

ABHRS APPLICATION CHECKLIST

ApplicantName: _____

Phone: _____ E-Mail: _____

General Requirements

- Signed and Notarized Application
- Two Passport Type Photographs
- Copy of M.D. or D.O. License
- Self-declaration of clear and unrestricted license(s)
- Current and valid Life Support with External Defibrillator ("BLS/ED") certification
- Two Reference Letters from physicians who belong to ISHRS and/or ASHRS
- Copy of Curriculum Vitae
- Self-declaration of role of hair restoration surgeon
- AMA, AOA or FCVS Physician Profile Ordered by applicant from the AMA, AOA or FCVS (waived for physicians outside of US)
- Application Fee \$500.00 payable upon submission of application Payment by check: or credit card:
Note: Examination fees are payable upon approval of application

Routes to Certification

- Choose One of the Following Routes to Certification:
 - Experience
 - Fellowship
 - Lifetime Achievement
 - CAQ

Experience Route

- Affidavit of three years private practice experience
- 150 Case Logs for preceding three years
- Operative Reports (50)
- Of the 50, 5 must include 10 before and after photos each
- 60 CME Credit Hours for preceding three years (waived for physicians outside of US)

Fellowship Route

- One year fellowship and 70 Case Logs as assistant surgeon
- Proof of completed fellowship
- Affidavit of 1 year experience in private practice
- 50 Case Logs performed after fellowship
- Operative Reports (50)
- Of the 50, 5 must include 10 before and after photos each

Lifetime Achievement Route

- 400 Case Logs for preceding eight years
- Operative Reports (50)
- Of the 50, 5 must include 10 before and after photos each

Certificate of Added Qualification - For Physicians New to the Specialty

- Proof attended 2 ISHRS annual meetings
- Proof attended 16 hours live surgical workshop
- 25 Case Logs as primary surgeon