

# ABHRS APPLICATION CHECKLIST

## Lifetime Achievement 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
- 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-ole-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
- 400 Case Logs for preceding eight years  
For example; if application is dated October 5, 2017 then case log will include cases from  
October 2009-September 2010                      October 2013-September 2014  
October 2010-September 2011                      October 2014-September 2015  
October 2011-September 2012                      October 2015-September 2016  
October 2012-September 2013                      October 2016-September 2017
- Operative Reports (50) <https://abh.rs.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://abh.rs.org/wp-content/uploads/AllPhotoViews.pdf>