

APPLICATION FOR UNITED INTERNATIONAL CERTIFICATION IN FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

A program of the
International Federation of Facial Plastic Surgery Societies

in cooperation with

The American Academy of Facial Plastic and Reconstructive Surgery

The Australasian Academy of Facial Plastic Surgery

The Brazilian Academy of Facial Plastic Surgery

The Canadian Academy of Facial Plastic and Reconstructive Surgery

The Colombian Society of Facial Plastic Surgery and Rhinology

The European Academy of Facial Plastic Surgery

The Mexican Society of Rhinology and Facial Surgery

Applications due: December 15, 2009

Send applications directly to IFFPSS member society (addresses on next page)

The Australasian Academy of Facial Plastic Surgery

Jayson Oates, M.D.
Suite 1A Arcadia Chambers
1 Roydhouse Street
Subiaco, WA 6008 AUSTRALIA
61/89/382-4800
61/89/382-4833
dr.oates@facialplastics.com.au

The Brazilian Academy of Facial Plastic Surgery Chair

João Maniglia, M.D.
Av. Republica Argentina, 2069
Curitiba-PR
80 620 010 Brazil
55-41-314-1532
55-41-345-0425
joaomaniglia1@terra.com.br

The Colombian Society of Otolaryngology/Head and Neck Surgery

José Rafael Reyes, M.D.
Carrera 7 No. 119-14 Cons 211
Bogota D.C., Colombia SOUTH AMERICA
(45) 57-1-214-7148
(45) 57-1-619-8236
joserafaelreyes@gmail.com

The European Academy of Facial Plastic Surgery

Santdeep Paun, M.D.
C/O Barbara Komoniewska
ENT UK (BACO & CAO-HNS)
At The Royal College of Surgeons
35-43 Lincoln's Inn Fields
London WC2A 3PE
020-7404-8373
020-7404-4200
Barbara@entuk.org

The Mexican Society of Rhinology and Facial Surgery

José Juan Montes Bracchini, M.D.
Ejercito Nacional 650-102 Col. Polanco
Mexico, D.F. 11560
5531 8927 / 52038307
5531 8927
jjuan_montes@infosel.net.mx

IFFPSS APPLICATION FOR CERTIFICATION

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE ENTERING ANY INFORMATION.

INTRODUCTION

Applicants bear the sole responsibility for meeting all eligibility criteria, application deadlines, and submission requirements. Only applications that are clear, complete, and accurate will be reviewed. Incomplete applications will be returned for correction, and the delay may jeopardize the timely review of an application for the current certification cycle.

Applicants should make two copies of their completed application and all supporting documents. One copy should be retained by the applicant for reference, in case a question arises during review of the application.

The second copy should be mailed no later than December 15, 2009, to the IFFPSS member society to which the applicant belongs (see page 2). Mail the application form and all supporting documents at one time in the same envelope. Applicants who want immediate acknowledgment of delivery should send materials by a postal service that provides proof of delivery.

Applications will be reviewed by the Credentials Committee of each IFFPSS member society. During the course of review, applicants may be asked to provide additional information from any of the following: medical licensing boards, local medical societies, specialty certifying boards, surgeons from the geographical area where the applicant practices, training program directors, hospital chiefs of staff and/or other individuals familiar with the applicant's knowledge, experience, attitude, and moral and ethical standing

Specific instructions follow on how best to answer each question on the application form. Please note that the completed application is to be signed before a notary public.

INSTRUCTIONS

1. Enter the date on which you complete the application.
2. Print your full legal name: last name, first name, middle name or initial. The IFFPSS member society records will reflect your name as it appears on this application. If you do not have a middle name, enter the word "None" in the space provided. If your name is followed by Jr., Sr., III, etc., indicate this immediately after your last name and preceding your first name. After your application is submitted, you will be able to change your name only by written request, with accompanying legal documentation regarding your name change.
3. Circle the appropriate degree, either MD or DO, and enclose verification of this degree in the form of a photocopy of your medical school diploma.

4. Enter your complete mailing address, including institution, department name, building name or codes if appropriate, suite or room numbers if applicable, and the city, state or province, and complete postal code. NOTE: It is the responsibility of the applicant to immediately notify the IFFPSS member office of any change in mailing address that takes effect during the certification process. Notification should be sent to the society directly at the address listed on page 2.

5. Enter both your office/daytime telephone and residential telephone numbers. Also note your fax number for each location, if available. If you rotate among clinics or hospitals, or if you have more than one office, please use the number where you will be most likely to receive a timely message. If possible, include the name of a contact person if you are not readily available.

6. Enter e-mail address, if available.

7. Enter the month, day, and year of your birth.

8. Complete the entire section of information about your education, including the degree issued and the month and year of graduation from each institution. All educational experience must be accounted for. Include any preceptorships and/or fellowships.

9. Prospective candidates for certification must possess a current, valid, and unrestricted license to practice medicine in their country of residence. Temporary limited licenses such as an educational, institutional, or house staff permit are not adequate to meet this requirement. Provide information on ALL licenses that do meet this requirement that you have held in the past as well as those which you currently hold, and enclose a photocopy of all current licenses.

10. Provide the name of any medical specialty certifying board from you have earned certification. Also give the date of certification and provide a photocopy of each certificate.

11. List all past and present hospital appointments and practice settings, recording the beginning and ending dates of your affiliation/practice location. List appointments in chronological order, with the most recent appointment first. Note that all time in medical practice (civil and military) must be accounted for.

12. This question has six parts (A-F), which together comprise a report of the operative experience you believe qualifies you for certification.

12-Part A: Select the two consecutive years from the past five years that are most representative of your work as a facial plastic and reconstructive surgeon. NOTE: For the purposes of this application, a "year" may be any 12-month period.

12-Part B: Using the Acceptable Procedures Chart on pages 11-23 as your guide to procedures eligible for credit toward certification, prepare and enclose a complete sequential operative log that includes all eligible procedures that you performed as primary surgeon in

each of the two years selected. You may use the form downloaded with your application materials, or generate your own. In either case, the log must include the date the procedure was performed, the patient's name (or initials), the hospital or other location of the surgery, and the appropriate terminology for the procedure. It also must include the one five-digit CPT code from the chart on pages 11-23 that best fits each procedure. For instance, if a septoplasty (30520) is performed with a rhinoplasty (30420), only count the rhinoplasty.

12-Part C: From your sequential operative log, select and submit operative reports on 50 different cases per year for each of the two years selected. In selecting case reports, keep these points in mind:

- Eligible case reports are only those that include procedures listed on the Acceptable Procedures Chart on pages 11-23.

- Eligible case reports may involve multiple procedures, but you may count each multi-procedural case as one case only.

- In selecting which of your eligible cases to submit, consider cases that will help the Credentials Committee understand the breadth as well as depth of your caseload, and your experience with major procedures. The Committee is likely to reject cases that are too minor or too general, those accepted in limited numbers only (see Limited Procedures table in "Part D" below), those too similar to a large percentage of other cases submitted, or those not on the list of acceptable procedures.

- Eligible case reports must include the procedural terminology from the Acceptable Procedures Chart at the top of each report. The five-digit CPT code must also be provided to clarify for the Credentials Committee the precise work for which you are requesting credit. Operative descriptions must reflect terminology and codes provided.

- Eligible case reports must clearly show that you were the primary surgeon. Candidates from teaching hospitals or the military must submit a letter from their institution verifying that they held a full-time faculty or supervisory medical staff position for each of the two years selected, that their duties included supervising residents whose names appear as primary surgeon on operative reports, and that they were the surgeon who had the pre- and postoperative responsibility that comprised the majority of care for the patient. Operative reports must reflect in dictation that the supervisory surgeon was physically present and actively involved during the critical portions of the procedure.

- Eligible case reports must contain sufficient information to identify the patient, support the diagnosis, justify the treatment, document the postoperative course and results, and promote continuity of care. Specifically, operative reports must include the date and location of surgery; the name of the primary surgeon and assistants; findings; procedures used (preferably, identified by CPT nomenclature and codes); specimens removed; postoperative diagnosis and course, including postoperative complications and their management; discharge condition; instructions for follow-up care; and such other elements as are necessary to assure a high standard of patient care. When the procedure involves

flaps, their size and location must be noted; likewise, if a laser is used, its setting and the number of passes must be noted.

- Eligible case reports must be organized in chronological order.

12-Part D: Also from your sequential operative log, tally precisely how many of each eligible procedure you performed as primary surgeon in each of the two years selected and pencil in these numbers in the appropriate columns on the Acceptable Procedures Chart on pages 11-23. Do not ink or type in numbers until you review the following information regarding limitations on the number of certain minor procedures that will be accepted for credit. Your final tally should exclude procedures that exceed these limits. NOTE: Be sure that your procedural tally is entirely corroborated by your sequential operative log. The Credentials Committee may ask you to provide operative reports, photographs, or other documentation to substantiate any procedure reported on either your sequential operative log or procedural tally.

LIMITED PROCEDURES: Limits have been set on certain procedures, which affect (1) how many operative reports an applicant may submit for credit on these procedures and (2) how many of these procedures may be counted on the procedural tally and the related sequential operative log.

- In the Limited Procedures table on the next page, where you see numerals like 5/20, it means that applicants for certification may submit only 5 operative reports or patients per year on this procedure, with 20 additional cases/patients acceptable per year in the procedural tally and the related sequential operative log.

- Similarly, 5/0 means that applicants are limited to 5 operative reports or patients per year on this procedure, but may not submit additional cases for credit in the procedural tally and the related sequential operative log.

- Some limits are verbal rather than numerical (e.g., dermabrasion is limited to major scars only, not minor.)

12-Part E: From your procedural tally on the Acceptable Procedures Chart, bring forward and total the number of procedures performed each year in each of the following five categories: Head and Neck, Trauma, Reconstructive, Congenital, and Cosmetic Surgery.

12-Part F: Take your grand total of procedures performed during each of your two consecutive years and divide by two to determine the average number of cases for which you may receive credit toward certification.

LIMITED PROCEDURES

<u>Procedure*</u>	<u>Limit*</u>
11641, 11642: Excision, malignant lesion, including	5/0

margins, face, ears, lip; excised diameter up to 2.0 cm	
13131, 13132, 13150, 13151, 13152: Repair, complex, forehead, cheeks, chin, mouth, neck, eyelids, nose, ears, and/or lips	5/5
15004: Surgical preparation or creation of recipient site	5/0
15770: Graft; derma-fat-fascia (<i>Use for autologous lipoinjections</i>)	5/0 for autologous lipoinjections (operative reports required)
15780, 15781: Dermabrasion (total or segmental face)	5/20 for total face, but <u>no</u> additional cases for segmental face
15788, 15789: Chemical peels	5/20 (medium and deep peels only)
15821 – 15824: Blepharoplasty	Bilateral counts as 1 procedure
17106 – 17208: Vascular lesion Rx	5/20
17270 – 17286: Malignant lesion Rx	5/0
17311: Mohs' surgery	5/0 if involving direct closure of wound <1 cm; no limit if wound is ≥1 cm and involves flaps or organs
17999: Laser resurfacing	5/20
21199: Osteotomy, mandible, segmental; with genioglossus advancement	5/0 if genioplasty for sleep apnea
21315, 21320, 21325, 21330, 21335, 21336, 21337: Nasal fractures	5/0
30117: Excision or destruction, intranasal lesion (internal approach)	5/0
30520, 30630: Septoplasty, Septal perforation Rx	5/0
40510, 40520, 40527: Lip excision	5/0 no limit if involving wound ≥ 1 cm
69005: Drainage of ear hematoma	5/0
69110: Partial external ear repair	5/0
69300: Otoplasty	Bilateral counts as 1 procedure
<i>*Limited credit may be given to other procedures at the Board's discretion.</i>	

13. Answer all questions in this section by placing a checkmark beside “Yes” or “No,” as appropriate. If “Yes,” give full details on a separate sheet of paper. Full details must include institutions, dates, the substance of any allegations in the proceedings or actions, and the substance of any findings in the proceedings or actions.

14. Signify your willingness to adhere to the IFFPSS Code of Ethics by placing your initials in the box.

15. List three physicians who will submit letters of recommendation for you. Letters must be received by December 15, 2009. Letters should include the following information: how long the physician has known you, whether your acquaintance continues to the present, the opportunities the physician has had to form a judgment about your integrity and general character, what reservations the physician has (if any) about recommending you for certification, and additional comments as the physician deems appropriate.

16. Two recent 3” x 4” photographs are to be submitted. Staple one to the application form in the box provided on page 26 and sign it across the front. The second photograph should be emailed to the ABFPRS office at meharp@abfprs.org. (The first photograph remains with

your application; the digital photograph is used to identify you when you register for the examination in Washington D.C.)

17. Enclose a check or money order for the examination and certification fee set by the IFFPSS member society to which you belong.

18. Carefully read the terms of this section and signify your agreement by affixing your full legal signature on the line provided. Your signature must be notarized.

IFFPSS APPLICATION FOR CERTIFICATION

1. **Date of Application:** _____
Month Day Year

2. **Name:** _____
Last First Middle

3. **Degree** (circle one): M.D. D.O. **Please enclose copy of your medical school diploma.**

4. **Current Mailing Address** (check one): _____ Home _____ Office

Address Line 1

Address Line 2

City State/Province Country Zip/Postal Code

5. **Telephone Numbers:**

Daytime: (_____) _____ Fax: (_____) _____
Area Code Number Area Code Number

If unavailable, message may be left with _____
Full Name

Residence: (_____) _____ Fax: (_____) _____
Area Code Number Area Code Number

Cell/Beeper: (_____) _____
Area Code Number

6. **E-mail:** _____

7. **Date of Birth:** _____
Month Day Year

8. **Education:** All educational experience must be included. List institution, department, or specialty and degree if applicable, and month and year of completion/graduation.

Institution/Department	City/State	Degree	Graduation: Mo./Yr.
------------------------	------------	--------	---------------------

Undergraduate: _____

Medical: _____

Residency: _____

Fellowship: _____

9. **Licensure:** List all licenses you currently hold or have ever held. Please enclose photocopies, displaying expiration dates, of all current licenses (wallet card acceptable).

State/Province	License Number	Registration Date
----------------	----------------	-------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. **Board Certification:** List all boards from which you have earned certification. Please enclose a copy of your certificate(s).

Name of Board	Date of certification: _____ Month/Day/Year
Name of Board	Date of certification: _____ Month/Day/Year
Name of Board	Date of certification: _____ Month/Day/Year

11. **Hospital Appointments:** In chronological order, list all past and present hospital appointments and practice settings. All time in medical practice (civil and military) must be included. For current hospital appointments, provide verification of your hospital staff privileges and copies of facility accreditations. If you do not have privileges in facial plastic surgery at an accredited hospital, provide an explanation of why this lack of privileges is not related to adverse action by accredited institutions.

Institution/Practice Name Location Dates: Mo./Yr. From-To

12. **Operative Experience Reporting:**

A. Define the consecutive two years (24 months), of your reporting period:

Year 1: _____ to _____ Year 2: _____ to _____
Month/Day/Year Month/Day/Year Month/Day/Year Month/Day/Year

B. Enclose a sequential operating log (form available at www.abfprs.org) of **all** eligible facial plastic and reconstructive procedures performed over both years (see Acceptable Procedures Chart that follows).

C. For each of your two reporting years, enclose operative reports on 50 individual patients you treated, for a total of 100 reports.

D. Count the number of procedures included on your sequential operative log for each year and record the numbers in the appropriate spaces on the Acceptable Procedures Chart below. Subtotal number of procedures in each category (Head and Neck, Trauma, Reconstructive, Congenital, and Cosmetic).

ACCEPTABLE PROCEDURES CHART		
<small>CPT five-digit nomenclature and other data are copyright 2009 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listing are included in CPT. The AMA assumes no liability for the data contained herein.</small>		
<u>PROCEDURE</u>	# of Procedures	
	Year 1	Year 2
<u>I. HEAD AND NECK</u>		
21044 Excision of malignant tumor of mandible		

PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
21045	radical resection		
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg. locally aggressive or destructive lesion(s))		
21047	requiring extra-oral osteotomy and partial mandibulectomy (eg. locally aggressive or destructive lesion(s))		
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg. locally aggressive or destructive lesion(s))		
21049	requiring extra-oral osteotomy and partial maxillectomy (eg. locally aggressive or destructive lesion(s))		
30117	Excision or destruction, any method (including laser), intranasal lesion; internal approach		
30118	external approach (lateral rhinotomy)		
30120	Excision or surgical planning of skin of nose for rhinophyma		
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous		
30125	complex, under bone or cartilage		
30150	Rhinectomy; partial		
30160	Total		
31225	Maxillectomy; without orbital exenteration		
31230	with orbital exenteration (en bloc)		
31750	Tracheoplasty; cervical		
31780	Excision tracheal stenosis and anastomosis; cervical		
31825	Surgical closure tracheostomy or fistula; with plastic repair		
31830	Revision of tracheostomy scar		
31830	Revision of tracheostomy scar		
38555	Excision of cystic hygroma, cervical; with deep neurovascular dissection		
38700	Suprahyoid lymphadenectomy		
38720	Cervical lymphadenectomy (complete)		
38724	Cervical lymphadenectomy (modified radical neck dissection)		
41130	Glossectomy; hemiglossectomy		
41135	partial with unilateral radical neck dissection		
41140	complete or total, with or without tracheostomy, without radical neck dissection		
41145	complete or total, with or without tracheostomy, with unilateral radical neck dissection		
41150	composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		
41153	composite procedure with resection floor of mouth, with suprahyoid neck dissection		
41155	composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)		
42107	Excision, lesion of palate; with local flap closure		
42120	Resection of palate or extensive resection of lesion		
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve		
42420	total, with dissection and preservation of facial nerve		
42425	total, en bloc removal with sacrifice of facial nerve		
42426	total, with unilateral radical neck dissection		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx		

42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)		
42845	closure with other flap		
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls		
42894	Resection of pharyngeal wall requiring closure with myocutaneous flap		
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction		
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy		
60212	with contralateral subtotal lobectomy, including isthmusectomy		
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy		
60225	with contralateral subtotal lobectomy, including isthmusectomy		
60240	Thyroidectomy, total or complete		
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection		
60254	with radical neck dissection		
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid		
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach		
60271	cervical approach		
60280	Excision of thyroglossal duct cyst or sinus		
60281	recurrent		
	<i><u>SUBTOTAL – HEAD AND NECK</u></i>		
II. TRAUMA			
21315	Closed treatment of nasal bone fracture; without stabilization		
21320	with stabilization		
21325	Open treatment of nasal fracture; uncomplicated		
21330	complicated, with internal and/or external skeletal fixation		
21335	with concomitant open treatment of fractured septum		
21336	Open treatment of nasal septal fracture, with or without stabilization		
21337	Closed treatment of nasal septal fracture, with or without stabilization		
21338	Open treatment of nasoethmoid fracture; without external fixation		
21339	with external fixation		
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus		
21343	Open treatment of depressed frontal sinus fracture		
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches		
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation		
21347	requiring multiple open approaches		
21348	with bone grafting (includes obtaining graft)		
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation		
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)		
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod		

21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches		
21366	with bone grafting (includes obtaining graft)		
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)		
21386	periorbital approach		
21387	combined approach		
21390	periorbital approach, with alloplastic or other implant		
21395	periorbital approach with bone graft (includes obtaining graft)		
21400	Closed treatment of fracture of orbit, except blowout; without manipulation		
21401	with manipulation		
21406	Open treatment of fracture of orbit, except blowout; without implant		
21407	with implant		
21408	with bone grafting (includes obtaining graft)		
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint		
21422	Open treatment of palatal or maxillary fracture (LeFort I type);		
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches		
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint		
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation		
21433	complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches		
21435	complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)		
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)		
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)		
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) 2		
21450	Closed treatment of mandibular fracture; without manipulation		
21451	with manipulation		
21452	Percutaneous treatment of mandibular fracture, with external fixation		
21453	Closed treatment of mandibular fracture with interdental fixation		
21454	Open treatment of mandibular fracture with external fixation		
21461	Open treatment of mandibular fracture; without interdental fixation		
21462	with interdental fixation		
21465	Open treatment of mandibular condylar fracture		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints		
	<u><i>SUBTOTAL - TRAUMA</i></u>		
III. RECONSTRUCTIVE			
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm		
11642	excised diameter 1.1 to 2.0 cm		
11643	excised diameter 2.1 to 3.0 cm		
11644	excised diameter 3.1 to 4.0 cm		
11646	excised diameter over 4.0 cm		

11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion		
11970	Replacement of tissue expander with permanent prosthesis		
11971	Removal of tissue expander(s) without insertion of prosthesis		
13120	Repair, complex, scalp; 1.1 cm to 2.5 cm		
13121	Repair, complex, forehead, cheeks, chin mouth, or neck; 1.1 cm to 2.5 cm		
13131	Repair, complex, forehead, cheeks, chin mouth, or neck; 1.1 cm to 2.5 cm		
13132	2.6 cm to 7.5 cm		
13150	Repair, complex, eyelids, nose, ears, and/or lips; 1.0 cm or less		
13151	1.1 to 2.5 cm		
13152	2.6 to 7.5 cm		
14020	Adjacent tissue transfer or rearrangement, scalp; defect 10 sq cm or less		
14021	defect 10.1 to 30 sq cm		
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck; defect 10 sq cm or less		
14041	defect 10.1 to 30 sq cm		
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less		
14061	defect 10.1 to 30 sq cm		
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area		
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children		
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits		
15220	Full thickness graft, including direct closure of donor site, scalp; 20 sq cm or less [Use for follicular unit graft transplantation]		
15221	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck; 20 sq cm or less		
15241	each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)		
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, lips; 20 sq cm or less		
15261	each additional 20 sq cm or part thereof (List separately in addition to code for primary procedure)		
15335	Acellular dermal allograft, face, scalp, eyelids, mouth, neck, ears, orbits		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
15365	Tissue cultured allogenic dermal substitute, face, scalp, eyelids, mouth, neck, ears, orbits		
15400	Application of xenograft, skin		
15420	Xenograft skin (dermal), for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits		
15572	Formation of direct or tubed pedicle, with or without transfer; scalp		
15574	forehead, cheeks, chin, mouth, neck		
15576	eyelids, nose, ears, lips, or intraoral		
15610	Delay of flap or sectioning of flap (division and inset); at scalp		
15620	at forehead, cheeks, chin, neck		
15630	at eyelids, nose, ears, or lips		
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)		
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter, sternocleidomastoid, levator scapulae)		
15740	Flap; island pedicle		
15750	neurovascular pedicle		

15756	Free muscle or myocutaneous flap with microvascular anastomosis		
15757	Free skin flap with microvascular anastomosis		
15758	Free fascial flap with microvascular anastomosis		
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area		
15770	derma-fat-fascia [use for autologous lipoinjections]		
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)		
15841	free muscle graft (including obtaining graft)		
15842	free muscle flap by microsurgical technique		
15845	regional muscle transfer		
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck; lesion diameter 0.5 cm or less		
17271	lesion diameter 0.6 to 1.0 cm		
17272	lesion diameter 1.1 to 2.0 cm		
17273	lesion diameter 2.1 to 3.0 cm		
17274	lesion diameter 3.1 to 4.0 cm		
17276	lesion diameter over 4.0 cm		
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less		
17281	lesion diameter 0.6 to 1.0 cm		
17282	lesion diameter 1.1 to 2.0 cm		
17283	lesion diameter 2.1 to 3.0 cm		
17284	lesion diameter 3.1 to 4.0 cm		
17286	lesion diameter over 4.0 cm		
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck; first stage, up to 5 tissue blocks		
20955	Bone graft with microvascular anastomosis; fibula		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
20962	other than fibula, iliac crest, or metatarsal [use for scapula]		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest or metatarsal		
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft		
21142	two pieces, segment movement in any direction, without bone graft		
21143	three or more pieces, segment movement in any direction, without bone graft		
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)		
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)		
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)		
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)		
21151	any direction, requiring bone grafts (includes obtaining autografts)		
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I		
21155	with LeFort I		

21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I		
21160	with LeFort I		
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)		
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)		
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)		
21180	with autograft (includes obtaining grafts)		
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial		
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 cm ²		
21183	total area of bone grafting greater than 40 cm ² but less than 80 cm ²		
21184	total area of bone grafting greater than 80 cm ²		
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)		
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft		
21194	with bone graft (includes obtaining graft)		
21195	Reconstruction of mandibular rami; and/or body, sagittal split; without internal rigid fixation		
21196	with internal rigid fixation		
21198	Osteotomy, mandible, segmental;		
21199	with genioglossus advancement		
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)		
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
21209	reduction		
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)		
21215	mandible (includes obtaining graft)		
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)		
21235	ear cartilage, autogenous, to nose or ear (includes obtaining graft)		
21240	Arthroplasty, temporomandibular joint, with or without autograft, (includes obtaining graft)		
21242	Arthroplasty, temporomandibular joint, with allograft		
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement		
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)		
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial		
21246	complete		
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)		
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial		
21249	complete		
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)		
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)		
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach		

21261	combined intra- and extracranial approach		
21263	with forehead advancement		
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach		
21268	combined intra- and extracranial approach		
21275	Secondary revision of orbitocraniofacial reconstruction		
21280	Medial canthopexy (separate procedure)		
21282	Lateral canthopexy		
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach		
21296	intraoral approach		
30465	Repair of nasal vestibular stenosis (e.g. spreader grafting, lateral nasal wall reconstruction)		
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft		
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression		
40510	Excision of lip; transverse wedge excision with primary closure		
40520	V-excision with primary direct linear closure		
40525	full thickness, reconstruction with local flap (eg, Estlander or fan)		
40527	full thickness, reconstruction with cross lip flap (Abbe-Estlander)		
40650	Repair lip, full thickness; vermilion only		
40652	up to half vertical height		
40654	over one-half vertical height, or complex		
42260	Repair of nasolabial fistula		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)		
42953	Pharyngoesophageal repair		
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula		
43305	with repair of tracheoesophageal fistula		
43496	Free jejunum transfer with microvascular anastomosis		
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration		
61581	extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy		
61582	extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa		
61583	intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa		
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/ or temporal lobe(s); without orbital exenteration		
61585	with orbital exenteration		
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft		
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery		
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery		

61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe		
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural		
61601	intradural, including dural repair, with or without graft		
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural		
61606	intradural, including dural repair, with or without graft		
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural		
61608	intradural, including dural repair, with or without graft		
64864	Suture of facial nerve; extracranial		
64865	infratemporal, with or without grafting		
64866	Anastomosis; facial-spinal accessory		
64868	facial-hypoglossal		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
64870	facial-phrenic		
64872	Suture of nerve; requiring secondary or delayed suture		
64874	requiring extensive mobilization, or transposition of nerve		
64876	requiring shortening of bone of extremity		
64885	Nerve graft (includes obtaining graft), head or neck; up to 4.0 cm length		
64886	more than 4.0 cm length		
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4.0 cm length		
64891	more than 4.0 cm length		
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4.0 cm length		
64893	more than 4.0 cm length		
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4.0 cm length		
64896	more than 4.0 cm length		
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4.0 cm length		
64898	more than 4.0 cm length		
64901	Nerve graft, each additional nerve; single strand		
64902	multiple strands (cable)		
64905	Nerve pedicle transfer; first stage		
64907	second stage		
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve		
64911	with autogenous vein graft (includes harvest of vein graft), each nerve		
67900	Repair of brow ptosis (supraciliary, midforehead or coronal approach)		
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)		
67902	frontalis muscle technique with autologous fascial sling (includes obtaining fascia)		
67903	(tarso)levator resection or advancement, internal approach		
67904	(tarso)levator resection or advancement, external approach		
67906	superior rectus technique with fascial sling (includes obtaining fascia)		
67908	conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)		
67909	Reduction of overcorrection of ptosis		
67911	Correction of lid retraction		
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)		

67914	Repair of ectropion; suture		
67915	thermocauterization		
67916	excision tarsal wedge		
67917	extensive (eg, tarsal strip operations)		
67921	Repair of entropion; suture		
67922	thermocauterization		
67923	excision tarsal wedge		
67924	extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)		
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness		
67935	full thickness		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
67950	Canthoplasty (reconstruction of canthus)		
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin		
67966	over one-fourth of lid margin		
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage		
67973	total eyelid, lower, one stage or first stage		
67974	total eyelid, upper, one stage or first stage		
67975	second stage		
68700	Plastic repair of canaliculi		
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)		
69005	Drainage external ear, abscess or hematoma; complicated		
69110	Excision external ear; partial, simple repair		
69120	complete amputation		
69150	Radical excision external auditory canal lesion; without neck dissection		
69155	with neck dissection		
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)		
69320	Reconstruction of external auditory canal for congenital atresia, single stage		
69535	Resection temporal bone, external approach		
	<i><u>SUBTOTAL - RECONSTRUCTIVE</u></i>		
<u>IV. CONGENITAL</u>			
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm		
17107	10 – 50 sq cm		
17108	over 50 sq cm		
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only		
30462	tip, septum, osteotomies		
30540	Repair choanal atresia; intranasal		
30545	transpalatine		
30580	Repair fistula; oromaxillary		

30600	oronasal		
30630	Repair nasal septal perforations		
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral		
40701	primary bilateral, one stage procedure		
40702	primary bilateral, one of two stages		
40720	secondary, by recreation of defect and reclosure		
40761	with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle		
42200	Palatoplasty for cleft palate, soft and/or hard palate only		
PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only		
42210	with bone graft to alveolar ridge (includes obtaining graft)		
42215	Palatoplasty for cleft palate; major revision		
42220	secondary lengthening procedure		
42225	attachment pharyngeal flap		
42226	Lengthening of palate, and pharyngeal flap		
42227	Lengthening of palate, with island flap		
42235	Repair of anterior palate, including vomer flap		
69300	Otoplasty, protruding ear, with or without size reduction		
	<u><i>SUBTOTAL – CONGENITAL</i></u>		
V. COSMETIC			
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)		
15781	segmental, face		
15788	Chemical peel, facial; epidermal		
15789	dermal		
15819	Cervicoplasty		
15820	Blepharoplasty, lower eyelid;		
15821	with extensive herniated fat pad		
15822	Blepharoplasty, upper eyelid;		
15823	with excessive skin weighting down lid		
15824	Rhytidectomy; forehead		
15825	neck with platysmal tightening (platysmal flap, "P-flap")		
15826	glabellar frown lines		
15828	cheek, chin, and neck		
15829	superficial musculoaponeurotic system (SMAS) flap		
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad		
15876	Suction assisted lipectomy; head and neck		
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue [use for laser resurfacing]		
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)		
21121	sliding osteotomy, single piece		
21122	sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)		
21123	sliding, augmentation with interpositional bone grafts (includes obtaining autografts)		
21125	Augmentation, mandibular body or angle; prosthetic material		

21127	with bone graft, onlay or interpositional (includes obtaining autograft)		
21137	Reduction forehead; contouring only		
21138	contouring and application of prosthetic material or bone graft (includes obtaining autograft)		
21139	contouring and setback of anterior frontal sinus wall		
21270	Malar augmentation, prosthetic material		
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip		

PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	Year 1	Year 2
30410	complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip		
30420	including major septal repair		
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)		
30435	intermediate revision (bony work with osteotomies)		
30450	major revision (nasal tip work and osteotomies)		
40500	Vermilionectomy (lip shave), with mucosal advancement		
<i>SUBTOTAL – COSMETIC</i>			

E. By category, record subtotals of procedures performed from Acceptable Procedures Chart above.

PROCEDURE	<i>CPT©2009 American Medical Association. All Rights Reserved</i>	# of Procedures	
		Year 1	Year 2
I. HEAD AND NECK			
II. TRAUMA			
III. RECONSTRUCTIVE			
IV. CONGENITAL			
V. COSMETIC			
<i>GRAND TOTAL</i>			

F. Determine average number of procedures for two-year period by completing this formula:

$$\left(\frac{\text{Grand Total Year 1}}{\text{Grand Total Year 1}} + \frac{\text{Grand Total Year 2}}{\text{Grand Total Year 2}} \right) \div 2 = \underline{\hspace{2cm}}$$

13. **Credentials Questionnaire:** Place a checkmark beside “Yes” or “No,” as appropriate. If “Yes,” give full details on a separate sheet of paper. The IFFPSS reserves the right to verify information given below with your state/provincial board of medical examiners.

a. Has your license to practice your profession in any jurisdiction ever been limited, suspended, revoked, denied, or subjected to probationary condition, or have proceedings toward any of those ends ever been instituted? ___ YES ___ NO

b. Have your clinical privileges at any hospital or healthcare institution ever been limited, suspended, revoked, not renewed, or subject to probationary conditions, or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? ___ YES ___ NO

- c. Has your medical staff membership status at any hospital ever been limited, suspended, revoked, not renewed, or subject to probationary conditions or have proceedings toward any of these ends ever been instituted or recommended by a standing medical staff committee or governing body? ___ YES ___ NO
- d. Have you ever been denied membership on a hospital staff or advancement in medical staff status? ___ YES ___ NO
- e. Have you ever been denied membership or renewal thereof or been subject to any disciplinary action in any medical organization or professional society, local, state, or national, or have proceedings toward any of those ends ever been instituted? ___ YES ___ NO
- f. Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended, reduced, or have proceedings toward any of those ends ever been instituted? ___ YES ___ NO
- g. Has your controlled substances authorization ever been denied, revoked, suspended, reduced, voluntarily surrendered or not renewed, or have proceedings toward any of those ends ever been instituted? ___ YES ___ NO
- h. Have you ever voluntarily relinquished a medical staff membership, a clinical privilege, a medical organization or professional society membership, or a narcotics registration in lieu of formal action? ___ YES ___ NO
- i. Have you ever been charged with or convicted of a felony? ___ YES ___ NO
- j. Do you presently have a physical or mental health condition that affects or is reasonably likely to affect your ability to perform your professional duties? ___ YES ___ NO
- k. Do you have or have you had a substance abuse problem? ___ YES ___ NO
- l. Are there currently pending any professional medical misconduct proceedings against you in this state or province or another state or province? ___ YES ___ NO
- o. Have any malpractice suits been filed or settled against you in this state or province or another state or province in the last five years? ___ YES ___ NO

14. **Code of Ethics:** By initials in the box below, signify your agreement to adhere to the IFFPSS Unified International Certification Code of Ethics.

A certificant should pursue the practice of surgery with scientific honesty and place the welfare of patients above all else.

A certificant should advance constantly in knowledge and render willing help and teaching to colleagues in medicine and seek their counsel when in doubt about the certificant's own judgment.

The certificant should abide by the general principles of truthful advertisement of medical and surgical services.

The certificant should not practice the division of fees either directly or indirectly and should make fees commensurate with the services rendered.

Initial agreement here.

15. **Recommendations:** Three recommendations are required. Indicate in the spaces below the names of the physicians whom you have asked to write letters of recommendation. Circle the appropriate acronym to show the board certification of each – ABFPRS, ABOto, ABPS, or RCPSC. Ask that letters be sent directly to the IFFPSS member society contact listed on page 2.

1. _____
Name of ABFPRS/ABOto/ABPS Diplomate or RCPSC Fellow (please print) Degree

Title/Institution (if applicable)

Street/Mailing Address

City State/Province Zip/Postal Code

2. _____
Name of ABFPRS/ABOto/ABPS Diplomate or RCPSC Fellow (please print) Degree

Title/Institution (if applicable)

Street/Mailing Address

City State/Province Zip/Postal Code

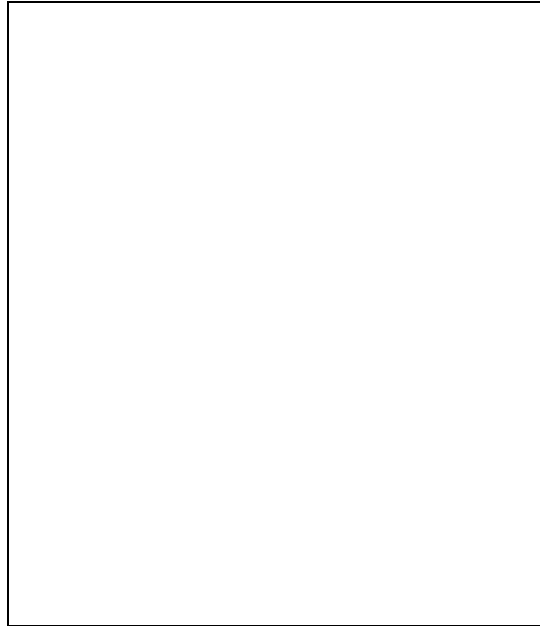
3. _____
Name of ABFPRS/ABOto/ABPS Diplomate or RCPSC Fellow (please print) Degree

Title/Institution (if applicable)

Street/Mailing Address

City State/Province Zip/Postal Code

16. **Photographs:** Staple one signed photograph in the square below. Photograph should be no larger than 3" x 4" and should be signed on the front. Email a second photograph, which is used to identify you when you register for the examination, to the ABFPRS office at meharp@abfprs.org. Digital photographs should be submitted in jpeg format. Your Application for Certification by the IFFPSS is not complete without the digital photograph.



17. Examination and Certification Fee:

Enclose a check or money order in payment for the examination and certification set by the IFFPSS member society to which you belong. Make check payable to that society.

18. Agreements:

I hereby apply to my IFFPSS member society for certification in accordance with its rules, regulations, and policies. I have enclosed payment of the certification and examination fee. I understand that only the examination portion of this fee will be returned if my application to sit for the examination is not accepted, and that no portion of the fee is refundable once I am scheduled to sit for the examination, except as provided for by my IFFPSS member society. I authorize that society prior or subsequent to my examination to make whatever inquiries and investigation it deems necessary to ascertain and verify my qualifications, credentials, professional standing, and moral and ethical character, and to disclose information in that process that the society has received.

I further covenant and agree to hold the Society, the members of its board of directors, examiners, officers, staff, and agents harmless and free from any claims or demands for damage or otherwise by reason of any act of omission or commission that they may make in connection with this application, the grades given with respect to my examination, or any failure of the society to issue to me a certificate. I understand that the decision as to whether my examination qualifies me for certification rests solely and exclusively with the society and that its decision is final.

I confirm that I have read the Instructions for Completing the IFFPSS Certification Application and any materials regarding my IFFPSS member society's certification program and understand their contents. The terms and provisions of the Instructions and the society's materials are hereby incorporated in the terms of this agreement by reference and are part of this application for examination.

Full, Legal Signature of Applicant

Date

Notarized before me this _____ day of _____, 20 _____.
_____ did appear before me and swore that the above information is true, accurate, and complete.

I hereto set my hand and seal this _____ day of _____, 20 _____.

Signature, Notary Public

My commission expires on _____

FOR IFFPSS MEMBER SOCIETY USE ONLY – DO NOT WRITE BELOW THIS LINE.

Date Application Received: _____ Date Application Postmarked: _____

Date Application Completed: _____ Date Incomplete Application Returned: _____

Date Application Referred to Credentials Committee: _____

Credentials Committee Recommendation: _____ Date: _____

Date Applicant Notified of Credentials Committee Action: _____

Date of Receipt of Examination Fee: _____ Amount: _____ Check No.: _____

Date Examination Guide Sent: _____

APPLICANT'S CHECKLIST

Did you remember to ...

- q Complete all items on your application accurately?
- q Enclose a copy of your medical school diploma?
- q Enclose a copy of all current medical license(s), showing expiration dates?
- q Enclose a copy of any earned medical specialty board certificates?
- q Enclose copies of 50 operative reports per year performed during two consecutive years within the past five years?
- q Enclose your complete sequential operative log for your two selected reporting years?
- q Enclose any additional information required by your answers to question 13?
- q Initial agreement to the IFFPSS Unified International Certification Code of Ethics (question 14)?
- q Request three M.D.'s or D.O.'s to submit letters of recommendation for you by December 15, 2009?
- q Enclose one signed 3" x 4" photograph with your application and email one photograph to the ABFPRS offices?
- q Enclose a check or money order for payment of the certification and examination fee?
- q Sign your application before a notary public?
- q Keep one copy of all application materials for reference during the review process?
- q Place your application and all supporting documents, unfolded, in one package for shipping?
- q Correctly address the package to the IFFPSS member society to which you belong, as listed on page 2?
- q Meet the December 15, 2009, deadline for posting all application materials?