
The American Board
of
Colon and Rectal
Surgery



GENERAL INFORMATION

2012

Executive Director
David J. Schoetz, Jr., MD
20600 Eureka Road, #600
Taylor, Michigan 48180
(734) 282-9400 – Phone (734) 282-9402 – Fax

Introduction

This information is furnished by the American Board of Colon and Rectal Surgery to outline rules and regulations regarding certification by our Board. The material herein provided should supply the necessary information concerning requirements for certification

It is the responsibility of the candidate to initiate the certification process by submitting an Application for Examination to the American Board of Colon and Rectal Surgery.

Educational programs in colon and rectal surgery are reviewed and approved by the Residency Review Committee for Colon and Rectal Surgery under the auspices of the Accreditation Council for Graduate Medical Education. A list of residencies appears in the DIRECTORY OF GRADUATE MEDICAL EDUCATION PROGRAMS, published by the American Medical Association, and in each issue of the Journal, DISEASES OF THE COLON AND RECTUM.

Important Dates for Residents in Colon and Rectal Training Programs 7/01/2011– 6/30/2012

APPLICATIONS FOR THE 2013 CERTIFICATION PROCESS

Application materials must be completed and returned at the conclusion of training according to the schedule below:

| | |
|--------------------------------|--|
| July 15, 2012 | Deadline for receipt of application materials and \$400 application fee. |
| July 16-August 15, 2012 | Late applications accepted (fee for a late application is \$600). |
| August 15, 2012 | No application will be accepted postmarked after this date. |
| September 23, 2012 | Credentials Committee reviews applications. Applicants notified of acceptance for examination. |
| January 15, 2013 | Deadline for receipt of \$700 Written Examination fee. Instructions on Written Examination procedure sent to candidates. |
| March 22, 2013 | Written Examination |
| April, 2013 | Notification of Written Examination results and Oral Examination information sent to candidates. |
| July 15, 2013 | Deadline for receipt of \$800 Oral Examination fee. Instructions on Oral Examination procedure sent to candidates. |
| September 21, 2013 | Oral Examination Omni Hotel, 676 N Michigan Avenue, Chicago, Illinois 60611 |
| October 2013 | Notification of Oral Examination results. |

THE AMERICAN BOARD OF COLON AND RECTAL SURGERY

Approved: 1949 Incorporated: 1935

ADMINISTRATIVE OFFICERS AND MAILING ADDRESS

Executive Director
David J. Schoetz, Jr., MD

ADMINISTRATIVE OFFICE ADDRESS

20600 Eureka Road, #600
Taylor, Michigan 48180
(734) 282-9400 - (734) 282-9402 – Fax
e-mail: admin@abcrs.org Website: <http://www.abcrs.org>

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Executive Assistant

Gina Laarkamp
Credentials Coordinator

Kim M. Snape
Examination Coordinator

Amy Torango
Administrative Assistant

EXAMINERS OF THE BOARD

In addition to current and former members, the American Board of Colon & Rectal Surgery maintains a slate of Associate Examiners. Terms are two years, and are renewable for an additional two year period (a total of four years). Associate Examiners join Board members in all aspects of the examination process including preparation of test items for the written examination, as well as participation in the oral exam.

Associate Examiners are required to be certified by the American Board of Colon and Rectal Surgery and are required to take the Maintenance of Certification examination. The Board's current slate of Examiners is:

Maher Abbas, MD
Los Angeles, California

Najjia N. Mahmoud, MD
Philadelphia, Pennsylvania

Kelli Bullard Dunn, MD
Buffalo, New York

James T. McCormick, DO
Pittsburgh, Pennsylvania

George J. Chang, MD
Houston, Texas

Matthew G. Mutch, MD
St. Louis, Missouri

Eric J. Dozois, MD
Rochester, Minnesota

Harry Papaconstantinou, MD
Temple, Texas

Sharon L. Dykes, MD
Roseville, Minnesota

Sonia L. Ramamoorthy, MD
LaJolla, California

Jonathan E. Efron, MD
Baltimore, Maryland

Scott R. Steele, MD
Fort Lewis, Washington

C. Neal Ellis, MD
Pittsburgh, Pennsylvania

Eric G. Weiss, MD
Weston, Florida

Gerald A. Isenberg, MD
Philadelphia, Pennsylvania

Mark H. Whiteford, MD
Portland, Oregon

HISTORICAL REVIEW

The American Board of Colon and Rectal Surgery was organized as the American Board of Proctology in 1934 and incorporated on August 13, 1935. It was the sixth Board to be organized and the tenth to be incorporated. In 1934 representatives of the American Proctologic Society (now the American Society of Colon and Rectal Surgeons) sought approval of the American Board of Proctology from the Council on Medical Education and Hospitals and the Advisory Board for Medical Specialties (now the American Board of Medical Specialties.)

In 1940 provision was made for certification of proctologists by the American Board of Surgery and a committee of proctologists known as the Central Certifying Committee in Proctology of the American Board of Surgery. On June 15, 1949, the Advisory Board for Medical Specialties and the Council on Medical Education and Hospitals granted the American Board of Proctology approval as a primary board. It thus became the 18th specialty board approved by these organizations.

The Board announced to the Advisory Board of Medical Specialties on February 4, 1961, its intention to change its name to the American Board of Colon and Rectal Surgery, Inc. and subsequently formally adopted the change of name at its regular meeting on April 15, 1961.

The Board is sponsored by our specialty's national organization, the American Society of Colon and Rectal Surgeons, by the Association of Program Directors for Colon and Rectal Surgery, the American College of Surgeons and the American Board of Surgery.

The American Board of Colon and Rectal Surgery is one of 24 medical specialty boards that make up the American Board of Medical Specialties (ABMS). Through ABMS, the boards work together to establish common standards for physicians to achieve and maintain board certification. The boards were founded by their respective specialties to protect the public by assessing and certifying doctors who meet specific educational, training and professional requirements. The American Board of Colon and Rectal Surgery is an independent, non-profit organization. For more information about ABMS, visit www.abms.org.

PURPOSES AND FUNCTIONS OF THE BOARD

The American Board of Colon and Rectal Surgery was established to promote the health and welfare of the American people through the development and maintenance of high standards for certification in the specialty of colon and rectal surgery.

To accomplish this, the Board:

1. Determines that candidates possess proper qualifications before taking the examination for certification or recertification.
2. Conducts examinations to determine the ability and fitness to practice the specialty of colon and rectal surgery.
3. Awards certificates to those candidates who fulfill its requirements.

The American Board of Colon and Rectal Surgery appoints representatives to the Residency Review Committee. This is a tripartite committee which reviews and evaluates new and previously approved residency programs in colon and rectal surgery in order to maintain the high standards of graduate medical education. It is composed of members representing the Board, the American College of Surgeons, and the American Medical Association.

DEFINITION OF A BOARD CERTIFIED COLON AND RECTAL SURGEON

A Board certified colon and rectal surgeon has successfully completed at least a five year training program in general surgery and one additional year in an ACGME approved colon and rectal surgery residency. He/She has then passed both the Written (Qualifying) and Oral (Certifying) Examinations given by the American Board of Colon and Rectal Surgery. Certification by the American Board of Surgery is required for all candidates prior to taking the ABCRS Certification (Part II) Examination.

In addition to having proficiency in the field of general surgery, colon and rectal surgeons have acquired particular skills and knowledge with regard to the medical and surgical management of diseases of the intestinal tract, colon and rectum, anal canal, and perianal area. Colon and rectal surgical specialists also have special skills in the performance of endoscopic procedures of the rectum and colon and evaluation of the anal sphincter and pelvic floor using anorectal physiology techniques. Colon and rectal surgical residency programs now provide training in minimally invasive abdominal surgery involving the colon and rectum.

A colon and rectal surgeon has been trained to deal with conditions such as, but not limited to, colon and rectal cancer, polyps, inflammatory bowel disease, diverticulitis, pelvic floor abnormalities, as well as anal conditions such as hemorrhoids, fissures, abscesses, and fistulas. Training in colon and rectal surgery also provides the specialist with in-depth knowledge of intestinal and anorectal physiology required for the treatment of problems such as constipation and incontinence.

Board certified colon and rectal surgeons are committed to the highest standards of care for patients having diseases affecting the intestinal system.

QUALIFICATIONS OF CANDIDATES

A candidate shall comply with the current regulations of the Board, regardless of the time of filing applications. Decisions pertaining to fulfillment of requirements are made by the Board upon review of the candidate's formal application.

GENERAL REQUIREMENTS

1. A candidate shall appear personally before the Board and submit to the required examinations.
2. A candidate shall limit the majority of his/her practice to colon and rectal surgery.
3. A candidate may be required to deliver to the Board sufficient case reports to demonstrate proficiency in colon and rectal surgery.
4. A bibliography of papers and books published by the candidate shall be submitted to the Board upon request.
5. The moral and ethical fitness of a candidate must be satisfactory to the Board and in conformity with *the Statements on Principles* of the American College of Surgeons, and the *Principles of Medical Ethics* of the American Medical Association. Practices not conforming therewith may result in rejection of an application or in deferral of examination until such matters have been resolved.

PROFESSIONAL QUALIFICATIONS

1. A candidate must have completed an Accreditation Council for Graduate Medical Education (ACGME) accredited residency program in colon and rectal surgery following completion of an approved ACGME or Royal College of Physicians and Surgeons of Canada (RCPSC) general surgical residency program that ultimately leads to ABS certification. Click on the link below for the complete ABS policy: [American Board of Surgery Information for International Medical Graduates](#)
2. A candidate must have a currently *valid* registered full and unrestricted license to practice medicine in a state, territory, or possession of the United States or by a Canadian province, and must continue to be licensed throughout the certification process.
3. A candidate must successfully complete the Qualifying Examination of the American Board of Surgery before being admitted to the American Board of Colon and Rectal Surgery Written Examination (Part I).
4. A candidate must achieve certification by the American Board of Surgery before being admitted to the American Board of Colon and Rectal Surgery Oral Examination (Part II).

APPLICATION FOR EXAMINATION

Each candidate for examination must complete and submit an Application for Examination which may be obtained on the Board's website www.abcrs.org. The application must also be accompanied by two recent photographs of the applicant and the required application fee.

As part of the application process, residents must complete a list of all operative procedures performed during their training period. Case log reporting is completed using the electronic software provided by the Accreditation Council for Graduate Medical Education (ACGME). Login instructions and deadline dates are accessible through the ACGME website www.acgme.org. The American Board of Colon and Rectal Surgery will obtain the information directly from the ACGME.

The acceptability of a candidate for examination depends not only on completion of the requirements listed under "Qualifications of Candidates," but also on information available to the Board regarding the candidate's professional maturity, surgical judgment, and technical competence.

ETHICS AND PROFESSIONAL POLICY

The American Board of Colon and Rectal Surgery believes that certification by the ABCRS carries an obligation for ethical behavior and professionalism in all conduct. The exhibition of unethical behavior or a lack of professionalism by an applicant or diplomate may therefore prevent the certification of the applicant or may result in the suspension or revocation of certification. All such determinations shall be at the sole discretion of the ABCRS.

Unethical and unprofessional behavior is denoted by any dishonest behavior, including: cheating; lying; falsifying information; misrepresenting one's educational background, certification status and/or professional experience; and failure to report misconduct. The American Board of Colon and Rectal Surgery has adopted a "zero tolerance" policy toward these behaviors, and individuals caught exhibiting such behaviors risk being permanently barred from certification, reported to state medical boards, and/or legally prosecuted for copyright or other violations.

ETHICS AND PROFESSIONAL POLICY (Continued)

Unethical behavior is specifically defined by the ABCRS to include the disclosure, publication, reproduction or transmission of ABCRS examinations, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purposes. This also extends to sharing examination information or discussing an examination while still in progress. Unethical behavior also includes the possession, reproduction or disclosure of materials or information, including examination questions or answers or specific information regarding the content of the examination, before, during or after the examination. This definition specifically includes the recall and reconstruction of examination questions by any means and such efforts may violate federal copyright law. All ABCRS examinations are copyrighted and protected by law; the ABCRS will prosecute violations to the full extent provided by law and seek monetary damages for any loss of examination materials.

FEES

Application Fee

A nonrefundable fee of \$400 shall accompany the application.

Written Examination Fee (Part I)

A fee of \$700 is due and payable when the candidate is notified of approval to take the Written Examination. A fee of \$900 will be charged for any written examination fee received after January 15.

Oral Examination Fee (Part II)

A fee of \$800 is due and payable when the candidate is notified of approval to take the Oral Examination. A fee of \$1,000 will be charged for any oral examination fee received after July 15.

Re-Examination Fee

Fees for re-examination are the same as shown above for each examination.

Withdrawal from Examination

A candidate who withdraws must notify the Board office at least ten business days before a scheduled examination. A candidate, who fails to appear for examination or withdraws without giving at least ten days notice as defined above, will forfeit \$200 of the designated examination fee and will have to resubmit the forfeited amount before being admitted to the next scheduled examination.

Late Applications

Recognizing that a situation may arise that prevents an applicant from meeting the July 15 deadline; the Board has a provision for late applications. Late applications are those postmarked from July 16 - August 15 each year. There is a non-refundable late application fee of \$200 bringing the total processing fee to \$600. No applications will be accepted postmarked after August 15.

Fees are subject to change as directed by the Board.

Each Diplomate is asked to pay annual dues until retirement to help defray expenses incurred by Board activities. Fees are based on the actual expenses incurred in office administration and in conducting the examination. The dues are currently \$175 for diplomates holding unlimited certificates.

EXAMINATIONS

To achieve certification by the American Board of Colon and Rectal Surgery, a candidate must pass a Written Examination (Part I) and an Oral Examination (Part II). The Written Examination is offered in the spring and a candidate is required to pass this examination before being permitted to take the Oral Examination which is given in the fall.

Examinations are conducted at times and places determined by the Board, and this information may be obtained from the Board office. It is also published on the ABCRS website (www.abcrs.org), Diseases of the Colon and Rectum, and in the Directory of Graduate Medical Education Programs. Written Examinations are conducted at national testing centers and Oral Examinations are held in one designated city in the United States.

Part I - Written Examination

The Written Examination is an assessment of a candidate's knowledge of the theory and practice of colon and rectal surgery including elements of radiology and pathology. The written portion of the examination is a six-hour computer test of multiple choice questions covering the spectrum of colon and rectal surgery and the body of basic science pertinent to it.

Part II - Oral Examination

The Oral Examination is conducted by members of the Board and its designated examiners. Its objective is to evaluate the candidate's clinical experience, problem solving ability and surgical judgment, and to ascertain the candidate's knowledge of the current literature on colon and rectal diseases and surgery. Each candidate will undergo three 30-minute oral examinations by three two-member examining teams.

Examination Results

The Board makes every effort to be as prompt as possible in notifying candidates of their examination results, and letters of notification may be expected from two to four weeks following each examination.

RE-EXAMINATIONS

A candidate who has failed either the written or oral portion of the examination may be re-examined after one year has elapsed.

A candidate who fails to pass either the written or oral portion of the examination may repeat that part of the examination twice, thus offering the candidate three opportunities to pass each part of the examination.

A candidate who fails to pass either the written or oral portion of the examination three times may not repeat the examination without requesting readmission to the Board's certification process and completing the Standard or Alternative Pathway shown below.

REQUIREMENTS GOVERNING ADMISSIBILITY TO EXAMINATIONS

A candidate must apply to the Board's certification process within five years after the completion of approved colon and rectal training.

Special Re-entry Policy

Candidates who apply after the prescribed five year period (late applicants) must observe the Board's special reentry policy. The requirements include submission of updated background and training information, a current list of operative procedures, documentation of 100 Category I CME credit hours (two years prior to the application date), and a \$350 processing fee (in addition to the regular application fees). Late candidates will undergo a Federation of State Medical Boards (FSMB) search to ensure there are no restrictions pending against their license. Also, verification from the Chief of Surgery from their institution/hospital will be requested attesting to the ethical/moral standing of the applicant. Pending approval of these requirements, the applicant may submit the standard Application for Examination (along with the required fees) to the Board. Complete details may be obtained by writing the Board office.

For all certification applicants, July 15th prior to the examination date is the deadline for receipt of late entry application materials and the \$750 application fee (\$400 regular & \$350 special processing fee).

The entire Board certification process must be successfully completed within seven years following approval of the formal application. In addition, a candidate whose application for examination has been approved, but who does not take the examination within three years, must submit a new application.

In exceptional or unusual circumstances the Board may, at its discretion, waive one or more of these limitations.

Regaining Admissibility

Individuals who seek certification by the American Board of Colon and Rectal Surgery and have lost their admissibility may request readmission to the Board's certification process. The following pathways have been established to allow such individuals to regain admissibility. These pathways apply to candidates who:

- (1) Failed to pass either the Written (Part I) or Oral (Part II) Examination on three occasions.
- (2) Exhausted their seven-year time limit in which to successfully complete both the written and oral examinations.

I. STANDARD PATHWAY

The “standard pathway” which is detailed below and outlined on www.abcrs.org entails a formal full time four month training period in an ACGME approved colon and rectal surgery residency program. Each request for readmission will be considered on an individual basis. The guidelines below govern the retraining process:

- a. All applicants requesting additional training must hold a valid, registered, full and unrestricted license to practice medicine in a state, territory or possession of the United States or in a Canadian province. They must continue to be licensed throughout the certification process. Applicants must hold a current certificate from the American Board of Surgery.
- b. The additional training period is four months in duration and must be conducted in a full-time ACGME approved colon and rectal surgery residency program. All such training must be approved (in advance) by the Board. A list of programs can be found on our website at www.abcrs.org/residencyprograms.htm. It is the responsibility of the applicant to contact Program Directors to determine their willingness to participate.
- c. The Program Director will serve as the preceptor and will assign duties and responsibilities to the Trainee with assistance from the faculty.
- d. The curriculum must be comprehensive but should place special emphasis on any specific areas of weakness identified in the Trainee’s prior examinations. The program will emphasize patient management and clinical problem solving skills. The use of patient care algorithms is recommended to demonstrate appropriate data collection with logical application toward diagnosis and therapy in a systematic manner.
- e. The program will require the Trainee to actively participate in daily patient rounds and new patient evaluations in the office and hospital settings.
- f. The Trainee’s attendance will be mandatory at departmental teaching conferences such as: (1) Tumor Boards, (2) Morbidity/Mortality Conferences, (3) Preoperative Conferences, (4) Pathology Conferences, etc. The Trainee should be actively involved in the conferences. The Program Director should assign primary responsibility for appropriate teaching and presentations by the Trainee.
- g. Operative experience is not necessary but is permitted if the Preceptor feels it is appropriate for teaching and does not take from the experience of the accredited residents.
- h. The Trainee should keep up-to-date with current colon and rectal literature and complete the latest ASCRS CARSEP program. The Trainee should be quizzed for cognitive content at regular intervals, but preferably, at the end of the second, third, and fourth months. These efforts should be monitored and critiqued by the Program Director.
- i. The Trainee will be evaluated by the Program Director at regular intervals. An evaluation form must be submitted to the Board at the end of the second month, and at the completion of the training period.
- j. Following successful completion of training, physicians must apply for readmission to the certification process within one year. They must take the examination within two years following approval of their application for readmission. A fully completed Application for Examination and required fee must be submitted by July 15 of each year. A timetable listing subsequent examination dates is available on www.abcrs.org.
- k. The Credentials Committee of the Board will review all applications in the fall of the application year. Following the review process, applicants will be informed of their acceptance/rejection for examination. Regardless of their previous failure domain (Part I or Part II), readmitted physicians will be required to take and pass both the Written (Part I) and the Oral (Part II) Examinations to achieve certification by the American Board of Colon and Rectal Surgery

- l. Once an applicant is accepted for examination, all the Board's established rules and regulations, governing its examination process must be observed. This information is published in *Diseases of the Colon and Rectum*, and the *Directory of Graduate Medical Education Programs* and on the ABCRS website.
- m. Candidates will have seven years to complete the examination process following completion of their retraining and official approval for examination. If they fail to pass the written or oral portion of the examination within three attempts during that time interval, they will not be eligible for additional retraining or reentry into the ABCRS certification process.

II. ALTERNATIVE PATHWAY

The "Alternative Pathway" is intended to allow applicants to acquire and demonstrate adequate knowledge at their own pace. It encourages pursuit of Board certification with less adverse impact on their practice and does not require a formal retraining period. To begin the alternate pathway, an applicant must submit the following:

- a. Completed application for re-admissibility.
- b. All applicants requesting additional training must hold a valid, registered, full and unrestricted license to practice medicine in a state, territory or possession of the United States or in a Canadian province. They must continue to be licensed throughout the certification process.
- c. Applicants must hold a current certificate from the American Board of Surgery.
- d. Documentation of 100 hours of CME activity within the last 24 months, of which 60 hours must be Category I.
- e. Verification of completion of the most recent version of the American Society of Colon and Rectal Surgeons Education Program (CARSEP). This program may be used to satisfy the requirement for 50 hours of Category I CME.
- f. Reference letter from the Chief of Surgery or Chair of the hospital credentials committee where the majority of the applicants' work is done.
- g. An operative case log for the most recent 12-month period.
- h. The Alternate Pathway Re-admission fee is \$2,000 and includes the application and examination fee. The fee is payable to the American Board of Colon and Rectal Surgery and must be submitted by July 15 of each year.
- i. Following approval of the above requirements by the Board's Credentials Committee, the applicant will be required to successfully complete the Colon and Rectal In-Training Exam (CARSITE).
 - (1) The CARSITE will be offered once each year. The exact date will be determined by the Board.
 - (2) If the initial attempt at passing the examination is unsuccessful, the applicant may retake the examination the following year. The re-exam fee will be \$600.00.
 - (3) Upon successful completion of the Re-Admission Examination, the applicant will be admitted to the Board's certification process and will be eligible to take the Written (Part I) Examination at the next prescribed time interval. A timetable listing subsequent examination dates is available on www.abcrs.org. Applicants will have a total of seven years to successfully complete the written and oral examinations.

STATUS OF APPLICANT

The Board does not use or sanction the terms "Board Eligible" or "Board Qualified." The standing of an individual with the Board varies according to the current status of credentials and will be so reported.

INQUIRY AS TO STATUS

The Board considers an individual's record not in the public domain. When a written inquiry is received regarding an individual's status, a general but factual statement is provided which indicates the individual's location within the examination process.

RECONSIDERATION AND APPEALS

The Board has adopted a policy with regard to [reconsideration and appeals](#) of decisions adverse to applicants. A request for reconsideration, which is the first step, must be made in writing and received by the Board office within 60 days of the date of notice from the Board of the action in question.

CERTIFICATION

A candidate who has met all the requirements and successfully completed the examinations of the American Board of Colon and Rectal Surgery, will be issued a certificate attesting to his/her qualifications in colon and rectal surgery. The certificate shall be signed by the President or President-Elect and the Executive Director, and shall bear the corporate seal of the Board.

The certificate granted by the Board does not confer privilege or license to practice colon and rectal surgery but is evidence that a physician's qualifications for specialty practice are recognized by his/her peers. It is not intended to define the requirements for membership on hospital staffs, to gain special recognition or privileges for its Diplomates, to define the scope of specialty practice, or to state who may or may not engage in the practice of the specialty.

Unless the candidate specifies otherwise, the Board forwards the names of candidates who have achieved certification to the American Board of Medical Specialties for publication in the *Official ABMS Directory of Board Certified Medical Specialists*.

REPRESENTATION OF CERTIFICATION STATUS

Diplomates of the American Board of Colon and Rectal Surgery must accurately state their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories and letterheads. Diplomates with expired time-limited certification or those whose certification is suspended or revoked may not claim Board Certification and must revise all descriptions of their qualifications accordingly. When a physician misrepresents certification status, the Board may notify local credentialing bodies, licensing bodies, law enforcement agencies and others.

TIME-LIMITED CERTIFICATION

Beginning with those candidates who passed the certifying examination in 1990 and thereafter, the American Board of Colon and Rectal Surgery will issue time-limited certificates. Certificates will be valid for ten years from the date of certification, after which the certificates will no longer be valid.

NOTE: Time-limited certification will not affect Diplomates holding certificates issued prior to 1990.

MAINTENANCE OF CERTIFICATION (MOC)

The American Board of Colon and Rectal Surgery offers Maintenance of Certification in the specialty. Certificates can be renewed prior to expiration by fulfilling the requirements for Maintenance of Certification specified by the Board. The examination is offered annually to all certified colon and rectal surgeons who apply and meet the Board's requirements. Additional information is available on our website: [Information Regarding Maintenance of Certification](#)

EXAMINATION OF CANDIDATES WITH DISABILITIES

The American Board of Colon and Rectal Surgery supports the intent of the Americans with Disabilities Act (ADA). The Board will make a reasonable effort to provide Board applicants who have documented disabilities with modifications in its examination process which are appropriate for such disabilities but which do not alter the measurement of the skills or knowledge which the examination process is intended to test.

REVOCAION OF CERTIFICATES

The filing of an application for examination, participating in an examination, and accepting a certificate are voluntary acts. Therefore, the Board assumes no responsibility for any effect which certification or failure to obtain certification may have on private or professional activities of candidates.

When an application is submitted, candidates are required to sign an agreement, a portion of which reads as follows: *"I agree to disqualification from examination or from the issuance of a certificate, and I agree to the forfeiture and redelivery of such certificate in the event that any of the statements herein made by me at this time or at any time in the past or future in regard to my application for a certificate is false, or in the event that any of the rules and regulations of the Board governing such examinations and certificate is violated by me "*

Certificates which have been issued are subject to the provisions of the Articles of Incorporation, the Constitution and Bylaws of the American Board of Colon and Rectal Surgery, Inc. and may be revoked for violation of any of these provisions.

RESPONSIBILITY OF CANDIDATE/DIPLOMATE

The Board shall require each Candidate and each Diplomate to provide complete information concerning any and all restrictions placed on his/her license within sixty days after its imposition. Such information shall include, but is not limited to, the identity of the state medical board imposing the restriction as well as the restriction's duration, basis, and specific terms and conditions. The Candidate/Diplomate has the affirmative obligation to advise the Board of all restrictions and to inform it when such restrictions expire or are otherwise removed.

Candidates/Diplomates who are discovered not to have made disclosure shall be required to show cause why their Candidate/Diplomate status should not be withdrawn, deferred or otherwise sanctioned. The Board may defer further consideration or reinstatement until such disclosure is satisfactorily made.

NOTE: The Board shall periodically review the database of the Federation of State Medical Boards to identify any Candidates/Diplomates who have failed to disclose license restrictions.

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| Walter Fansier | 1950-1954 |
| Louis E Moon | 1954-1955 |
| Robert A Scarborough | 1955-1956 |
| Harry E Bacon | 1956-1957 |
| Hyrum R Reichman | 1957-1958 |
| AW Martin Marino, Sr | 1958-1959 |
| Robert J Rowe | 1959-1960 |
| Frederick B Campbell | 1960-1961 |
| Merrill O Hines | 1961-1963 |
| AW Martin Marino, Sr | 1963-1964 |
| Clifford E Hardwick | 1964-1965 |
| Karl Zimmerman | 1965-1966 |
| Patrick H Hanley | 1966-1967 |
| J Edwin Alford | 1967-1968 |
| Stuart T Ross | 1968-1969 |
| Andrew J McAdams | 1969-1971 |
| Donald M Gallagher | 1971-1973 |
| James A Ferguson | 1973-1975 |
| Matthew A Larkin | 1975-1976 |
| Alejandro F Castro | 1976-1977 |
| Eugene P Salvati | 1977-1979 |
| Eugene S Sullivan | 1979-1980 |
| Stanley M Goldberg | 1980-1981 |
| H Whitney Boggs, Jr | 1981-1982 |
| John E Ray | 1982-1983 |
| G Bruce Thow | 1983-1984 |
| Bertram A Portin | 1984-1985 |
| Malcolm C Veidenheimer | 1985-1987 |
| Peter A Volpe | 1987-1988 |
| Wallace Bailey | 1988-1989 |
| J Byron Gathright, Jr | 1989-1990 |
| Ira J Kodner | 1990-1991 |
| Victor W Fazio | 1991-1992 |
| Lee E Smith | 1992-1993 |
| John M MacKeigan | 1993-1994 |
| David J Schoetz, Jr | 1994-1995 |
| Theodore E Eisenstat | 1995-1996 |
| H Randolph Bailey | 1996-1997 |
| Marvin L Corman | 1997-1998 |
| David A Rothenberger | 1998-1999 |
| Philip H Gordon | 1999-2000 |
| Richard L Nelson | 2000-2001 |
| Ian C Lavery | 2001-2002 |
| Robert D Fry | 2002-2003 |
| James W Fleshman | 2003-2004 |
| Alan G Thorson | 2004-2005 |
| Vendie H Hooks | 2005-2006 |
| Herand Abcarian | 2006-2007 |
| Bruce G Wolff | 2007-2008 |
| Terry C Hicks | 2008-2009 |
| Patricia L. Roberts | 2009-2010 |
| W. Douglas Wong | 2010-2010 |
| Steven D Wexner | 2010-2011 |

| Vice-President | |
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| George H Thiele | 1949-1954 |
| Robert A Scarborough | 1954-1955 |
| Harry E Bacon | 1955-1956 |
| AW Martin Marino, Sr | 1956-1957 |
| Robert J Rowe | 1957-1959 |
| Frederick B Campbell | 1959-1960 |
| Merrill O Hines | 1960-1961 |
| J Edwin Alford | 1961-1962 |
| Garnet W Ault | 1962-1963 |
| Clifford E Hardwick | 1963-1964 |
| Karl Zimmerman | 1964-1965 |
| Patrick H Hanley | 1965-1966 |
| Hyrum R Reichman | 1966-1967 |
| Francis J Burns | 1967-1968 |
| Andrew J McAdams | 1968-1969 |
| Donald M Gallagher | 1969-1971 |
| James A Ferguson | 1971-1973 |
| Matthew A Larkin | 1973-1975 |
| Eugene P Salvati | 1975-1977 |
| Eugene S Sullivan | 1977-1979 |
| Stanley M Goldberg | 1979-1980 |
| H Whitney Boggs, Jr | 1980-1981 |
| John E Ray | 1981-1982 |
| G Bruce Thow | 1982-1983 |
| Bertram A Portin | 1983-1984 |
| Malcolm C Veidenheimer | 1984-1985 |
| Herand Abcarian | 1985-1986 |
| J Byron Gathright, Jr | 1986-1988 |
| Ira J Kodner | 1988-1990 |
| Victor W Fazio | 1990-1991 |
| Lee E Smith | 1991-1992 |
| John M MacKeigan | 1992-1993 |
| David J Schoetz, Jr | 1993-1994 |
| Theodore E Eisenstat | 1994-1995 |
| H Randolph Bailey | 1995-1996 |
| Marvin L Corman | 1996-1997 |
| Robert W Beart, Jr | 1997-1998 |
| Philip H Gordon | 1998-1999 |
| Richard L Nelson | 1999-2000 |
| Ian C Lavery | 2000-2001 |
| James W Fleshman | 2001-2003 |
| Alan G Thorson | 2003-2004 |
| Vendie H Hooks | 2004-2005 |
| Richard P Billingham | 2005-2006 |
| Bruce G Wolff | 2006-2007 |
| Terry C Hicks | 2007-2008 |
| Patricia L Roberts | 2008-2009 |

| President-Elect | |
|------------------------|-----------|
| W. Douglas Wong | 2009-2010 |
| Michael J. Stamos | 2010-2011 |

| Executive Director | |
|---------------------------|-----------|
| Louis A Buie | 1949-1954 |
| Stuart T Ross | 1954-1968 |
| Patrick H Hanley | 1968-1972 |
| Norman D Nigro | 1972-1986 |
| Herand Abcarian | 1986-2006 |

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