

**The American Board of Pediatric Neurological Surgery**

Application for the “Subsequent Joint Certification” Pathway

This application is for those who have:

1. Completed an ACPNF accredited pediatric neurosurgery fellowship within 5 years of application. Failing to complete the process within that time frame will require the candidate to seek joint certification via the “alternate pathway” criteria.
2. Received ABNS certification **without** taking the pediatric focused oral examination.
3. Passed the ABPNS pediatric written focused practice examination.

Requirements:

1. Current application.
2. Submission of current case log that meets ABNS-ABPNS criteria.
3. Once application is approved and case criteria are met, the candidate will be invited to:
   1. Create a PowerPoint presentation based on 10 cases selected from your case log by the ABPNS exam committee.
   2. Take the ABPNS pediatric focused oral examination, which has 2 components: 1.) First hour: General pediatric neurosurgery, 2.) Second hour: A discussion on 5 of the 10 selected cases.

**Please read carefully and check the appropriate boxes (double left click and then choose “checked”. Application will not be processed until complete.**

**Part I: Contact and Practice Information**

**Name:**

**Office Address:**

**Institution:**

**Street:**

**City: State or Province:**

**Zip Code: Country:**

**Home Address:**

**Preferred Mailing Address: □Home □Office**

**Phone:**

**Home/Cell:**

**Fax:**

**E-mail:**

**Fellowship:**

**Institution:**

**ACPNF-accredited slot? (Y/N)**

**Dates of Training:**

**Director:**

**Residency Program:**

**Institution:**

**Dates of Training:**

**Medical School:**

**Institution:**

**Dates of training:**

**Date started practice at current Institution:**

**No restrictions**  **Restricted**

**If restrictions, please explain:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part II: Professional Standing**

1. **Have you received any type of sanction or are you currently**  **Yes**  **No**

**under investigation by a hospital, state licensing agency, or**

**other healthcare organization?**

1. **Have you voluntarily or involuntarily surrendered, retired or**

**relinquished ANY licensure or registration?**  **Yes**  **No**

1. **Have you had or do you currently have successful challenges**  **Yes**  **No**

**to your DEA or state-controlled substance registration?**

1. **Have your privileges at ANY hospital or healthcare facility**  **Yes**  **No**

**been limited, reduced, suspended, diminished, revoked, or not**

**renewed by the action of any hospital or healthcare facility?**

1. **Has your faculty membership at ANY medical center or other**  **Yes**  **No**

**Professional school been removed or subject to disciplinary**

**action?**

**If you answered YES to any of the questions numbered 1 through 5, please explain in the section immediately below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Licensure Information**

**STATE OR PROVINCE LICENSE NUMBER RESTRICTED OR SUSPENDED**

**­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Yes**  **No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Yes**  **No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Yes**  **No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Yes**   **No**

**Supporting documentation accompanying this application. Please check off:**

Proof of Residence (Can be a copy of a driver’s license).

Letter of good standing from fellowship director or copy of fellowship certificate (must be ACPNF accredited).

Copy of Residency certificate.

Copy of ABNS certificate.

\*Copy of Medical License (no need to send if current on ABNS CC process).

\*Letter of good standing from current Institution (could be substituted by the COS questionnaire as part of the ABNS CC process).

Submission of a chronological surgical case log consisting of a minimum of 65 consecutive, major surgical cases under age 22 for which the applicant has been the responsible surgeon, and:

1. All cases must have occurred within a 12 month time period, with the oldest case no more than 18 months from the time of application.
2. Each case must have a minimum of 3 months follow up described, and
3. The case log submitted must represent all locations of the practice of the applicant at the time of submission and contain all cases (peds and adults).

Proof of having passed the ABPNS pediatric written focused practice examination (Letter from the ABPNS)

Upon application, the ABPNS will verify you are current in the ABNS CC process and therefore eligible to proceed with the oral examination.

Please note that the application should be complete and in the hands of the Credentialing Committee within five years of completion of your ACPNF-accredited pediatric neurosurgery fellowship program. You will have one opportunity to apply per year. The deadline of August 1st will allow consideration for the November/December ABPNS pediatric focused oral examination, which is offered at the AANS/CNS Pediatric Section Annual Meeting. Please submit this application and the supporting documentation listed above via email to Kari Bollerman at [kbollerman@abns.org](mailto:kbollerman@abns.org).

Those applying for the ABPNS oral examination should pay for the examination fee in the amount of $2,600.00 upon approval of application for oral examination. The examination fee can be paid by credit card on the home page of the ABPNS website using Amazon.

By signing below, I hereby verify that all information submitted here is true and accurate, and has been completed to the best of my knowledge.

Electronically signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type in your name to verify above)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABPNS Administrative Area only:

□ Verified completion of ACPNF approved fellowship in the ACPNF slot.

□ Payment of oral examination fee upon approval of application.

□ ABNS certification dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Case log submitted in using proper template and format (Excel)

□ Verify applicant is current on ABNS CC process? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_