



AMERICAN BOARD OF THORACIC SURGERY

Application for Examination – Congenital Cardiac Surgery Instructions – PATHWAY I

Application forms for examination in congenital cardiac 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 and 2
- Candidate Disclosure Statement
- Candidate's Case List (multiple pages)
- Candidate's Case Summary Form
- Program Director Certification of Candidate's Case List
- Endorsement of the Congenital Cardiac Surgery Program Director Certification Agreement (+ photograph)
- Identification Form (+ photograph)

Type or print legibly all of the information requested on each of these forms. The Candidate's Case List can be generated from your computer if you follow the format indicated on the ABTS form. Fill in these forms, attach photos where specified, and include a legible copy of your medical license(s). Give all of the forms to your Program Director for review and appropriate signature.

You or your Program Director should mail these completed forms, along with a nonrefundable application fee of \$475, to:

American Board of Thoracic Surgery, Inc.
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.** No application will be accepted for the 2010 examination process after August 16, 2010, regardless of the post-marked date.

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

Name in Full _____
First Middle Last Suffix Degree

Mailing Address _____
Street City State Postal Code Country

Telephone #s _____

Email Address _____

Social Security Number _____

Date of Birth (MM/DD/YYYY) _____

Academic Degrees _____

Granted by (College or University) _____

Medical Education: Degree _____ Year _____

School _____

Country _____

Residency Training in **Thoracic Surgery** in an RRC-TS/ACGME-approved residency position

Name of Hospital _____

Location _____

Dates from _____ to _____
Month and Year Month and Year

Name of Hospital _____

Location _____

Dates from _____ to _____
Month and Year Month and Year

If the years of your residency were not consecutive, please explain in the place below:

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Application for Examination in Congenital Heart Surgery

Residency Training in **Congenital Cardiac Surgery** in an RRC-TS/ACGME-approved residency position

Name of Hospital _____

Location _____

Dates from _____ to _____
Month and Year Month and Year

If your training in Congenital Cardiac Surgery did not immediately follow your residency training in Thoracic Surgery, please explain your activities during the gap time

Teaching Positions

Institution	Location	From	To

Clinical or Laboratory Research

Institution	Location	From	To
Description of activities			

Current Hospital Staff Appointment(s)

Institution	Location	From	To

List ALL States in which you hold a full and currently valid License to Practice Medicine
Include a copy of each medical license with this application

Certification by the American Board of Thoracic Surgery
Date Completed Part I (MM/DD/YYYY) _____
Date Completed Part II (MM/DD/YYYY) _____
Certificate Number _____

Upon issuance of a certificate in Congenital Cardiac Surgery, please engrave my name as follows:



AMERICAN BOARD OF THORACIC SURGERY

Congenital Cardiac 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 Qualification as a subspecialist in Congenital Cardiac Surgery upon my successful meeting all of 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 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 my examinations qualify me for a certificate 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

Date _____

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 Operative Log - Case Requirement Summary

Operative experience must include a minimum of 75 major congenital cases and must include the specified numbers of index cases as primary surgeon. In addition, to assure an appropriately diverse distribution of cases, the applicant's case log cannot exceed a maximum of the specified number of the indicated cases for credit among the 75 major congenital cases. Where no minimum or maximum number is indicated, all cases that otherwise qualify are "for credit" toward the 75 case requirement.

Applicant Name _____

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

ABTS Code	Open Operations for Congenital Heart Disease	Minimum Required	Maximum Allowed	Total Number for Full Credit
INDEX CASES				
I-1	Ventricular Septal Defect repair	5		
I-2	Atrioventricular Septal Defect repair (complete, incomplete)	4		
I-3	Tetralogy of Fallot repair, with or without Pulmonary Atresia	4		
I-4	Aortic Arch Reconstruction (including Coarctation procedures)	4		
I-5	Systemic-to-Pulmonary Artery Shunt procedures	5		
I-6	Any combination of the following to a minimum total of 5	5		
I-6a	Arterial Switch procedure			
I-6b	Norwood procedure			
I-6c	Damus-Kaye-Stansel procedure			
I-6d	Truncus Arteriosus repair			
I-7	Any combination of the following Glenn/Fontan procedures to a minimum total of 5	5		
I-7a	Bidirectional Glenn/hemi-Fontan procedure			
I-7b	Fontan procedure			
MAJOR CASES				
C-1	Secundum Atrial Septal Defect/Patent Foramen Ovale closure		5	
C-2	Atrial Septal Defect (Primum or Sinus Venosus) closure with or without Partial Anomalous Venous Connection			
C-3	Aortopulmonary Window closure			
C-4	Double Outlet Right Ventricle repair			
C-5	Mustard or Senning procedure			
C-6	Rastelli procedure, with or without REV, Nikaidoh procedure			
C-7	Total Anomalous Venous Connection repair			
C-8	Partial Anomalous Venous Connection repair			
C-9	Pulmonary Artery unifocalization		10	
C-10	Conduit replacement, isolated			
C-11	Supravalvar Aortic Stenosis repair			
C-12	Subaortic Stenosis resection; Discrete, Diffuse, Asymmetric Septal Hypertrophy			
C-13	Double Chamber Right Ventricle repair; Discrete, Muscular			
C-14	Anomalous Coronary Artery from the Pulmonary Artery repair			
C-15	Coarctation/Interrupted Aortic Arch repair, isolated			

Continued on Page 2 of 2



AMERICAN BOARD OF THORACIC SURGERY

Certification of Congenital Cardiac Surgery Candidate's Case List

Candidate's Name (*please type*) _____

I, in my capacity as congenital cardiac surgery program director, 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 supervised operative experience in a well-organized teaching setting only when the following criteria are met:

1. The resident participated in the diagnosis, pre-operative planning and selection of appropriate operation and surgical indication;
 2. The resident performed under appropriate supervision in a well-organized teaching setting approved by the Residency Review Committee for Thoracic Surgery those technical manipulations that constituted essential parts of the procedure itself;
 3. The resident was substantially involved in postoperative care.
- Credit will be allowed whether there is direct or indirect supervision by the responsible staff or faculty."

Program Director's Signature _____

Printed Name of Program Director _____

Date Signed _____



AMERICAN BOARD OF THORACIC SURGERY

Endorsement of the Congenital Cardiac Surgery Program Director

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

I further certify that _____ (*print or type resident's
name*) has satisfactorily completed a full course of training in a congenital cardiac
surgery residency position approved by the Residency Review Committee-
Thoracic Surgery of the Accreditation Council for Graduate Medical Education.

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 to assume
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. I recommend the applicant for examination.

Signature of Program Director _____

Date Signed _____

Typed or Printed Name of Program Director _____



AMERICAN BOARD OF THORACIC SURGERY

Congenital Cardiac 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.

I understand and agree that the American Board of Thoracic Surgery may forward information about my performance (including all details relating thereto) on all examinations administered by the American Board of Thoracic Surgery to the directors of the program(s) in which I received my training in congenital cardiac surgery.

Print Name

Signature

Date

ATTACH ONE
PHOTOGRAPH
HERE

(Approximately
2" x 2")



AMERICAN BOARD OF THORACIC SURGERY

Congenital Cardiac Surgery Applicant Identification Form

LAST Name, First Name, Middle Name – PRINT or TYPE your name **in this sequence**

SIGNATURE of Applicant

Date of Signature

ATTACH ONE
PHOTOGRAPH
HERE

Approximately
2" x 2"