

THE AMERICAN BOARD OF THORACIC SURGERY

633 NORTH ST. CLAIR STREET, SUITE 2320, CHICAGO, ILLINOIS 60611

MAINTENANCE OF CERTIFICATION APPLICATION FOR DIPLOMATES WHO HOLD CERTIFICATES THAT EXPIRE IN 2012

I hereby make application to the American Board of Thoracic Surgery, Inc. to be recertified as a specialist in thoracic surgery upon successfully meeting all of the requirements for Maintenance of Certification, in accordance with and subject to its by-laws, rules and regulations in force at this time. I agree to hold the Board, its members, officers, examiners, and/or agents free from any complaints or claims or demands for damage or otherwise by reason of any act of omission or commission that they, or any of them, may make in connection with this application for Maintenance of Certification. I understand that the decision as to whether my recertification process qualifies me for reissuance of a time-limited certificate vests solely and exclusively in the Board and that its decision is final. I intend to be legally bound by the foregoing.

Signature: _____

Social Security (only last 4 digits) # _____

PLEASE TYPE ALL INFORMATION AND COMPLETE ALL ITEMS

1. Name: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Telephone: _____

4. Email Address: _____

5. Date of completion of thoracic surgery residency: _____

6. Original certification by The American Board of Thoracic Surgery:

Date: _____ Certificate No: _____

7. State or states (or foreign country) in which you hold a valid license to practice medicine (include a photocopy of valid license(s) with this application: _____

8. Upon issuance of certificate, please engrave my name as follows:

9. List the following information about hospital(s) in which you hold thoracic surgical practice privileges: (a) Name of hospital, (b) Address of hospital, and (c) Chief of Thoracic Surgery or Chief of Surgery. Use a separate sheet of paper if it exceeds the space provided.

a. Name of hospital: _____

Address of hospital: _____

Chief of Thoracic Surgery or Surgery: _____

a. Name of hospital: _____

Address of hospital: _____

Chief of Thoracic Surgery or Surgery: _____

a. Name of hospital: _____

Address of hospital: _____

Chief of Thoracic Surgery or Surgery: _____

a. Name of hospital: _____

Address of hospital: _____

Chief of Thoracic Surgery or Surgery: _____

10. Practice Profile: Indicate percentage of your professional activities devoted to the following:

General Thoracic Surgery: _____

Adult Cardiac Surgery: _____

Congenital Cardiac Surgery: _____

Vascular: _____

All other surgery - non cardiothoracic: _____

Research, teaching and administration: _____

Other (specify): _____

Total (percentage must equal 100%): _____

11. Signature: _____

Date: _____

Attach One Photograph Here

CREDIT FOR CONTINUING MEDICAL EDUCATION

PLEASE TYPE ALL INFORMATION

EDUCATIONAL REQUIREMENTS: Diplomates applying for Maintenance of Certification (MOC) in 2010 must accumulate 90 Category I hours of approved post-graduate medical education from January 1, 2008 to the date on this application. At least 45 of the 90 CME hours need to be in thoracic surgery. Third-party documentation (i.e., CME certificates) of the CME listed below needs to be submitted with this application.

Credit will be allowed for medical educational activities in Category 1. Category 1 includes programs such as the annual meeting and post-graduate thoracic surgical program of the American College of Surgeons, the American Association for Thoracic Surgery, and the Society of Thoracic Surgeons. The Board will also accept CME earned from the on-line versions of the Annals and the JTCS.

Morbidity conferences will be given a maximum of 12 hours of credit per year and can only come from one institution. For additional information on allowable CME, please refer to the ABTS Maintenance of Certification Booklet that can be found on the Board's website at www.abts.org.

Unless designated as Category 1 CME, credit is not given for on-line courses, independent journal reading, medical teaching, preparation of teaching materials, publications, exhibits, presentation of papers, and consultation of patient care review. Category II credits are not allowed.

INSTRUCTIONS: List only Category I CME hours in thoracic surgery earned from January 1, 2008

Name of meeting	Name of sponsoring organization	Dates (MM/DD/YYYY)	Hours

SUBTOTAL (45 hours min.): _____

INSTRUCTIONS: List other Category I CME hours earned from January 1, 2008.

Name of meeting	Name of sponsoring organization	Dates (MM/DD/YYYY)	Hours

SUBTOTAL : _____

TOTAL (90 hours min.): _____

Evaluation of Practice

Please Type All Information

1. Are you clinically active (i.e., Are you directly involved in cardiothoracic patient care)?

Yes No

2. If you are clinically active in cardiothoracic surgery, the Board requires that you participate in an outcomes database.

a. Do you participate in a national, regional, or state-wide clinical outcome database?

Yes No

b. If yes, provide the name of the database and the site ID number:

c. If no, the Board requires that you participate in the free, Professional Portfolio found on CTSNET's web site at www.ctsnet.org. Please enter the date you joined the Professional Portfolio.

3. If you are not clinically active, please provide a description of what you are currently doing professionally.
