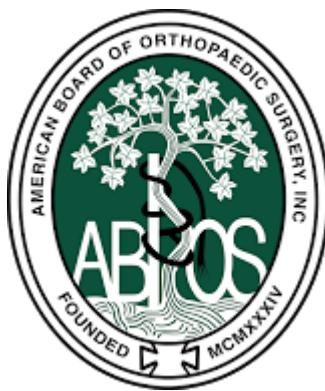


# AMERICAN BOARD OF ORTHOPAEDIC SURGERY, INC.



## Rules and Procedures for Residency Education, Part I, and Part II Examinations

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# **RESIDENCY EDUCATION, PART I, AND PART II EXAMINATIONS RULES AND PROCEDURES**

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## **I** **INTRODUCTION**

**A. Rules and Procedures**

These Rules and Procedures set out the terms and conditions of The American Board of Orthopaedic Surgery's (ABOS) process of voluntary Board Certification in Orthopaedic Surgery. The ABOS reserves the right to make changes in its rules and procedures at any time and without prior notice. An Applicant must meet the current qualification requirements at the time of application.

**B. Purpose**

The ABOS was founded in 1934 as a private, voluntary, nonprofit, autonomous organization. It exists to serve the best interests of the public and of the medical profession by establishing educational standards for orthopaedic residents and by evaluating the initial and continuing qualifications and competence of orthopaedic surgeons. For this purpose, the ABOS reviews the credentials and practices of voluntary Candidates and issues Board Certification certificates as appropriate. It defines minimum educational requirements for certification, stimulates graduate medical education and continuing medical education, and aids in the evaluation of educational facilities and programs.

The ABOS does not confer any rights on its Diplomates for licensure or for staff privileges at any hospital. It is neither the intent nor the purpose of the Board to define requirements for membership in any organization.

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## **II ORTHOPAEDIC SURGERY EDUCATION**

The goal of orthopaedic education is to prepare orthopaedic residents to be competent and ethical practitioners of orthopaedic surgery. To fulfill this goal, Candidates for ABOS Board Certification must successfully complete a comprehensive orthopaedic residency education program, including:

1. Education in the entire field of orthopaedic surgery, including inpatient and outpatient diagnosis and care as well as operative and non-operative management and rehabilitation.
2. The opportunity to develop, through experience, the necessary cognitive, technical, interpersonal, teaching, and research skills.
3. The opportunity to create new knowledge and to become skilled in the critical evaluation of information.
4. Education in the recognition and management of basic medical and surgical problems.
5. An evaluation of ethical performance.

## **III PROGRAM ACCREDITATION**

Institutions offering orthopaedic education must meet the General and Special Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the ACGME Review Committee for Orthopaedic Surgery as stated in the Graduate Medical Education Directory. (See IV.C.)

IV

**MINIMUM EDUCATIONAL REQUIREMENTS FOR ABOS BOARD CERTIFICATION**

The ABOS has established the following minimum educational requirements for certification. These requirements should not be interpreted as restricting programs to minimum standards.

**A. Time Requirements**

1. Five years of accredited post-doctoral residency education are required.
2. One year must be served in an accredited graduate medical education program whose curriculum fulfills the content requirements for the PGY-1 (see Section IV.B.1) and is determined or approved by the director of an accredited orthopaedic surgery residency program. An additional four years must be served in an accredited orthopaedic surgery residency program whose curriculum is determined by the director of the accredited orthopaedic surgery residency.
3. Each program may provide individual leave and vacation times for the residents in accordance with overall institutional policy. However, one year of credit must include no more than 50 weeks of full-time graduate medical education per year; and at least 46 weeks of full time graduate medical education per year; averaged over five years. Graduation prior to 60 months from initiation of training is not allowed.
4. Program Directors may retain a resident for as long as needed beyond the minimum required time to ensure the necessary degree of competence in orthopaedic surgery. According to the current Special Requirements of the RC for Orthopaedic Surgery, the committee must be notified of such retention. This information must also be provided to the ABOS through the Record of Residency Assignment program.

**B. Content Requirements**

1. Requirements for postgraduate year one. (PGY-1)

The orthopaedic residency Program Director must be responsible for the design, implementation, and oversight of the PGY-1 year. PGY-1 education must include:

- a. Six months of structured education on non-orthopaedic surgery rotations designed to foster proficiency in basic surgical skills, the perioperative care of surgical patients, musculoskeletal image interpretation, medical management of patients, and airway management skills.
  - i. At least three months must be on surgical rotations chosen from the following: general surgery, general surgery trauma, plastic/burn surgery, surgical or medical intensive care, and vascular surgery.
  - ii. The additional three months must be on rotations chosen from the following: anesthesiology, basic surgical skills, emergency medicine, general surgery, general surgery trauma, internal medicine, medical or

surgical intensive care, musculoskeletal radiology, neurological surgery, pediatric surgery, physical medicine and rehabilitation, plastic/burn surgery, rheumatology, and vascular surgery.

iii. During the six months of non-orthopaedic rotations, each rotation must not exceed 2 months.

b. Six months of orthopaedic surgery rotations designed to foster proficiency in basic surgical skills, the general care of orthopaedic patients both as inpatients and as outpatients, the management of orthopaedic patients in the emergency department, and the cultivation of an orthopaedic knowledge base.

c. Formal instruction in basic surgical skills which may be provided longitudinally or as a dedicated rotation during either the orthopaedic or non-orthopaedic rotations. This skills training must be designed to integrate with skills training in subsequent post graduate years and should prepare the PGY-1 residents to participate in orthopaedic surgery cases. To facilitate skills training there must be:

- i. goals and objectives and assessment metrics;
- ii. skills used in the initial management of injured patients, including splinting, casting, application of traction devices, and other types of immobilizations; and basic operative skills, including soft tissue management, suturing, bone management, arthroscopy, fluoroscopy, and use of basic orthopaedic equipment.

2. Orthopaedic requirements beyond the PGY-1.

a. *Minimum distribution.* Orthopaedic education must be broadly representative of the entire field of orthopaedic surgery. The minimum distribution of educational experience must include:

- i. Forty-six (46) weeks of adult orthopaedics
- ii. Forty-six (46) weeks of fractures/trauma
- iii. Twenty-three (23) weeks of children's orthopaedics
- iv. Twenty-three (23) weeks of basic and/or clinical subspecialties

Experience may be received in two or more subject areas concurrently. Concurrent or integrated programs must allocate time by proportion of experience.

b. *Scope.* Orthopaedic education must provide experience with all the following:

- i. *Children's orthopaedics.* The educational experience in children's orthopaedics must be obtained either in an accredited position in the specific residency program in which the resident is enrolled or in a children's hospital in an assigned accredited residency position.
- ii. *Anatomic areas.* All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; the entire spine, including intervertebral discs; and the bony pelvis.
- iii. *Acute and chronic care.* Diagnosis and care, both operative and nonoperative, of acute trauma (including athletic injuries), infectious disease, neurovascular impairment, and chronic orthopaedic problems including reconstructive surgery, neuromuscular disease, metabolic bone disease, benign and malignant tumors, and rehabilitation.
- iv. *Related clinical subjects.* Musculoskeletal imaging procedures, use and interpretation of clinical laboratory tests, prosthetics, orthotics, physical modalities and exercises, neurological and rheumatological disorders and medical ethics.
- v. *Research.* Exposure to the evaluative sciences, clinical, and/or laboratory research.
- vi. *Basic science.* Instruction in anatomy, biochemistry, biomaterials, biomechanics, microbiology, pathology, pharmacology, physiology, and other basic sciences related to orthopaedic surgery. The resident must have the opportunity to apply these basic sciences to all phases of orthopaedic surgery.

c. *Options.* Up to forty-six (46) weeks of the four required years under the direction of the orthopaedic surgery residency Program Director may be spent on services consisting partially or entirely of:

- i. Additional experience in general adult or children's orthopaedics or fractures/trauma.
- ii. An orthopaedic clinical subspecialty.
- iii. Orthopaedics-related research.
- iv. Experience in a graduate medical education program whose educational content is pre-approved by the Program Director of the orthopaedic surgery residency program.

d. *Limitations.* Subspecialty fellowship education may not be counted toward residency requirements.

**C. Residency Program Accreditation Requirements**

1. The educational experience in orthopaedic surgery obtained in the United States must be in an approved position in programs accredited by the RC for Orthopaedic Surgery and by the ACGME except as provided in Sections IV.C.2 and IV.C.5 herein. All other clinical education obtained in the United States must be in programs accredited by the ACGME and by the appropriate RC.
2. During the five years of accredited residency education, a total period of no more than six months may be served in unaccredited institutions.
3. Credit for time spent in residency education will be granted only for the period during which the residency program is accredited and only for time served in an approved position within an accredited program.
4. If an orthopaedic residency program has its accreditation withdrawn by the RC for Orthopaedic Surgery and the ACGME, no educational credit will be granted for training periods after the effective date of withdrawal of accreditation.
5. The ABOS does not grant credit for foreign educational experience, other than as permitted in Section IV.C.2. above. Also see Section IV.F.
6. The term “fellow” is not synonymous with the term “resident” for the purpose of obtaining ABOS credit for educational experience. A resident is an individual enrolled in an approved position in an accredited educational program.

**D. Achievement Requirements**

1. The director of the program providing general graduate medical education during the PGY-1 educational experience must certify a resident’s satisfactory completion of that segment of education.
2. In orthopaedic surgery residency programs, the Program Director must certify a resident’s satisfactory completion of each rotation for which credit is awarded (See Section IV.F below).
3. The Program Director is responsible for the final year of the resident’s education and must certify that through using the ABOS Knowledge, Skills, and Behavior (ABOS KSB) Program, the resident has achieved a satisfactory level of competence and has met the requirements to apply for the ABOS Part I Board Certification Examination. This would include sufficient and consistently demonstrated: acquisition of medical knowledge with the ability to appropriately apply knowledge to patient care, interpersonal skills and effective qualities needed by an orthopaedic surgeon, manual capabilities, ethics, and professionalism.

4. Medical practice activity outside of residency duties must not be allowed to interfere with the educational experience. Residents may not engage in such activities without the specific prior approval of the Program Director. Approval must be based on the judgment that rotations are being completed without compromise and that the circumstances of the resident warrant such activity.

**E. Continuity Requirements**

To qualify for the ABOS Board Certification process, a resident must progress in increasing patient care responsibility. A part-time or piecemeal approach to residency educational requirements is discouraged. **The final two academic years of orthopaedic surgery residency education must be obtained in a single orthopaedic surgery residency education program** unless prior approval of the ABOS Credentials Committee is obtained.

**F. Documentation Requirements**

For orthopaedic education obtained in the United States, the program must be an ACGME accredited orthopaedic residency program. Residents must complete all ABOS education requirements in an ACGME-accredited orthopaedic residency program. The director must provide the Board with yearly documentation during residency.

**G. ABOS KSB Participation**

All orthopaedic surgeons who complete an ACGME-accredited residency in 2026 or later must meet the minimum participation requirements in the ABOS KSB Program in order to sit for the ABOS Part I Examination. These requirements include:

- July 2026 ABOS Part I Examination:  
All first-time Candidates will be required to have at least 80 **completed** Surgical Skills and 6 **completed** End of Rotation Professional Behavior assessments in their portfolio by June 30, 2026.
- July 2027 ABOS Part I Examination:  
All first-time Candidates will be required to have at least 160 **completed** Surgical Skills, 12 **completed** End of Rotation Professional Behavior assessments, and 1 **completed** OITE in their portfolio by June 30, 2027.
- July 2028 ABOS Part I Examination:  
All first-time Candidates will be required to have at least 240 **completed** Surgical Skills, 18 **completed** End of Rotation Professional Behavior assessments, and 2 **completed** OITEs in their portfolio by June 30, 2028.
- July 2029 and later ABOS Part I Examination:  
All first-time Candidates will be required to have at least 320 **completed** Surgical Skills, 24 **completed** End of Rotation Professional Behavior assessments, and 3 **completed** OITEs in their portfolio by June 30 of their PGY 5.

**REMEDIATION PLAN:**

Graduated orthopaedic residents who failed to meet the requirements to take the ABOS Part I Examination due to insufficient completed ABOS KSB assessments may reapply to take the examination the following year. They must complete the ABOS KSB requirements in place at the time of their graduation from residency. These requirements must be met during the fellowship year or during the first year in practice.

**V**

**REQUIREMENTS FOR TAKING THE CERTIFYING EXAMINATIONS**

**A. Certification Examinations**

1. A Candidate seeking Board Certification by the American Board of Orthopaedic Surgery must satisfy the educational requirements that were in effect when he or she first enrolled in an accredited orthopaedic residency. For all other requirements, a Candidate must meet the specifications in effect at the time of application to sit for a certification examination.
2. The initial Board Certification process is divided into two parts. The ABOS Part I Examination is a computer administered examination which may be taken after the completion of the education requirements and upon submission and approval of the ABOS Part I Application. The ABOS Part II Examination is an oral examination which may be taken after passing the Part I Examination, completion of the 17-month practice requirement set out in Section V.E, submission of an ABOS Part II Application, and satisfactory completion of the ABOS's credentialing process. A Candidate must have passed the ABOS Part I Examination before they are eligible to begin collected cases for the Case List that is required to apply for the ABOS Part II Examination. A Candidate must pass both ABOS Initial Board Certification Examinations to be Board Certified.

**B. Board Eligible Status**

1. After taking and passing the ABOS Part I Examination, Candidates have five years to take or retake the ABOS Part II Oral Examination. Candidates who do not pass the ABOS Part II Oral Examination within those five years must retake and repass the Part I Examination before applying again to take the ABOS Part II Oral Examination. Time spent in fellowship education after passing the Part I Examination will not count as a part of the five-year time limit. Fellowships must last a minimum of six months each.
2. The ABOS recognizes those Candidates who have successfully completed Part I and are waiting to take Part II as being "Board Eligible". The status of "Board Eligible" is limited to five years after successfully completing Part I. Candidates must pass the oral examination (Part II) within five years after passing Part I. Candidates who do not pass the oral examination (Part II) within those five years will lose their Board Eligible status until they have successfully passed the Part I Examination again. The period between passing the Part I Examination and Part II Examination is the only time an ABOS Candidate or Diplomate may use the term "Board Eligible".

**C. Educational Requirements**

1. A Candidate may apply to take the ABOS Part I Examination upon successful completion of 48 of the 60 months of required orthopaedic surgery education and upon the recommendation of their orthopaedic residency Program Director.
2. To be admitted to the examination, a Candidate must complete the full 60 months of required orthopaedic surgery education by June 30 of the year of the examination, unless a late graduation date has been approved by the ABOS.

**D. License Requirement**

1. Candidates who are in practice at the time they apply for the ABOS Part I Examination and all Candidates for the ABOS Part II Oral Examination must either possess a full and unrestricted license to practice medicine in the United States or Canada or be engaged in full-time practice in the United States federal government for which licensure is not required, except as provided in Section V.E.3.
2. A Candidate may be rendered ineligible for any part of the ABOS Board Certification process by limitation, suspension, or termination of any right associated with the practice of medicine in any state, province, or country (“jurisdiction”) due to violation of a medical practice act or other statute or governmental regulation; by disciplinary action by any medical licensing authority; by entry into a consent order; by voluntary surrender, in lieu of disciplinary action while under investigation for same; or suspension of license; provided that a Candidate shall not be disqualified solely on the basis of a limitation, suspension, termination, or voluntary surrender of a license in any jurisdiction where the Candidate does not practice, and where the action of such jurisdiction is based upon and derivative of a prior disciplinary action of/taken by another jurisdiction and the Candidate has cleared any such prior disciplinary action and/or has had his or her full and unrestricted license to practice restored in all jurisdictions in which the Candidate is practicing and, provided further that any jurisdiction granting the Candidate a full and unrestricted license was made aware of and took into account any outstanding disciplinary restrictions and/or license restrictions in other jurisdictions in granting such full and unrestricted license. Entry into and successful participation in a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify a Candidate from taking an ABOS Board Certification examination.

**E. Practice Requirements**

1. A Candidate must have started practice and been granted hospital admitting and surgical privileges on or before November 1 in order to qualify for the ABOS Part II Oral Examination two calendar years later. Practice is defined as being actively engaged (seeing patients and operating) in operative orthopaedic surgery.
2. A Candidate must be continuously and actively engaged in the practice of operative orthopaedic surgery, other than as a resident or fellow (or equivalent), in one location for at least 17 consecutive full calendar months from the November 1<sup>st</sup> start date through March 31<sup>st</sup> of the year of the Examination. The Candidate's practice affiliation must remain the same throughout the 17-month time period. The Candidate must maintain full hospital admitting and surgical privileges throughout the same 17-month time period with at least one hospital. Locum tenens positions are acceptable as long as these requirements are met.
3. The practice must be located in the United States or its territories, Canada, or a United States service installation, except as provided in Section V.E.4 below. A change in practice location or association, hospital surgical staff privileges, and/or affiliation during the 17 full calendar months may result in denial or deferral.
4. If a Candidate is in active practice outside of the United States, in a humanitarian capacity, the Candidate should provide documentation from the agency sponsoring the humanitarian program with the ABOS Part II Application. Only Candidates sponsored by a humanitarian agency for a humanitarian service appointment will be considered by the ABOS Credentials Committee. Candidates seeking certification by this pathway must possess full and unrestricted authority to practice where located and must meet all certification requirements as though they were practicing in the United States.
5. A Candidate's practice must allow independent decision-making in matters of patient care.
6. A Candidate must demonstrate professional competence and adherence to acceptable ethical and professional standards. A Candidate should not publicize him or herself through any medium or form of public communication in an untruthful, misleading, or deceptive manner or otherwise misrepresent his or her status with the ABOS to any third party. It is the responsibility of the Candidate to provide documentation that he/she is an ethical and competent practitioner.
7. A Candidate in the United States uniformed services may satisfy the practice requirement if assigned as an orthopaedic surgeon for at least 17 full calendar months following a practice start on or before November 1.

**F. Evaluation of Candidate:**

1. Individuals who do not engage in active orthopaedic surgery and have not performed at least 35 operative cases as the primary operating surgeon during the six-month case collection period cannot be adequately evaluated with the ABOS Part II Examination and will not be eligible to sit for the ABOS Part II Examination.
2. Qualification for taking the ABOS Part II Oral Examination will be determined by the ABOS Credentials Committee after review of the Application, Peer Review, Case List, and other relevant information.
3. It is the responsibility of the Candidate to provide the information on which the ABOS Credentials Committee bases its evaluation of the qualifications of the Candidate. This responsibility extends to information that the ABOS Credentials Committee requests from other persons. If the ABOS Credentials Committee does not receive requested information by the published deadline (February 10), the ABOS Credentials Committee may defer the Candidate's admission to ABOS Part II Examination. Additional Peer Review may be solicited by the Board using zip code information.
4. A Candidate or Diplomate must notify the ABOS within 60 days of any changes to licensure status, privileges, or practice.

**G. Canadian Residency Candidates**

1. To be eligible for the ABOS Part I Examination, a Candidate who obtained orthopaedic surgery residency education in Canada, must have received his or her training in a program approved by the Royal College of Physicians and Surgeons of Canada and must have passed the certification examination in orthopaedic surgery of the Royal College before applying for either part of the ABOS's Board Certification process.
2. The Program Director of the Candidate's Canadian program must complete and submit a complete listing of the Candidate's educational experiences (rotations) and dates attended during their residency, must certify that the Candidate has achieved a satisfactory level of competence, and must attest that the Candidate is qualified for the ABOS Board Certification process.
3. Candidate participation in a Canadian residency program must extend over a minimum of five years, unless certified by the Program Director, pursuant to Section V.F.2 above, as having satisfactorily completed a competency-based program. Such Candidates will not be declared ineligible solely because they do not meet the educational requirements set out in Sections III, IV.D, and IV.E.

**H. Academic Pathway**

The goal of the ABOS Academic Pathway is to enable truly exceptional academic orthopaedic surgeons who have received their graduate medical education outside of the United States or Canada to have the opportunity to become Board Certified through the ABOS. This pathway is intended for individuals who will contribute to the field of orthopaedic surgery through scholarship and education. This pathway is open only to orthopaedic surgeons who have independently practiced for at least 5 years in the United States while serving on the full-time academic teaching faculty in a single ACGME Accredited Orthopaedic Residency Program. In addition, the surgeon needs to have shown excellence as a clinician, educator, and researcher. The Candidate needs to have achieved the academic rank of Associate Professor or higher at the time of application. If the ABOS Credentials Committee deems that the applicant qualifies to enter the Board Certification process under this pathway, the Candidate must successfully complete both the ABOS Part I and Part II Examinations while practicing in this same location.

Checklist to apply:

1. Must be, for a minimum of 5 continuous years at the current institution, employed as a full-time teaching faculty member in an ACGME accredited orthopaedic surgery residency program at the time of application.
2. Must be an Associate Professor or higher in faculty rank at the time of application.
3. Must submit letters from the Department Chair and from the Program Director of the current Residency Program verifying the Candidate's involvement in resident teaching, both outpatient and operating room, with participation in the formal educational curriculum, and detailing:
  - a. Excellence in clinical care
  - b. Excellence in teaching
  - c. Excellence in research
4. Must submit letters of reference from at least three (3) ABOS Board Certified orthopaedic surgeons not affiliated with the Candidate's academic institution or residency program attesting to the Candidate's academic and clinical qualifications.

The Applicant must:

1. Complete the application for the ABOS Part I Examination and pay the non-refundable and non-transferable application/examination fee.
2. Submit a current curriculum vitae.
3. Submit documentation of satisfactory completion of an orthopaedic surgery residency program outside of the United States or Canada, including a signed attestation by the Program Director and institution.

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4. Submit documentation of having successfully passed the applicable certification examination in the Candidate's country of education and prior practice.
5. Submit documentation from the applicable academic institution that the Candidate has been in the full-time practice of orthopaedic surgery and has been a member of the full-time teaching faculty in that institution's ACGME-accredited orthopaedic surgery residency program continuously for the five years immediately preceding his or her application for eligibility under this pathway. This documentation must verify the academic rank of Associate Professor. If a Candidate withdraws from such academic practice or transfers to another academic institution at any time subsequent to the Candidate's Application, but prior to achieving Board Certification through this pathway, the Candidate will need to restart the ABOS Academic Pathway and meet the ABOS Academic Pathway requirements in place at that time in order to re-apply for the ABOS Part I Examination. That would include 5 years as a full-time teaching faculty member and attaining the rank of Associate Professor at the new institution.
6. Submit a total of five letters of reference from a) at least three (3) external references from ABOS Board Certified orthopaedic surgeons not affiliated with the Candidate's academic institution or residency program attesting to the Candidate's academic and clinical qualifications; b) one from the Candidate's current Department Chair and c) one from the Residency Program Director. Letters from the Department Chair and Program Director should verify and detail the Candidate's excellence in clinical care, teaching, and research.
7. All documentation (which must be in English or English translation) must be uploaded to the application site before finalization and submission of the application.

**I. Alternate Date**

The ABOS will provide, upon approved request, an alternative date for the Part I Examinations for certain circumstances beyond the control of the Examinee. This alternative date is available only for those Examinees who are unable to participate in the regularly scheduled Part I Examinations due to a life event including, but not limited to, death in the immediate family, serious injury or illness, military deployment or recent or impending childbirth. **NO ALTERNATIVE DATE WILL BE OFFERED TO ACCOMMODATE UNAVAILABILITY DUE TO VACATION OR TRAVEL.** There will only be one alternative date each year. If an Examinee cannot participate in either the regularly scheduled Part I Examination or the alternative date, the Examinee would need to apply to take the Part I Examination the following year, assuming that the Examinee remains eligible to take the Part I Examination that year.

To request the alternative date, Examinees should complete the appropriate form found on ABOS's website, [www.abos.org](http://www.abos.org), under the sections "Accommodations" under the appropriate examination page. The request for the alternative date, along with the required

supporting documentation, must be submitted by the deadline stated on the request form. The ABOS reserves the right to request additional documentation. ABOS has the sole discretion to determine whether an Examinee qualifies for the alternative date.

## **VI** **IMPAIRED PHYSICIANS**

**A. Chemical Dependency**

A Candidate for either part of the ABOS Board Certification process who, within three years of his or her application, has been diagnosed as chemically dependent, has been treated for drug or other substance abuse, and/or has entered a non-disciplinary rehabilitation or diversionary program for chemical dependency authorized by the applicable medical licensing authority, will be required to present evidence to the ABOS Credentials Committee that he or she (1) has successfully completed the authorized rehabilitation or diversionary program or (2) is successfully enrolled in such a program or is successfully enrolled in or completed a private treatment program and presents attestations from the responsible program administrators and physicians demonstrating, to the satisfaction of the ABOS, that the Candidate has been free of chemical dependency for a period sufficient to establish that the Candidate is not currently using illegal drugs and/or that the use of illegal drugs or other substance abuse is not an on-going problem. This documentation must be uploaded to the application with the corresponding question ***before finalization and submission of the application.***

**B. Mental and Physical Condition**

Candidates for either part of the ABOS Board Certification process who have a mental or physical condition that could affect their ability to practice orthopaedic surgery will be required, as part of their demonstration that they meet the practice requirements in Section V.E, to submit medical evidence from the appropriate physicians, treatment centers, and hospitals demonstrating to the ABOS that the impairment does not compromise their ability to render safe and effective care to their patients. This documentation must be uploaded to the application with the corresponding question ***before finalization and submission of the application.***

## VII

### PROCEDURE FOR APPLICATION FOR PART I AND PART II OF THE CERTIFYING EXAMINATIONS

#### A. Application and Examination Schedules

The Application and Examination schedules for ABOS Board Certification are listed on the ABOS website at [www.abos.org](http://www.abos.org). Examination dates and schedules may be changed at the discretion of the ABOS.

#### B. Application and Submission Deadlines

##### 1. ABOS Part I Examination

The electronic submission deadline for all required documents for application to the ABOS Part I Examination, is **4:00 PM ET on October 1 of the year preceding the examination**. The required documents which must be electronically submitted are:

- a completed application
- a non-refundable and non-transferable application fee of \$1040 (Visa, MasterCard, American Express)

##### 2. ABOS Part II Examination

The electronic submission deadline for all required documents for application is **4:00 PM ET on August 15 of the year preceding the examination**. The required documents which must be electronically submitted are:

- a completed application with electronic signature page
- a non-refundable and non-transferable application fee of \$975 online by credit card (Visa, MasterCard, American Express)
- a finalized, Surgical Case List, signed by the Medical Records Director or equivalent

##### 3. Late or incomplete Applications and Case Lists.

a. If a Part I Candidate wishes to submit the application and required documents by the late deadline of **4:00 PM ET on October 15**, the examination fee of \$1040 and a non-refundable and non-transferable late fee of \$500 must be submitted online.

b. If a Part II Candidate wishes to submit the application and case lists and required documents by the late deadline of **4:00 PM ET on August 31, in the year prior to the examination**, the non-refundable and non-transferable application fee of \$975 and a non-refundable and non-transferable late fee of \$500 must be included.

c. No Applications or Case Lists will be accepted after the late deadline.

**C. Requests for Examination Accommodations**

The ABOS will provide, upon approved request, reasonable accommodations necessary to afford an individual with a documented disability an equal opportunity to participate in all certification activities. To request accommodations, Candidates should complete the appropriate form found on ABOS's website, [www.abos.org](http://www.abos.org), under the section, "Accommodations" under each examination page.

The request form for accommodations, along with the required supporting documentation, must be submitted with each examination attempt, including re-examination, by the deadline stated on the request form. The ABOS reserves the right to request additional documentation.

**D. Notifying the ABOS of Application Changes**

1. It is the responsibility of all Candidates to notify the ABOS office of any change of address, email address, practice location or association, or hospital privileges and/or affiliation. Prior to and as a requirement to sit for the ABOS Part II Oral Examination, a Candidate will be required to execute an electronic verification form, at the time the Candidate receives their list of 12 Selected Cases, that there has been no change in the Candidate's practice location, association, or hospital privileges since the date of his or her application.
2. If a Part II Candidate changes practice location or association or acquires new hospital staff privileges or affiliations, within the immediate twenty (20) month period before the examination, new information may be required to be submitted by the Candidate.
3. A Candidate is required to notify the ABOS of the denial of any request for hospital privileges; of any action to restrict, suspend, or terminate all or any portion of surgical staff privileges; of any request by a hospital to resign all or any portion of surgical staff privileges; and of any action by a governmental agency which would result in the restriction, suspension, or probation of the Candidate's license or any right associated with the practice of medicine, including the entry into a non-disciplinary rehabilitation or diversionary program for chemical dependency whether by order or consent decree by the applicable medical licensing authority or on a voluntary basis. This documentation must be uploaded to the application via the upload button on the corresponding question ***before finalization and submission of the application.***

**E. Notifying the Candidate of Examination Admission**

1. For the ABOS Part I Examination, Candidates will be notified a minimum of 60 days prior to the examination date.
2. For the ABOS Part II Examination, the decision of the Credentials Committee on the Candidate's admission will be available online to the Candidate approximately 90 days prior to the examination date.

**F. Fees**

1. For Part I, the non-refundable and non-transferable application and examination fee of \$1040 must be submitted with the application online by credit card.
2. For Part II:
  - a. The non-refundable and non-transferable application fee of \$975 must be submitted online by credit card.
  - b. The Candidate must also submit a non-refundable and non-transferable examination fee of \$1350 at the time of finalization of the required documentation and materials for the Examination.
3. The fees paid to the ABOS are not tax-deductible as a charitable contribution.

**Chart of Fees**

Part I Application and Examination fee	\$1040
Part II Application and Credentialing fee	\$975
Part II Examination Fee	\$1350
Late Fee	\$500

*The ABOS accepts Visa, MasterCard, and American Express. The ABOS does not accept checks or cash.*

**G. Part II Oral Examination Application Requirements**

The ABOS Part II Oral Examination is practice-based. The purpose of the practice-based examination is to evaluate a Candidate's own practice as broadly as possible. The examination will be conducted much as rounds or conferences are conducted during residency education, with the Candidate presenting his or her cases and responding to the Examiners' questions and comments. *Candidates are urged to attend to details and follow procedures carefully and exactly in order to ensure admission to the examination.*

1. Case Collection

Surgical cases are collected in ABOS's Case List program. **This case collection program must be used to compile the Case List that is submitted to the ABOS for the Part II Oral Examination.** To compile the cases in the ABOS system, in compliance with the HIPAA Privacy Rule, a Candidate must execute the Business Associate Agreement. The Candidate is to collect all surgical cases, including same-day surgery, for which he or she was the primary orthopaedic operating surgeon for six consecutive months beginning January 1 of the year before the Part II examination. For purposes of these requirements, the primary surgeon is the surgeon responsible for the key and critical portions of the procedure. It is recognized that certain complex, multidisciplinary procedures lend themselves to multiple different procedures on different regions of the body. Under these circumstances, there may be more than one primary surgeon participating during an operation.

*The ABOS reserves the right to make changes in its rules and procedures at any time and without prior notice. These rules and procedures supersede all rules and procedures prior to January 7, 2026.*

**If the Candidate is away from their active surgical practice for 10 or more consecutive business days during the case collection period for any reason, the starting point for the collection period must be backed up from January 1 to December 1 of the previous year. If the Candidate is not engaged in active surgical practice for more than 30 consecutive days during the case collection period, please contact the ABOS office. Active surgical practice is defined as being actively engaged (seeing patients and/or operating) in the operative practice of orthopaedic surgery.**

*All cases must be collected from each location at which the Candidate has operated during the six-month period.* The Case List must reflect this and must demonstrate ample cases to allow selection of material for the oral examination. A Candidate must perform a minimum of 35 operative/surgical cases, for which he or she was the primary surgeon, during the collection period to permit an adequate evaluation of their practice. A Part II Examination Candidate who does not submit at least 35 operative/surgical cases in which he/she was the primary surgeon during the collection period will be declared ineligible to sit for that year's examination. **IMPORTANT:** A list of procedures not considered surgical cases by ABOS can be found at [www.abos.org](http://www.abos.org) in the Part II section, under Case Lists.

2. Patient Reported Outcomes

Candidates are required to enter each patient's email address into the ABOS Case List System. The ABOS will then contact the patient, via email, pre- (or peri-) operatively as well as at six and 12 months post-operatively. The email will link the patient to PROMIS Physical Function and Pain Interferences surveys.

3. Surgical Case Submission

By August 15 of the year prior to the Examination, the Candidate must:

- a. **Finalize the Case List** which will prompt the Candidate to print the page for signatures. The Candidate is required to take the six-month case list along with this signature page to the Medical Records Director or equivalent of each location where they performed cases during the collection period. The Medical Records Director or equivalent will verify that the Candidate performed those cases that were entered into that facility. He/She will sign the certification page. The Candidate will also sign the certification page in the appropriate place. After all signatures are complete, the Candidate will need to scan this signature page and save it as a .pdf file. The Candidate must upload this page into the Case List using the upload certification page link.
- b. **Upload Case Materials:** The Board will select 12 cases from the Candidate's six-month Case List. The list of 12 cases selected by the Board will be posted online at [www.abos.org](http://www.abos.org) in mid-April. A Candidate's subspecialty assignment may be changed based on a review of the submitted Case List.

4. Medical Records, Images, and Arthroscopic Prints Upload

By June of the examination year:

a. The Candidate will be required to upload medical records, images, and arthroscopic prints (required for arthroscopic cases) from the 12 Selected Cases to the ABOS website by the June deadline. Detailed information on materials required to be uploaded will be posted to their ABOS Dashboard.

b. Once all medical records, images, and arthroscopic prints (required for arthroscopic cases) have been entered, the Candidate must finalize the upload.

**After the upload has been finalized no changes can be made.**

c. The Candidate must pay the Examination Fee online by credit card. *The ABOS does not accept checks or cash.*

5. Lack of Documentation

Failure to upload sufficient supporting documentation for presentation of the 12 selected cases may result in the disqualification of the Candidate, termination of his/her participation in the examination, or the invalidation of the examination due to the inability to properly conduct the ABOS Part II Oral Examination.

6. Integrity of Documents

All materials required to be uploaded for the examination, including all images, records, and notes must be unaltered copies of the original materials, and in English. Materials must not be altered or changed in any respect for presentation except as set out in Section VII.G.7 below:

7. Complying with HIPAA

a. Protected Health Information Disclosure for ABOS Part II Oral Examination  
The ABOS is sensitive to the issues surrounding PHI. There are two options to handle PHI.

- The Candidate can include PHI and obtain written consent from the patient.
- The Candidate may redact PHI from the documents.

The ABOS has deemed certain information necessary to conduct the ABOS Part II Oral Examination. That includes the following:

- i) Patient ID number
- ii) Medical record number
- iii) Birth date

The above information **should not be removed** from the supporting documents and images (again, this is the minimum necessary information required to conduct the oral examination).

For the following patient information on the 12 Selected Cases List, you must either:

b. **If a Candidate DOES NOT obtain patient consent to include the following information, then it should be removed from supporting documents and images:**

- Patient name
- Patient addresses
- Patient telephone numbers
- Patient fax numbers
- Patient email addresses
- Patient Social Security number
- Health plan beneficiary numbers
- Biometric identifiers
- Full face photographs and comparable images
- Any other unique identifying characteristic

**H. Examination Day**

At the beginning of the ABOS Part II Oral Examination if the Candidate or Examiner believes there to be a conflict of interest between the Candidate and Examiner then the Candidate may ask the ABOS for a replacement Examiner or the Examiner may recuse himself/herself and request a replacement Examiner.

Examples of conflicts include, but are not limited to, the Examiner...

- Was the Residency or Fellowship Director for the Candidate
- Is past or present partner of the Candidate
- Has a personal or social relationship with the Candidate that is more than casual

Candidates are not allowed to bring cell phones or other electronic communication devices (including Bluetooth hearing devices) to the examination unless an accommodation has been approved by the ABOS.

Candidates are rated on the cases reviewed using the Scoring Rubric. Examiners rate each case on the skills listed below. A downloadable version of the Scoring Rubric can be found at [www.abos.org](http://www.abos.org).

**ABOS Oral Examinations**  
Scoring Rubric



	<b>3 Above Expected Level</b>	<b>2 Expected Level</b>	<b>1 Below Expected Level</b>	<b>0 Unacceptable</b>
<b>Data Gathering</b>	Records all pertinent history. Records complete physical examination. Uses and comprehensively interprets basic and advanced imaging and other diagnostic studies. Records are complete.	Records history at the expected level. Records physical examination at the expected level. Use and interpretation of basic and advanced imaging and other diagnostic studies. Records are at the expected level.	Records insufficient history. Records insufficient physical examination. Inadequate use of interpretation of basic or advanced imaging or other diagnostic studies. Records are insufficient.	Records inaccurate or grossly deficient history. Records inaccurate or grossly deficient physical examination. Unacceptable use or interpretation of basic or advanced imaging or other diagnostic studies. Records are inaccurate or grossly deficient.
<b>Diagnosis and Interpretive Skills</b>	Synthesis of information gathered is complete. Formation of comprehensive differential diagnosis. Complete integration of information to form the correct diagnosis.	Synthesis of information gathered is at the expected level. Formation of differential diagnosis is at the expected level. Integration of information to form the correct diagnosis is at the expected level.	Synthesis of information gathered is insufficient. Formation of differential diagnosis is incomplete but not inaccurate. Integration of information to form the correct diagnosis is below the minimally expected level.	Synthesis of information is unacceptable. Formation of inaccurate or grossly deficient differential diagnosis. Unacceptable integration of information or formation of incorrect diagnosis.
<b>Treatment Plan</b>	Patient is thoroughly informed of the treatment plan. The plan is communicated above the expected level and includes informed consent.	Patient is informed of the treatment plan. The plan is communicated at the expected level and includes informed consent.	Patient is insufficiently informed of the treatment plan. The plan is communicated at the expected level and includes informed consent.	Patient is not informed of the treatment plan. The plan is communicated at an unacceptable level and includes informed consent.
<b>Surgical Indications</b>	Non-surgical treatment is above the expected level and has not sufficiently relieved the patient's symptoms. The history, physical examination, and radiographs or other studies are above the expected level and fully support the non-surgical treatment. The surgery performed is fully indicated.	Non-surgical treatment is at the expected level and has not sufficiently relieved the patient's symptoms. The history, physical examination, and radiographs are at the expected level and sufficiently support the surgery performed. The surgery performed is sufficiently indicated.	Non-surgical treatment is below the minimally expected level. The history, physical examination, or radiographs are below the minimally expected level and do not support the surgery performed. The surgery performed is insufficiently indicated.	Non-surgical treatment is unacceptable. The history, physical examination, or radiographs are unacceptable and do not support the surgery performed. The surgery performed is not indicated.
<b>Technical Skill</b>	Pre-operative planning is complete and above the expected level. Execution of the procedure is at the expected level as evidenced from the examination, radiographs, or other studies.	Pre-operative planning is at the expected level. Execution of the procedure is below the expected level as evidenced from the examination, radiographs, or other studies.	Pre-operative planning is insufficient. Execution of the procedure is below the expected level as evidenced from the examination, radiographs, or other studies.	Pre-operative planning is unacceptable. Execution of the procedure is below the expected level as evidenced from the examination, radiographs, or other studies.
<b>Surgical Complications</b>	Above expected measures to avoid complications. Identification of complications occurs promptly. Complications described are documented specifically for the procedure. Above expected level management of complications.	Expected measures to avoid complications. Identification of complications is as would be expected. Complications described are generally expected for the procedure. Management of complication(s) is at the expected level.	Less than minimally expected measures to avoid complications. Identification of complications is significantly later than what would be expected. Complications described are unexpected, but minor, for the procedure. Management of complication(s) is below the minimally expected level.	Unacceptable measures to avoid complications. Identification of complications is unacceptable late or complications are unexpected. Complications described are unexpected and severe for the procedure. Unacceptable management of complications.
<b>Outcomes</b>	Records patient satisfaction with care at the expected level. Objective measures of patient recovery at follow up are above expected levels. An attempt for continuity of care is at the expected level.	Records patient satisfaction with care at the expected level. Objective measures of patient recovery at follow up are at expected levels. An attempt for continuity of care is at the expected level.	Records patient satisfaction with care at an unacceptable level or not recorded. Objective measures of patient recovery at follow up are below minimally expected levels and not documented. An attempt for continuity of care is below the minimally expected level.	Records patient satisfaction with care at an unacceptable level or not recorded. Objective measures of patient recovery at follow up are at an unacceptable level and not documented. Unacceptable attempt to continuity of care.
<b>Ethics and Professionalism</b>	Safe, ethical, compassionate, confidential, and professional care at the expected level.	Safe, ethical, compassionate, confidential, and professional care below the minimally expected level.	Safe, ethical, compassionate, confidential, and professional care below the minimally expected level.	Unacceptable lack of safe, ethical, compassionate, confidential, or professional care.
<b>Applied Knowledge</b>	The candidate has above the expected knowledge of best practices from evidence based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes.	The candidate has the expected knowledge of best practices from evidence based medicine regarding diagnostic methods, treatment alternatives, and expected outcomes.	The candidate has below the minimally expected knowledge of best practices from evidence based medicine regarding diagnostic methods, treatment alternatives, or expected outcomes.	The candidate has an unacceptable lack of knowledge of best practices from evidence based medicine regarding diagnostic methods, treatment alternatives, or expected outcomes.

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## I. Alternate Date

The ABOS will provide, upon approved request, an alternative date for the ABOS Part II Oral Examinations for certain circumstances beyond the control of the Examinee. This alternative date is available only for those Examinees who are unable to participate in the regularly scheduled Oral Examinations due to a life event including, but not limited to, death in the immediate family, serious injury or illness, military deployment or recent or impending childbirth. NO ALTERNATIVE DATE WILL BE OFFERED TO ACCOMMODATE UNAVAILABILITY DUE TO VACATION OR TRAVEL. There will only be one alternate date each year. If an Examinee cannot participate in either the regularly scheduled Oral Examination or the alternate date, the Examinee will be required to take the Oral Examination the next year, assuming that the Examinee remains eligible to take the Oral Examination that year.

To request the alternate date, Examinees should complete the appropriate form found on the ABOS website, [www.abos.org](http://www.abos.org), under the sections “Accommodations” under the appropriate examination page. The request for the alternate date, along with the required supporting documentation, must be submitted by the deadline stated on the [www.abos.org](http://www.abos.org). The ABOS reserves the right to request additional documentation. ABOS has the sole discretion to determine whether an Examinee qualifies for the alternate date.

*The ABOS reserves the right to make changes in its rules and procedures at any time and without prior notice. These rules and procedures supersede all rules and procedures prior to January 7, 2026.*

## **VIII** **FALSIFIED INFORMATION AND IRREGULAR BEHAVIOR**

**A.** If it is determined that a Candidate (i) has falsified information on the Application, Case List, or the materials submitted in connection with the cases presented for ABOS Part II Oral Examination, including patient records or images, (ii) has failed to report complications, (iii) altered his or her surgical practice during the case collection period to manipulate the type of cases presented on the case list in a manner designed to hinder the ABOS's evaluation of the Candidate's practice, (iv) has failed to provide material information to the ABOS and/or (v) has misrepresented his or her status with the ABOS to any third party, the Candidate may be declared ineligible for Part I or Part II of the ABOS Board Certification process and the Candidate may be required to wait up to three years before being allowed to file a new Application.

**B.** Candidates should understand that the following may be sufficient cause to bar them from future examinations, to terminate participation in the examination, to invalidate the results of an examination, to withhold or revoke scores or certificates, or to take other appropriate action:

1. The giving or receiving of aid in the examination, as evidenced either by observation or by statistical analysis of answers of one or more participants in the examination.
2. The unauthorized possession, reproduction, or disclosure of any materials, including, but not limited to, examination questions or answers before, during, or after the examination.
3. The offering of any benefit to any agent of the ABOS in return for any right, privilege, or benefit which is not usually granted by the ABOS to other similarly situated Candidates or persons.
4. The engaging in irregular behavior in connection with the administration of the examination.

**C.** The following are examples of behavior considered to be irregular and which may be cause for invalidation of the examination or imposition of a penalty:

1. Referring to books, notes, or other devices at any time during the examination. This prohibited material includes written information or information transferred by electronic, acoustical, or other means.
2. Any transfer of information or signals between Candidates during the examination. This prohibition includes any transfer of information between the Candidate and any other person at any time during the testing period, including bathroom breaks.
3. Any appearance of looking at the computer screen of another Candidate during the examination.

4. Allowing another Candidate to view one's answers or otherwise assisting another Candidate in the examination.
5. Taking any examination information, such as notes or diagrams, outside the examination room.

**D.** Candidates should also understand that the ABOS may or may not require a Candidate to retake one or more portions of the examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a Candidate's personal involvement in such activities.

## **IX** **CREDENTIALS COMMITTEE REVIEW**

**A. Determining Admission to Examinations**

1. The ABOS Credentials Committee meets at least once each year to consider applications for the examinations. A decision about each Candidate will be made either to approve admission to the next examination, to deny admission, to defer decision pending further evaluation or to take other appropriate action.
2. A new Application, as well as Peer Review and Case List is required for each ABOS Part II Oral Examination.

**B. Deferral of Admission Decision**

1. A decision on a Candidate's admission to either the ABOS Part I Written Examination or the ABOS Part II Oral Examination may be deferred if information received by the Credentials Committee is insufficient for the Committee to make a judgment and/or warrants further investigation. Typically, the committee will defer such a decision for one year to gain further information. If it still has insufficient information to make a judgment, the decision may be deferred for a second year to enable representatives of the ABOS to conduct a Site Visit.
2. A denial, reduction, restriction, suspension, termination, or resignation at the request of a hospital of all or any portion of a Candidate's surgical staff privileges, or pending action to do so, will normally result in a deferral until such action is finally resolved and the Candidate's practice has stabilized sufficiently for it to be evaluated. A change in practice location or association, or hospital privileges and/or affiliation may also result in deferral.
3. A deferral of not more than two consecutive years is not viewed by the Board as an adverse action; thus, no appeal of a decision of the Credentials Committee is permitted unless a Candidate has been denied admission or has been deferred for more than two

consecutive years. A Candidate's Board Eligible status shall be extended for any deferral period imposed by the ABOS Credentials Committee.

**C. Site Visit**

Representatives of the ABOS may visit the site of a Candidate's practice if the Credentials Committee believes that this is necessary for adequate evaluation of the Candidate's practice.

**D. Appeal of Admission Decision**

A Candidate denied admission to the examination, deferred more than two years, or denied a request for an accommodation in the administration of the examination will be informed of the basis for such action and may request a hearing by an Appeals Committee of the ABOS. (Additional information on appeals can be found at [www.abos.org](http://www.abos.org).)

**X**  
**UNSUCCESSFUL CANDIDATES**

**E. Part I**

Unsuccessful Part I Candidates may repeat the examination by submitting a new Application and fee for the examination and must again be found admissible.

**F. Part II**

Unsuccessful Part II Candidates may repeat the examination by submitting a new Application and fee, six-month Case List for the examination and again being found admissible. Candidates who do not pass Part II within five years (as measured in Section IV) of passing Part I must retake and repass Part I before applying to take Part II.

**XI**  
**CERTIFICATES AND MAINTENANCE OF CERTIFICATION**

**A. Awarding Certificates**

The ABOS will award a certificate to a Candidate who specializes in orthopaedic surgery, has met the educational requirements of the Board, has demonstrated, at the time of certification, competence in orthopaedic surgery and adherence to ethical and professional standards, has been declared eligible to sit for the examination by the Credentials Committee, has passed both parts of the certifying examination and has agreed to participate in and comply with the terms and conditions of the ABOS Continuing Certification program. Individuals who hold an ABOS Board Certificate will be considered Diplomates of the ABOS. Certificates awarded after 1985 are valid for a period of ten years, and subject to participation in, and satisfaction of the requirements of, the ABOS Continuing Certification program.

*The ABOS reserves the right to make changes in its rules and procedures at any time and without prior notice. These rules and procedures supersede all rules and procedures prior to January 7, 2026.*

**B. Certificate Revocation**

At its discretion, the ABOS may revoke a certificate for cause, including, but not limited to:

1. The Diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the Board or any committee thereof prior to examination or at the time of issuance of the certificate, as the case may be.
2. The Diplomate made an intentional and material misrepresentation or withheld information in the application to either part of the examination or in any other representation to the ABOS or any Committee thereof.
3. The Diplomate made a misrepresentation to the ABOS or any third party as to his or her status as a Diplomate of the ABOS.
4. The Diplomate engaged in irregular behavior in connection with an examination of the ABOS (as described under Irregular Behavior), whether or not such behavior had an effect on the performance of the Candidate on an examination.
5. The Diplomate has been convicted, enters a plea of guilty or nolo contendere or is found liable by a judge or jury by a court of competent jurisdiction of any felony, or a misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine, or any crime or conduct involving unethical behavior.
6. There has been a limitation, suspension, or termination of any right of the Diplomate associated with the practice of medicine in any state, province, or country, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license. A Diplomate may appeal the revocation of his or her certificates pursuant to the procedures set forth in the Appeals Procedures.
7. A Diplomate has failed to comply with the terms and conditions of the ABOS Continuing Certification program and the Continuing Certification Agreement.
8. A Diplomate's certification may be subject to a Credentials Committee review prior to the expiration of the ten-year period of certification where the Credentials Committee concludes that such review is necessary for an adequate evaluation of whether the Diplomate's practice adheres to the acceptance of professional standards and of their satisfaction of the Continuing Certification Professional Standing Requirements. The Credentials Committee may take action against a Diplomate's certification, up to and including the termination of their certification, prior to the expiration of the ten-year term based on the results of its review.

**C. Certificate Reentry**

Should the circumstances that resulted in the revocation, surrender, or expiration of the Diplomate's certificate be corrected, the former Diplomate may petition the Credentials Committee to allow him or her to complete the steps necessary to become certified or recertified. A Diplomate whose certification has expired or been revoked must sit for and pass the Oral Examination, unless the Diplomate is not in active surgical practice, in which case the Diplomate should contact the ABOS Office.