



The AMERICAN BOARD of NEUROLOGICAL SURGERY, INC.®

Member Board of the American Board of Medical Specialties

BYLAWS

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THE AMERICAN BOARD OF NEUROLOGICAL SURGERY

BYLAWS

PREAMBLE

NEUROLOGICAL SURGERY constitutes a medical discipline and surgical specialty that provides care for adult and pediatric patients in the treatment of pain or pathological processes that may modify the function or activity of the central nervous system (e.g., brain, hypophysis, and spinal cord), the peripheral nervous system (e.g., cranial, spinal, and peripheral nerves), the autonomic nervous system, the supporting structures of these systems (e.g., meninges, skull and skull base, and vertebral column), and their vascular supply (e.g., intracranial, extracranial, and spinal vasculature).

Treatment encompasses both non-operative management (e.g., prevention, diagnosis—including image interpretation—and treatments such as, but not limited to, neurocritical intensive care and rehabilitation) and operative management with its associated image use and interpretation (e.g. endovascular surgery, functional and restorative surgery, stereotactic radiosurgery, and spinal fusion—including its instrumentation).

The broad aim of the AMERICAN BOARD OF NEUROLOGICAL SURGERY is to encourage the study, improve the practice, elevate the standards, and advance the science of neurological surgery and thereby to serve the cause of public health.

A neurosurgeon who has been certified by the AMERICAN BOARD OF NEUROLOGICAL SURGERY has completed an approved educational training program and an evaluation process, including oral and written or computer examinations, designed to assess the knowledge, skills, and experience necessary to provide quality patient care in neurological surgery. Neurosurgeons who continuously participate and successfully fulfill the requirements of the ABNS Maintenance of Certification program demonstrate that they are taking steps following their initial certification to preserve and enhance their knowledge and skills. However, board certification is not a measure or guarantee of competence for a particular patient's needs. Patients, therefore, should consider certification as only one factor in selecting a neurological surgeon.

ARTICLE I BOARD MEMBERSHIP

1.1 NUMBER

The Corporation (also referred to herein as the American Board of Neurological Surgery or the "ABNS") shall have fifteen (15) Directors until such time as the number of Directors shall be changed as provided in Article 1.6 or by amendment of these Bylaws.

1.2 NOMINATION

Directors shall be nominated by the following societies (hereinafter called "Nominating Societies") in the numbers listed following each Nominating Society's name. For each vacancy or replacement for which a particular Nominating Society is to offer nominations, the Board shall request the names of five (5) or more individuals and may request that such nominations be ranked as to preference.

American Association of Neurological Surgeons	4
Society of Neurological Surgeons	4
Congress of Neurological Surgeons	4
American Academy of Neurological Surgery	1
Neurosurgical Society of America	1
American Society of Pediatric Neurosurgeons	1

No nominee shall become a Director until approved as such by the Board of Directors of the Corporation in its sole discretion. In the event that no nominee of a Nominating Society is approved from the slate of five (5) or more names submitted, the Board of Directors shall request the Nominating Society to submit one or more additional slates of five (5) nominees per vacancy in accordance with Article 1.2 above, until such time as a nominee from that Nominating Society has been approved by the Board of Directors.

In the event that a Nominating Society fails within a one (1) year period to submit names of nominees initially or in substitution for nominees who have not been approved for Directorship, the Board of Directors may designate by majority vote any member of such Nominating Society as a nominee for approval by the Board.

1.3 APPROVAL AND TERM

Directors for new terms shall be approved at an annual meeting of the Board of Directors by majority affirmative vote of the Directors present, provided that a quorum is present. Directors shall serve for a term of six (6) years and until their successors are approved. Terms of Directors begin immediately following the conclusion of the meeting at which they are approved.

1.4 NOMINATING SOCIETY MEMBERSHIP

Each Director shall (a) be a member in good standing of the Nominating Society that he or she represents; (b) hold a Certificate of the American Board of Neurological Surgery; and (c) be duly licensed by law to practice medicine in one (1) or more states of the United States.

1.5 CONSECUTIVE TERMS PROHIBITED

No Director may serve consecutive terms, except that a Director appointed by the Board to fill a vacancy may serve a full term following the completion of the partial term to which he or she was appointed as provided in Article 1.7 below.

1.6 CHANGES TO BOARD COMPOSITION

The Board of Directors shall have authority to change, by the affirmative vote of two-thirds (2/3) of its entire Directors, the size or composition of the Board of Directors, provided that such a change does not reduce the total number of Directors to less than five (5).

1.7 VACANCIES

If a vacancy among the Directors should arise by reason of death, resignation, removal, increase in the number of Directors, or otherwise, such vacancy may be filled by a majority affirmative vote of the remaining Directors for the unexpired term or for any interim term as the Board of Directors may designate. Any interim term shall allow time for nominations of a successor and for the Board of Directors to approve a permanent Director to fill such vacancy.

1.8 PARTICIPATION IN MAINTENANCE OF CERTIFICATION

Every Director of the Board holding a non-time-limited Certificate is strongly encouraged to voluntarily participate in the Maintenance of Certification (“MOC”) program.

ARTICLE II BOARD OPERATIONS

2.1 AUTHORITY

The Board of Directors shall be vested with the authority to manage and control the property, business, and affairs of the Corporation, including but not limited to the authority to establish subsidiaries and enter into joint ventures in furtherance of the Corporation’s purposes.

2.2 MEETINGS OF THE DIRECTORS

The Board of Directors shall meet annually at such place, inside or outside of the State of Delaware, and at such time as may be designated by the Board of Directors for the purpose of electing Directors and Officers of the Corporation and for the transaction of such other business as shall come before the meeting.

2.2.1 Regular meetings of the Board of Directors shall be held from time to time at such place, inside or outside of the State of Delaware, as may be fixed from time to time by resolution adopted by a majority of the Board of Directors. In addition to its annual meeting, as provided in Article 2.2 above, the Board of Directors shall also meet each fall. Both the annual and the fall meeting shall be held in conjunction with biannual oral examinations and typically shall be scheduled three (3) years in advance.

2.2.2 Special meetings of the Board of Directors may be called by the Chairman or by a majority of Directors then in office. Special meetings shall be held at such time and place, inside or outside the State of Delaware, as may be designated in the notice of such meeting.

2.2.3 Notice of a special meeting of the Board of Directors shall be given by the Secretary to each Director at his or her address as shown on the books of the Corporation by mail, telephone, telegraph, facsimile transmission, electronic mail, or in person not less than twenty (20) days prior to such meeting.

2.2.4 Notice of any meeting of the Board of Directors may be waived either before, at, or after such meeting by a writing signed by all Directors, or in the case of a conference call by unanimous consent of all Directors recorded by the Secretary. Each Director, by his or her attendance and participation in the action taken at any meeting of the Board of Directors, shall be deemed to have waived notice of such meeting.

2.2.5 At any meeting of the Board of Directors a quorum must be present to conduct business. Eight (8) Directors shall constitute a quorum of the Board of Directors, except that, when a vacancy or vacancies exist, a majority of the remaining Directors shall constitute a quorum.

2.2.6 Any action that might be taken at a meeting of the Board of Directors may be taken without a meeting if done:

- (a) in writing and signed by all Directors; or

- (b) by conference call or other means that permits all participating Directors to hear one another, provided that the proceedings are recorded by the Secretary, a quorum of the Directors participate, proper notice has been given, and a majority of participating Directors consent to any decision made during each conference call.

2.2.7 All Directors shall receive reimbursement for their expenses, if any, for attendance at meetings of the Board of Directors. Nothing herein contained shall be construed to preclude any Director from serving the Corporation, or any subsidiaries or affiliates, in any other capacity and receiving proper compensation, provided that all Directors comply with any conflict of interest policies that may be promulgated and adopted by the Corporation from time to time.

2.3 EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

There shall be an Executive Committee of the Board of Directors consisting of four (4) or five (5) of its Directors. The Chairman, Vice Chairman, Secretary, and Treasurer of the Board shall be members of such Committee. The fifth member, if any, shall also be a Vice Chairman elected by the Board from time to time as provided in Article 3.1 below. During the period between meetings of the Board, the Executive Committee shall be vested with all powers and authority that the Board may exercise, except with respect to such matters that require action by the entire Board, or a majority or supermajority of the entire Board, pursuant to Delaware law or these Bylaws. The Executive Committee shall advise all Directors of substantive actions taken during intervals between meetings of the full Board.

2.4 INDEMNIFICATION OF DIRECTORS, OFFICERS, AND OTHERS

The Board of Directors may exercise the full extent of the powers that the Corporation has under Delaware law, as such law exists from time to time, to indemnify Directors, Officers, employees, and agents (and persons who previously served in any such capacity) for expenses incurred by reason of the fact that they are or were Directors, Officers, employees, or agents of the Corporation. Such expenses shall include attorney's fees, judgments, fines, amounts paid in settlement, and amounts otherwise reasonably incurred. The Board of Directors may make advances against such expenses upon terms decided by it. The Board of Directors may exercise the full extent of the powers that the Corporation has under Delaware law, as such law exists from time to time, to purchase and maintain insurance against the risks above described on behalf of its Directors, Officers, employees, and agents.

2.5 CURTAILMENT OF A DIRECTOR'S ACTIVITIES OR TERM

- (a) An individual automatically shall be removed from his or her position as Director upon the occurrence of any of the following:
- (b) Revocation or suspension of the Director's Certificate for any reason, including but not limited to those set forth in Rule 13.1 of the Board's Rules and Regulations;
- (c) Director's failure to remain at all times a member in good standing of the Nominating Society that he or she represents; or
- (d) Director's failure to continue to meet any other eligibility requirement for Directors set forth in these Bylaws or in the Rules and Regulations.

In addition, upon a two-thirds (2/3) affirmative vote of the entire Board of Directors, the Board may remove or suspend a Director from participation in Board activities, including but not limited to the examination process, if the Director fails to participate in three (3) or more consecutive meetings of the Board, or for other good cause.

2.6 APPEAL ON CURTAILMENT OF A DIRECTOR'S ACTIVITIES OR TERM

When presented with probable cause to believe that a Director has engaged in an activity that might lead to removal or curtailment of activities or term, the Board may investigate and gather facts concerning the possible existence of grounds for removal of that Director. If it obtains probable cause to believe that a Director should be removed, the Board may at its discretion institute proceedings for removal of the Director by mailing written notification to him or her that a hearing will be held to determine whether he or she should be removed. Such notice shall specify the grounds upon which the proceeding is being instituted and the date upon which the hearing shall be held. Such notice shall be mailed to the Director not less than thirty (30) days prior to the date of the hearing. If the Director to whom the notice is addressed wishes to be present personally and/or represented by counsel at the hearing, he or she shall notify the Board in writing not less than ten (10) days prior to the date of the hearing. If, within the time specified, the Board receives notice that the Director desires to be present, said Director may be present at the hearing personally and/or represented by counsel and may cross-examine any witness(es) appearing against him or her. If, within the time specified, the Board fails to receive notice that the Director desires to be present, the Board may hold the proceeding at the scheduled time and reach a decision, even though said Director is not present and/or represented by counsel. The Board shall not be bound by technical rules of evidence usually employed in legal proceedings but may accept any evidence it deems appropriate. After the hearing, the Board shall render its decision in writing as to whether the Director should be removed. A copy of the decision shall be mailed to said Director. The Board's decision following a hearing shall be final. The provisions of this Article 2.6 shall apply only to proposed actions against a Director that are discretionary under Article 2.5 of these Bylaws. A Director shall not be entitled to a hearing in those instances where removal is automatic pursuant to Article 2.5.

ARTICLE III OFFICERS

3.1 OFFICERS

The Officers of the Corporation shall consist of a Chairman, a Vice Chairman, a Secretary, a Treasurer, and an Executive Director. Another Vice Chairman may be elected by the Board of Directors at its discretion from time to time.

3.2 ELECTIONS

At each annual meeting of the Board of Directors by majority affirmative vote of the Directors present (provided that a quorum is present), the Directors shall elect Officers from within their number (other than the Executive Director, who shall not be a member of the Board of Directors and shall be appointed as set forth in Article 3.7). A Chairman and a Vice Chairman shall be elected to hold office until the next annual meeting of the Directors. When deemed advisable, another Vice Chairman may also be elected to hold office until the next annual meeting of the Directors. A Secretary or a Treasurer shall be elected to a three (3) or four (4) year term of office, before the term of the existing Secretary or Treasurer has expired. This election shall occur at a regular or special meeting of the Directors prior to the annual meeting at which the term of the newly elected Secretary or Treasurer shall commence. Such election shall permit the newly elected Secretary or Treasurer a period of some

months in which to become familiar with the requirements of the office before assuming office at the annual meeting. The terms of office of the Secretary and the Treasurer shall not coincide.

3.3 DUTIES OF CHAIRMAN

The Chairman shall preside at all meetings of the Directors and of the Board of Directors. He or she shall be the Chief Executive Officer of the Corporation. The Chairman shall appoint members of all Committees, unless otherwise stated in the Bylaws or in the resolution creating a particular Committee, and the Chairman shall be an ex-officio member of all Committees other than the Executive Committee of which he or she shall be the Chairman. The Chairman shall have the power to sign checks drawn on the accounts of the Corporation in the absence or disability of the Secretary and the Treasurer. He or she shall have such other duties as may be prescribed by the Board of Directors from time to time.

3.4 DUTIES OF VICE CHAIRMAN OR CHAIRMEN

The Vice Chairman or Vice Chairmen shall perform the duties and have the powers of the Chairman during the absence or disability of the Chairman. The Vice Chairman/Chairmen shall have such other duties as may be prescribed by the Board of Directors from time to time.

3.5 DUTIES OF SECRETARY

The Secretary shall keep records of the business affairs of the Corporation, give notice of all meetings, keep minutes of all meetings of the Board of Directors, be responsible for the corporate seal, have power to sign checks on the accounts of the Corporation, and shall see that all directives of the Board of Directors are carried out. The Secretary shall have such other duties as may be prescribed by the Board of Directors from time to time.

3.6 DUTIES OF TREASURER

The Treasurer shall keep records of the financial affairs of the Corporation, have power to sign checks on the accounts of the Corporation, and periodically furnish to each Director of the Board of Directors statements of the financial affairs of the Corporation. The Treasurer shall serve as Chairman of the Administration and Finance Committee.

3.7 APPOINTMENT AND DUTIES OF EXECUTIVE DIRECTOR

3.7.1 One (1) individual shall be appointed from time to time by the Board of Directors to serve as the Executive Director of the Corporation. The Executive Director shall serve until his or her removal by the Board of Directors, or until his or her earlier resignation, retirement, death or disability. The Executive Director shall serve at the pleasure of the Board of Directors and may be removed by the Board of Directors at any time. The Executive Director shall be an Officer of the Corporation but shall not be a Director. The Executive Director may attend meetings of the Board of Directors at the invitation of the Board of Directors, but shall not be entitled to a vote on any item of business at any meeting of the Board of Directors.

3.7.2 The Executive Director shall have responsibility for the day-to-day operation of the Corporation, including supervision of other Corporation employees, and shall have such other responsibilities and authority as the Board of Directors may prescribe from time to time. The Executive Director shall be an employee or contractor of the Corporation and shall receive compensation in such amounts as may be established by the Board of Directors from time to time. The Board of Directors

also may authorize reimbursement of any reasonable expenses incurred by the Executive Director in the performance of his or her duties.

ARTICLE IV COMMITTEES

4.1 COMMITTEE ON THE WRITTEN EXAMINATION

There shall be a committee charged with preparing the Primary Examination, the Maintenance of Certification Cognitive Examination, and other similar examinations in written, computer or other formats. This Committee shall consist of such number of Directors as the Board of Directors shall determine. Such Committee shall be vested with such powers and authority to create and administer such examinations as may be delegated to it by the Board of Directors from time to time.

4.1.1 With the approval of the Board of Directors, the Written Examination Committee may from time to time appoint or retain non-Directors of the Corporation to assist with the preparation and/or administration of examinations.

4.2 COMMITTEE ON THE ORAL EXAMINATION

There shall be a committee on the Oral Examination consisting of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall be vested with such power and authority to create and administer the oral examinations as may be delegated to it by the Board of Directors from time to time.

4.2.1 With the approval of the Board of Directors, the Oral Examination Committee may from time to time appoint or retain non-Directors of the Corporation to act as associate examiners and to assist with the preparation and/or administration and/or psychometrics of examinations.

4.3 COMMITTEE ON CREDENTIALS

There shall be a Committee on Credentials consisting of such number of Directors as the Board of Directors may determine from time to time. With the assistance of the Secretary and in accordance with the Rules and Regulations of the Board of Directors, such Committee shall have the authority to conduct an initial review and make recommendations to the full Board regarding but not limited to:

- (a) Applicants' eligibility to take the oral examinations, as well as requests for extensions of time or exemptions from requirements for initial certification;
- (b) Diplomates' eligibility to participate on an ongoing basis in the Board's MOC program, as well as requests for extensions of time or exemptions from requirements for MOC as recommended by the Maintenance of Certification Committee;
- (c) Possible disciplinary actions against Diplomates of the Board; and
- (d) Requests concerning training requirements.

4.4 ADVISORY COUNCIL

This Council shall be made up of the immediate past Directors of the Board and the current Officers of the Board. Its members shall advise the current Directors on Board affairs and may also perform any other functions that the Board or its Executive Committee may reasonably request. The Advisory Council may meet from time to time at the time and place designated by the Chairman of the

Board. Its members may also attend Board meetings in a non-voting capacity at the invitation of the Chairman; they shall receive reimbursement for their reasonable expenses in connection with their attendance at such meetings.

4.4.1 The term on the Advisory Council for past Directors shall be six (6) years.

4.5 RECOMMENDATIONS COMMITTEE FOR NEW DIRECTORS

There shall be a Recommendations Committee For New Directors consisting of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall make recommendations to the Board of Directors regarding approval of individuals nominated by the Nominating Societies to fill projected or existing vacancies on the Board.

4.6 RECOMMENDATIONS COMMITTEE FOR NEW OFFICERS

There shall be a Recommendations Committee for New Officers consisting of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall make recommendations to the Board of Directors regarding potential new officers to fill projected or existing vacancies.

4.7 BYLAWS COMMITTEE

There shall be a Bylaws Committee consisting of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall review the Bylaws and Rules and Regulations of the Corporation from time to time for the purpose of proposing additions, deletions, and changes to be presented to Directors as prescribed in Articles V and VIII.

4.8 ADMINISTRATION AND FINANCE COMMITTEE

There shall be an Administration and Finance Committee consisting of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall review reports of the income and expenses of the Corporation as received from the Treasurer and, at regular meetings of the Board of Directors, it shall present and make recommendations regarding acceptance of such reports. The Committee shall advise the Board of Directors regarding all financial matters, including fees for examinations and assessments and/or dues of Diplomates. The Treasurer shall serve as Chairman of the Administration and Finance Committee.

4.9 COMMITTEE ON MAINTENANCE OF CERTIFICATION

There shall be a committee on Maintenance of Certification composed of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall be vested with the power and authority to develop, and recommend to the Board of Directors for adoption, such additions or modifications to the MOC program of the Board as the Committee deems necessary or appropriate from time to time. It may make recommendations to the Committee on Credentials regarding Diplomates' eligibility to participate on an ongoing basis in the ABNS MOC program, as well as make recommendations on requests for extensions of time or exemptions from requirements of MOC.

4.10 PROFESSIONAL PRACTICE DATA AND TECHNOLOGY COMMITTEE

There shall be a Professional Practice Data and Technology Committee composed of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall be vested with the responsibility for reviewing candidate practice data submitted in conjunction with application for initial certification, as well as Diplomate key case data submitted in conjunction with the Board's MOC program. The Committee also shall consider technology issues relating to the submission, review and storage of practice data, as well as other technology issues that arise from time to time in connection with Board activities.

4.11 EDUCATIONAL REQUIREMENTS AND SUB-SPECIALIZATION COMMITTEE

There shall be an Educational Requirements and Sub-Specialization Committee composed of such number of Directors as the Board of Directors may determine from time to time. Such Committee shall consider matters relating to the educational and training requirements for candidates for Certification (and possible modification of same), as well as possible mechanisms by which the Board may formally recognize sub-specialists (and possible requirements relating to any such formal recognition). The Committee shall from time to time, upon the Board's request or upon its own initiative, make reports and recommendations to the Board regarding educational requirements and sub-specialty recognition.

4.12 ADDITIONAL COMMITTEES

By resolution, the Board of Directors may create such additional Committees as may be deemed expedient from time to time.

ARTICLE V RULES AND REGULATIONS

The Board of Directors shall have the authority to adopt such Rules and Regulations as it deems necessary and appropriate, provided that such Rules and Regulations shall be consistent with these Bylaws, the Certificate of Incorporation of the Corporation, and Delaware law.

ARTICLE VI ISSUANCE AND REVOCATION OF CERTIFICATES

6.1 ISSUANCE OF INITIAL CERTIFICATES

The Board shall issue initial Certificates to individuals who:

- (a) Meet all of the Board's credentialing and other requirements for board certification, or have received exemptions from certain of those requirements: and
- (b) Successfully pass both the Primary Examination and the Oral Examination.

6.2 ISSUANCE OF RENEWAL CERTIFICATES

The Board shall issue new time-limited Certificates as defined in the Board's Rules and Regulations to those Diplomates who:

- (a) Both (i) hold time-limited Certificates that are about to expire or have expired, and (ii) have successfully completed all elements of the

- Board's MOC program for the relevant time period or have received exemptions for certain of those requirements; or
- (b) Hold non-time-limited Certificates, but who have been involved in disciplinary proceedings before the Board and in conjunction with such proceedings have been required by the Board to, or have agreed to, enter into the Board's MOC program and exchange their non-time-limited Certificates for time-limited Certificates.

6.3 REVOCATION OF CERTIFICATES

The Board of Directors shall have the authority to revoke or suspend any Certificate issued by the Corporation, or impose lesser sanctions, if:

- (a) Such Certificate was issued contrary to or in violation of any Rule or Regulation of the Board; or
- (b) The person to whom the Certificate was issued was not eligible to receive or has since become ineligible to hold such Certificate; or
- (c) The person to whom the Certificate was issued made any misstatement of fact to the Board in his or her application or in other material presented to the Board or violated any pledge made in conjunction with any application; or
- (d) The person to whom the Certificate was issued is convicted of, or pleads guilty or nolo contendere to any felony or any crime related to the provision of health care services, or is excluded from participation in any federal or State health care program; or
- (e) Any license to practice medicine of the person to whom the Certificate was issued is revoked, suspended, placed on probation, restricted in any way, or voluntarily relinquished in order to avoid potential sanctions; or
- (f) The person to whom the Certificate was issued is expelled from any of the Nominating Societies, a county medical society, or a state medical association for any reason other than nonpayment of dues or lack of meeting attendance; or
- (g) The person to whom the Certificate was issued has engaged in serious professional misconduct or other serious misconduct adversely reflecting on professional competence or integrity; or
- (h) The person to whom the Certificate was issued has violated any Rule or Regulation of the Board or has violated the terms of any written agreement with the Board, including but not limited to any Rule, Regulation or agreement relating to the person's status as "Retired" or "Inactive."

ARTICLE VII CANDIDATE AND DIPLOMATE FILES

The contents of current and former candidate and Diplomate files are confidential and are not disclosed to anyone other than the current Board of Directors, employees, and counsel, except as required by law or court order.

ARTICLE VIII AMENDMENTS

These Bylaws may be amended by the unanimous written consent of all of the Directors or by the affirmative vote of two-thirds (2/3) of the entire Board of Directors at any annual, regular, or special meeting, provided that written notice of the proposed amendment shall have been given to all Directors at least twenty (20) days prior thereto.

These Bylaws were updated in February 2017 to include all additions, deletions, and changes approved by the Directors of the American Board of Neurological Surgery since the Bylaws had last been approved in November 2016.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

RULES and REGULATIONS

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AMERICAN BOARD OF NEUROLOGICAL SURGERY

RULES and REGULATIONS

RULE I. CERTIFICATION PROCESS

1.1 BASIS OF CERTIFICATION

The primary purposes of the American Board of Neurological Surgery (“ABNS” or the “Board”) are to:

- (a) Review the credentials and practice experience of, and conduct examinations of, eligible candidates who seek certification by the ABNS;
- (b) Issue Certificates to those individuals who meet the Board’s eligibility and other requirements and satisfactorily complete its examinations, thereby conferring Diplomate status;
- (c) Implement and administer a program for Maintenance of Certification (“MOC”); and
- (d) Issue new time-limited Certificates to Diplomates who successfully complete the Board’s MOC program, upon expiration of time-limited Certificates.

1.1.1 Initial certification by the Board is based upon its approval of an applicant's educational and training qualifications, supporting documents from his or her program director, opinions as reflected in the statements of his or her colleagues, licenses to practice medicine, hospital privileges, review and approval by the Professional Practice and Technology Committee of the applicant's practice data, and the applicant's successful completion of written and oral ABNS examinations.

1.1.2 The issuance of new Certificates by the Board to individuals who have time-limited Certificates is based upon the Diplomate’s successful completion of all elements of the ABNS’ MOC Program within the time frames established by the Board.

1.2 RULES AND REGULATIONS

These Rules and Regulations set forth the requirements and procedures for issuance of Certificates and revocation thereof by the ABNS.

RULE II. EXAMINATION AUTHORITY

The Board shall conduct examinations at such times and at such locations as it deems appropriate. Within a reasonable time after completion of such examinations, each applicant shall be notified by the Secretary of the Board as to the results thereof.

RULE III. CERTIFICATES

A Certificate signifies that, at the time of issue, the recipient fulfilled the requirements for certification by the Board. Certificates shall be in such form as the ABNS shall prescribe from time to

time; shall be signed by the Chairman, Vice Chairman/Chairmen, Secretary, and Treasurer; and shall bear thereon the official seal of the Board at the time of certification.

3.1 ISSUANCE

A Certificate is issued to candidates who have satisfactorily completed neurosurgical training and practice requirements as prescribed by the Board, who have fulfilled licensure requirements, whose applications (including practice data) and credentials have been approved by the Board, and who have successfully passed the Board's written and oral examinations. It is the obligation of all applicants/candidates (i.e., those individuals who have submitted applications and are in the certification process) and all Diplomates (i.e., those individuals who have successfully completed the certification process and who have received Certificates) to ensure that the ABNS at all times has their current address on file and to promptly notify the Board of all changes of address.

3.1.1 Certificates issued before 1999 shall not expire and shall be considered non-time-limited Certificates. Diplomates who hold non-time-limited Certificates may be required to exchange such Certificates for time-limited Certificates in the event that they are disciplined by the Board pursuant to the provisions of Rule XIII.

3.1.2 Certificates issued during or after 1999 shall expire ten years after issuance and shall be considered time-limited Certificates. Upon expiration, new 10-year time-limited Certificates shall be issued to those holders of time-limited Certificates who have participated in and successfully completed all elements of the ABNS' MOC program.

RULE IV. TRAINING REQUIREMENTS FOR INITIAL CERTIFICATION

4.1 PROGRAM ACCREDITATION

To be eligible to take the oral examination and become certified, an applicant must successfully complete neurosurgical residency training in a program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) after review and recommendation by the Residency Review Committee for Neurological Surgery (RRC). Any training conducted at an institution not part of the individual's own training program must be approved in advance in writing by the Board.

4.2 TRAINING REQUIREMENTS (FOR CANDIDATES WHO BEGAN TRAINING ON OR AFTER JULY 1, 2013)

NOTE: The provisions of this Rule 4.2 and Rule 4.3 apply to all applicants who begin post-graduate training on or after July 1, 2013. Applicants who began training between July 1, 2009 and June 30, 2013 must comply instead with the somewhat different requirements set forth in Rules 4.4 and 4.5, and applicants who began training prior to July 1, 2009 must comply instead with the somewhat different requirements set forth in Rule 4.6.

Each applicant must successfully complete eighty-four (84) months of post-graduate (i.e., residency) training. The eighty-four (84) months are comprised of the following:

- (a) A minimum of three (3) months of basic neuroscience education (e.g., neurology, neuro-otology, neuroradiology, neuropathology), which must be taken in the first eighteen (18) months of residency training.

- (b) A minimum of three (3) months training in critical care education relevant to the neurosurgery patient, which must be taken in the first eighteen (18) months of residency training.
- (c) A minimum of six (6) months of structured education in general patient care, which may (but need not) include neurosurgery (e.g. trauma, general surgery, neurosurgery, orthopedic surgery, otolaryngology, plastic surgery).
- (d) Forty-two (42) months of training in clinical neurosurgery, with progressive responsibility culminating in twelve (12) months as chief resident during the last two years of training (PGY-6 or PGY-7). Training in clinical neurosurgery must be progressive and not obtained during repeated short periods in a number of institutions. At least twenty-one (21) months must be obtained in the applicant's primary clinical site.
- (e) The remaining thirty months (30) months ("elective time"), which can be taken at any time subject to the requirements of subsections (a), (b) and (c), must be devoted to elective clinical education or research. At the discretion of the resident's program director, this thirty (30) months may include: (i) additional training in neuro-critical care; (ii) additional training in clinical neurosurgery above the forty-two (42) month minimum set forth in sub-section (d); (iii) additional training in neuropathology, neuroradiology or other disciplines related to the nervous system; and/or (iv) research. Applicants shall be expected during the course of their training to acquire basic knowledge and skills in neuropathology and neuroradiology.

4.3 ADDITIONAL REQUIREMENTS.

In addition to meeting the training requirements set forth in Rule 4.2, an applicant's training must comply with the following:

4.3.1 All post-graduate training described in Rule 4.2 must be acquired by the resident as a participant in a neurological surgery training program or programs accredited by the ACGME, and all such training must be under the ultimate direction and control of the resident's neurosurgery program director. However, a training experience of at least 6 months but not more than 12 months may be obtained at an ACGME-approved neurosurgery training program other than the candidate's primary neurosurgery training program, and depending on the particular rotation undertaken at such other training program, the 6-12 months may count toward any part of the 84 month neurosurgical education requirement (i.e., upon approval, the time spent at the non-primary program may be used to fulfill some of the requirements of Rule 4.2(a), (b), (c) or (d), or it may be used as part of elective time). However, time spent at a non-primary program cannot count toward part or all of the chief resident experience. Such a rotation must be requested by the resident's primary neurosurgery program director and approved in advance by the Board. During such a rotation, the applicant shall have all the educational opportunities and responsibilities of a resident in that program and be under the immediate supervision of that neurosurgery program director.

4.3.2 Training time devoted to neuroscience education (Rule 4.2(a)), critical care (Rule 4.2(b)) and/or patient care disciplines related to neurosurgery (Rule 4.2(c)) also may be acquired as a full time resident in conjunction with other ACGME accredited training programs (e.g., ACGME-accredited programs in general surgery and neurology) in the same institution as the resident's neurosurgery program, without the Board's advance approval, so long as such training remains under the ultimate direction and control of the resident's neurosurgery program director. Except as set forth

in the preceding sentence, any training undertaken in other than the resident's parent neurosurgery program (including any training undertaken at other training programs pursuant to Rule 4.3.1) shall not count towards fulfilling the requirements of Rule 4.2 unless specifically requested by the resident's neurosurgery program director and approved by the Board in advance of such training.

4.3.3 As senior resident in the PGY-6 or PGY-7 Year, the trainee shall have major responsibility for patient management as deemed appropriate by the neurosurgery program director. The senior resident shall also have administrative responsibilities as designated by the program director.

4.4 TRAINING REQUIREMENTS (FOR CANDIDATES WHO BEGAN TRAINING ON OR AFTER JULY 1, 2009)

NOTE: The provisions of this Rule 4.4 and Rule 4.5 apply to all applicants who began post-graduate training on or after July 1, 2009 but before July 1, 2013. Applicants who began training on or after July 1, 2013 must comply instead with the somewhat different requirements set forth in Rules 4.2 and 4.3, and applicants who began training prior to July 1, 2009 must comply instead with the somewhat different requirements set forth in Rule 4.6.

Each applicant must successfully complete seventy-two (72) months of post-graduate training. The seventy-two (72) months are comprised of the following:

- (a) A minimum of three (3) months of fundamental (i.e., non-neurosurgical) surgical skills training, which must be taken in the first year of post-graduate training (PGY-1) (an additional three (3) months is recommended but not required).
- (b) Three (3) months training in clinical neurology. It is recommended that this clinical neurology training occur during PGY-1, but it must be completed no later than the end of the third post-graduate year (PGY-3).
- (c) Forty-two (42) months of training in clinical neurosurgery, with progressive responsibility culminating in twelve (12) months as chief resident during the last two years of training (PGY-5 or PGY-6). Training in clinical neurosurgery must be progressive and not obtained during repeated short periods in a number of institutions. At least twenty-one (21) months must be obtained in one institution. Up to six (6) months of clinical neurosurgery training may occur during the PGY-1 Year.
- (d) The remaining twenty-four (24) months ("elective time") may be taken at any time subject to the requirements of subsections (a), (b) and (c) and must be devoted to aspects of the basic or clinical neurological sciences. At the discretion of the trainee's program director, this twenty-four (24) months of elective time may include: (i) additional training in clinical neurology above the three-month minimum set forth in sub-section (b); (ii) additional training in clinical neurosurgery above the forty-two (42) month minimum set forth in sub-section (c), including specific areas of interest such as endovascular, neurocritical care and peripheral nerve surgery; (iii) training in neuropathology, neuroradiology or other disciplines related to the nervous system; and/or (iv) research. Applicants shall be expected during the course of their training to acquire basic knowledge and skills in neuropathology and neuroradiology.

4.5 ADDITIONAL REQUIREMENTS.

In addition to meeting the training requirements set forth in Rule 4.4, an applicant's training must comply with the following:

4.5.1 All post-graduate training described in Rule 4.4 must be acquired by the trainee as a resident in a neurological surgery training program or programs accredited by the ACGME/RRC. All such training must be under the ultimate direction and control of the trainee's neurosurgery program director. Training time devoted to fundamental surgical skills (Rule 4.4(a)) and neurology (Rule 4.4(b)) may be acquired as a full time resident in conjunction with other ACGME accredited training programs, such as general surgery and neurology, in the same institution as the trainee's neurosurgery program, so long as such training remains under the ultimate direction and control of the trainee's neurosurgery program director. Except as set forth in the preceding sentence, any training undertaken in other than the trainee's parent neurosurgery program shall not count towards fulfilling the requirements of Rule 4.2 unless specifically requested by the trainee's neurosurgery program director and approved by the Board in writing in advance of such training.

4.5.2 As chief resident in the PGY-5, PGY-6, or (as applicable to a particular residency program) PGY-7 Year, the trainee shall have major responsibility for patient management as deemed appropriate by the neurosurgery program director. The chief resident shall also have administrative responsibilities as designated by the program director.

4.6 TRAINING REQUIREMENTS (FOR CANDIDATES WHO BEGAN TRAINING PRIOR TO JULY 1, 2009)

NOTE: The provisions of this Rule 4.6 apply to applicants who began post-graduate training before July 1, 2009. Applicants who began training on or after July 1, 2009 but before July 1, 2013 must comply instead with the somewhat different requirements set forth in Rules 4.4 and 4.5. Applicants who began training on or after July 1, 2013 must comply instead with the somewhat different requirements set forth in Rules 4.2 and 4.3.

4.6.1 Twelve (12) months must be devoted to acquiring adequate knowledge in fundamental clinical skills. The year of fundamental clinical skills training is preferably taken prior to beginning neurosurgical residency training; it must be done prior to beginning the third year of neurosurgical training. This training must be acquired in a program accredited by the ACGME. It may be acquired, for instance, by training for one or more years in a general surgery program accredited by the ACGME in the United States.

4.6.1.1 This twelve (12) months of fundamental clinical skills training also may be acquired during the course of training in a neurosurgical residency program accredited by the ACGME. Such training must include not less than six (6) months in surgical disciplines other than neurosurgery. The remaining six (6) months should include other fundamental clinical skills approved by the neurosurgical training program director, but this portion of the year may not include more than three (3) months of neurosurgery, which will not count toward the 36 months described in 4.6.2.1. It may include up to three (3) months of neurology.

4.6.2 Each applicant must complete a minimum of sixty (60) months of training in neurological sciences, in addition to the twelve (12) months of fundamental skills training set forth in Rule 4.6.1.

4.6.2.1 Of the sixty (60) months of training in neurological sciences, at least thirty-six (36) months must be devoted to clinical neurosurgery in a neurosurgical training program or programs accredited by the ACGME, with progressive responsibility culminating in twelve (12) months as most senior/chief resident.

4.6.2.1.1 As chief resident, the trainee shall have major or primary responsibility for patient management as deemed appropriate by the program director. The senior resident shall also have administrative responsibilities as designated by the program director.

4.6.2.1.2 Training in clinical neurosurgery must be progressive and not obtained during repeated short periods in a number of institutions. At least twenty-four (24) months of training in clinical neurosurgery must be obtained in one institution.

4.6.2.2 A minimum of three (3) months must be devoted to clinical neurology. This period must be taken as a full time assigned resident in a neurology training program accredited by the ACGME. Six (6) months are recommended, but three (3) months are required. Up to three (3) months may be acquired during the twelve (12) months of training in fundamental clinical skills, thus fulfilling that requirement.

4.6.2.3 The remaining twenty-one (21) or twenty-four (24) months (see 4.6.2.2) must be devoted to aspects of the basic or clinical neurological sciences, which, at the discretion of the program director, may include neurology, neuropathology, neuroradiology, research, additional neurosurgery such as neurocritical care and peripheral nerve surgery, and/or other disciplines related to the nervous system. Trainees shall be expected to acquire basic knowledge and skills in each of these disciplines.

4.6.2.4 Training undertaken during elective time in other than the parent program shall not count toward fulfilling the requirement of 4.6.2.3 unless specifically requested by the trainee's program director and approved by the Board in writing in advance of such training. Thirty-six (36) months of clinical training in neurological surgery must be acquired in a program or programs accredited by the ACGME.

4.7 SPECIAL CONSIDERATIONS IN TRAINING REQUIREMENTS

Modifications of the requirements of Rules 4.2 and 4.3 (or, for candidates who began training prior to July 1, 2013, Rules 4.4, 4.5 and/or 4.6, as applicable) to fulfill specific training goals for an individual resident must be requested in advance by the trainee's neurosurgery program director and must be approved in writing in advance by the Board. Such approvals shall be at the Board's sole discretion. Except in rare and extraordinary circumstances pursuant to Rule 4.10, the Board shall not waive the requirement that a minimum of forty-two (42) months of clinical training in neurological surgery (or thirty-six (36) months for candidates who began training prior to July 1, 2009) must be acquired in a neurosurgical program or programs accredited by the ACGME.

4.8 NOTIFICATION BY PROGRAM DIRECTOR

The program director must notify the Secretary of the Board of each appointment to a neurosurgical training program. The program director shall also indicate to the Board at the time of notification of the appointment whether that trainee is entering the program with the intention of becoming qualified for examination and certification by the ABNS. If so, the program director must inform the trainee of the requirements attendant thereto. As noted in Rules 4.3.1, 4.5.1 and 4.6.2.4, it

is the responsibility of the program director to ensure that training outside the trainee's parent program is approved by the Board in writing in advance.

4.9 TRANSFERS AND CREDIT FOR PRIOR TRAINING

Upon recommendation of the program director of a neurosurgical residency program accredited by the ACGME, the Board may at its discretion consider and give retroactive credit to a trainee if the trainee:

- (a) Has had, before entering an accredited neurosurgical training program, substantially more than the prerequisite training in general surgery, medical neurology, or the basic neurological sciences in institutions acceptable to the Board;
- (b) Transfers from one accredited neurosurgical training program to another accredited program with the consent of the directors of both programs and notification to the Board; or
- (c) Transfers from one accredited neurosurgical training program to another accredited program without the consent of one of the program directors provided the Board approves of such transfer.

4.9.1 Credit for time previously spent in an institution or program that is not accredited by the ACGME pursuant to Rule 4.9(a) must be requested in writing by the trainee's program director. Such credit, if granted, will count only towards the trainee's elective time (Rule 4.2(e)), and not toward any core training required pursuant to Rules 4.2(a) through (d).

4.9.2 Before accepting a resident in transfer from another ACGME accredited neurosurgical residency, the new program director shall receive a written evaluation of the resident's past performance from the previous program director(s). The letter to the new program director should specify the credit for training, both in respect to time and category, that the previous program director is prepared to certify that the trainee has successfully completed. A copy of such statement shall be submitted to the ABNS for the trainee's file. The new program director may or may not honor such credit, depending upon his or her appraisal of the trainee's professional and educational progress in the program to which he or she has transferred. The new program director shall then write to the Board indicating what credit he or she has accepted in the transfer.

4.9.2.1 In the case of a conflict between a program director and a trainee with respect to his or her training and qualifications, the Board may at its sole discretion serve as arbiter. Appeal to the Board may be made by either the program director or the trainee. The decision of the ABNS in such cases shall be final and not subject to further appeal.

4.10 NON-STANDARD TRAINING

At its sole discretion and under extraordinary circumstances, the ABNS may consider training formats not specified in these Rules and Regulations. In rare cases where the applicant's training, practice, and professional stature leave no doubt as to his or her exceptional qualifications, the Board may grant permission for the applicant to be examined for certification.

4.11 PRECEPTORSHIPS

Training by preceptorship is not considered as fulfilling the requirements of these Rules and Regulations. No credit shall be given for any time spent in such training.

4.12 PROGRAM DEPARTURES

An individual who leaves an accredited training program prior to successful completion of all training requirements is considered to be no longer actively involved in the certification process from the time of leaving until resuming formal training in an ACGME accredited program. Oral examination shall be deferred or withheld for a candidate who has been dismissed from a training program until both (a) the candidate successfully completes his or her training requirements, as set forth herein, in an ACGME-accredited program; and (b) the circumstances of the candidate's dismissal have been resolved to the satisfaction of the Board.

4.13 GRADUATES FROM CANADIAN PROGRAMS

Individuals who graduated from Canadian neurosurgical residency training programs may be eligible for ABNS certification provided such individuals entered Canadian neurosurgical training prior to July 16, 1997. These individuals who wish to seek certification by the ABNS must, in addition to satisfying all requirements listed above, obtain a Fellowship in neurosurgery from the Royal College of Surgeons (Canada) before applying for oral examination and certification.

RULE V. THE PRIMARY EXAMINATION

5.1 CONTENT

Each applicant for initial Certification must successfully pass for credit toward certification the Primary Examination. This Examination includes material on fundamental clinical skills, neuroanatomy, neurobiology, neurocritical care, neuroimaging, neurology, neuropathology, neuropharmacology, neurophysiology, neurosurgery, and other relevant disciplines deemed suitable and appropriate by the Board.

5.2 ELIGIBILITY FOR EXAMINATION

The Primary Examination is open to all residents (beginning in the PGY-1 year) in neurosurgical training programs accredited by the ACGME. Any resident in such a training program may take the Primary Examination for self-assessment or credit toward certification as determined by the resident's program director. Individuals beginning neurosurgical residency training after June 30, 1998 must pass the Primary Examination for credit during residency in order to complete training. Those individuals who began training after June 30, 1998 but do not pass the Primary Examination when taken for credit while in the residency program are not considered by the Board to be involved in the certification process.

5.2.1 The Primary Examination may also be taken for self-assessment or for credit by neurosurgeons who began neurosurgical residency training before July 1, 1998 and who have successfully completed ACGME accredited neurosurgical residency training programs. Such individuals who do not pass the Primary Examination when taken for credit within two (2) years after completing neurosurgical residency training are no longer considered by the Board to be actively involved in the certification process.

5.2.2 Graduates of Canadian neurosurgical residency training programs who began their first year of neurosurgical residency before July 16, 1997 are eligible to take the Primary Examination for self-assessment or for credit, provided they fulfill all of the training requirements as set out in Rule IV above. Such individuals who do not pass the Primary Examination when taken for credit within two (2) years after completing neurosurgical residency training are no longer considered by the Board to be actively involved in the certification process.

5.2.3 Individuals who are no longer eligible to take the Oral Examination because (a) the time limits for taking it have expired (see Rules 8.5.1 and 11.2); or (b) because they have failed the Oral Examination three (3) or more times (see Rule 11.3); or (c) because they have failed to complete the certification process within seven (7) years of completing residency (see Rule 11.3); or (d) because their credentials have been rejected (see Rule 9.3 and Article X), are eligible to re-take the Primary Examination for credit toward certification. See Rule 11.4 for limitations on how such individuals may refer to themselves after losing their eligibility to take the Oral Examination.

5.2.4 Individuals whose time-limited Certificates have expired and who have not been successful and/or timely in completing all elements of the Board's MOC program (and who fail to successfully complete the re-instatement process set forth in Rule 12.8) are eligible to re-take the Primary Examination for credit toward certification. But see Rule 11.4 for limitations on how such individuals may refer to themselves after expiration of their time-limited Certificates.

5.3 INELIGIBLE CANDIDATES

Individuals who do not meet the applicable eligibility criteria set forth in Rules 5.2, 5.2.1, 5.2.2, 5.2.3 or 5.2.4 are not eligible to take the Primary Examination.

5.4 EXAMINATION TAKEN FOR CREDIT TOWARD CERTIFICATION

Only by passing the Primary Examination when it has been designated as being taken for credit toward certification shall the candidate fulfill the requirements of Rule 5.1.

5.5 APPLICATIONS

Any individual qualified to take the Primary Examination, whether for credit or self-assessment, may do so by requesting an application from his or her program director or directly from the Board. The individual must mark the application to indicate whether the Examination will be taken for self-assessment or credit, and whether any request for accommodation is being made under the Americans with Disabilities Act. Resident applications must be signed by the resident and his or her program director. The signed and completed applications must be sent to the Board prior to the application deadline, along with a fee in the amount that has been designated by the ABNS as being in effect at that time. Such fee will not be refunded even though the applicant fails to appear for or fails the examination.

5.6 PLEDGE

Each individual applicant must sign a pledge when applying to take the Primary Examination. This pledge reads as follows:

PLEDGE

1. *I understand and agree that taking the Primary Examination does not bind the American Board of Neurological Surgery to accept my credentials for the final examination leading to certification. I further agree to be bound by the ruling of the ABNS regarding my credentials irrespective of my score on the Primary Examination.*

2. *I understand and agree that no Primary Examination questions may be recorded, copied, and/or reproduced in any form, including reproducing memorized items, in part or in whole by any individual or organization without the written permission of the American Board of Neurological Surgery. I hereby represent that I will not reproduce any examination questions and that, in preparation for the Primary Examination, I have not and will not use or review questions that may have been reproduced by others without permission. I further understand and agree that violation of this pledge may cause me to be disqualified from the examination, to have any Certificate revoked, and/or to be ineligible ever to become certified.*

3. *I agree that the Board and/or the National Board of Medical Examiners (or other test administration/scoring service) may release the results of this Examination to my program director.*

5.7 REPRODUCTION OF EXAMINATION PROHIBITED

The Primary Examination may not be reproduced or copied in any form, in part or in whole, by any individual or organization without the written permission of the Board.

RULE VI. PRACTICE REQUIREMENTS FOR INITIAL CERTIFICATION

6.1 PRACTICE DATA

Each applicant for an initial Certificate must submit to the Board a chronological, consecutive list of one hundred fifty (150) major surgical cases for which the applicant was the responsible surgeon, excluding minor procedures (a list of minor procedures that should be excluded from the applicant's data shall be maintained by the Board and made available to candidates). Each applicant's list of consecutive surgical cases should include all cases performed by the candidate during the period logged but must include at least one hundred fifty (150) cases where the patient was seen for follow-up at three (3) months. (A candidate may need to submit more than one hundred and fifty (150) cases in order to include one hundred fifty (150) that have three (3) month follow-up). All cases on the consecutive case list must have been performed over a period of not more than eighteen (18) months, although the three (3) month follow-up may be performed outside the eighteen (18) month window. Each applicant's list shall include information as determined by the Board, and such information shall be presented in a format prescribed by the Board. Data should be sent to the Board as soon as one hundred fifty (150) cases with three (3) month follow-up have been logged. Applicants may not include cases performed during residency or any period of fellowships, even if such cases do not relate to the fellowship.

6.1.1 The list of patients shall be verified as to its essential accuracy by the candidate and by an individual or individuals designated by the Board at each of the hospitals in which the applicant practices. The Board at its sole discretion may perform an audit to confirm the accuracy of an applicant's practice data. Inaccuracies in practice data can result in sanctions against the candidate in the Board's sole discretion, including but not limited to permanent exclusion from the certification process.

6.1.2 In rare cases based on exceptional circumstances, the Board in its sole discretion may waive or modify certain requirements relating to the submission of case data, or extend the time period in which such cases must be collected. As examples, applicants in military service may have requirements related to three (3) month follow-up modified or waived and applicants that have taken time for legitimate family or medical leave reasons may be granted additional time (i.e., more than 18 months) to collect their 150 cases.

6.2 REFERENCE LETTERS

The applicant shall supply names and addresses of three (3) or more physicians with whom the applicant has had professional contact to attest to the quality of his or her professional conduct for twelve (12) consecutive months of practice. At least two (2) of these physicians shall be neurosurgeons who practice in the applicant's community; at least one of these must be a Diplomate of the Board.

6.2.1 The Secretary will request reference letters from these physicians and others at the discretion of the Board. If, by virtue of the content of these letters, the ABNS has concern about the applicant's professional practice and/or conduct, the Board may seek additional information from other sources, e.g., licensing bodies, health care facilities, medical societies, etc. Should concern still remain, the Board may, at its sole discretion, send representatives to call upon the applicant and review his or her practice.

6.3 REVIEW OF PRACTICE

An applicant's professional practice and conduct, as reflected by letters, practice data, and other information submitted to the Board, must be reviewed by the Credentials Committee and approved by the Board of Directors prior to scheduling the applicant for oral examination.

6.4 LICENSURE

In order to take the Oral Examination and be eligible to earn a Certificate, all of the applicant's medical licenses must be full and unrestricted, and the applicant must be licensed in all states, provinces and/or countries in which he or she actively practices. In addition, the applicant must not be involved in any disciplinary proceedings before any licensing body that could result in the loss or restriction of any of the applicant's licenses. For purposes of this Rule 6.4, "restriction" shall mean that a license has been revoked, surrendered in lieu of disciplinary proceedings, suspended, placed on probation, or subject to special conditions or requirements.

6.4.1 In the course of its evaluation of professional practice, the ABNS may investigate circumstances relative to any withdrawal, suspension, restriction, revocation, or relinquishment of a candidate's license to practice medicine. The Board may withhold approval for oral examination until such time as said circumstances have been resolved to the satisfaction of the Board.

6.4.2 It is the responsibility of the applicant to notify the Board of any actual or threatened loss or restriction of his or her medical license(s). Any previous actions resulting in the loss or restriction of the applicant's license must be noted on the application materials. After the candidate's application has been submitted but prior to the date the applicant is granted certification by the Board, the applicant must notify the Board in writing within ten (10) days of the date the applicant becomes aware of any new loss or restriction imposed or proposed.

6.5 HOSPITAL PRIVILEGES

When credentials are submitted for evaluation and at all times thereafter throughout the certification process, each applicant must have unrestricted hospital staff privileges for neurosurgical practice. Such privileges need not encompass the full range of neurosurgery; however, such privileges must encompass the applicant's scope of practice, must be held in all hospitals in which he or she cares for patients, must be unrestricted in respect to each hospital's usual requirements for a neurosurgeon pending certification, and must be unencumbered by any official hospital or medical staff proceeding that threaten their continuation. For the purposes of this Rule 6.5, "encumbrance" shall include any temporary or permanent relinquishment, restriction, withholding, or withdrawal of privileges in any hospital in which the applicant cares or has cared for patients, including relinquishment, withdrawal, or non-renewal undertaken in settlement of (or to avoid) formal proceedings by a hospital or medical staff.

6.5.1 If the applicant's privileges to practice at any institution have ever been, are, or become restricted or encumbered at any time prior to certification, the Board may investigate the circumstances surrounding such events. Based on the findings of its investigation, the Board will make a determination as to whether the applicant may proceed with the certification process, or whether any portion of the process, including oral examination, shall be deferred or withheld.

6.5.2 It is the responsibility of the applicant to notify the ABNS of any actual or threatened restriction or encumbrance on his or her hospital privileges. All such previous actions must be noted on application materials. After the candidate's application is submitted but prior to the date the applicant is granted certification by the Board, the applicant must also notify the Board in writing within ten (10) days of the date the applicant becomes aware of any current or new encumbrance (whether actual or threatened) imposed or proposed.

6.6 PROGRAM DIRECTOR'S ENDORSEMENT

Prior to acceptance of a candidate for oral examination, the Board requires a statement from his or her program director to the effect that the:

- (a) Candidate has fulfilled the professional training requirements of the Board;
- (b) Candidate's performance in the program has been satisfactory in the program director's opinion; and
- (c) Program director recommends the candidate as professionally competent for the independent practice of neurological surgery and suitable for consideration by the ABNS for examination.

6.7 PROFESSIONALISM

During the review of a candidate's credentials, the Board will consider the candidate's professionalism. This may take the form of a review of: unusual practice patterns; interactions with colleagues or staff; investigations by local authorities or media; or other indications of potentially abusive or unprofessional behavior. The results of any such review will be evaluated by the Board as part of the entire credentialing package, and behavior deemed to be detrimental to the reputation of the Board and/or its Diplomates, or inconsistent with the practice of neurosurgery at the requisite level of professionalism, may result in an adverse determination pursuant to Rules 9.2 and 9.3. The Board also may consider any additional information it receives after a candidate's credentials have been

reviewed initially, but prior to the candidate's certification, and as a result of such subsequent information the Board may modify its initial decision regarding the candidate's credentials.

6.8 REPRESENTATIONS TO THE PUBLIC

Individuals who are not yet certified may not hold themselves out to the public as certified by the ABNS nor mislead the public into believing that they are certified by the ABNS. A physician who is not yet certified by the ABNS but has been certified by another certifying body must indicate in any advertisement or marketing material the full legal name of that certifying body. The ABNS in its discretion may permanently exclude from the certification process, or take other appropriate action against, any individual who is not certified by the ABNS but holds himself or herself out to the public as simply "Board Certified," or who uses other potentially misleading phrases. "Other appropriate action" may include revocation of a Diplomate's Certificate if the misleading behavior is not discovered until after the individual's initial certification.

6.9 SCHEDULING FOR ORAL EXAMINATION

The Board shall not schedule a candidate for oral examination until it is satisfied that the candidate has satisfactorily completed training requirements.

RULE VII. PROFESSIONAL CONDUCT AND SATISFACTORY PRACTICE

7.1 REVIEW OF INFORMATION

If the Board receives information that calls into question the standards of professional practice and/or conduct of any applicant, that applicant will be notified of the Board's receipt of such information and shall be given the opportunity to explain or respond to such allegations. At its sole discretion, the ABNS may defer final determination of the applicant's eligibility for oral examination. The applicant shall be notified in writing by the Secretary of this action and the reason(s) for it. In connection with such deferrals, the Board may initiate inquiries and/or request additional data as it deems necessary to ascertain whether the applicant has met the prerequisites for oral examination and is otherwise in compliance with ABNS Rules and Regulations. Based upon these inquiries, the Board shall decide whether the applicant may or may not be allowed to take the oral examination. The applicant shall be notified in writing by the Secretary of this action and the reason(s) for it.

7.2 MISREPRESENTATIONS PROHIBITED

Individuals who have not fully met the Board's requirements for certification and who, therefore, are not ABNS Diplomates may not advertise or hold themselves out to the public as ABNS certified. In the event that the Board becomes aware that an individual is misrepresenting (or has misrepresented) his or her certification status, the Board may, at its discretion:

- (a) Inform appropriate entities of the misrepresentation, including but not limited to state licensing boards, hospitals and other providers, managed care entities and other payors, and state and federal enforcement authorities; and/or
- (b) Preclude the individual from completing the certification process and becoming a Diplomate (such preclusion may be for life or for some lesser period as determined by the Board in each case); and/or
- (c) Take any other action(s) that may be necessary and/or appropriate to protect the public and preserve the integrity of the certification process.

Prior to taking action, the Board may in its discretion give the affected individual an opportunity to explain the misrepresentation.

RULE VIII. APPLICATION REQUIREMENTS FOR INITIAL CERTIFICATION

8.1 APPLICATION

Applicants for initial certification by the ABNS shall complete and file with the Secretary the official application form(s) then in use by the Board, together with the supporting data required by the application. Candidates who complete training on or after June 30, 2011 must submit a completed application (including completed practice data, references and any other application materials required by the Board) no later than four (4) years following the completion of his or her residency training.

8.1.1 Extensions of the four (4) year submission deadline at the discretion of the ABNS Executive Director (and for such amount of time as determined by the ABNS Executive Director), and at no cost to the candidate, may be granted for “good cause” such as: military service, post-residency fellowship training, absence from practice for legitimate family or medical leave reasons, solo practice in underserved areas or other legitimate circumstances which make submission of practice data impractical within four (4) years following training. “Good cause extensions will rarely be granted for more than six (6) months from the original submission deadline. Any further extensions beyond the initially granted exception need to be approved by the ABNS Board. Those who request extensions for “good cause” may need to provide such supporting documentation as the Executive Director may request, which may include required third party attestations.

8.1.2 Candidates who seek extensions “without good cause” will be granted extensions of up to up to six (6) months following the original submission deadline upon payment of such fees as the ABNS shall establish from time to time.

8.1.3 Extension requests (whether for good cause or without good cause) should be received by the ABNS at least sixty (60) days prior to the original submission deadline, in order for the requests to be timely considered. Any late requests will require payment of substantial reinstatement fee (as established by the ABNS from time to time), and under no circumstances will the ABNS consider or grant extension requests that are received later than three (3) months following the original submission deadline.

8.1.4 Under no circumstances will “without good cause” extensions extend longer than six (6) months following the original submission deadline. If a candidate has not submitted his or her completed application within six (6) months past the original submission deadline (or, for candidates who receive “good cause” extensions, within the granted extension period), the candidate will no longer be within the certification process. See Rule 8.5.1 for the steps that must be taken to re-commence the process in that event, and see Rule 11.4 for limitations on how such individuals may refer to themselves after exiting the certification process.

8.1.5 If a candidate has received an extension for submission of his or her completed application pursuant to this Rule 8.1, he or she will receive a corresponding extension of the five (5) year deadline for taking the oral examination.

8.1.6 The Board shall not schedule a candidate for oral examination until all aspects of his or her application, including training, practice, and professional conduct, have been

reviewed and approved by the Credentials Committee. It is the responsibility of the candidate to inform the Board of new developments with reference to any matter(s) in the application between the time of its submission and the date he or she takes the oral examination.

8.1.7 Candidates may request exemptions from the eligibility requirements for oral examination by petitioning the Board. Exemptions will be granted only in rare cases under compelling circumstances.

8.2 PLEDGE

Included in the application is a pledge that must be signed and accepted by the applicant. The pledge reads as follows:

PLEDGE

I hereby make application to the American Board of Neurological Surgery (the "Board") for examination by the Board and issuance to me of a Certificate of qualification as a specialist in neurological surgery, all in accordance with and subject to the Bylaws and Rules and Regulations of the Board. I understand and agree that it is my responsibility to inform the Board of new developments with reference to any matter(s) in the application between the time of its submission and oral examination; failure to provide truthful, accurate, and complete information shall be grounds for disapproval of my credentials. I agree to disqualification from examination(s) or issuance of a Certificate of qualification in the event that any of the rules governing such are violated by me or for any of the reasons set forth in the Bylaws or the Rules and Regulations of the ABNS.

Upon the issuance of a Certificate of qualification, I agree to and do become bound by the Bylaws and the Rules and Regulations of the Board. I agree to forfeit and deliver to the Board my Certificate of qualification in the event that any of the Rules or Regulations of said Board are violated by me or for any of the reasons set forth in the Bylaws or the Rules and Regulations of the ABNS.

I agree to hold the Board, its Directors, Officers, and agents (including those assisting with its examinations and those providing information regarding my training, professional practice, and conduct) harmless from any damage or claim for damage or complaint by reason of any action they or any of them may take in connection with this application, such as grades given with respect to any examination(s), and/or failure of the Board to issue to me such Certificate of qualification.

I agree that the Board may release the results of my oral examination(s) to the director of my neurosurgical residency training program. I further agree that the Board may provide information to appropriate parties concerning my status as Board certified or not certified, dates, and bases for action(s) related to my certification, and/or other appropriate information; all disclosures will be in compliance with the law.

I understand and agree that no oral examination questions may be recorded or reproduced in any form in part or in whole by any individual or organization without the written permission of the Board. I hereby represent that I will not reproduce any examination questions and that, in preparation for the oral examination, I have not and will not use or review questions that others may have reproduced without permission.

By signing this application and filing it with the ABNS, I agree to abide by all of the terms and conditions of this Pledge. I further understand and agree that violation of this pledge may cause me to be disqualified from oral examination, to have any Certificate revoked, and/or to be ineligible ever to become certified.

8.3 ACCOMPANYING MATERIALS

The application shall be accompanied by:

- (a) An application fee payable to the Board in U.S. dollars in the amount that has been designated by the Board as being in effect at that time. Such fee will not be returned even if the application is denied.
- (b) Two (2) copies of a signed, personal photograph that shall be used for identification purposes at the time of oral examination.
- (c) A completed and signed Business Associates Agreement to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- (d) A signed release.
- (e) Practice Data as required in Rule 6.1 above to be logged in a manner prescribed by the Board; it is to be submitted separately from but concurrent with the other application materials described herein.
- (f) Any other materials that the Board may require from time to time in connection with the application.

8.4 EXAMINATION FEE

After having been advised by the ABNS of acceptance for oral examination, the applicant shall promptly submit to the Secretary an examination fee payable to the Board in U.S. dollars in the amount that has been designated by the ABNS as being in effect at that time. Such examination fee will not be returned even if the applicant does not appear for or fails the examination.

8.5 TIME LIMITS

Each candidate must receive a favorable review by the Credentials Committee (see Rule IX) and be scheduled by the Board for oral examination within five (5) years of completing training; otherwise, he or she shall no longer be considered to be actively involved in the certification process. Therefore, pursuant to Rule 8.1, candidates must submit their completed application for certification to the Board's office within four (4) years of completing training so that his or her credentials can be reviewed by the Board in time to comply with this rule. Requests for extensions to the four (4) year application deadline and/or the five (5) year time limit for scheduling the oral examination must be made in writing (see Rule 8.1).

(Note that the submission of application materials within the four (4) year time limit does not necessarily ensure the candidates will meet the five (5) year deadline for scheduling their oral examination if, for example, the Board has concerns regarding a candidate's practice data and requests additional data and the candidate fails to provide timely and/or adequate additional data. Candidates are therefore strongly encouraged to submit their completed application materials as soon as possible after residency).

8.5.1 An applicant who fails to apply to the Board within four (4) years following the completion of residency, or who has not had his or her application approved by the Board in time to be scheduled for oral examination within five (5) years of completing residency training, will no longer be considered to be in the certification process (unless an extension has been granted pursuant to Rule 8.1). Any such individual will not thereafter be scheduled for oral examination until he or she has again passed the Primary Examination for credit and thereby has returned to the certification process. The applicant must then submit a new application for oral examination accompanied by new practice data and all additional required application materials, including the then applicable fee. The new application must be submitted to the Board within four (4) years of passing the Primary Examination, and the applicant must be scheduled for oral examination within five (5) years. See Rule 11.4 for limitations on how such individuals may refer to themselves after losing their initial eligibility to take the Oral Examination.

RULE IX. APPROVAL OF CREDENTIALS

9.1 VERIFICATIONS AND INQUIRIES

Upon receipt of an application for initial certification, the Secretary of the Board or his or her designee shall take such steps as deemed appropriate to verify the statements made in the application and shall make inquiry of the references therein named concerning information relevant to the requirements for examination and certification. The Secretary or designee shall also make such additional inquiry of any other person or persons as deemed necessary to ascertain that the applicant has fulfilled the requirements of the ABNS as set forth in its Rules and Regulations. Within a reasonable time after receipt of an application, the Secretary or designee shall transmit it and all information pertaining thereto to the Credentials Committee.

9.2 COMMITTEE REVIEW OF CREDENTIALS

The Credentials Committee shall make a preliminary determination as to whether an applicant meets the requirements for examination as defined herein. The Committee shall receive recommendations from the references named in the application and may request the Secretary to make such additional inquiries as it deems necessary to verify or clarify statements made in the application. Whether information was received through the application or otherwise, the Committee may recommend deferral or withholding of scheduling for oral examination for any candidate about whom it has concern regarding one or more of the following:

- (a) Adverse medical liability decision(s);
- (b) Any part of training;
- (c) Faculty appointment(s);
- (d) Failure to provide fully truthful and accurate information on credentialing or application documents submitted to the Board;
- (e) Criminal allegation(s) and/or conviction(s);
- (f) Hospital privileges,
- (g) Medical licensure;
- (h) Membership in professional organizations;
- (i) Practice data or experience;
- (j) References; or
- (k) Professionalism.

The Committee shall report its determination and recommendations to the Board of Directors.

9.3 BOARD REVIEW OF CREDENTIALS

At each meeting of the Board, the Credentials Committee shall report to the Directors with respect to all applications that have been referred to it and upon which it has made preliminary determinations. The Board of Directors shall consider all applications reported to it by such Committee and make a final determination as to whether each applicant meets the requirements for oral examination as defined in these Rules and Regulations. The applicant shall be promptly notified in writing of the Board's decision by the Secretary. If the determination is negative, such notice shall set forth in what respects the applicant fails to meet the Board's requirements and may suggest steps the applicant can take in an attempt to remedy the deficiencies.

9.4 SCHEDULING OF ORAL EXAMINATION

An applicant may be scheduled for the oral examination only after having been approved for such examination by the Board at a regular meeting or as set forth in Bylaw 2.2.6.

9.5 HOSPITAL NOTIFICATIONS

When an applicant's credentials have been determined to be acceptable by the Board at a regular meeting, the Secretary may, upon request, notify the hospitals in which the applicant practices. That letter will include the deadline for the applicant to be scheduled for oral examination in order for his or her application to remain valid.

RULE X. APPEAL ON CREDENTIALS

10.1 APPEAL OF ADVERSE DETERMINATIONS

An individual who has been notified of an adverse determination by the Board with respect to his or her credentials may, within thirty (30) days after receiving such notice, submit additional information in writing or request in writing a hearing before the Board at its next regularly scheduled meeting. At such hearing the burden shall be on the individual to establish by a reasonable preponderance of evidence that the questioned requirements for examination or certification have been met. The individual may be represented by counsel and may personally and/or through counsel present such evidence and witness(es) as desired. At the Board's discretion, the Credentials Committee or any Director of the Board may present evidence in conflict with that of the individual making the appeal. The individual shall have the right to question witness(es) presenting such evidence. Any Director of the Board who, in his or her opinion, has a real or potential conflict that may prevent that Director from making an unbiased and objective determination shall not vote on the issue. At any such hearing, the ABNS shall not be bound by technical rules of evidence usually employed in legal proceedings; the Board may accept any evidence it deems appropriate and pertinent.

10.2 DECISIONS ON APPEAL

After such hearing the Board may affirm or modify in any respect its prior determination as to whether the applicant meets the requirements for examination or certification. Such decision shall be final. The applicant shall be promptly notified in writing of the Board's decision by the Secretary. If the decision is negative, such notice shall set forth in what respects the applicant fails to meet the Board's requirements and may suggest steps the applicant can take in an attempt to remedy the deficiencies.

10.3 RECONSIDERATION OF APPLICATIONS

An application that has been denied by the Board under Rule 9.3 or Rule 10.2 above will not be reconsidered by the Board unless and until the applicant has taken steps to correct the deficiencies set forth in the notice of denial, has documented these corrections, and has requested in writing reconsideration of his or her application by the Board. The Board may or may not, in its discretion, grant an extension to the five (5) year deadline for scheduling the oral examination in order to give the applicant an opportunity to correct deficiencies.

RULE XI. THE ORAL EXAMINATION

11.1 PURPOSE AND PROCESS

The Following Paragraph Is Effective Until December 31, 2016: The oral examination is the last event in the initial Certification process, which begins with neurosurgical residency in an ACGME accredited program and passage of the Primary Examination for credit. Whereas the Primary Examination explores an applicant's knowledge in various relevant disciplines (see Rule 5.1), the oral examination explores knowledge and judgment in clinical neurosurgical practice after an applicant has been an independent practitioner. The oral examination is accomplished in a series of face-to-face examinations involving the applicant, current and former Directors of the Board, and/or guest examiners. The applicant is presented a series of clinical vignettes, using clinical descriptions, radiographs, computerized images, anatomical models and/or diagrams. The examiners grade the applicant on overall diagnostic skills, surgical decision making and complication management. The oral examination covers a broad range of neurosurgery practice: (a) intracranial neurosurgery; (b) complex spine surgery; and (c) other areas, i.e., neurology, neurocritical care and pediatric surgery, etc. Candidates must pass each of the three subjects of the examination in order to achieve an overall passing score.

The Following Paragraph Becomes Effective On January 1, 2017: The oral examination is the last event in the initial Certification process, which begins with neurosurgical residency in an ACGME accredited program and passage of the Primary Examination for credit. Whereas the Primary Examination explores an applicant's knowledge in various relevant disciplines (see Rule 5.1), the oral examination explores knowledge and judgment in clinical neurosurgical practice after an applicant has been an independent practitioner. The oral examination is accomplished in a series of face-to-face examinations involving the applicant, current and former Directors of the Board, and/or guest examiners. The applicant is presented a series of clinical vignettes, using clinical descriptions, radiographs, computerized images, anatomical models and/or diagrams. The examiners grade the applicant on overall diagnostic skills, surgical decision making and complication management. The oral examination covers a broad range of neurosurgery practice: (a) one session devoted to general neurosurgery; (b) a second session devoted to an area of sub-specialty of the candidate's choice (e.g., general, cranial, spine, cerebrovascular or pediatrics); and (c) a third session devoted to clinical vignettes selected by the Board from the candidate's own practice data submitted pursuant to Section 6.1, above. Candidates must pass each session in order to achieve an overall passing grade.

11.2 REQUIREMENTS FOR RE-EXAMINATION

An applicant who fails the oral examination for the first or second time may request re-examination. Applications for re-examination must be submitted within eighteen (18) months of the date the applicant last took the oral examination, so that the re-examination will occur no later than two (2) years from the date of the applicant's prior attempt. The entire oral examination must be

repeated, but the submission of a new application and additional practice data is not required. See Rule 11.2.1 for additional time limits that may apply.

11.2.1 In addition to the time limits set forth in Rule 11.2, a candidate may not re-take the oral examination if more than seven (7) years have passed since the completion of his or her residency training (for individuals who complete residency in June, this period will be extended through December of the 7th year). Consequently, depending on when a candidate submits application materials and initially sits for the oral examination, and depending on when a candidate re-takes the oral examination following an initial failure, the candidate may or may not be permitted to take the oral examination a third time, or may have less than two (2) years in which to do so. By way of illustration, if a candidate completed his or her residency in June 2010, submitted application materials in June 2013, initially sat for the oral examination in May 2014 but failed, and re-took the oral examination in November 2015 but failed again, that candidate would be able to re-take the oral examination one additional time no later than November 2017 (i.e., the candidate would have a full two (2) years in which to take the oral examination for a third time). By contrast, if a candidate completed his or her residency in June 2010, submitted application materials in June 2014, initially sat for the oral examination in May 2015 but failed, and re-took the oral examination in May 2017 but failed again, that candidate would be required to re-take the examination no later than November 2017 (six months from his or her prior attempt) to avoid exceeding the seven (7) year limit.

11.2.2 If a request for re-examination is not made in time to permit the candidate to be re-examined within two (2) years of failure, or if a candidate has not passed the oral examination within seven (7) years of completing residency, the candidate shall no longer be considered actively involved in the certification process, and in order to re-enter the certification process, he or she must again pass the Primary Examination for credit, re-apply to the ABNS for oral examination (including the submission of new practice data and all other required application materials), and be re-examined. In such cases, the new completed application must be submitted to the Board within four (4) years, and the applicant must be scheduled for oral examination within five (5) years of re-passing the Primary Examination for credit. But see Rule 11.4 for limitations on how such individuals may refer to themselves after failing to timely re-take the Oral Examination, failing to pass after three attempts, or failing to pass within seven (7) years of completing residency.

11.2.3 Before an applicant can be re-examined, a re-examination fee in the amount that has been designated by the Board as being in effect at that time must be received by the Secretary. All moneys shall be payable to the ABNS in U.S. dollars. The re-examination fee is not refundable.

11.3 REPEAT FAILURES

An applicant who fails the oral examination on the first three (3) attempts, or who has not passed the oral examination within seven (7) years of completing his or her residency, whichever is earlier, is no longer considered to be actively involved in the certification process (exceptions to the seven (7) year deadline for passing the oral examination may be granted on rare occasion in extraordinary circumstances; no exceptions will be made to the requirement that candidates must pass the oral examination within their first three (3) attempts). He or she may not apply to be re-examined until such time as the Primary Examination has been re-taken for credit and passed. The candidate must then submit a new application for oral examination, with all required accompanying materials. Letters certifying the nature and quality of the candidate's practice must be obtained from two (2) new reference sources, both neurosurgeons, and from all hospitals where the candidate practices verifying

his or her privileges. The candidate must also pay the oral re-examination fee and submit new practice data. The above mentioned items must be submitted within four (4) years following the date the applicant re-passes the Primary Examination for credit. See Rule 11.4 for limitations on how such individuals may refer to themselves after failing to pass the Oral Examination after three attempts or failing to pass within seven (7) years of completing residency.

11.3.1 Once an applicant, pursuant to Rule 11.3, has (a) successfully re-passed the Primary Examination for credit; and (b) timely submitted his or her completed oral examination application and all accompanying materials (including new practice data) within four (4) years of re-passing the Primary Examination, the applicant will again be given a maximum of three attempts to pass the oral examination. The applicant must be scheduled to re-take the oral examination within five (5) years of re-passing the Primary Examination, and if the applicant again fails, he or she must meet the requirements and time limitations set forth in Rule 11.2 for his or her second or third attempt. The applicant must also pass the oral examination within seven (7) years of re-passing the Primary Examination.

11.4 LIMITATION ON REFERRING TO ONESELF AS “BOARD ELIGIBLE” IN CERTAIN CIRCUMSTANCES

Any individual who has exited the certification process for any reason (i.e., an individual who has had any of the following):

1. Failed the oral examination three times;
2. Missed applicable deadlines for applying for or taking (or re-taking) the oral examination;
3. Failed to pass the oral examination within seven (7) years of completing residency;
4. Had his or her credentials rejected; or
5. Had his or her Certification expire because of failure to timely or successfully complete the Board’s MOC requirements and has not successfully completed the requirements for re-instatement set forth in Rule 12.8,

must re-take (and pass) the Primary Examination for credit as a prerequisite to becoming Certified. However, such individuals may not – even after re-passing the Primary Examination – hold themselves out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “Board Eligible,” “tracking toward certification,” “in the certification process” or words to that effect. Such individuals are no longer considered to be in the certification process until and unless they successfully complete all requirements for certification and are actually awarded their Certificate. The failure to abide by this Rule 11.4 may result in sanctions at the Board’s discretion, including but not limited to permanent ineligibility for certification.

11.5 REPRODUCTION OF EXAMINATION PROHIBITED

The oral examination may not be recorded or reproduced in any form, in part or in whole, by any individual or organization without the written permission of the American Board of Neurological Surgery, nor may a candidate in preparation for the oral examination use or review questions that may have been reproduced by others without permission. Individuals who violate these prohibitions may be disqualified from oral examination or, if they are already certified at the time the violation is discovered, their Certificates may be revoked in accordance with Rule 13.1.

RULE XII. MAINTENANCE OF CERTIFICATION

12.1 MANDATORY VERSUS VOLUNTARY PARTICIPATION

Diplomates certified by the ABNS during or after 1999 are considered to possess 10-year time-limited Certificates. In order to maintain their Diplomate status upon the expiration of their Certificates, they must participate in and successfully complete all elements of the Board's Maintenance of Certification (MOC) program. At the end of each 10-year MOC cycle, the Board will issue a new 10-year time-limited Certificate to each Diplomate with a time-limited Certificate who has successfully completed the program. For Diplomates in this category certified in 2005 and later, the first 10-year MOC cycle begins January 1 following the Diplomate's successful completion of the oral examination, and new cycles begin every 10 years thereafter.

12.1.1 Individuals certified by the Board prior to 1999 are considered to have non-time-limited Certificates. These individuals are strongly encouraged to participate in the ABNS MOC program, but their participation is voluntary and their failure to participate will not result in the expiration of their Certificates or cause them to lose their status as Diplomates. Similarly, Diplomates in this category will not lose their Certificates or their status as Diplomates if they enter the MOC program but do not complete a cycle for any reason or fail to successfully complete any MOC program requirement. For Diplomates in this category, their 10-year MOC cycles would begin January 1 of the year their applications are received.

12.2 ENROLLMENT

Diplomates can enroll and maintain their participation in the MOC program by:

- (a) Completing and submitting an on-line application in the form specified by the Board (a new application must be submitted for each 3-year mini-cycle of the 10-year MOC timeframe);
- (b) Paying all fees as established by the Board; and
- (c) Fulfilling in a timely fashion all of the requirements set forth in this Rule XII or adopted by the Board from time to time.

12.3 MAINTNENACE OF CERTIFICATION CYCLES

Each MOC cycle shall be 10 years and shall be comprised of three 3-year mini-cycles (years 1-3, 4-6 and 7-9), plus a tenth year. To be considered an active participant in the MOC program, a Diplomate must continue to meet on an ongoing basis the requirements of each 3-year mini-cycle.

12.4 MAINTENANCE OF CERTIFICATION ELEMENTS

During each 3-year mini-cycle, the Diplomate must submit evidence of the following in the manner set forth by the Board:

- (a) Professionalism and Professional Standing;
- (b) Lifelong learning and Self-Assessment;
- (c) Assessment of Knowledge, Skills and Judgment; and
- (d) Improvement in Medical Practice.

12.4.1 EVIDENCE OF PROFESSIONAL STANDING

- (a) Chief of Staff Questionnaire -- In each mini-cycle, a questionnaire confirming the Diplomate's professional standing must be completed by the chief of the medical staff of the Diplomate's primary hospital.
- (b) Hospital Privileges – For each mini-cycle, the Diplomate must demonstrate that, throughout the cycle, he or she has maintained unrestricted privileges at the primary hospital where he or she currently practices. (The Chief of Staff Questionnaire is responsive to this requirement). The Diplomate's privileges need not encompass the full range of neurosurgery, but such privileges must not be (or have been): (i) restricted in any way pursuant to informal or formal hospital disciplinary proceedings; or (ii) relinquished, withdrawn, or non-renewed in settlement of, or to avoid, any such hospital disciplinary proceedings. In addition, the Diplomate must notify the Board if he or she has had any actions against, or restrictions imposed upon, his or her privileges at any hospital or health care facility. The Board in its discretion may determine that any such actions or restrictions may constitute non-compliance with the Professional Standing requirements during such mini-cycle.
- (c) Licensure – Throughout each mini-cycle, the Diplomate must demonstrate that throughout the cycle he or she has maintained full, unrestricted medical licenses in all jurisdictions in which he or she practices.

12.4.2 EVIDENCE OF LIFELONG LEARNING AND SELF-ASSESSMENT

- (a) Lifelong Learning – In each mini-cycle, the Diplomate must earn at least 150 Continuing Medical Education (CME) credits. A minimum of 60 credits must be AMA PRA Category 1 neurosurgical credits.
- (b) Self-Assessment – In each mini-cycle, the Diplomate must complete at least one approved self-assessment activity. The following four activities are approved by the ABNS for self-assessment: (i) Self-Assessment in Neurological Surgery (SANS); (ii) The MOC Preparation and Neurosurgical Update: Interactive Case-Based Review; (iii) Neurosurgery Knowledge Update (published by Thieme); and (iv) Congress of Neurological Surgeons SANS MOC Board Review Course.

12.4.3 ASSESSMENT OF KNOWLEDGE, JUDGMENT, AND SKILLS

Diplomates must demonstrate evidence of cognitive knowledge once during each 10-year MOC cycle by passing the Cognitive Examination. The Examination is clinically based and it may be taken and passed during the 8th, 9th or 10th year of the cycle. Prior to taking the examination, the applicant must meet these criteria: (a) active continuous participation in the MOC program or successful reinstatement in the process if there was a period of non-participation; and (b) payment of an examination fee, and current on all other fees to the Board. Diplomates who do not pass the Cognitive Examination will be encouraged to retake it the next year as long as they are still within their 10-year MOC cycle. An examination fee must be paid each time it is taken. Diplomates are strongly encouraged to take the Cognitive Examination in the 8th year of the cycle, so that they will have at

least two opportunities to timely re-take the examination in the event that they fail to pass on the first attempt.

12.4.4 IMPROVEMENT IN MEDICAL PRACTICE

The Diplomate must be engaged in an activity focused on improving medical practice every year within each mini-cycle. A variety of options exist and the Diplomate need only participate in one of these. The options include Key Cases, participation in an ABNS approved registry, participation in a quality improvement project, participation in Morbidity and Mortality Conference, and authoring a clinical manuscript.

- (a) Participation in Key Cases – Requires submission of the details of ten (10) consecutive cases in an area selected from a list of procedures established by the Board. If the Diplomate practices a subspecialty not well represented, he or she may, upon approval as to content by the chair of the ABNS Maintenance of Certification Committee, submit details of 10 consecutive cases of his or her most frequent procedure in a format provided by the Board. The Board at its discretion may perform an audit to confirm the accuracy of a Diplomate's Key Case data.
- (b) Registries – Participation in an approved registry requires that certain details of a number of cases be entered into the registry. Registries which Diplomates already use would be vetted by the ABNS, and if they were acceptable, this would count for credit. These registries must be cooperative and multi-institutional and the database elements and results published. They must include important patient demographics, have risk adjustment, and benchmark outcomes. Individual reports must be created yearly with 15 patients as a minimum entered, and there must be some method to minimize bias in data collection. The ABNS may perform an audit to confirm that a registry, and/or the Diplomate's participation, meets these requirements.
- (c) Quality Improvement – Quality improvement projects must have obvious relevance to neurosurgery and the local directors must document satisfactory participation. Each project must be approved by the ABNS MOC Committee prior to commencement by the Diplomate.
- (d) Morbidity and Mortality Conferences – A number of criteria must be fulfilled to obtain credit for participation in Morbidity and Mortality Conferences (M&M). The Conference must be held at least monthly if not more frequently and the Diplomate would be required to attend 75% of the conferences. These conferences must include a comprehensive case review with full discussion of the cases. Appropriate participation must be verified in writing from the individual in charge of the M & M Conference (Chair, Quality Director, Program Director, etc.). The attestation form must document the Diplomate's attendance at the required percentage of total conferences and that the M&M experience fulfilled the comprehensive case review requirements.
- (e) Manuscript – The Diplomate could fulfill the requirement by authoring a paper in a peer reviewed journal. The paper must contain generalizable knowledge related to safety, efficacy or value of neurological services. The paper must be more than a case report and if a clinical series is presented it must contain at least 5 patients. Credit will be awarded for the year in which the paper is accepted for publication or the following year at the Diplomate's election.

12.5 PLEDGE

Included in the application is a pledge that must be signed and accepted by the application. The pledge reads as follows.

PLEDGE

I hereby represent that my signature below is true and accurate, and that no one else will take the web based Cognitive Examination in my name, nor will I take the Examination in the name of any other person. When taking the Examination, I will not log on to other websites, seek answers from other websites, use material stored on my computer, or utilize any resource other than those, if any, expressly permitted by the American Board of Neurological Surgery. I will not give assistance to others during the Examination, nor will I accept assistance from others.

I agree to protect the integrity of the Cognitive Examination. I understand and agree that no Examination questions may be recorded, copied, and/or reproduced in any form, including reproducing memorized items in part or in whole, by any individual or organization without the written permission of the ABNS. I hereby represent that I will not reproduce any questions and that, in preparation for the Examination, I have not and will not use or review questions that may have been reproduced by others without permission.

I understand and agree that any violation of this pledge constitutes grounds for discipline, including but not limited to disqualification from the Cognitive Examination, exclusion from the Maintenance of Certification process, and/or revocation of my Certificate as an ABNS Diplomate.

12.6 YEAR 10

As set forth in Rule 12.3, each 10-year MOC cycle consists of three 3-year mini-cycles. Consequently, a Diplomate who fulfills all requirements in a timely fashion will complete his or her third mini-cycle at the end of year 9. In such cases, the Diplomate will have no requirements in year 10, other than to have successfully passed the cognitive examination, which may be taken in the 8th, 9th or 10th year of the cycle.

12.7 CLASSIFICATIONS

Individual neurosurgeons are classified by the Board into one of five categories:

- (a) Currently Certified – Participating in Maintenance of Certification
- (b) Currently Certified – Not Participating in Maintenance of Certification
- (c) Certified – Inactive (Clinically or Surgically)
- (d) Certified – Retired From Operative Practice
- (e) Not Certified

12.7.2 CURRENTLY CERTIFIED – PARTICIPATING IN MAINTENANCE OF CERTIFICATION

Diplomates who have paid their annual fees and have successfully completed or are in the process of successfully completing all MOC requirements in a timely fashion, including meeting the

requirements of each 3-year mini-cycle within a 10-year MOC cycle, are active participants in the MOC program. These Diplomates are classified as “Certified – Participating in Maintenance of Certification.”

12.7.3 CURRENTLY CERTIFIED – NOT PARTICIPATING IN MAINTENANCE OF CERTIFICATION

This classification consists of Diplomates who (a) have non-time-limited Certificates and are not participating in MOC; or (b) have time-limited Certificates that have not expired but are not participating in MOC. A participant in MOC who fails to meet the requirements in any 3-year mini-cycle in a timely fashion shall be subject to the following with respect to his or her participation classification:

- (a) A Diplomate who has not participated at all during the previous 3-year mini-cycle will be notified of his or her non-participation in the six (6) months after the 3-year mini-cycle in question. To be reinstated, the Diplomate must apply for re-instatement, pay a reentry fee specified by the Board and fulfill such other requirements as the Board may establish to provide evidence of professional standing, lifelong learning, and satisfactory practice performance. In order to be eligible to complete the MOC Program successfully, this failure to participate in a mini-cycle can occur only once in each 10-year MOC cycle.
- (b) A Diplomate who has participated in each 3-year mini-cycle but is delinquent in some of the components of a mini-cycle will be notified of his or her delinquencies at the conclusion of that 3-year mini-cycle. The Diplomate may apply for a “grace period” of six (6) months following such notice to fulfill all of the requirements of the previous 3-year mini-cycle. He or she also must pay a fee specified by the Board. In order to be eligible to complete the Maintenance of Certification Program successfully, a Diplomate may apply for a grace period pursuant to this subsection (b) no more than twice (two mini-cycles) during any ten (10) year cycle. The grace period fees may be higher for individuals who apply more than once.
- (c) A Diplomate who falls into (a) or (b) above shall be classified as Participating in MOC during the entire 3-year mini-cycle and over the following 12 months. Thereafter will be classified as Not Participating in the MOC process unless they meet the requirements for re-instatement and/or grace periods set forth above. The new 3-year cycle will begin and end on the same schedule as if the Diplomate had no deficiency.
- (d) A Diplomate who never submits an application and never begins the MOC process will be classified as Not Participating in Maintenance of Certification. If the Diplomate holds a time-limited Certificate, he or she will be so classified until his or her Certificate expires. At that time he or she will be classified as Not Certified.

12.7.4 CERTIFIED -- INACTIVE

- (a) This classification refers to Diplomates who are clinically or surgically inactive for a period of time because the Diplomate is engaged in research, academic administration, government policy work, or other activities that preclude or interfere with active clinical or surgical practice. In order to remain certified in this category, a Diplomate must

inform the Board in writing of his or her intention to become clinically or surgically inactive, and of the likely duration of clinical/surgical inactivity. Diplomates with time-limited Certificates who are listed as "Inactive" may be exempt from certain aspects of the ABNS MOC program during the period in which they are Inactive, as permitted by the Board from time to time. The Board shall notify Inactive Diplomates of the elements of MOC from which they are exempt (and those from which they are not exempt) during the period of clinical/surgical inactivity. The Board also shall notify such Diplomates of the steps they must take before again being listed as "Active."

- (b) A Diplomat who elects "Inactive" status and who later resumes the active practice of neurosurgery shall have his or her Certificate permanently revoked, pursuant to Rule XIII, unless: (1) the Diplomat petitions the Board for re-instatement of his or her "Active" status prior to resuming clinical/surgical practice; (2) re-instatement of his or her "Active" status is approved by the Board; and (3) the Diplomat complies fully with any conditions imposed by the Board in connection with such re-instatement.

12.7.5 CERTIFIED – RETIRED

- (a) This category refers to Diplomates who have retired from the practice of neurosurgery but were certified and in good standing at the time of retirement. A Diplomat with a time-limited Certificate who wishes to retain his or her Certificate following retirement but no longer wishes to participate in MOC must: (i) inform the Board in writing of his or her intention to retire; (ii) return his or her Certificate to the Board; and (iii) execute the Board's standard retiree form, thereby warranting that he or she will forever cease the practice of neurosurgery. Diplomates who elect this status and comply with these requirements will receive a new Certificate, indicating they are "Retired in Good Standing." These individuals will no longer be required to participate in MOC and thereafter will be listed as "Retired" on all ABNS listings.
- (b) A Diplomat who elects "Retiree" status and who later resumes the practice of neurosurgery shall have his or her Certificate permanently revoked, pursuant to Rule XIII, unless:
 - (1) The Diplomat petitions the Board for re-instatement of his or her active Certificate prior to resuming practice;
 - (2) Reinstatement of his or her "active" status is approved by the Board; and
 - (3) the Diplomat complies fully with any conditions imposed by the Board in connection with such re-instatement.

12.7.6 NOT CERTIFIED

This category includes:

- (a) Diplomates whose certification has been suspended or revoked;
- (b) Diplomates whose time-limited Certificates have expired and who have not been awarded new time-limited Certificates due to their failure to complete the MOC process successfully; and
- (c) Neurosurgeons who have never been certified. Individuals in this category include those neurosurgeons who have never sought certification and those who never completed the certification process. Such individuals may not appear on any database or listing maintained by the ABNS.

12.8 EXPIRATION OF TIME-LIMITED CERTIFICATES

Diplomates with time-limited Certificates who do not successfully complete all elements of the Maintenance of Certification program during any 10-year cycle in a timely fashion will have their Certificates expire at the end of that cycle. Once the Certificate expires, the individual is no longer Certified and is no longer considered a Diplomate of the ABNS. For these individuals, the mechanism to obtain a new Certificate and reinstatement of Diplomate status is as follows:

- (a) The individual must commence reinstatement activities within two (2) years of the expiration date of his or her Certificate. The individual must first pass the MOC examination (if he or she has not done so already) and complete all elements of the MOC process that he or she failed to previously complete.
- (b) Once the individual is current on all MOC requirements and has passed the cognitive exam, he or she must submit 100 consecutive surgical cases, performed during the immediately preceding three years, for review by the Board. From this list, cases will be chosen by the ABNS for more focused review and the individual must provide pertinent details of these cases. These selected cases will form the foundation for a recertification oral examination administered by the ABNS. The individual must submit the 100 cases, have them accepted by the ABNS and successfully pass the oral examination within two (2) years of the date he or she completes the items in sub-section 12.8(a), above (i.e., within two (2) years of the date he or she passes the MOC examination (if he or she has not done so already) and completes all elements of the MOC process that he or she failed to previously complete).
- (c) Successful completion of the above requirements will lead to re-instatement of the individual's Certificate. If the individual fails the MOC cognitive examination three times, or fails the recertification oral examination once, or fails to commence or complete the process within the timeframes set forth above, the only mechanism to obtain a new Certificate and reinstatement of Diplomate status is to again complete all of the requirements for initial certification, including passing the Primary Examination, submitting cases for review, successful review by the Board of the individual's cases, credentials and references, and passing the oral examination for initial certification.

12.8.2 Individuals with time-limited Certificates who do not successfully complete all elements of the Maintenance of Certification program during any 10-year cycle are not certified. An individual who seeks reinstatement pursuant to this Rule 12.8 may not hold himself/herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as "Board Eligible," "tracking toward certification," "in the certification process" or words to that

effect until such time as the individual has passed the MOC examination and is again current on all elements of MOC (i.e., until the individual has successfully completed the requirements of Rule 12.8(a), above). At that time the individual should be collecting cases and preparing to take the oral examination pursuant to Rule 12.8(b), above, and the individual may begin holding himself/ herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, and the public as “Board Eligible” or “tracking toward certification.” Once the individual successfully completes the requirements of Rule 12.8(b), above, he/she will regain his or her Certificate and will again be a Diplomate. If the individual does not successfully complete the process within the timeframes set forth in Section 12.8.1(b), he or she will again be prohibited from holding himself/herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “Board Eligible,” “tracking toward certification,” “in the certification process” or words to that effect. The failure to abide by this Rule 12.8.2 may result in sanctions at the Board’s discretion, including but not limited to permanent ineligibility for certification.

12.9 UNETHICAL BEHAVIOR

Diplomates must certify that the information provided in the MOC application is true and accurate and must agree not to engage in any unethical or irregular behavior intended to subvert the integrity of the program. Examples of unethical or irregular behavior include but are not limited to:

- (a) Any misrepresentation discovered in the participant’s application for the MOC program or in the identity of a person applying to take or taking the Cognitive Examination;
- (b) Completion of the Cognitive Examination by someone other than the Diplomate whose name appears on the test booklets, answer sheets, and/or website;
- (c) Engaging in any other conduct that subverts or attempts to subvert the integrity of the MOC process; and
- (d) Giving or receiving aid during the Cognitive Examination as evidenced by either observation at the time of the examination or statistical analysis of an examinee’s answers.

If the ABNS determines that unethical or irregular behavior has occurred in connection with MOC, the Board may exclude the involved person(s) from the MOC program, revoke the individual’s Certificate, and/or take other appropriate action. If sanctions are imposed, the Board may notify legitimately interested third parties of its action. The Diplomate in question shall be given written notice of the charges and an opportunity for a hearing in accordance with the provisions of Rule 13.2.

12.10 EXEMPTIONS AND EXTENSIONS

Diplomates may petition the Board for exemptions from or for extensions of time in which to complete particular MOC requirements. Such exemptions and extensions will be granted only in rare cases under compelling circumstances.

12.11 SPECIAL RULES FOR DIPLOMATES INITIALLY CERTIFIED FROM 1999 THROUGH 2004

Because the MOC program was not fully implemented until 2006, Diplomates who were issued time-limited Certificates from 1999 through 2004 have been subject to truncated requirements for their first MOC cycles. The requirements will vary depending on which year the Diplomate was first certified

within this period. The Board notified each affected Diplomate of the requirements to which that Diplomate was subject during his or her first MOC cycle.

RULE XIII. REVOCAION OF A CERTIFICATE

13.1 GROUND FOR REVOCATION

The Board of Directors shall have authority to revoke or suspend any Certificate issued by it and thereby rescind Diplomate status, if:

- (a) Such Certificate was issued contrary to or in violation of any Rule or Regulation of the Board;
- (b) The person to whom the Certificate was issued was not eligible to receive or has since become ineligible to hold such Certificate;
- (c) The person to whom the Certificate was issued made any misstatement of fact to the Board in any application or in other material presented to the Board, or violated any pledge made in conjunction with any application;
- (d) The person to whom the Certificate was issued is convicted of, or pleads guilty or nolo contendere to any felony or any crime related to the provision of health care services, or is excluded from participation in any federal or State health care program;
- (e) Any license to practice medicine of the person to whom the Certificate was issued is revoked, suspended, placed on probation, or voluntarily relinquished in order to avoid potential sanctions, or restricted in any way;
- (f) The person to whom the Certificate was issued is expelled from any of the Nominating Societies, a county medical society, or a state medical association for any reason other than nonpayment of dues or lack of meeting attendance;
- (g) The person to whom the Certificate was issued has engaged in serious professional misconduct or other serious misconduct adversely reflecting on professional competence or integrity; or
- (h) The person to whom the Certificate was issued has violated any ABNS Rule or Regulation or has violated the terms of any written agreement with the Board, including but not limited to any Rule, Regulation or agreement relating to the person's status as "Retired" or "Inactive."

13.2 PROCEEDINGS

When presented with information that a Diplomate may have engaged in unprofessional practice or other misconduct, the Board may investigate and gather facts concerning the possible existence of ground(s) for disqualification of that Diplomate. If the ABNS in its discretion determines that there is sufficient information to suggest that a Certificate possibly should be revoked or other sanctions imposed for any of the reasons set forth above, the ABNS Directors may institute proceedings by mailing written notice to the holder of such Certificate that a hearing will be held to determine whether the Certificate shall be revoked or other sanctions imposed.

13.2.1 Such notice shall specify the ground(s) upon which a proceeding is being instituted, the date, time, and location of the hearing, and the witness(es) expected to be present. It shall be mailed to the Diplomate not less than sixty (60) days prior to the date of the hearing.

13.2.2 If the Diplomate to whom such notice is addressed wishes to be present personally and/or represented by counsel at the hearing, he or she shall so notify the Board in writing not less than forty-five (45) days prior to the date of the hearing.

13.2.3 If, within the time specified, the Board receives notice that the Diplomate against whom a proceeding has been instituted desires to be present, such Diplomate may be present at the hearing personally and/or represented by counsel, may present witness(es), may cross-examine any witness(es) appearing against him or her, and may submit written material for the record.

13.2.4 If, within the time specified, the Board fails to receive notice that the Diplomate against whom a proceeding has been instituted desires to be present, the Board may hold such hearing at the scheduled time and reach a decision, even though the Diplomate against whom the proceeding was instituted is not present in person and/or represented through counsel.

13.2.5 At any hearing the Board shall not be bound by technical rules of evidence usually employed in legal proceedings but may accept any evidence it determines appropriate. After the hearing the Board shall render its decision in writing as to whether the Certificate and Diplomate status shall be revoked or other sanctions imposed (or no sanctions imposed). A copy of such decision shall be mailed to the Diplomate against whom the proceeding had been instituted. The Board's decision shall be final.

13.2.6 If, as a result of any such revocation proceeding, the Board determines that a Certificate held by any Diplomate shall be revoked, the Diplomate shall forthwith surrender his or her Certificate to the Board upon receipt of notice of such determination.

13.3 LESSER SANCTIONS

In cases where there has been an occurrence that would authorize the ABNS to revoke a Certificate, the Board may instead, at its sole discretion, propose lesser sanctions including but not limited to: probation, suspension, or other measures not prohibited by law. For Diplomates with non-time-limited Certificates (i.e., individuals certified prior to 1999), such lesser sanctions may also include mandatory participation in MOC, which will effectively cause their Certificates to become time-limited.

13.3.1 In cases where the Board proposes such lesser sanctions, the Diplomate is entitled to all of the procedural protections set forth in this Rule XIII, including notice and a hearing.

13.3.2 The ABNS also may ultimately decide to impose such lesser sanctions in cases where it initially proposed revocation but where, upon investigation or after conduct of a hearing, the Board no longer believes revocation would be appropriate. Similarly, the Board may impose greater sanctions following a hearing than were initially proposed, including revocation, if the testimony or other information brought out at the hearing leads the Board to believe that more severe sanctions are appropriate.

13.3.3 If following notice and an opportunity for hearing, the Board ultimately decides to impose a lesser sanction than revocation, it may attach whatever lawful terms it deems appropriate to such sanctions. Failure of the Diplomate to comply with such terms shall result in revocation of the Certificate.

13.4 NOTIFICATIONS

In any case where a Certificate is revoked, suspended, placed on probation, or any other disciplinary action is taken pursuant to this Rule XIII, the Board may at its discretion notify appropriate third parties, including but not limited to one or more of the Nominating Societies for the Board (as listed in Article 1.2. of the ABNS Bylaws), the American Board of Medical Specialties, state licensing boards and hospitals and other health facilities where the individual is believed to practice. In circumstances where an individual fails to comply with the final decision of the Board (e.g., where an individual whose Certificate has been revoked fails to surrender his or her Certificate in accordance with Rule 13.2.6), the Board at its sole discretion may take any additional action it deems appropriate to enforce its ruling.

RULE XIV. CANDIDATE AND DIPLOMATE FILES

The contents of current and former candidate and Diplomate files are confidential and are not disclosed to anyone other than current Board of Directors, employees, and counsel, except as required by law or court order.

RULE XV. AMENDMENTS

These Rules and Regulations may be amended by the unanimous written consent of all of the Directors or by a majority affirmative vote of Directors at any annual, regular or special meeting provided a quorum is present.

These Rules and Regulations were updated February 2017 to include all additions, deletions, and changes approved by the Directors of the American Board of Neurological Surgery since the Rules and Regulations had last been approved in November 2016.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

Code of Ethics

Ethics are moral values. They are aspirations and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all Diplomates certified by the American Board of Neurological Surgery. The term neurological surgeon as used here shall include all such candidates and Diplomates.

The issue of ethics in neurosurgery is resolved by a determination that the best interests of the patient are served. It is the duty of all neurological surgeons to place the patient's welfare and rights above all other considerations. Neurosurgical services must be provided with compassion, respect for human dignity, honesty, and integrity.

A neurosurgeon must maintain qualification by continued study, performing only those procedures in which he or she is competent by virtue of specific training or experience or with assistance of one who is so competent. This competence must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representative is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Neurosurgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for neurosurgical services must not exploit patients or others who pay for those services. In addition, a neurological surgeon must not misrepresent any service that has been performed or is to be performed, or the charges that have been made or will be made for the service.

Delegation of services is the use of auxiliary health care personnel to provide patient care for which the neurosurgeon is responsible. He or she must not delegate to an auxiliary those aspects of patient care within the unique competence of a neurosurgeon (which do not include those permitted by law to be performed by auxiliaries). When any aspects of patient care for which the neurosurgeon is responsible are delegated to an auxiliary, that auxiliary must be qualified and adequately supervised. A neurosurgeon may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating neurosurgeon should provide those aspects of postoperative patient care within the unique competence of a neurosurgeon (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the operating neurological surgeon

must make arrangements before surgery for referral of the patient to another neurosurgeon, with the approval of the patient and the other neurosurgeon. The operating neurosurgeon may make different arrangements for provision of those aspects of postoperative patient care within the unique competence of a neurosurgeon in special circumstances, such as emergencies or when no other neurosurgeon is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patient.

Communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive. Communications must not appeal to an individual's anxiety in any excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of neurosurgical procedures that involve significant risks, a realistic assessment of the safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and attributes of those alternatives where necessary to avoid deception. Communications must not misrepresent a neurosurgeon's credentials, training, experience, or ability, nor contain material claims of superiority that cannot be substantiated. If a communication results in payment to a neurosurgeon, such must be disclosed, unless the nature, format, or medium makes that apparent.

Neurosurgeons who provide expert testimony in legal proceedings should limit their testimony to areas within the scope of their professional competence and experience. They should express only conclusions or opinions that are supported by and do not go beyond the medical records or the personally performed examinations that form the basis for their testimony. They should not express conclusions or opinions that are influenced or tainted in any way by the compensation they receive in connection with their expert testimony.

Neurosurgeons who are deficient in character or who engage in fraud or deception should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired neurosurgeon should withdraw from those aspects of practice affected by the impairment.