

ABHRS APPLICATION CHECKLIST

Certificate of Added Qualification (CAQ) Route

Applicant Name: _____

E-mail: _____

- Signed Application
- Passport Type Photograph
- Copy of M.D. or D.O. License
- Affidavit of clear and unrestricted license(s) <https://abh.rs.org/wp-content/uploads/2016Affidavit-Regarding-Clear-and-Unrestricted-Licensure-Form.pdf>
- Current and valid Life Support with External Defibrillator ("BLS/ED") certification <https://www.onlineaha.org/>
- Two Reference Letters from physicians who belong to ISHRS and/or ABHRS
- Copy of Curriculum Vitae
- Affidavit of role of hair restoration surgeon <https://abh.rs.org/wp-content/uploads/2016Affidavit-Regarding-Role-of-Hair-Surgeon.pdf>
- AMA, AOA or FCVS Physician Profile Ordered by applicant from the AMA, AOA or FCVS (waived for physicians outside of US)
- Application Fee payable upon submission of application
Note: Examination fees are payable upon approval of application
- Proof attended 2 ISHRS annual meetings
- Proof attended 16 hours live surgical workshop
- 25 Case Logs as primary surgeon