



AMERICAN BOARD OF THORACIC SURGERY

2016 Application Instructions - Congenital Heart Surgery MAINTENANCE OF CERTIFICATION – 5-YEAR MILESTONE

The application for the Maintenance of Certification 5-Year Milestone in congenital heart surgery is available as downloaded .pdf file from the ABTS web site, www.abts.org. The complete application includes

- Instructions
- Application Forms – 2 pages
- Disclosure Statement
- Verification of the Applicant's Case List
- Applicant's Case Summary Form – 2 pages
- Applicant's Case List (multiple pages)
- Applicant's Continuing Medical Education – 2 pages
- Applicant's Legally Bound Statement
- Abbreviated Practice Survey – 3 pages

Please read and follow all directions. Type or print legibly. Photocopies of forms may be made for continuation of listings. The applicant's Case List and CME reporting forms can be generated from your computer if you exactly follow the format of the ABTS form. Case lists must be **sorted by date and sized to standard 8 ½ x 11 paper**. Case lists on legal size paper will be returned. Complete the forms and include legible copies of all CME certificates and medical license(s). Support material will not be returned. **ALL SIGNATURES MUST BE ORIGINAL AND NOT MECHANICALLY REPRODUCED BY ANY MEANS.**

The applicant Case List should specify cases at each hospital separately. A designated institutional official must sign the first page of the list and the verification form (make a separate form for each hospital). These forms can NOT be signed by you. If YOU are the Chief of Congenital Heart Surgery, the forms should be signed by the Chief of Cardiothoracic Surgery. If YOU are the chief of Cardiothoracic Surgery, the forms must be signed by the Chief of General Surgery or the institution's physician Medical Director.

Mail completed forms and all requested copies [medical license(s), CME certificates], to:

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

The American Board of Thoracic Surgery believes that submission of a properly completed application is an important part of the MOC process. Therefore, please be certain that your application is completed according to the instructions and **postmarked on or before August 5, 2016.**

American Board of Thoracic Surgery
2016 5-Year Milestone for Maintenance of Certification in Congenital Heart Surgery

Applicant Name _____
First Middle Last Suffix Degree

Mailing Address _____
Street _____
City State Postal Code Country

Telephone #s _____

Email Address (required) _____

SSN (Last 4 Digits ONLY) _____

Date of Birth (MM/DD/YYYY) _____

Certification Status Requested (See the ABTS website at www.abts.org for certification category definitions) Certified - Active _____
Certified - Inactive _____
If Certified-Inactive, please include a separate letter describing your current professional activities.

List the following information about the hospital(s) at which you hold pediatric cardiothoracic surgery practice privileges. If your current appointment has been for fewer than 2 years, list appointments for the past 5 years.

HOSPITAL 1
Name of Hospital _____
Address Line 1 _____
Address Line 2 _____
City / State / Zip _____
Initial Date of Appointment _____
Name of Chief of Thoracic Surgery or Chief of Surgery _____

HOSPITAL 2
Name of Hospital _____
Address Line 1 _____
Address Line 2 _____
City / State / Zip _____
Initial Date of Appointment _____
Name of Chief of Thoracic Surgery or Chief of Surgery _____

American Board of Thoracic Surgery - MOC 5-year Milestone - Continued

Name of Hospital _____

HOSPITAL 3
Address Line 1 _____

Address Line 2 _____

City / State / Zip _____

Initial Date of Appointment _____

Name of Chief of Thoracic Surgery or
Chief of Surgery _____

Current Academic/Teaching Positions

Institution	Location	Dates
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Institution	Location	Dates
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List ALL states in which you hold a valid license to practice medicine. Include photocopies of ALL licenses.

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

Congenital Cardiac Surgery in patients < 18 years _____
Congenital Cardiac Surgery in patients > 18 years _____
 General Cardiac Surgery _____
 General Thoracic Surgery _____
 Vascular Surgery _____
 All Other Surgery _____
 Research _____
 Teaching _____
 Administrartion _____
 Other (specify) _____
 TOTAL _____

List all other Boards by which you are Certified

AMERICAN BOARD OF THORACIC SURGERY
Application for Maintenance of Certification in Congenital Heart Surgery

DISCLOSURE

1. Has any medical license you have ever held 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

Verification of the Congenital Heart Surgery MOC Applicant's
Case List

To be completed for each institution from which the applicant presents a case list. Please type or print responses.

CHS MOC Applicant _____

Your Name _____

Your Title _____

Your Institution _____

I, in my capacity as chief of congenital heart surgery, chief of thoracic surgery, chief of surgery, or medical director at the above-named institution, certify to the best of my knowledge that the candidate's case list as presented herewith is an accurate reflection of the candidate's clinical experience.

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

Chief's Signature* _____

Printed Name of Chief _____

Date Signed _____

If APPLICANT is the Chief of Congenital Cardiac Surgery, the form should be signed by the Chief of Thoracic Surgery (Cardiothoracic/Cardiac/Cardiovascular Surgery). If APPLICANT is the Chief of Thoracic Surgery, this form must be signed by the Chief of General Surgery or Medical Director.

American Board of Thoracic Surgery 2016 Congenital Heart Surgery Operative Log - MOC Case Summary

Submit logs and a summary of all of your operative experience in the 1 year preceding this application (e.g. July, 2015-June, 2016). Operative experience must include a 75 congenital as primary or supervising surgeon. In addition, to assure an appropriately diverse distribution of cases, the applicant's case log cannot exceed a maximum of the specified cases for credit.

Applicant Name _____

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

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

Continued on Page 2 of 2



American Board of Thoracic Surgery
Maintenance of Certification in Congenital Heart Surgery

CONTINUING EDUCATION REQUIREMENTS

Each Diplomate of the ABTS applying for the 5-year milestone of Maintenance of Certification in Congenital Heart Surgery in 2016 must accumulate **90 total hours** of Accreditation Council for Continuing Medical Education (ACCME) approved post-graduate medical education in clinical topics of congenital heart surgery, cardiothoracic surgery, and/or general thoracic surgery since January 1, 2013. At least **15 hours each year** (45 hours) must be in congenital heart surgery and must be specifically identified and delineated as "congenital" on the official CME report. Examples of acceptable CME reports follow. Copies of CME certificates must be included with the application.

Credit is allowed for medical educational activities in ACCME Category I, with some exceptions as noted below. Category I includes programs such as the annual meeting and postgraduate thoracic surgical programs of the major thoracic surgery associations and societies. Requirements include the following:

- ❖ A MAXIMUM of 10 hours each year may be credited from the "home" or directly affiliated institution for such conferences as Grand Rounds, Morbidity and Mortality, Echo Conference, Journal Club, etc., and then only if the institution is approved to offer Category I credit for these conferences and documentation is provided.
- ❖ Credit for institutional conferences (see above) may be claimed from one institution only.
- ❖ A MAXIMUM of 10 hours each year may be credited from journal reading activities through the Annals of Thoracic Surgery and/or the Journal of Thoracic and Cardiovascular Surgery.
- ❖ SESATS is the only self-instructional material credit allowed, and SESATS CME applies only to the 'general' cardiothoracic surgery category.
- ❖ Credit for on-line courses may be accepted, provided the course is in a clinical congenital, cardiac or general thoracic topic, is designated for Category I credit by an ACCME-accredited body, and there is appropriate documentation of the Diplomate's participation.
- ❖ AATS and STS credit hour reports must include the breakdown of session attendance to qualify for 'congenital' credit.

Only clinical topics in congenital cardiac surgery, cardiac surgery, and general thoracic surgery apply. Computer software training, Medicare and insurance topics, research training (including "clinical research" training) etc. do not apply toward this requirement.

Credit is NOT given for undocumented activities, journal reading other than the Annals of Thoracic Surgery and the Journal of Thoracic and Cardiovascular Surgery, medical teaching, preparation of teaching/educational materials, publications, exhibits, presentation of papers, etc.

EACTS is NOT ACCME-accredited, and those hours do not count toward this requirement.

The AMA Physician's Recognition Award (PRA) is not acceptable as demonstration of fulfillment of the American Board of Thoracic Surgery credit requirement for Maintenance of Certification in Congenital Heart Surgery.

Category II credits do not satisfy these requirements.

INSTRUCTIONS

On the form, list only ACCME-approved Category I hours earned since January 1, 2013 in clinical topics of congenital heart surgery, cardiothoracic surgery, and/or general thoracic surgery. Include copies of each certificate with your application.

This certificate documents
18.0 hrs of "general" cardio-
thoracic surgery CME



The Society of Thoracic Surgeons

certifies that

has participated in the live activity titled STS 50th Annual Meeting in Orlando, Florida on January 25 - 29, 2014, and is awarded 18.00 AMA/PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Society of Thoracic Surgeons is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Thomas E. MacGillivray, MD
Chair, STS Council on Education and Member Services

Danton K. Marquis, MA, MS
Director of Education and Member Services

The Society of Thoracic Surgeons - Transcript

(Created on Friday, August 08, 2014)

CODE	DATE	SESSION TITLE	MAX. CREDITS	EARNED CREDITS
STS 48th Annual Meeting				
CS	02/08/2013	STS Parallel Surgical Symposium: Congenital	3.50	3.00 ✓
GS1	02/08/2013	General Session I	3.90	3.25 ✓
CS1	02/08/2013	Congenital Session: Adult Congenital	1.20	1.00 ✓
CS2	02/08/2013	Congenital Session: Pediatric Congenital I	2.40	2.00 ✓
SMP2	02/08/2013	Surgical Motion Pictures Mainstage: Congenital	1.20	1.00 ✓
B12	02/08/2013	Early Career Session #12: Controversies in Aortic Valve Repair in Congenital Patients	1.20	1.00 ✓
GS2	02/08/2013	General Session II	3.30	2.75 ✓
CS3	02/08/2013	Congenital Session: Pediatric Congenital II	2.40	2.00 ✓
CS4	02/08/2013	Congenital Session: Pediatric Congenital III	2.40	2.00 ✓
			Total Credits Earned	18.50

THIS certificate from the same meeting documents 12 hours of "specifically identified congenital CME" and 6 hours of "general" cardiothoracic surgery CME

CHS = 12 HRS

THORACIC SURG = 6 HRS

Meeting transcripts showing the session attendance credit are always available from the AATS and from the STS



This certificate is acceptable for 14.0 hrs of congenital CME and 5.25 hrs of "general" cardiothoracic surgery CME

RECORD OF ATTENDANCE FOR CONTINUING MEDICAL EDUCATION

This is to certify that

has attended and successfully completed the educational activity
 94th Annual Meeting of the American Association for Thoracic Surgery
 which includes:

Date	Session Title	Credits
Sunday, April 27, 2014	Congenital Heart Disease Symposium	4.78
Monday, April 28, 2014	Plenary 1A	1.25
Monday, April 28, 2014	Basic Science Lecture	0.75
Monday, April 28, 2014	Plenary 1B	0.75
Monday, April 28, 2014	Presidential Address	0.75
Monday, April 28, 2014	Congenital Heart Disease Simultaneous Session	2.50
Tuesday, April 29, 2014	Video Session	1.75
Tuesday, April 29, 2014	Congenital Heart Disease Simultaneous Session	3.00
Wednesday, April 30, 2014	Congenital Heart Disease Simultaneous Session	1.75
Wednesday, April 30, 2014	Congenital Masters of Surgery Video Session	1.00
Wednesday, April 30, 2014	Congenital Controversies Session	1.00

The American Association for Thoracic Surgery is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Association for Thoracic Surgery designates this educational activity for a maximum of 41.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Location: Metro Toronto Convention Center
 Toronto, ON, Ca

Date: April 26-30, 2014

14.03 CHS
 5.25 gen

CME Activity Record

Documents 10 hrs of congenital CME -
10 hrs is the maximum allowed from
the "home institution"

Attendance Report

This report documents AMA PRA Category 1 Credit earned by attending CME programs sponsored by the
These CME Reports should be kept as documentation for relicensure, the AMA Physician's Recognition Award, and other activities requiring
documentation of CME participation.

THIS COPY IS FOR YOUR RECORDS. Documentation of this credit is also on file with the Office of Continuous Professional Development. Questions
should be directed to CME Credit Coordinator, at

Displaying 07/01/2013 - 07/01/2014

Program	Date	Credit
Pediatric Cardiology/Thoracic Surgery Conference	06/30/2014	2.0
Thoracic Surgery D&C Conference	06/25/2014	1.5
Pediatric Cardiology/Thoracic Surgery Conference	06/09/2014	2.0
Thoracic Surgery Conference	06/04/2014	1.5
Thoracic Surgery D&C Conference	05/28/2014	1.5
Pediatric Cardiology/Thoracic Surgery Conference	05/12/2014	2.0
Thoracic Surgery D&C Conference	04/30/2014	1.5
General Thoracic & Cardiac Surgery D&C	12/18/2013	1.0
Pediatric Cardiology/Thoracic Surgery Conference	12/16/2013	2.0
General Thoracic & Cardiac Surgery D&C	11/27/2013	1.0
Pediatric Cardiology/Thoracic Surgery Conference	11/18/2013	2.0
18th Annual Raymond Waggoner Lecture on Ethics and Values in Medicine	11/13/2013	1.5
General Thoracic & Cardiac Surgery D&C	10/30/2013	1.0
Pediatric Cardiology/Thoracic Surgery Conference	10/28/2013	2.0
Pediatric Cardiology/Thoracic Surgery Conference	09/23/2013	2.0
Thoracic Surgery Conference	09/18/2013	1.0
Pediatric Cardiology/Thoracic Surgery Conference	09/16/2013	2.0
General Thoracic & Cardiac Surgery D&C	08/28/2013	1.0
Pediatric Cardiology/Thoracic Surgery Conference	08/19/2013	2.0
Thoracic Surgery Conference	08/14/2013	1.0
Pediatric Cardiology/Thoracic Surgery Conference	08/05/2013	2.0
Pediatric Cardiology/Thoracic Surgery Conference	07/31/2013	2.0
Pediatric Cardiology/Thoracic Surgery Conference	07/29/2013	2.0
Pediatric Cardiology/Thoracic Surgery Conference	07/15/2013	2.0
Pediatric Cardiology/Thoracic Surgery Conference	07/08/2013	2.0

Total 41.5



**AMERICAN BOARD OF THORACIC SURGERY
MAINTENANCE OF CERTIFICATION IN CONGENITAL CARDIAC
SURGERY**

I hereby make application to the American Board of Thoracic Surgery, Inc. (the Board) to maintain my certificate as a subspecialist in Congenital Cardiac Surgery upon successfully meeting all of the requirements for the Maintenance of Certification 5-Year Milestone, in accordance with and subject to its by-laws, appeals policies, and other rules and regulations in force at this time. I agree to hold the Board, its members, officers, examiners, and/or other 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 make in connection with this application for Congenital Cardiac Surgery Maintenance of Certification. I understand that the decision as to whether my Congenital Cardiac Surgery Maintenance of Certification 5-Year Milestone process qualifies me for maintaining my certificate vests solely and exclusively in the Board and that its decision is final.

I hereby authorize the Board to, on an ongoing basis, collect, maintain, and update certain of my personal information, including without limitation my name, address(es), degree(s), graduation year(s), date of birth, Board certification type(s), duration(s), and issue date(s), Board certification status, and whether I am meeting the requirements of Maintenance of Certification (collectively, "personal information"). I further hereby authorize the Board to share my personal information with the American Board of Medical Specialties (ABMS), solely for legitimate professional purposes and subject to appropriate privacy policies as agreed to by the Board and ABMS.

I intend to be legally bound by the foregoing:

(Signature)

(Date)

(Print Name)

(SSN – last 4 digits ONLY)

American Board of Thoracic Surgery

Abbreviated Practice Survey

1 What year did you graduate from medical school? _____

How many years of post-medical school training did you have
2 prior to entering practice? _____

How many more years do you expect to continue your practice
as a clinically active pediatric cardiothoracic surgeon prior to
3 retirement _____

Which of the following best describes your current position and
4 activity in the field of pediatric cardiothoracic surgery?

	Full Time	Part Time
Private Practice		
Academic Practice		
Consulting (only)		
Research		
Expert Witness		
Administration (no clinical surgery)		
Scientist		
Other (specify)		

Which of the following best describes the mode of the majority
5 of your practice?

	Full Time	Part Time
Private solo practice		
Private practice surgical group		
Private multi-specialty group		
Academic single-specialty group		
Academic multi-specialty group		
Hospital full-time employee		
Ambulatory practice (not surgical)		
Other (specify)		
Not in practice		

Which of the following best describes the number of major
pediatric cardiac surgical procedures you personally perform
6 each year? (Excluding PDA closure)

Fewer than 100 cases per year _____

100-199 cases per year _____

Over 200 cases per year _____

7 Please estimate the % of open vs. closed cases

	% Open	% Closed

American Board of Thoracic Surgery
Abbreviated Practice Survey

Regarding your total number of major operative procedures
8 performed in the past 12 months, the number of procedures is
about the same as the preceding year _____
more than the preceding year _____
less than the preceding year _____

Please indicate with a check mark which of the following
9 procedures you personally usually perform

- Organ transplantation _____
- Cardiac assist device implantation _____
- Neonatal cardiac surgery (non-PDA) _____
- MAZE (any technique) for atrial fibrillation _____
- Peripheral vascular surgery _____
- Transcatheter aortic or pulmonary valve replacement _____
- Congenital valve repair or replacement _____
- Pacemaker procedures _____
- VATS PDA or vascular ring _____
- Surgery for univentricular heart _____
- Adult congenital heart surgery _____

10 During the past two years, have your malpractice premiums
Increased _____
Stayed the same _____
Decreased _____

How many years has it been since your practice last hired a
11 new pediatric cardiothoracic surgeon? _____

Does your practice plan to hire new pediatric cardiothoracic
12 surgeon(s) in the next 2 years? _____

13 Overall, how would you rate your current career satisfaction?
Excellent _____
Good _____
Fair _____
Poor _____

14 Are you Board certified in critical care? _____

Are you currently certified by anyBoards other than the
15 ABTS/ABTS-CCS? If yes, which one(s) _____

American Board of Thoracic Surgery
Abbreviated Practice Survey

Does the institution where you primarily practice have a
16 dedicated

Pediatric cardiac surgery ICU

Cardiac surgery ICU

Thoracic surgery ICU

If YES to any of the above, is the cardiothoracic ICU director
17 Board certified in critical care?

Pediatric cardiac surgery ICU

Cardiac surgery ICU

Thoracic surgery ICU

18 (Optional) Please indicate your gender
