

ABHRS MAINTENANCE OF CERTIFICATION CHECKLIST

Diplomate Name: _____ Email _____

Part 1. Professional Standing Requirement

- Copy of most recent current, valid and unrestricted Medical or Osteopathic License*
- Professional standing disclosure questionnaire (Recertification Examination Candidate Application)
- Proof of current Basic Life Support with External Defibrillator Certification

*If Diplomate is licensed to practice medicine in more than one jurisdiction a written and notarized self-declaration that all medical or osteopathic licenses issued to Diplomate in all jurisdictions are current, valid and unrestricted. A sample of the written self-declaration is available on-line at www.ABHRS.org.

Part 2. Commitment to Lifelong Learning and Periodic Self-Assessment

Choose and submit 1 of the following options to satisfy part 2:

- Option One
 - Current (within prior 3-year period) ISHRS CME Award satisfies this requirement; for more information contact www.ishrs.org for CME Award Criteria; or
- Option Two
 - Written Self-declaration of CME attendance (within prior 3-year period; 100 Category I Credits; 50% must be specifically hair related activities sponsored by the ISHRS) A sample of the written self-declaration is available on-line at www.ABHRS.org.
 - Proof of Attendance to one ISHRS Annual Meeting
 - Proof of Attendance to an additional ISHRS sponsored hair related meeting (may include another ISHRS Annual Meeting).

Part 3. Cognitive Expertise (Recertification Examination)

- Register for MOC Re-certification Examination
- Pay MOC Re-certification Examination Fee
- Pass Re-certification Examination

Part 4. Practice Performance

Choose and submit 1 of the following ways to satisfy part 4:

- Provide proof of an Internal chart review as required by an accrediting agency; or
- Submit a copy of your patient satisfaction survey results (8 surveys per year for the past three years for a total of 24 surveys). Three-week and One-year Post Op Surveys are available online at www.ABHRS.org

