



AMERICAN BOARD OF THORACIC SURGERY

Application Instructions for Practicing Congenital Heart Surgeon for Admission to the Examination Process Via Pathway II

Application forms for examination in congenital heart surgery are available from the ABTS by written request faxed to 312-212-5960, or as downloaded .pdf files from the ABTS web site, www.abts.org. The complete application includes

- Application for Examination Statement
- Application Forms – Pages 1 -3
- Disclosure Statement
- Certification Agreement (+ photograph)
- Endorsement by the Chief of Thoracic Surgery or General Surgery
- Verification of the Applicant's Case List
- Applicant's Case Summary Form – Pages 1-2
- Applicant's Case List (multiple pages)
- Applicant's Continuing Medical Education – Pages 1-2

Please read and follow the directions. Type or print legibly all of the information requested on each of these forms. Photocopies may be made for continuation of listings. The Applicant's Case List and CME reporting forms can be generated from your computer if you exactly follow the format of the ABTS form. Fill in these forms, attach the photograph where specified, and include legible copies of your CME certificates and medical license(s). Support material will not be returned.

The Applicant Case List of full credit cases should list cases at each hospital separately. A designated institutional official must sign each page of the list and the verification form (make a copy for each hospital). These forms can NOT be signed by you or by another CHS subspecialty certification applicant. If YOU are the Chief of Congenital Heart Surgery, the forms should be signed by the Chief of Thoracic Surgery. If YOU are the chief of Thoracic Surgery, the forms must be signed by the Chief of General Surgery.

In addition, the DIO must endorse the applicant and attest to the applicant having practiced as a staff congenital cardiac surgeon during the two years preceding the application and for at least two (2) years after the completion of congenital cardiac surgery training.

Mail completed forms and all requested copies [medical license(s), CME certificates], along with a nonrefundable application fee of \$475, to:

American Board of Thoracic Surgery, Inc.
Attention: Congenital Cardiac Surgery
633 North Saint Clair Street, Suite 2320
Chicago, IL, 60611

The American Board of Thoracic Surgery believes that submission of a properly completed application is an important part of the certifying process. Therefore, please be certain that your application is completed according to the instructions, and submitted to and **received by the Board office on or before Monday, August 16, 2010.**



AMERICAN BOARD OF THORACIC SURGERY

Congenital Heart Surgery Application for Examination Statement

I hereby make application to The American Board of Thoracic Surgery (the Board) for the issuance to me of a Certificate of Subspecialty Qualification in Congenital Cardiac Surgery upon my successful meeting of all the requirements relative thereto, all in accordance with and subject to its bylaws, rules, and regulations in force at this time. I agree to disqualification from examination or from issuance of a Certificate of Subspecialty Qualification in the event that any of the statements hereinafter made by me are false or if I have failed to provide material information or in the event that any of the rules governing such examination are violated by me. I agree that said American Board of Thoracic Surgery, its members, officers, examiners, and/or agents shall not be liable for any action they, or any of them, may take in good faith in connection with the application, any investigation made or examinations held thereunder, the grade given with respect to the examinations or for failure of said Board to issue to me such certificate.

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 take in connection with this application, the grade or grades given with respect to my examinations or the failure of the Board to issue to me such certificate. I understand that the decision as to whether I qualify for issuance of a time-limited certificate of subspecialty qualification in Congenital Cardiac Surgery vests solely and exclusively in the Board, and that its decision is final.

I understand that: (1) the giving or receiving of aid in an examination as evidenced either by observation or by statistical analysis of incorrect answers of one or more participants in the examination; or (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; or (3) the offering of any benefit to any agent of the Board in return for any right, privilege, or benefit which is not usually granted by the Board to other similarly situated candidates or persons may be sufficient cause to bar me from future examinations, to terminate my participation in such examination, to invalidate the results of my examination, to withhold or revoke my scores or certificate, or to take other appropriate action.

I further understand that the Board may require me to retake one or more portions of an examination if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of my personal involvement with such compromise.

I intend to be legally bound by the foregoing.

Signature

Print Name

Last 4 Digits of Your Social Security # _____

Date _____

American Board of Thoracic Surgery
Application for Examination in Congenital Heart Surgery

Name in Full _____
First Middle Last Suffix Degree

[The name on your application should match the identification you will use for admission to the secure testing site]

Mailing Address _____
Street

_____ City State Postal Code Country

Telephone #s _____

Email Address (required) _____

Social Security Number (Last 4 Digits) _____

Date of Birth (MM/DD/YYYY) _____

Medical Education:

Degree _____ Year _____

School _____

Location _____

General Surgery Residency

Hospital/Institution _____

Location _____

Dates from _____ to _____

Thoracic Surgery Residency

Hospital/Institution _____

Location _____

Dates from _____ to _____

Congenital Heart Surgery Training

Hospital/Institution _____

Location _____

Dates (MM/YYYY) from _____ to _____

Certification by the American Board of Thoracic Surgery

Original Certification (MM/DD/YYYY) _____

ReCertification Date(s) _____

Certificate Number _____

American Board of Thoracic Surgery
Application for Examination in Congenital Heart Surgery - Page 2 of 3

List ALL Current Hospital Staff Appointment(s) for which you hold thoracic surgery and/or congenital cardiac surgery practice privileges. Use a separate sheet if the list exceeds the space provided.

1. Name of Hospital _____
 Address of Hospital _____
 Chief of Thoracic Surgery or Surgery (Name) _____
 Date of Staff Appointment _____

2. Name of Hospital _____
 Address of Hospital _____
 Chief of Thoracic Surgery or Surgery (Name) _____
 Date of Staff Appointment _____

Current Academic/Teaching Positions

Institution	Location	Date

Current Clinical or Laboratory Research

Institution	Location	Date
Description of activities		

List ALL states (and foreign countries) in which you hold a valid license to practice medicine. Include a photocopy of ALL current, valid license(s) with this application

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

Congenital Cardiac Surgery _____
 General Cardiac Surgery _____
 General Thoracic Surgery _____
 Vascular Surgery _____
 All other Surgery _____
 Research, Teaching and Administration _____
 Other (specify) _____
 TOTAL _100%_

American Board of Thoracic Surgery
Application for Examination in Congenital Heart Surgery - Page 3 of 3

Provide evidence of your significant contribution to the profession of Congenital Cardiac Surgery, which may include affirmation from the community that you are recognized as a specialist and consultant in a congenital cardiac surgery-related discipline, congenital cardiac service in a medically underserved area, service to the American Heart Association or affiliate in an area of Congenital Cardiac Surgery, or other. Please include confirmation in the form of copies of certificates of recognition, articles written for peer-reviewed journals, published news articles citing presentations to the general public, etc. **You must include a short narrative description of your contributions.** "See CV" is not acceptable.

Upon issuance of a certificate in Congenital Cardiac Surgery, please engrave my name as follows:
(Academic degrees are not included on ABTS certificates)

Certificate Name (PLEASE Print)

Signature

Date of Application

AMERICAN BOARD OF THORACIC SURGERY
Application for Examination in Congenital Heart Surgery

DISCLOSURE

1. Has your medical license ever been suspended, terminated, or reduced in scope?
 ___Yes ___No If yes, explain fully on a separate page
2. Have you ever had hospital privileges denied, reduced in scope, or rescinded for cause?
 ___Yes ___No If yes, explain fully on a separate page
3. Have you ever had disciplinary action taken against you at any time by a medical society, academic institution, or government agency?
 ___Yes ___No If yes, explain fully on a separate page.
4. Have you ever been convicted of or pleaded guilty to a felony or other serious crime?
 ___Yes ___No If yes, explain fully on a separate page.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby consent to the release by any hospital, educational institution, government agency, physician, professional society, or other person possessing or requiring same whether or not listed above, of any and all information in any way pertaining to my personal character, training, experience, or professional competence.

I agree that communications by any nature made to the Board regarding my fitness for the Certification Process may be made in a confidence and shall not be made available to me under any circumstances. I hereby release from liability any and all individuals and organizations or their authorized representatives who provide this information in good faith and without malice subject to this consent.

I hereby release from all liability the American Board of Thoracic Surgery and any and all individuals for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications.

I hereby certify that all information recorded on this application and any attached documents is accurate and supports my qualifications for certification by the American Board of Thoracic Surgery for which I now apply. I hereby agree that the American Board of Thoracic Surgery may verify any of the above data. If certified, I agree to conform to the Bylaws of the Board.

SIGNATURE OF APPLICANT

DATE



AMERICAN BOARD OF THORACIC SURGERY

Congenital Heart Surgery Certification Agreement

I understand and agree that upon my achievement of certification, my certificate will be valid for a period of ten years and that Maintenance of Certification © will be required during that time and at intervals during each ten year period thereafter.

I understand and agree that the congenital cardiac surgeons under whom I received my training may provide information about my qualifications for examination by The American Board of Thoracic Surgery.

Print Name

Signature

Date

ATTACH ONE
PHOTOGRAPH
HERE

(Approximately
2" x 2")



AMERICAN BOARD OF THORACIC SURGERY

Endorsement of the Congenital Heart Surgery Applicant's
Chief of Thoracic Surgery or Chief of Surgery

I certify that I have reviewed the application for _____
(*print or type applicant name*) and that to the best of my knowledge the information
provided is correct.

I further certify that _____ (*print or type applicant
name*) has satisfactorily performed the duties and responsibilities of a congenital
heart surgeon for a period of not less than two (2) consecutive years (24
consecutive months) since the completion of the applicant's training in congenital
cardiac surgery and prior to this application for subspecialty certification.

I personally verify that his/her level of knowledge, ability to apply scientific
information to congenital cardiac surgery, diagnostic and manipulative skills,
surgical judgment, and technical operative expertise are all sufficient for the
applicant to provide independent responsibility as a subspecialist in congenital
cardiac surgery, and that his/her personal honesty and professional ethics are
appropriate to the practice of the subspecialty of congenital cardiac surgery. I
recommend the applicant for examination.

Signature of Chief* _____

Date Signed _____

Typed or Printed Name of Chief _____

*This form can NOT be signed by you or another CHS certification applicant. If YOU are the Chief of
Congenital Heart Surgery, the form should be signed by the Chief of Thoracic Surgery (Cardiothoracic/
Cardiac/Cardiovascular Surgery). If YOU are the Chief of Thoracic Surgery, this form must be signed by the
Chief of General Surgery.



AMERICAN BOARD OF THORACIC SURGERY

Certification and Verification of the Congenital Heart Surgery Applicant's Case List

To be completed for each institution from which the applicant presents a case list.

Applicant's Name *(please type)* _____

Title *(please type)* _____

Institution *(please type)* _____

I, in my capacity as chief of congenital heart surgery, chief of thoracic surgery, chief of surgery, or medical director at the above-named institution, certify to the best of my knowledge that the candidate's case list as presented herewith is an accurate reflection of the candidate's clinical experience. The cases listed are all done as "full credit" (primary surgeon) by the Board's definition: "Credit may be allowed for operative experience only when the following criteria are met:

1. The applicant participated in the diagnosis, pre-operative planning and selection of appropriate operation and surgical indication;
2. The applicant independently performed those technical manipulations that constituted essential parts of the procedure itself,
or
The applicant is an accredited member of the teaching faculty for an RRC-TS/ACGME-approved thoracic surgery and/or congenital cardiac surgery residency training program and has functioned as the supervising physician with primary responsibility while taking a resident or fellow through the procedure.
3. The applicant was substantially involved in postoperative care.

I further confirm that the above-named applicant has full and unrestricted admitting, care, and consultation privileges for congenital cardiac surgery at the above-named institution.

Chief's Signature* _____

Printed Name of Chief _____

Date Signed _____

*This form can NOT be signed by you or another CHS certification applicant. If YOU are the Chief of Congenital Cardiac Surgery, the form should be signed by the Chief of Thoracic Surgery (Cardiothoracic/Cardiac/Cardiovascular Surgery). If YOU are the Chief of Thoracic Surgery, this form must be signed by the Chief of General Surgery.

American Board of Thoracic Surgery

Congenital Heart Surgery Operative Log - Case Summary

Operative experience must include a minimum of 75 major congenital cases as primary surgeon **IN EACH OF THE TWO (2) MOST RECENT YEARS** (approximately May 1, 2008-April 30, 2010). In addition, to assure an appropriately diverse distribution of cases, the applicant's case log cannot exceed a maximum of the specified number of indicated cases for credit among the 75 major congenital cases. Where no maximum number is indicated, all cases that otherwise qualify (major case; primary surgeon) are "for credit."

Applicant Name _____

Operative Experience from (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____

ABTS Code	Major Operations for Congenital Heart Disease	Maximum Allowed	Total Number for Year 1	Total Number for Year 2
MAJORCASES				
C-1	Ventricular Septal Defect repair			
C-2	Atrioventricular Septal Defect repair (complete, incomplete)			
C-3	Tetralogy of Fallot repair, with or without Pulmonary Atresia			
C-4	Aortic Arch Reconstruction (including coarctation, IAA repair)			
C-5	Systemic-to-Pulmonary Artery Shunt procedures			
C-6	Arterial Switch procedure			
C-7	Norwood procedure			
C-8	Damus-Kaye-Stansel procedure			
C-9	Truncus Arteriosus repair			
C-10	Bidirectional Glenn/hemi-Fontan procedure			
C-11	Fontan procedure			
C-12	Secundum Atrial Septal Defect/Patent Foramen Ovale closure	5		
C-13	Atrial Septal Defect (Primum or Sinus Venosus) closure with or without Partial Anomalous Venous Connection			
C-14	Aortopulmonary Window closure			
C-15	Double Outlet Right Ventricle repair			
C-16	Mustard or Senning procedure			
C-17	Rastelli procedure; with or without REV, Nikaidoh procedure			
C-18	Total Anomalous Venous Connection repair			
C-19	Partial Anomalous Venous Connection repair			
C-20	Pulmonary Artery unifocalization			
C-21	Conduit insertion/replacement, isolated	10		
C-22	Supravalvar Aortic Stenosis repair			
C-23	Subaortic Stenosis resection; Discrete, Diffuse, Asymmetric Septal Hypertrophy			
C-24	Double Chamber Right Ventricle repair; Discrete, Muscular			
C-25	Anomalous Coronary Artery from the Pulmonary Artery repair			
C-26	Cor Triatriatum repair			
C-27	Atrial Septectomy			
C-28	Sinus of Valsalva Aneurysm/Fistula repair			
C-29	Pulmonary Artery Banding	5		

