a waiver agreeing to allow the Board to release application information or examination results achieved in the Qualifying, Certification or Lifelong Learning knowledge assessments to the

residency program director, the Residency Review Committee for Urology, and any third parties the Board deems necessary.

Disability accommodations policy: An applicant requesting accommodations during Board examinations due to a physical or mental disability that substantially limits a major life activity must indicate this request on the application provided by the Board. A recent evaluation and appropriate formal documentation by a qualified professional that substantiate the disability must accompany the application. The Board may then have any and all documentation and/or evaluations submitted by the candidate reviewed by an additional qualifiedprofessional. This can be done at the Board's discretion and the Board will bear the cost of any additional review or evaluation. The Credentials Committee of the Board will make the finaldecision regarding the accommodations that will be offered if the request under consideration is made by a candidate forcertification.

Misrepresentation and nonresponse procedure: Applicants for certification who misrepresent or do not respond to questions on the application will be, at a minimum, deferred from the process for one year.

Requirements for applicants with a history of chemical dependency: Such applicants will not be admitted to the Qualifying (Part 1) or Certifying (Part 2) Examinations unlessthey present evidence to the Board that they have satisfactorily completed the program of treatment prescribed for their condition. In addition, any such applicants for the Certifying (Part 2) Examination may have a site visit of their practices by a representative of the Board.

THE QUALIFYING (PART 1) EXAMINATION

The ABU has a responsibility to protect the integrity of its examination material from unauthorized use. All ABU exams are considered intellectual property. Hence, all ABUexaminations are

copyrighted on an annual basis.

The Qualifying (Part 1) Examination is given annually in a computer-based format at over 200 Pearson VUE Testing Centers across the United States.

The examination is given during the month of July. The candidate may take the examination on either of the two days it is offered, dependent upon site availability. An appointment to sit for the examination can be scheduled at the prescribed time, after the candidate has met all requirements, paid all fees, and been approved by the Board. A letter will be sent to the candidate notifying the candidate he or she is eligible to sit for their examination and when he or she may schedule an examination appointment.

The examination is made up of 300 multiple choice questions which will be presented in groups of 150 each over two three-hour sessions in one day, with a lunch break between sessions.

The examination is designed to assess knowledge of the entire field of urology and allied subjects. This includes, but may not be limited to: ethics, professionalism, epidemiology, andrology (including infertility), calculous disease (including endourology and shock-wave lithotripsy), congenital anomalies, pediatric urology, urologic disorders of females, infectious diseases, neurourology and urodynamics, obstructive diseases, renovascular hypertension and renal transplantation, sexuality and impotence, adrenal diseases and endocrinology, trauma, urologic imaging and interventional radiology, urologic oncology, and geriatric oncology.

Application: An application link provided by the Executive Director shall be completed by the applicant online. Applications must be inthe Board office by November 1 in order to permit the applicantto be admitted for the Qualifying (Part 1) Examination

the following July. Applications and documentation not postmarked by November 1 will incur a late fee (non-refundable) of $750.

No applications will be accepted after December 1. No application will be considered by the Credentials Committee or the Board unless it is submitted by the deadline set forth and is complete and includes all required supporting documentation. The Executive Director will determine if an application is complete.

Documentation of education and training: The application must be accompanied by a copy of a graduation certificate from a medical school approved by the Liaison Committee on Medical Education or from a school of osteopathy approved by the Bureau of Professional Education of the American Osteopathic Association.

The candidate must provide specific verification of successful completion of the pre-urology postgraduate training requirement in a program approved by the ACGME (such as a certificate or an original letter from the director of the program(s) where the applicant completed PGY 1 and 2). Pre-urology training must be documented separately from urology training.

Graduates of medical schools not approved by the Liaison Committee on Medical Education, the Bureau of Professional Education of the American Osteopathic Association, or the Accreditation Committee of the RCPS(C), must furnish a copy of a valid ECFMG certificate.

The director of the program where the applicant is finishing residency training must provide a letter to the Board office by January 1 confirming that the applicant is expected to have successfully completed one year of training in the capacity of chief resident during the calendar year in which the Qualifying

(Part 1) Examination is to be taken. The Program Director must also complete an evaluation form supplied by the Board. This evaluation must be received in the Board office by March 1 preceding the Qualifying (Part 1) Examination given in July.

In the event that a Program Director recommends that an applicant, who has completed all requirements listed above, not be allowed to take the examination for reasons unrelated to the requirements above (e.g. behavioral, professionalism, etc), the trustees may allow the applicant to proceed without gradingthe examination until questions regarding the applicant have been fully resolved.

Failure to pass the examination: An applicant failing the Qualifying (Part 1) Examination must repeat the exam the next year unless the absence is excused by the Board office. Failure to retake the examination at the first available opportunity will result in assessment of an unexcused absence fee on subsequent applications. The applicant must pass the Qualifying (Part 1) Examination process in sufficient time to allow for completion of the certification process within the allotted six years of completion of residency. If a candidate fails the Qualifying Exam for the third time the board may consider individual request to re-enter the process. These requests will be assessed on a case-by-case basis. 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 or other evaluation may alsobe assigned. If re-entry criteria are met the applicant will be allowed to apply to re-take the exam.

THE CERTIFYING (PART 2) EXAMINATION

Candidates for the Certifying (Part 2) Examination must have met all training requirements and have passed the Qualifying (Part 1) Examination. Candidates will be expectedto demonstrate knowledge and surgical experience in the broad

domains of urology such as: infertility, impotence, calculous disease, Endourology, extracorporeal shock wave lithotripsy, neurourology, urodynamics, urologic imaging, uropathology, female urology, pediatric urology, infectious disease, obstructive disease, psychologic disorders, renovascular disease, transplantation, genitourinary sexuality, trauma, urologic oncology, and geriatric oncology.

The Certifying (Part 2) Examination includes assessment of clinical practice through review of practice logs, peer review, and oral examinations.

Period of admissibility: The candidate must successfully complete all components of the Certifying (Part 2) Examination within six years of the completion of residency, unless an extension has been granted.

In the event a candidate fails the Certifying Exam for the third time or fails to pass the exam within the required window of 6 years from residency (with any approved variances), 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 or other evaluation may also be assigned. These evaluations will be performed at the expense of the candidate. If re-entry criteria are met the applicant will be allowed to apply to re-take the exam.

A yearly extension of the period of admissibility may be granted by the Board for approved fellowships relevant to urology of one year or longer. Credit is subject to Board approval; documentation of fellowship training is required.A four-month credit toward the 16-month practice period requirement may be awarded to an individual for fellowship training approved by the Board, effective with documentation of the

successful completion of thefellowship. The candidate must notify the Board in writing if he or she spends one or more years in post-residency fellowship training.

In the eyes of the Board, one is either a Practitioner or a Fellow.

All extensions of the period to complete certification are granted by the Board because of extenuating circumstances (e.g., involvement in a fellowship of one or more years' duration subject to Board approval, and deferral foran inadequate practice log). The candidate should request such extensions in writing, and include the reason for the request.

Application: Application for admission to the Certifying (Part 2) Examination is made by completing the Supplemental Application form via the online portal. This application and fee should be completed via online portal, and must be received in the Board office by July 1 prior to the Certifying (Part 2) Examination of the following year. Applicants will be assessed $750 for applications received between July2 and July 15. No applications will be accepted after July 15.

Licensure requirements: Applicants seeking certification by the Board of Urology must have a valid medical license 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 Committeeof the Board will determine whether the applicant satisfies the licensure requirement. Diplomates practicing outside the US without a US License: Diplomates who practice outside of the United States or its territories without maintaining a valid state license will be considered "clinically inactive". During this period, which cannot exceed ten years, they must comply with LLLC 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.

Practice requirements: Candidates for the Certifying (Part 2) Examination must be in the active practice of urology and must be licensed to practice medicine in the area of current practice activity. In addition, the candidate must have engaged in a minimum of 16 months of urological practice with primary patient responsibility in a single community, an academic institution, or in the Armed Forces.

Other documentation: The following completed documents must be submitted to the Board office on or before September 1 to avoid a late fee (non-refundable):

1) Practice Breakdown form
2) Log Verification Statement
3) Complications narratives

Practice log: Candidates must submit logs of all office visits, hospital, ambulatory care, and office procedures for each facility where they practice, for the same consecutive six-month period within the seventeen month period between April 1, 2024 and August 31, 2025. Procedures performed as the primary surgeon, and procedures performed by auxiliary personnel and billed by the candidate should be included. Procedures done outside of the United States are acceptable. In the case of military or public health physicians subject to unexpected changes of assignment, the Board may accept cases from the previous assignment.

Log Resubmission Policy: All logs must be provided in the format prescribed by the Board and must be received in the

Board office by September 1 prior to the Certifying (Part 2) Examination. **Logs must be verified by the candidate.** It is imperative that you carefully review the data contained in your log submission. Your signature is required on a Practice Log Verification Statement attesting that you have reviewed the data contained in your log submission and that it is a true, complete, and accurate log of your consecutive office visits and surgical procedures for the required time period. If, following review by the ABU Committee charged with reviewing logs, it becomes necessary to repeat processing on a log submission due to errors, oversights, or omissions, a $500 fee will be assessed for this process.

Applicants will be assessed $750 for logs received between September 2 and September 15. No practice logs will be accepted after September 15.

Candidates deferred on the basis of their practice log must submit a new log with their next application. The six-year period of admissibility for completing certification will be extended one time by one year for candidates whose certification is delayed because of an inadequate practice log.

Detailed instructions for completing the electronic log are included in the application packet mailing and are available on the Board's website: *www.abu.org.*

Practice log review is an important component of the certification process. The Board will review the practice logs of urologic subspecialists in the context of the expected subspecialty experience. While there is not currently a minimum number of cases established for an acceptable log, a practice experience well below the norm for the peer groupmay be cause for delaying the certification process until there is sufficient experience to adequately assess a candidate's practicepattern and management abilities.

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. The applicant shall be responsible for providing requested patient records, and is expected to furnish them within the time frame specified by theBoard. The candidate shall ensure that the patient records so disclosed do not contain any patient-identifying information.

Peer review: To further ascertain and document the candidate's qualifications for certification, the Board requests completion of confidential peer review questionnaires from the Chief of Urology and/or Surgery, the Chief of Anesthesiology, and the Chief of Staff for each facility in which the applicant performs at least 50 cases annually, documenting the applicant's status in the medical community. The candidate must sign a waiver authorizing any and all third parties contacted by the Board to furnish to the Board such records and information, including confidential information related to the candidate's abilities and reputation as a urologist, as the Board (in its sole discretion) may deem necessary or advisable. Under no circumstances will the source of any peer review be revealed to any person other than Trustees and Staff of the Board.

Board review of credentials: Upon receipt of the practice logs and peer review information, the Credentials Committee of the Board will review the candidate's credentials. Evidence of ethical, moral, and professional behavior, and an appropriate pattern of urologic practice including experience with anadequate volume and variety of clinical material, will be sought. Areas of inadequacy may be cause for deferment or discontinuation of the certifying process until these areas are clarified or corrected. Actions of the Board to achieve clarification may include:

a. Inquiry by the Credentials Committee of the Board into practice irregularities;

b. Request for certified copies of candidate's health care facility and/or office records for review;

c. Invitation to appear before the Board for a personal interview;

d. A site visit to the candidate's community at the candidate's expense ($2,000 + expenses): and/or

e. Other appropriate measures that may be deemed necessary to assess apparent deviations from standard urologic practice.

The candidate will not be permitted to continue the certification process until the Board has satisfied itself of the appropriateness of the candidate's practice pattern and professional behavior. The Board may elect to defer continuation of the certification process pending investigation and resolution of any inadequacies or deviations. It may deny certification 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 or candidate's status in the certification process.

Oral examination: The oral examinations are given annually in February in Raleigh, North Carolina. The examination is an interactive process between examiner and candidate during which an assessment is made of the candidate's ability to diagnose and manage urologic problems. There are two one-hour examination encounters with different examiners, composed of one OSCE and two protocols each.

Objective Structured Clinical Examinations (OSCEs)

Beginning with the 2023 Certifying (Part 2) Examination, the ABU will incorporate Objective Structured Clinical Examinations (OSCEs) as part of the oral examination. The OSCEs will assess communication and professionalism related to patient care and may include the presence of an external participant (actor) with whom the candidate will need to interact during the exam.

The nature of these interactions could involve any number of skills that the Board is already testing, though in a more realistic, accurate, and meaningful manner. These clinical exams will account for approximately 10% of the entirety of the exam and the remainder of the examination will remain largely unchanged.

The Board strongly feels that the urological education currently in place at the training programs already prepares candidates for the oral examination and no changes are necessary to prepare for the OSCE portion. Further, we do not believe that candidates need to alter their specific exam preparation in any way. The inclusion of OSCEs will allow candidates to better demonstrate their knowledge, compassion, and ability to communicate. These are attributes we are already testing during the examination, but we believe OSCEs will simply allow us to assess those qualities more accurately.

We firmly believe that the inclusion of OSCEs will benefit our mission in allowing the Board to better assess candidates in an ongoing effort to insure the delivery of high quality, safe and ethical urologic care.

Since the candidate has passed the Qualifying (Part 1) Examination, the examiner presumes in the oral examination that the candidate has a satisfactory degree of cognitive knowledge or urology. Therefore, the oral examination will concentrate on the candidate's professional conduct, problem-solving ability, and response to changes in clinical situations.

Evaluation is made of the candidate's ability to collect pertinent information systematically, integrate it, assess the problem, and propose appropriate solutions. The candidate's ability to manage changing clinical conditions is evaluated through the flexible interaction between the examiner and the candidate. Changed clinical conditions may be posed by the examiner in order to assess the various responses by the candidate, or may be developed by the examiner from the outcome of management recommendations offered by the candidate during the interview.

The candidate's attitude, interaction with the examiner, and expression of management concerns contribute to the assessment of professional behavior.

Failure to pass the examination: An applicant failing the Certifying (Part 2) Examination may repeat the exam the next year, provided the candidate is still within the allotted five or six years of completion of residency. Certifying (Part 2) application components carry over for one exam cycle (i.e. practice log).

Oral Examination Dress Code: The American Board of Urology has a practice of anonymity for applicants to the Certifying (Part 2) Examination with respect to training, practice location, and a candidate's name. Wearing a military uniform makes a candidate identifiable in that military regulation not only mandates a nametag on the uniform, but the uniform itself reveals the practice type of the candidate in question. The ABU asks that military candidates for board certification appear in civilian clothing throughout the examination process. Military candidates who present in uniform may be denied access to the examination process. Appropriate, professional attire is recommended for all candidates for board certification by the American Board of Urology.

IRREGULAR EXAMINATION BEHAVIOR

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

Irregular behavior threatens the integrity of the ABUcertification process. Irregular behavior is a 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
- 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, or suspension, or revocation of a current ABU certificate.

FEES AND DEADLINES

[See summary chart on back cover]

Preparation of the protocols for the oral examination, ABU office administration of the applications, fee collection, and scheduling, as well as responding to written, electronic and telephone queries, payment for psychometric evaluation and analysis of examination outcomes, plus the actual expenses relating to the examination add up to approximately a quarter of the Board's 2.1 million dollar operating budget.

The ABU accepts credit card payments, applying a 3% convenience fee to offset bank charges.

The current examination fees may be changed without notice. Fees reimburse the Board for expenses incurred in preparing and processing the applications and examinations of thecandidate.

Application fees: Payment of $1,300 must accompany the initial application for the Qualifying (Part 1) Examination. Chief residents only may delay the fee payment for their Qualifying (Part 1) examination until January 5.

An additional fee of $2,000 must accompany the application for the Certifying (Part 2) Examination. An applicant or candidate secures no vested right to certification as a resultof paying an examination fee.

Late fees (non-refundable)**:** A $750 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. Courier service for guaranteed receipt is recommended.

Cancelation fees: Cancelation fees are as follows: $750 for failure to appear; $500 for an unexcused absence; $250 for an excused

absence (in cases of personal or family illness or death).

Excused absences: Only one excused absence is permitted, at the discretion of the Board, and this extends the period of admissibility for one year. The excused absence fee of $250 will be assessed. Following one excused absence, any subsequent absences are classified as unexcused. There will be no further extensions of admissibility, and an unexcused absence fee and reinstatement fee, if any, will be assessed.

Inactive status: Applications will be considered inactive if two successive examination appointments are canceled by the applicant. A reinstatement fee is assessed after two consecutive absences. If the candidate has not already exceeded the six-year time limit, he or she may re-gain active status by payingthe reinstatement fee of $700 plus an additional fee for anunexcused absence or for a non-appearance.

Other fees: A $100 fee will be assessed for all returned checks. The re-examination fees for the Qualifying (Part 1) Examination are $350. The re-examination fee for the Certifying (Part2) Examination is $2,000. The fee for a site visit by a Board representative is $2,000 plus expenses.

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 $200 administrative fee. Late fees are non-refundable.

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.

Annual Certificate Fee: Beginning the year following satisfactory completion of the certification process, the Diplomate will be

invoiced a mandatory annual certificate fee.

This fee will replace any fees for the lifelong learning program.

Lifelong Learning Program

Beginning in 2018, those doctors who became certified, recertified, or subspecialty certified will enter a process of Life-long Learning (LLL). The Lifelong Learning program is designed to evaluate the continued competence of a Diplomate. LLL was developed by the American Board of Medical Specialties (ABMS) and its 24 member boards and has been supported by the Accreditation Council for Graduate Medical Education (ACGME), the American Medical Association (AMA), the Federation of State Medical Boards (FSMB), and many other organizations.

LLL 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 the year 5 of their 10-year Lifelong Learning cycle.

All subspecialty certificates issued by the American Board of Urology are time limited and subject to the Lifelong Learning (LLL) program. 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 sub- specialty 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 LLL process 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.

For those who have already entered a LLL cycle through Certification or Recertification; following Subspecialty Certification, a new LLL cycle will begin at Level 1 regardless of prior completion.

The first level of LLL will include 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 credits 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 PAPs are non-graded practice improvement tools developed by the Board and based on current Clinical Guidelines where possible. In certain subspecialty areas, PAPs are also developed in accordance with the best available literature. They will involve a self-review of a small number of sequential cases in a specific area; a comparison of the Diplomate's

evaluation and management of these cases to accepted practice guidelines or literature as stated above; and the successful answering of a short series of questions regarding the clinical guidelines. The applicant will be linked to an AUA Guideline or similar document with the appropriate answers and will correct any errors until he or she has answered the questions correctly. The PAP is not scored and no scores are maintained for Diplomates. The PAP is designed as a self-assessment tool only.

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 consistof 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 6-month practice log; culminating with a computer-basedknowledge assessment at the end of Level 2. The Diplomate will have three annual opportunities to successfully complete Level 2.

The office of the American Board of Urology will notify Diplomates holding a time-limited certificate when each phase of LLL is required. The handbook will be available at the Board's web site, www.abu.org and on request from the Board office. It is essential, and the Diplomate's responsibility, to be sure that the ABU office has current contact data. Notification of the AUA of an address change does not mean that the ABU has beennotified.

A physician who fails to complete the LLL process by the certificate expiration date is no longer considered a Diplomate of the Board. Additionally, the American Board of Medical Specialties and sponsoring organizations will be notified that the certificate has expired.

More specific details will be available on the Board website,

www.abu.org, in the annual ABU Report newsletter, and in various mailings, talks and articles by the Trustees as the implementation process progresses.

Diplomates are responsible for keeping the Board office informed of changes in their mailing and email addresses. Failure to do so could risk expiration of the Diplomate's certificate.

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 theassistance 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 the patient's relatives or other authorized representative if the patient is unable to understand this communication, 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 forthe 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 (excluding 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. Aurologist may make different arrangements for the delegationof patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

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 (excluding those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral 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 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 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 a urologist'scredentials, training, experience, or ability, or contain material claims of superiority which cannot be substantiated. If a communication results from payment to a 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.

Diplomates of the Board must notify the American Board of Urology in writing of any action taken by any state medicalboard against a medical license, even if the action does not result in revocation.

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. If it is determined by the Board that any certificate issued to a Diplomate is to be suspended or revoked, this decision shall apply to all certificates issued to that Diplomate.

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. Alterations in licensure such as probation or suspension will necessitate a change in certification status until the license status is returned to unrestricted.

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. Censure or suspension of a Diplomate may be listed in the annual *ABU Report.*

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 be a written reprimand to the Diplomate. Such suspension shall be made part of theDiplomate file and the ABMS will be notified immediately. The Board shall have the sole power to determine the designated length of suspension. The Diplomate should notify the Board at any time during the suspension if and when any encumbrance isresolved. The Board will notify both the Diplomate and the ABMS in writing once the suspension is officially removed. Recertification will be necessary if a time-limited certificate expires during the period

or suspension, and will be subject toLLL.

Revocation of Certificate

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of theBoard. 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 haveneglected 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, fails to pay the required $200 annual fee and applicable late fees (non-refundable) by November 1 in a given year.
i. If a Diplomate does not comply with LLL deadlines in the calendar year in which they are required, his/her certificate may be revoked.

Revocation of a Diplomate's certificate may be mentioned in the annual *ABU Report* and on the Board's website.

Reinstatement of Certificate

Should the circumstances that justified revocation of the Diplomate's certificate be corrected, the Board may allow the candidate to reapply for certification. 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 may be required to complete the certification or recertification process at the discretion of the Board.

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 consistentwith such procedures.

APPEALS PROCEDURE

1. **Certification is a Matter of the Board's Professional Judgment and Discretion:** Final action regarding each applicant's certification 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 certification 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 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.

2. **Adverse Decision Inquiry - Individual Requirement:** During the course of the Certification, Recertification, or Lifelong Learning process, 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 examination, the Board will review the candidate's 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 Credentials Committee, or the full Credentials 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 - Certification or Revocation:** After reviewing a candidate's application for certification and the supporting materials thereof, the Board shall make a determination as to the candidate's fulfillment of the requirements for certification. The Board may (1) determine that the candidate has satisfied the requirements, and grant certification; (2) determine that the candidate has not satisfied the requirements, and deny certification; or (3) make another determination.

Should the Board decide to deny subspecialty 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 candidate who receives a notice that his or her certification was denied may request a hearing to appeal the denial. In order to request a hearing, the candidate 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 setforth the specific reasons given by the Board which are alleged to be erroneous and shall indicate whether the applicant 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 candidate properly making a Request for Hearing in the manner provided above shall be referred to as an "appellant."

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 Boardof 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 examination given by the Board.

Regardless of the sequence by which the various steps of certification 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 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 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 urology certification, theperiod from July 1 or the date of completion of residency training for 6 years or until successful completion of the certification process or failure to pass the Qualifying (Part 1) Examination or Certifying (Part 2) Examination in three attempts, whichever comes first, is considered the “board eligible” timeframe. If certification is not completed in that timeframe or within three attempts at either exam, 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.

Applicants already in the certification process who finished their urology residency training prior to July 2014 are considered board eligible during the period from July 1, or the date of completion of residency training, for 5 years or until successful completion of the certification process, whichever comes first.

INQUIRY OF STATUS

The Board considers a candidate’s record not to be in the public domain. When a written inquiry is received by the Board regarding a candidate’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.

UNFORESEEABLE EVENTS

Certain unforeseeable events such as severe weather, natural disasters, 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 examinations.

LLL REQUIREMENTS		
Requirements	**Level 1 (year 4)**	**Level 2 (year 7, 8 ,9)**
Complete application online	**yes**	**supplemental application**
ABU office verify licensure	**yes**	**yes**
ABU office complete peer review	**yes**	**yes**
Candidate: Complete online Practice Assessment Protocol	**yes**	**yes**
Candidate: Submit documentation of 90 hours of CME	**yes**	**yes**
Candidate: Complete Patient Safety Module	**yes**	**yes**
Candidate: Complete Professionalism and Ethics Module	**yes**	
Candidate: Submit 6 month electronic practice log, 12 month electronic log for subspecialty		**yes**
Candidate: Computer-based knowledge assessment		**yes**

American Board of Urology Fees
Qualifying (Part 1) Examination
Residents- $1485 (may defer fee until Jan 5)
Practitioners & Fellows- $1485 (fee must be submitted with application, Nov 1)
Certifying (Part 2) Examination- $2000
Re-examination- $2000
Pediatric Subspecialty Certification- $1845
FPM-RS Subspecialty Certification- $1845
Re-Examination after failure of any exam [except Certifying (Part 2)Exam]- $550
Annual Certificate Fee- $330 (increases to $530 after April 1 and $730 after July 1)**
Other Fees
Administrative Fee-$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 (refundable)
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/Female Pelvic Medicine Practice Log-$750 (12 months)
Late Fees
For application, documentation, fees, log-$750
For CME and all LLL requirements only- $200
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
The ABU accepts credit card payments, applying a 3% convenience fee to offset bank charges.

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

Application Filing Deadlines & Fees for the Certification Process

Qualifying (Part 1) Examination		Certifying (Part 2) Examination				
Application & documents **due Nov. 1** *Practitioner & Fellow* $1,530 fee **due Nov. 1** *Chief Resident* $1,530 fee only **due Jan. 5**	Application & documents + **$750 late fee due Dec. 1** *Practitioner & Fellow* $1,530 fee + **$750 late fee due Dec. 1**	Application + documents + $2,000 fee **Due July 1**	Application + Documents + $2,000 fee + **$750 late fee** **Due July 15**	Practice Logs **Due Sept 1**	Practice Logs + **$750 late fee** **Due Sept 15**	
Application & documentation due November 1 (Late deadline with late fee December 1)		**Application & documentation due July 1** (Late deadline with late fee July 15)		**Practice Log due September 1** (Late deadline with late fee September 15)		