

DO NOT WRITE IN THIS SPACE	
Previous certification verified:	Date reference requested:
Admissible? Y N	Date admissible:
Date received:	Application number:



Vascular and Interventional Radiology Registration for Subspecialty Certification

Make two copies of this application with original signatures. Use extra paper for additional data if necessary.

TYPE OR PRINT (IN INK) ALL INFORMATION

_____ Male Female
 Last name First name Middle name

Please indicate the pathway under which you are applying: Standard Pathway Alternate Pathway

Address to which you want Board correspondence sent:

_____ Street Address

_____ City State Zip

Last four digits of your Social Security Number (U.S. or Canadian) _____

Telephone Numbers: Office: _____ Fax: _____

Home: _____ Fax: _____

Email Address: _____

When did you receive your diagnostic radiology certification? _____
 Month Year

My name at the time of this certification was: the same different

If different, what was your name? _____

Other specialty board certification: _____
 Board Date

PLEASE READ CAREFULLY BEFORE SIGNING

I, the undersigned applicant, hereby make application to the American Board of Radiology, Inc. for examination leading to certification, in accordance with and subject to stated rules and regulations. I agree to disqualification from examination or from issuance of a certificate of qualification in the event that any of the statements herein made by me are false, or if I violate any of the rules governing such examination.

I recognize the trustees of the American Board of Radiology (hereinafter, the Board) as the sole and only judge of my qualifications to receive and to retain a certificate issued by the Board and to have my name and demographic data included in any list or directory in which the names of diplomates of the specialty boards are published. I understand and agree that in the consideration of my application, my moral, ethical and professional standing will be reviewed and assessed by the Board; that the Board may make inquiry of the persons named in my application and of such other persons as the Board deems appropriate with respect to my moral, ethical and professional standing; that if information is received which would adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I will not be advised as to the identity of any individual who has furnished adverse information concerning me; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf. I also pledge myself to the highest ethical standards in the practice of radiology.

I accept that admissibility to written examination is determined by the executive committee of the Board, and that the written certifying examination will be supervised by proctors who are responsible to the Board and empowered by the Board to ensure that the examination is conducted ethically and in accordance with the rules of the Board. I understand that I must bring a government-issued photo identification to any examination that I attend. Such identification includes one of the following: state-issued driver's license, military ID, passport, state-issued ID. I further understand that no beeper, recorder, camera, PDA, cellular phone, or any device that has the capability to record pictures, text, or sound can be brought to the examination; and that I am not permitted to bring into the examination any notes, textbooks, calculators or other reference materials and no scratch paper. I further understand that irregular behavior such as copying answers, sharing information, using notes, or otherwise giving or obtaining unauthorized information or aid—evidenced by observation, statistical analysis of answers, or otherwise—on any portion of the examination will be reported to the Board and will constitute grounds for the invalidation of my examination, and may lead to my being judged unacceptable for certification by the Board. I recognize that examination booklets, examination questions, props for the oral examination, and questions on the oral examination are copyrighted as the sole property of the American Board of Radiology and must not be removed from the test area or reproduced, in whole or in part, and that any reproduction of copyrighted material is a federal offense.

In furtherance to my application to the American Board of Radiology, I hereby request and authorize any hospital or medical organization of which I am a member, have been a member, or to which I have applied for membership, and any person who may have information which is deemed by the Board to be material to its evaluation of my application, to provide such information to representatives of the Board upon their request. I agree that communication of any nature made to the Board regarding my application may be made in confidence and shall not be made available to me under any circumstances. I hereby release from liability any hospital, medical staff, medical organization or person, and the Board and its representatives, from liability for acts performed in good faith and without malice in connection with the provision, collection, or evaluation of information or opinions, whether or not requested or solicited by the Board in connection with my application. I understand and agree that as an applicant, I have the responsibility to supply the Board with information adequate for the Board's proper evaluation of my credentials. I further agree that I will not cause or attempt to cause any public disclosure of the contents of any application, including my own, or any proceedings of any committee's evaluation of such application, whether such disclosure is by operation of law or otherwise.

I understand that no certificate will be issued until verification is received from the program director that all training has been satisfactorily completed.

I waive and release and shall indemnify the Board and its directors, members, officers, committee members, employees, and agents from, against and with respect to any and all claims, losses, costs, expenses, damages, and judgments (including reasonable attorneys fees) alleged to have arisen from, out of, with respect to or in connection with any action which they, or any of them, take or fail to take as a result of or in connection with this application, any examination conducted by the Board which I apply to take or take, the grade or grades given me on the examination and, if applicable, the failure of the Board to issue me a certificate or qualification or the Board's revocation of any certificate or qualification previously issued to me.

Signature _____ Date _____

**PLEASE CHECK OFF ITEMS AS YOU COMPLETE THEM.
THIS PAGE IS PART OF YOUR APPLICATION. IT MUST BE SENT TO THE ABR.**

STANDARD PATHWAY ONLY:

- Submit one original **letter** from your program director, documenting your fellowship training.
- Submit one original **letter** from your department head, documenting your post-training practice experience.
- Submit your completed **Fellowship Cases Summary of Logbook Data**, signed by your program director and your department chair.
- Submit your completed **Practice Cases Summary of Logbook Data**, signed by your department chair.

ALTERNATE PATHWAY ONLY:

- Submit one original **letter** from your department chair, documenting your faculty experience and percentage of time spent in vascular and interventional radiology.
- Submit your completed **Practice Cases Summary of Logbook Data**, signed by your department chair.

ALL APPLICANTS:

- Submit two copies of the application with **original signatures**.
- Submit a copy of your **valid state medical license**. (You are only required to send a copy of one medical license, even if you are licensed in more than one state.)
- Sign** the following statement:
All of my current state medical licenses are valid and unrestricted.

Signature

Date

- Be sure your application is **complete**. Incomplete applications will **NOT** be accepted. The postmark affixed to the last item received to complete the application must be on or before the deadline date.
- Pay for your exam**. All payments must be in U.S. currency. **(See current fee schedule at www.theabr.org.)** Payment may be made by personal check, money order, Visa or MasterCard, payable to The American Board of Radiology. **DEBIT CARDS ARE NOT ACCEPTED**. Any returned check or declined credit card is subject to a \$100 processing fee. If paying by Visa or MasterCard, please attach a completed Credit Card Form (following page).
- Mail at the appropriate time**. Applications will not be accepted prior to February 1 of the exam year. The filing deadline for the examination in any given year is **April 30** of the exam year. There is a nonrefundable fee of \$400 for applications postmarked between May 1 and May 31 of the exam year. No applications will be accepted after May 31 for examination in that year.

Send completed applications, letters, and required payment to:

THE AMERICAN BOARD OF RADIOLOGY
5441 E. WILLIAMS BLVD., SUITE 200
TUCSON, ARIZONA 85711



**Fellowship Cases
(Standard Pathway Only)
Summary of Logbook Data - at least 500**

Procedures extend from _____ to _____

<u>Procedure</u>	<u>Number of Procedures</u>	<u>Number of Complications</u>
<u>Vascular Diagnosis</u>		
a. CTA	_____	_____
b. MRA	_____	_____
c. Noninvasive vascular lab (duplex, color flow, PVRs, etc.)	_____	_____
d. Cardiac imaging	_____	_____
e. Arteriography (all: peripheral, renal mesenteric, carotid, etc.)	_____	_____
f. Venography (all)	_____	_____
g. Dialysis access evaluations	_____	_____
h. Carotid artery imaging	_____	_____
<u>Vascular Intervention</u>		
a. Venous access (all: tunneled, nontunneled, ports)	_____	_____
b. IVC filter placement, retrieval	_____	_____
c. Venous ablation (varicose veins)	_____	_____
d. Dialysis access intervention	_____	_____
e. TIPS & TIPS evaluation/revision	_____	_____
f. Angioplasty/stents/covered stents: arterial (peripheral renal, mesenteric)	_____	_____
g. Angioplasty/stents/covered stents: venous (all)	_____	_____
h. Carotid stenting	_____	_____
i. Thrombolytic therapy (all), thrombectomy	_____	_____
j. Aortic endografting (thoracic and/or abdominal)	_____	_____
k. Embolization, emergency (trauma, GI bleed, bronchial bleed, other)	_____	_____
l. Embolization, elective (uterine fibroids, PAVMs, peripheral AVMs, varicoceles, etc.)	_____	_____
m. Chemoembolization (TACE)	_____	_____
n. Radioembolization (selective internal radiotherapy)	_____	_____
o. Other	_____	_____



**Practice Cases
Summary of Logbook Data**

Standard Pathway – at least 200 ♦ Alternate Pathway – at least 700

Procedures extend from _____ to _____

<u>Procedure</u>	<u>Number of Procedures</u>	<u>Number of Complications</u>
<u>Vascular Diagnosis</u>		
a. CTA	_____	_____
b. MRA	_____	_____
c. Noninvasive vascular lab (duplex, color flow, PVRs, etc.)	_____	_____
d. Cardiac imaging	_____	_____
e. Arteriography (all: peripheral, renal mesenteric, carotid, etc.)	_____	_____
f. Venography (all)	_____	_____
g. Dialysis access evaluations	_____	_____
h. Carotid artery imaging	_____	_____
<u>Vascular Intervention</u>		
a. Venous access (all: tunneled, nontunneled, ports)	_____	_____
b. IVC filter placement, retrieval	_____	_____
c. Venous ablation (varicose veins)	_____	_____
d. Dialysis access intervention	_____	_____
e. TIPS & TIPS evaluation/revision	_____	_____
f. Angioplasty/stents/covered stents: arterial (peripheral renal, mesenteric)	_____	_____
g. Angioplasty/stents/covered stents: venous (all)	_____	_____
h. Carotid stenting	_____	_____
i. Thrombolytic therapy (all), thrombectomy	_____	_____
j. Aortic endografting (thoracic and/or abdominal)	_____	_____
k. Embolization, emergency (trauma, GI bleed, bronchial bleed, other)	_____	_____
l. Embolization, elective (uterine fibroids, PAVMs, peripheral AVMs, varicoceles, etc.)	_____	_____
m. Chemoembolization (TACE)	_____	_____
n. Radioembolization (selective internal radiotherapy)	_____	_____
o. Other	_____	_____

<u>Procedure</u>	<u>Number of Procedures</u>	<u>Number of Complications</u>
<u>Nonvascular Intervention</u>		
a. Biopsy	_____	_____
b. Abscess drainage & tube checks	_____	_____
c. Paracentesis, thoracentesis	_____	_____
d. Chest tube placement	_____	_____
e. Pleurodesis	_____	_____
f. PTC, biliary drainage, biliary stents; tube checks	_____	_____
g. Nephrostomy, nephroureterostomy; tube checks	_____	_____
h. Gastrostomy, gastrojejunostomy; tube checks	_____	_____
i. Cholecystostomy; tube checks	_____	_____
j. Aspiration, drainage, sclerosis (cyst, lymphocele); tube checks	_____	_____
k. Stents, miscellaneous nonvascular: (esophageal, tracheobronchial, duodenal, colonic)	_____	_____
l. Transplant interventions, miscellaneous	_____	_____
m. Tumor ablation (RFA, laser, microwave, cryo, ethanol, other)	_____	_____
n. Pain management	_____	_____
o. Fallopian tube recanalization	_____	_____
p. Other	_____	_____

Clinical and Related Nonprocedural Activities

a. Hospital inpatient care (admission, H&P, orders, management, discharge)	_____	_____
b. Inpatient consults	_____	_____
c. Outpatient visits, new patient referrals	_____	_____
d. Outpatient visits, postintervention follow-up	_____	_____

I verify the above cases and complications rates.

Printed Name of Applicant

Signature of Applicant

Date

Applicant Name

has met the quality assurance standards of our facility.

Printed Name of Department Head

Signature of Department Head

Date

