

ABHRS APPLICATION CHECKLIST

Fellowship 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://abhirs.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://abhirs.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
- One year fellowship and 70 Case Logs as assistant surgeon
- Proof of completed fellowship
- Affidavit of 1 year experience in private practice <https://abhirs.org/wp-content/uploads/2016Affidavit-Regarding-Number-of-Years-in-Practice-Form.pdf>
- 50 Case Logs performed after fellowship
- Operative Reports (50) <https://abhirs.org/wp-content/uploads/Sample-Operative-Report.pdf>
- Of the 50, 5 must include 10 before and after photos each, photos must be labelled as seen in the examples shown in this link; <https://abhirs.org/wp-content/uploads/AllPhotoViews.pdf>