



# ABLES

## Application for Admission

### INSTRUCTIONS

#### **SUBMIT ONLY THIS ORIGINAL APPLICATION FORM, TYPE-FILLED**

**This form contains ten Sections. Instructions for each section are as follows.**

- I Fill all blanks, including FAX numbers if you have such equipment
- II Fill out all parts that apply to you. Use additional sheets of paper if necessary, clearly labeled "Section II".
- III Include information for each state in which you are licensed. Use an additional sheet of paper if necessary, clearly labeled "Section III".
- IV Include information for each facility in which you have surgical privileges. Use an additional sheet of paper if necessary, clearly labeled "Section IV".
- V This section applies only for those who seek endorsement for prior examination and case studies undertaken for another board. Please read the text for this section before filling it out.
- VI Answer each question by circling the appropriate answer. Each item answered "yes" must be fully explained on separate sheets of paper, clearly labeled "Section VI".
- VII You **MUST** supply copies of state licenses to practice and licenses for controlled substances. You must also supply copies of residency and preceptorship certificates if you wish ACCPPS to verify that training for hospitals and HMO's that make inquiries about you. You must include a check for the current examination fee. Check off you are submitting.
- VIII Indicate the way you'd like your name to appear on your certificate.
- IX Signature and date are required.
- X The Candidate Acknowledgments on the back page **MUST** be signed, or your application will be considered incomplete.

**RESPONSES ON THIS FORM MUST BE TYPEWRITTEN  
APPLICATION MUST BE SUBMITTED ON ORIGINAL ABLES FORM**

American Board of Lower Extremity Surgery

Application for Admission

APPLICATION MUST BE TYPEWRITTEN

I

Name LAST FIRST M.I. Date of Birth

Office Address Telephone ( )

NO P.O. BOXES

FAX ( )

Home address Telephone ( )

FAX ( )

Prefer to receive mail: Home Office

Certification sought: Podiatric medicine and comprehensive foot surgery

Reconstructive rearfoot and ankle surgery

II

EDUCATION

Table with 5 columns: College, Grad?, Year, Degree, Major. Rows 1 and 2.

Podiatry College: Year graduated

(NOTE: 1992 AND LATER YEAR GRADUATES MUST HAVE COMPLETED A ONE YEAR RESIDENCY PROGRAM!)

Residency training: No Yes

Preceptorship: No Yes

Duration: Ending date:

Duration: Ending date:

Hospital:

Preceptor:

Address:

Address:

City/State/ZIP:

City/State/ZIP:

Type of program:

PLEASE PROVIDE LIKE INFORMATION FOR ADDITIONAL RESIDENCY AND PRECEPTORSHIP PROGRAMS ON A SEPARATE SHEET OF PAPER TO SUBMIT WITH APPLICATION.

Residency Director:

III

PROFESSIONAL LICENSES

State License number Date first issued Date of next renewal Annual CME reqmt.

THERE ARE FOUR PAGES IN THIS DOCUMENT. YOUR SIGNATURE IS REQUIRED ON BOTH THE THIRD AND FOURTH PAGES.

## IV

### HOSPITAL/SURGICENTER SURGICAL PRIVILEGES

Facility	Address	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## V

### OTHER CERTIFICATION EXAMINATION ENDORSEMENT

The Board of Directors has established a policy of granting full examination credit to applicants for their prior successful completion of the written certification examination of certain other certification boards within 5 years of the date of this application. Call the ABLES offices before completing this section of the application to find out if your examination qualifies for such endorsement. Proof of passing examination grades must be submitted with this application. The required proof is written, signed correspondence from the examining board on its letterhead.

I seek endorsement for a prior written certification examination

\_\_\_\_\_ name of board

## VI

### DISCLOSURES

Answer the following questions by circling "yes" or "no". For each "yes" answer you give, you are required to provide a detailed explanation of the incident. Write your explanations on a separate sheet(s) of paper, sign and submit them with this application.

1. Are any of your professional licenses to practice (including controlled substance licenses) been suspended, revoked, or restricted, or have you ever been supervised, censured or reprimanded by a licensing authority, or state or federal court?
2. Have any of your professional licenses to practice (including controlled substance licenses) been suspended, revoked, or restricted, or have you ever been supervised, censured or reprimanded by a licensing authority, or state or federal court?
3. Have you ever surrendered a professional license to practice, or surrendered a controlled substance license?
4. Have you been censured or reprimanded by, expelled from, or otherwise disciplined by a professional organization?
5. Have you ever been convicted of a felony for any act involving your professional license or professional practice?

## VII

### ENCLOSURES LIST

**Applications submitted without the required enclosures are considered incomplete and will not be processed.**

- IF AVAILABLE: Residency or preceptorship training certificate for 1991 and earlier graduates (Section II).
- OPTIONAL: Proof of successful completion of other acceptable certification examination within last 5 years (Section V).
- REQUIRED: Residency training certificate if you graduated from podiatry college after 1991 (Section II).
- REQUIRED: Copies of current podiatry licenses listed in Section III. and copies of controlled substance licenses.
- REQUIRED: Written explanations for affirmative answers to disclosure questions (Section VI).
- REQUIRED: Check for current examination fee payable to "ABLES". Dishonored checks subject to \$25.00 charge.

## VIII

### INSCRIPTION

Type your name as you wish it inscribed on your certificate, including your choice of the designation "Dr." before your name, "M.D.", "D.O.", or "D.P.M." after your name, or no designator.

\_\_\_\_\_

## IX

### ATTESTATION

I hereby apply for admission to the Board of Lower Extremity Surgery. By affixing my signature hereto, I agree to be bound by the Bylaws of the organization; I certify that all statements made on this application are factually accurate and verifiable; I agree to furnish reasonable proof of such facts on demand of the Board of Directors at any time during my association with the organization.

\_\_\_\_\_ signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date

# X

## American Board of Lower Extremity Surgery

### Candidate Acknowledgments

#### Assessments

The Board of Directors may, from time to time, impose a membership assessment to finance extraordinary undertakings. Once certified, I will pay such assessments accruing thereafter upon receipt of notice and invoice for said assessments. My failure to pay any assessment within thirty days of the invoice date, unless other hardship schedule has been agreed upon, shall result in termination of my certification without refund of any dues or other fees previously paid.

#### Annual Dues

ABLES requires each board eligible candidate for certification and each board certified Diplomate to pay annual dues for the ensuing year within thirty days of the invoice date. First year dues are currently set at \$510.00, to be invoiced approximately six weeks after the written examination. Second year dues are currently set at \$510.00 to be invoiced on or about the first anniversary of the examination date. Third and later year dues are currently set at \$400.00, to be invoiced on approximate examination anniversary dates. Dues shall be payable whether or not I have completed the precertification case study requirements. My failure to pay dues within thirty days of the invoice date will result in the imposition of a late charge of \$35.00 for each month or fraction thereof that my payment is late, and if unpaid for 60 days, my eligibility/certification will be terminated for nonpayment. Termination for nonpayment shall not eliminate my obligation to pay unpaid assessments, past dues, dues for the year of termination, or late charges.

#### Recertification

ABLES requires each of its certified Diplomates to be recertified at five year intervals with the calendar running from the date of the initial certification examination, and that my failure to comply with the then current recertification requirements shall result in termination of my certification, and that I shall still be liable for any then outstanding fees, dues and assessments.

#### Certificate Ownership

ABLES shall retain ownership of the formal documents of certification issued to Diplomates, which certificates are subject to recall for revision or termination of certification. I shall return, on written demand from ABLES, any such certificate issued to me.

#### Case Studies

There is a three year time limit during which I must submit and obtain approval on the requisite surgical case studies, and that any request for an extension must be written within the three year period, sent by registered mail, and that such extension will be in effect upon my receipt of a written notice of extension.

#### Examination Appeals

I may have my examination paper reviewed by the examiners upon written request filed within 30 days after receiving my performance report, but I shall not be permitted to personally review the examination paper.

#### Reexamination

I may retake the examination at the same and date of any subsequent examination within 13 months at a reduced fee, but that I must submit a new application for admission prior to the published registration deadline for such examination. (The reexamination fee is presently set at \$250.00, held firm for a span of two scheduled examinations, but is thereafter subject to change.)

#### Voluntary Termination

I may voluntarily terminate my certification and membership by giving written notice to ABLES, sent by registered mail or other traceable carrier, and that I shall be liable for, and shall pay, unpaid assessments, unpaid prior year dues and current year dues prorated to the date my notice of termination is served on ABLES. Dues shall otherwise continue to accrue, together with any appropriate late charges, until my certification is terminated for nonpayment. Voluntary termination does not eliminate my obligation to pay past dues, accrued dues, late charges or unpaid assessments.

**In affixing my signature hereto, I acknowledge that I have read the above provisions, that I understand them, and agree to be bound by them.**

Signature \_\_\_\_\_

Date \_\_\_\_\_