



GENERAL INFORMATION

2023

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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 provides information concerning requirements for certification. It is possible however, that this guide does not illustrate all examples of situations that may occur during the certification process and there are instances where evaluation by the board on a case by case basis is required.

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 (ACGME). A list of residency programs appear in the DIRECTORY OF GRADUATE MEDICAL EDUCATION PROGRAMS, published by the American Medical Association, and on the Association of Program Directors for Colon and Rectal Surgery (APDCRS) website.

Important Dates for Residents in Colon and Rectal Training Programs 8/01/2021 -7/31/2022

APPLICATIONS FOR THE 2023 CERTIFICATION PROCESS

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

August 15, 2022	Deadline for receipt of application materials, \$400 application fee and Operative Log to be submitted to ACGME.
August 16-September 10, 2022	Late applications accepted (\$200 late application fee will be required).
October 2022	Credentials Committee reviews applications. Applicants will be notified of acceptance for Written Examination shortly after Committee Review Process.
Mid-November 2022	Instructions on Written Examination procedure sent to candidates
January 15, 2023	Deadline for receipt of \$1,200 Written Examination fee.
January 16-January 19, 2023	\$200 late fee accepted along with \$1200 payment.
March 15, 2023	Written Examination – Pearson VUE
April 2023	Notification of Written Examination results. Oral Examination information sent to successful candidates.
June 1, 2023	Deadline for receipt of \$1,200 Oral Examination fee.
June 2-June 8, 2023	\$200 late fee accepted along with \$1200 payment.
Early August 2023	Instructions on Oral Examination procedure sent to candidates.
September 9, 2023	Oral Examination – Omni Chicago Hotel
October 2023	Notification of Oral Examination results.

THE AMERICAN BOARD OF COLON AND RECTAL SURGERY

Approved: 1949 Incorporated: 1935

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EXAMINERS OF THE BOARD

In addition to current and former members of the Board, 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 examination.

Associate Examiners are required to be certified by the American Board of Colon and Rectal Surgery and are required to participate in Continuous Certification (CC). Listed below are the current Associate Board Examiners:

Cary Aarons, MD
Philadelphia, PA

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Lilliana Bordeianou, MD
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Examination Coordinator

Sherry Whitenburg
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Coordinator

Tia Williams
Admin Assistant and
Credentials Coordinator

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 collaborates with our specialty's national organization, the American Society of Colon and Rectal Surgeons, 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 the ABMS, the member 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 public 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 candidates possess proper qualifications before taking the examination for certification or continuous certification.
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 also 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 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 and fundamentals of minimally invasive 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, 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.

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 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 Curriculum Vitae produced 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 possess a full and unrestricted license to practice medicine in the United States, Canada or be engaged in full-time practice in the United States federal government for which licensure is not required. A candidate may be rendered ineligible for certification due to any limitation, suspension, or termination of any license held by the candidate, including, but not limited to, any disciplinary action by any medical licensing authority; by entry into a consent order; by voluntary surrender, in lieu of disciplinary action while under investigation for same; or suspension of license; provided that a candidate shall not be disqualified solely on the basis of a limitation, suspension or termination of a license by a medical licensing authority in any jurisdiction where the candidate does not practice, and where the action of such jurisdiction is based upon and derivative of a prior disciplinary action taken by another jurisdiction, provided that the candidate has a full and unrestricted license in each jurisdiction in which the candidate practices, and provided further that any jurisdiction granting the candidate a full and unrestricted license was made aware of and took into account any outstanding disciplinary restrictions and/or license restrictions in other jurisdictions in granting such full and unrestricted license. Entry into and successful participation in a non-disciplinary rehabilitation, mental health program or diversionary program for chemical dependency authorized by the applicable medical licensing authority shall not, by itself, disqualify a candidate from taking a certification examination.
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.

In addition to the regular fees, a \$100 per hour administrative fee (up to \$2000 maximum) will be charged to candidates who create an additional administrative burden to process their application by:

1. Failing to submit all the required documentation in a timely fashion and before the designated deadlines.
2. Submitting an application with unusual circumstances or conditions necessitating extra use of the Board's administrative resources.

ABCRS POLICY ON LEAVE

1. The ABCRS requires a minimum of **48 weeks of full-time clinical activity** in a program accredited by the ACGME's Review Committee on Colon and Rectal Surgery (RC-CRS) during the 1-year residency, regardless whether all minimum case numbers have been reached. Included in clinical activity is time spent presenting at or attending appropriate conferences. The remaining four weeks of the year are considered non-clinical time that may be used for any purpose, such as vacation, interviews, illness, etc.
2. This ABCRS policy is in effect regardless of local policies which may allow additional leave.
3. Extended illness, maternity or paternity leave, or other exceptions will be reviewed on a case-by-case basis. Requests for exceptions should be submitted in writing to the Executive Director of the ABCRS and will be reviewed by Standards and Credentials Committee.

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 through its Standards and Credentials Committee.

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 failing to report misconduct. The American Board of Colon and Rectal Surgery has adopted a "zero tolerance" policy toward these behaviors. 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.

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 by August 15th.

Written Examination Fee (Part I)

A fee of \$1,200 is due and payable upon notification of approval to take the Written Examination. A fee of \$1,400 will be charged (\$200 late fee) for any written examination fee received between January 16th – January 19th.

Oral Examination Fee (Part II)

A fee of \$1,200 is due and payable when the candidate is notified of approval to take the Oral Examination. Deadline is June 1st. A \$1,400 will be charged (\$200 late fee) for any oral examination fee received between June 2nd – June 8th.

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 August 15th deadline; the Board has a provision for late applications. Late applications are those received from August 16th – September 10th each year. There is a non-refundable late application fee of \$200 bringing the total processing fee to \$600. No applications will be accepted if received after September 10th.

Fees are subject to change as directed by the Board.

Once certification is achieved by the candidate, they are considered a diplomate of 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 continuous certification process.

Additional Fees

In addition to the regular fees, a \$100 per hour administrative fee (up to \$2000 maximum) will be charged to candidates who create an additional administrative burden to process their application by:

1. Failing to submit all the required documentation in a timely fashion and before the designated deadlines.
2. Submitting an application with unusual circumstances or conditions necessitating extra use of the Board's administrative resources.

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). Written Examinations are conducted at national testing centers and Oral Examinations are held in person at a site determined by the Board.

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 four to six 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 three years after the completion of approved colon and rectal training.

Special Re-entry Policy

Candidates who apply after the prescribed three-year period (late applicants) must observe the Board's special re-entry policy. The requirements include: submission of updated background and training information, a current list of operative procedures with Minimum Colorectal Case Numbers (Surgical Management: anorectal procedures – 12, colorectal abdominal procedures – 24, endoscopy – 37, Disease Management: anorectal – 20, colorectal abdominal – 20), 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, August 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 (through its Standards and Credentials Committee) 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 <http://www.abcrs.org/residency-programs/>. 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 also 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, review the latest edition of the ASCRS Textbook of Colon and Rectal Surgery and other educational offerings on the [ASCRS U unified educational portal](#) as an adjunct to their education. 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 August 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 of the Board's established rules and regulations governing its examination process must be observed. This information is published 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 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. Minimum Case Numbers are as follows: *Surgical Management*: Anorectal Procedures – 12; Colorectal Abdominal Procedures – 24; Endoscopy – 37; *Disease Management*: Anorectal – 20; Colorectal Abdominal – 20. Cases as described in the Minimum Case Numbers are to demonstrate that the applicant is practicing as a Colorectal Surgeon.

- 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 August 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 American Board of Colon and Rectal Surgery hereby establishes the following policy with regard to reconsideration and appeals of decisions adverse to diplomates, candidates, and potential candidates. Information related to diplomates' professionalism and professional standing will be kept confidential until any actions are finalized by the Board.

1. **Questions or Complaints:** Any diplomate, candidate, or potential candidate who considers an action of the Board adverse to his/her interest to be wrong or to be based upon unfairness, inconsistency or inequality may request reconsideration. If reconsideration results in affirmation of the adverse decision or in another adverse decision, the diplomate, candidate or potential candidate may appeal that decision.
 - 1.1 A candidate who fails a written examination may request, in writing, that his/her examination be re-scored to verify the accuracy of the results as reported to him/her. There shall be no further appeal of a failure of a written examination.

- 1.2 An oral examination is subject to questions of fraud or misconduct by the examiner(s), but is not subject to questions of content of the examination, the sufficiency or accuracy of the answers given or any other matter.
2. **Reconsideration**: A request for reconsideration must be made in writing to the Board office within 60 days of the date of notice from the Board of the action in question. The request shall be accompanied by such documentation as the requestor considers appropriate. The request for reconsideration will be reviewed by a Reconsideration Committee consisting of at least the President, Secretary, and appropriate Examination Committee Chairman prior to the next regular Board meeting. The Reconsideration Committee will report its decision to the Board. Within 30 days following the meeting of the Board, the requestor shall be notified in writing of the Reconsideration Committee's actions and the reasons therefore.
 - 2.1 The decisions of the Reconsideration Committee shall be considered final unless the requestor, within 30 days of the date of notice from the Reconsideration Committee, gives written notification to the Board that a personal appeal is planned. This written notification shall include a request for a hearing and shall set forth the reasons for disagreement with the findings of the Reconsideration Committee.
3. **Personal Appeals**: When a request for a personal appeal is received, a hearing shall be scheduled before an ad hoc appeals committee at the time of the next regular scheduled Board meeting. If an earlier meeting is required the appellant shall be responsible for all expenses incurred. The appellant shall be notified in writing at least 30 days prior to the meeting of the time and location at which he/she should appear.
 - 3.1 The Appeals Committee, appointed by the President, shall consist of three (3) current or former members of the American Board of Colon and Rectal Surgery who did not participate in making the adverse reconsideration decision.
 - 3.2 Prior to the hearing, the Appeals Committee may ask the appellant to make available information or documents relevant to the adverse reconsideration decision. Failure of the appellant to provide such information or documents may be an independent ground to affirm the reconsideration decision.
 - 3.3 The appellant shall appear at the hearing in person and may be accompanied by legal counsel. A representative of the Reconsideration Committee shall present such oral and written evidence as he/she desires to support the decision of the Reconsideration Committee. The appellant and members of the Appeals Committee shall have the right to question the representative of the Reconsideration Committee and any other witness concerning the evidence presented. The appellant may present such oral and written evidence as he/she desires to challenge the decision of the Reconsideration Committee. Members of the Appeals Committee shall have the right to question the appellant and any other witness concerning the evidence presented.
 - 3.4 Upon completion of the hearing, the Appeals Committee, in closed session, shall make a determination by majority vote. Its decision will be presented to the Board.
 - 3.5 The determination made by the Appeals Committee of the American Board of Colon and Rectal Surgery, Inc., shall be final and binding upon the Board and the appellant, and shall be transmitted to the appellant in writing within 30 days of the close of the hearing.

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 professional credentialing and public search of board certified physicians. Those certified by the Board are also officially listed on the ABCRS website.

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 five years from the date of certification. Diplomates who previously held a time unlimited certificate and were required to complete a re-entry program for reasons related to professionalism concerns shall, upon satisfactory completion of the re-entry program, be issued a time limited certificate valid for five years.

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

CONTINUING CERTIFICATION (CC)

The American Board of Colon and Rectal Surgery recently launched a new Continuous Certification assessment. ABCRS is using a longitudinal assessment model delivered through the CertLink[®] Assessment Platform. All certified diplomates will be enrolled into the Certlink[®] computer-based platform according to timing of the last certification. Diplomates newly certified (years 2017 and thereafter) are enrolled in the CertLink program at the time of certification. The ten year recertification examination has been eliminated in favor of this Continuous Certification assessment based on quarterly administration of questions on a five-year cycle.

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.

REVOCATION OF CERTIFICATES

Any certificate issued by the American Board of Colon and Rectal Surgery (ABCRS) may be subject to sanction such as **revocation or suspension** at any time that the directors shall determine, in their sole judgment, that the diplomate holding the certificate was in some respect not properly qualified to receive it or is no longer properly qualified to retain it. At its discretion, the Board may revoke a Diplomate's certificate for cause, including, but not limited to:

1. The diplomate did not possess the required qualifications and requirements for examination, whether or not such deficiency was known to the Board or any committee thereof prior to examination or at the time of issuance of the certificate.
2. The diplomate made an intentional and material misrepresentation or withheld material information in the application to either part of the examination or in any other representation to the Board or any Committee thereof.
3. The diplomate made a misrepresentation to the Board or any third party as to his or her status as a diplomate of the Board.
4. The diplomate engaged in irregular behavior in connection with an examination of the Board (as described under Irregular Behavior), whether or not such behavior had an effect on the performance of the candidate on an examination.
5. The diplomate was convicted by a court of competent jurisdiction of a felony or misdemeanor involving moral turpitude and, in the opinion of the Board, having a material relationship to the practice of medicine.
6. There has been a limitation, suspension, termination or voluntary surrender, in lieu of disciplinary action, of any license or of any right associated with the practice of medicine, including the imposition of any requirement of surveillance, supervision, or review due to a violation of a medical practice act or other statute or governmental regulation, disciplinary action by any medical licensing authority, entry into a consent order, or voluntary surrender of license.
7. A diplomate has failed to comply with the terms and conditions of the Board's Continuous Certification program.

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 60 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.

Residency Programs

**For a complete listing of Colon and Rectal Surgery
Residency Programs please visit our website.**

<http://www.abcrs.org/residency-programs/>

FORMER OFFICERS OF THE BOARD

President	
Curtice Rosser	1949-1950
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
Michael J Stamos	2011-2012
Clifford L. Simmang	2012-2013
Thomas E. Read	2013-2014
Anthony J. Senagore	2014-2015
W. Donald Buie	2015-2016
Charles Whitlow	2016-2017
Jan Rakinic	2017-2018
Judith L.Trudel	2018-2019
Najjia Mahmoud	2019-2020
Glenn T. Ault	2020-2021
Scott R. Steele	2021-2022
David E. Beck	2022-2023

Vice-President	
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 Elsenstat	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
Clifford L Simmang	2011-2012
Thomas E. Read	2012-2013
Anthony J. Senagore	2013-2014
W. Donald Buie	2014-2015
Charles B. Whitlow	2015-2016
Jan Rakinic	2016-2017
Judith L.Trudel	2017-2018
Najjia Mahmoud	2018-2019
Glenn T. Ault	2019-2020
Scott R. Steele	2020-2021
David E/ Beck	2021-2022
M. Shane McNevin	2022-2023

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
David J. Schoetz, Jr.	2006-2016
Bruce G. Wolff	2016-2022
Thomas E. Read	2022-current