

ABMSP

AMERICAN BOARD
MULTIPLE SPECIALTIES IN PODIATRY

Minimally Invasive
Foot and Ankle
Surgery Certification
Handbook

555 8th Ave, Ste 1902, New York, NY 10018
888-852-1442

Mission Statement

We exist to protect and improve the podiatric health and welfare of the public.

Purpose Statement

The American Board of Multiple Specialties in Podiatry (the Board) was incorporated in 1986 to promote certification among podiatrists.

The specific and primary purpose of the American Board of Multiple Specialties in Podiatry is: (i) to develop and implement national and international standards for certification; (ii) to grant recognition to individuals who meet the standards; (iii) to monitor the adherence to the standards by podiatrists/physicians certified by the corporation; and (iv) to maintain a registry of podiatrists/physicians certified by the corporation.

Statement of Impartiality

The ABMSP understands the importance of maintaining impartiality in all of its decision making and certification activities. The ABMSP Board of Directors is responsible for ensuring that the organization carries out its activities in an impartial manner, managing real or perceived conflicts of interest, and ensuring objectivity in its decision making process.

The Role of Certification

Certification is a voluntary process in which individuals are recognized for advanced knowledge, competence, and skill. Certification requires assessment, testing, and/or evaluation of education and/or experience. Certification by the American Board of Multiple Specialties in Podiatry is sought voluntarily by podiatrists and physicians in order to attain a credential which attests to their training and experience as providers of services to persons who suffer from diseases and deformities of the foot, ankle, and leg.

Objectives of Certification

To establish competency in podiatric medicine specialties by:

1. Providing a standard of requisite knowledge for certification in specialty areas of podiatry.
2. Recognizing formally those individuals who meet the eligibility and knowledge requirements of ABMSP.
3. Encouraging professional growth in the profession of podiatry.
4. Establishing and measuring the level of knowledge required for certification in specialties within the field of podiatry.

Eligibility Requirements

1. Submit a copy of an active license in respective country to legally perform foot and/or ankle surgery.
2. Post graduate resume, showing foot and/or ankle surgery work history from the time of graduation to the present.
3. At least 10 years in foot and/or ankle surgery practice or have fellowship/ residency training.
4. Two letters of professional recommendation, on letterhead, from fellow podiatrists, physicians, or other health professionals.
5. Completion of an application.
6. Payment of the application fee.

Portfolio Requirements

Certification in Minimally Invasive Foot and Ankle Surgery Certification will be awarded by way of a portfolio which demonstrates the candidate's experience in minimally invasive surgery of the foot and/or ankle medicine. A candidate whose eligibility requirements have been approved must submit documentation within 120 days of receipt of approval to demonstrate that **at least 75 points** have been earned, according to the following grid. **ALL PORTFOLIO DOCUMENTATION MUST BE SUBMITTED IN ONE PACKAGE OR EMAIL.**

In addition to 75 points, the following are mandatory requirements, with no points awarded:

- Present 5 Osseous Procedures (via Minimal Invasive Surgery)
- Present 3 Soft Tissue Procedures
- Participate in 2 Surgical Cadaver Seminars on MIS
- Oral and practical demonstration at a Cadaver Seminar with certification of completion

| Activity | Points Awarded | Maximum points awarded for this activity |
|--|----------------------------------|--|
| CMEs earned in topics relevant to MIS foot and/or ankle surgery (CMEs must be earned within 2 years prior to application submission) | 1 point per CME | 30 |
| Presentations made at medical meetings/conferences relevant to MIS foot and/or ankle surgery | 5 points per 1 hour presentation | 10 |
| Academic courses in topics relevant to MIS foot and/or ankle surgery | 10 points per course | 20 |
| Articles published in recognized medical publications on topics relevant to MIS in foot and/or ankle surgery | 10 points per article | 30 |

| | | |
|--|-----------------------------------|----------|
| Documentation of performed procedure being reported via copies of: <ul style="list-style-type: none"> • Pre and Post Op Radiographs • All procedures must be ambulatory • Osseous procedures to be performed by MIS • Pre and Post Op labeled photograph of reported procedures • Pathology report (Osseous & Soft Tissue) <p>** E.M.O.B. may be used for undocumented procedures</p> | 5 points per documented procedure | 15 |
| Post-Op progress notes should be a summary of the healing process of the patient by date; include when the patient returns to normal daily activities. | 5 points per patient case | 15 |
| Faculty at a recognized MIS cadaver lab. | 10 points per lab | 30 |
| Certification by ABMSP or other recognized foot and/or ankle surgery board certification. | 2 points per certification | No limit |

ALL components of the portfolio must be submitted together. If any part of the portfolio requirements are missing, everything will be returned to the candidate and re-submission will be required.

NOTE: All charts must be prepared in chronological order as would be observed in a paper file. Each segment must be presented in sequential order within that patient file.

**Submit Portfolio to:
American Board of Multiple Specialties in Podiatry
555 8th Ave, Ste 1902
New York, NY 10018**

Appeals on Eligibility

Candidates who have been deemed ineligible to submit a portfolio for this certification may appeal in writing to the American Board of Multiple Specialties in Podiatry Executive Committee. The letter must be accompanied by supporting documentation. The appeal must be received within 10 days after the notice of ineligibility is sent to the candidate. The ABMSP will review the appeal and notify the candidate in writing of its decision within 10 days of receipt of the written appeal.

Portfolio Review

A Portfolio Review Committee, comprised of no less than three and no more than five members, shall be appointed by the ABMSP Board of Directors. The members of the Committee must be currently certified in Minimally Invasive Foot and Ankle Surgery Certification by ABMSP. Within 60 days of submission of the portfolio documentation the Portfolio Review Committee shall do one of the following:

1. Ask the candidate for clarifying information on the portfolio submission
2. Return the portfolio submission for additional documentation
3. Award Minimally Invasive Foot and Ankle Podiatric Certification

Appeals on Certification

In the event a candidate is denied certification, the candidate may appeal in writing to the American Board of Multiple Specialties in Podiatry Executive Committee. The letter must be accompanied by supporting documentation. The appeal must be received within 30 days after the notification of denial of certification. The ABMSP will review the appeal and notify the candidate in writing of its decision within 30 days of receipt of the written appeal.

Non-Discrimination

The American Board of Multiple Specialties in Podiatry does not discriminate against any individual on the basis of race, color, religion, gender, national origin, age, disability or any other characteristic protected by law.

Attainment of Certification and Recertification

Candidates who successfully submit a portfolio and are awarded Minimally Invasive Foot and Ankle Podiatric Certification must agree to adhere to the Board's Code of Professional Practice. Each certified podiatrist/physician will receive a certificate from ABMSP and will be maintained in the registry of certified podiatrists/physicians on the ABMSP website.

Minimally Invasive Foot and Ankle Surgery Certification is valid for a period of four (4) years at which time the podiatrist/physician must submit a completed application for recertification and an abbreviated portfolio, similar but with fewer requirements than the one submitted for the original certification.

Dues

Diplomates of the ABMSP shall pay annual dues in an amount determined from time to time by the Board of Directors. The current annual dues for those holding ONLY the Minimally Invasive Foot and Ankle Surgery Podiatry Certification are \$125. Current diplomates of ABMSP will receive a reduction in their annual dues once they are awarded this certification.

Revocation of Certification and Other Discipline

Individuals who fail to meet the requirements set forth in the ABMSP's Code of Professional Practice may have their certification revoked.

Fees

Application Processing Fee\$125.00
Portfolio Submission Fee.....\$350.00

Make check or money order payable to:

American Board of Multiple Specialties in Podiatry or ABMSP

Visa, MasterCard, and American Express are also accepted. Complete and sign the credit card payment form on the application.

Do Not Send Cash

Refunds

There will be NO refund of fees.

Minimally Invasive Foot and Ankle Surgery Body of Knowledge

The following are topics which may be considered to be part of the practice of minimally invasive foot and ankle surgery podiatry. The following list is a suggestion only and is not exhaustive in its definition of minimally invasive surgical and associate medical topics.

- History and Physical Exam
- Describe normal and pathologic foot and ankle deformities.
- Surgical anatomy
- Radiographic assessment of foot pathology
- Biomechanical factors of foot pathology
- Appropriate surgical procedural selection
- Successful performance of minimally invasive techniques to correct foot and ankle deformities
- Post-procedural bandaging techniques
- Appropriate referral to other healthcare specialists as appropriate
- Managing surgical complications



ABMSP Application
Minimally Invasive Foot and Ankle Surgery Certification

| | |
|----------------|-----------------------|
| NAME: | |
| BUSINESS NAME: | |
| ADDRESS: | |
| | Street, Apt, Ste |
| | City, State, Zip Code |
| PHONE: Office | |
| PHONE: Cell | |
| FAX: | |
| EMAIL: | |

Have you been in podiatry practice for at least 10 years OR have had a fellowship/ residency training?

1. Yes
2. No (If no, may not proceed)

Signed _____ Dated _____

Attestation

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this application is in accordance with Handbook instructions and is accurate, correct, and complete.

I certify that all information contained in my application for Board certification is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Multiple Specialties in Podiatry (the Board), and its officers, directors, committee members, employees, and agents (the above designated parties) to review my application and to determine whether I have met the Board's standards for certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to the Board is false or inaccurate or if I violate any of the rules or regulations of the Board. I understand that if I am granted certification, it will be my responsibility to remain in compliance with all Board standards for certification, including the Code of Professional Practice, to keep my certification current and to submit a valid application for recertification and fee within sixty (60) days of my certification expiration date.

I agree to cooperate promptly and fully in any review of my certification by the Board, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information relating to any Board application and review thereof to state and federal authorities, and others. I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of the American Board of Multiple Specialties in Podiatry with regard to this application and/or my certification, except claims based on gross negligence or lack of good faith.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

Signed _____

Dated _____

Checklist of Application Requirements:

- Successful completion of application
- Copy of current DPM license
- Copy of post graduate resume, showing podiatric work history from the time of graduation to the present
- Two letters of recommendation, on letterhead, from fellow podiatrists, physicians, or other health professional
- \$125 application fee*

*There will be an additional \$350 portfolio submission fee once this application is accepted.

Credit/Debit Card Information:

Name on card _____

Card number _____

Expiration date _____

CVV _____

Please mail this application plus the above materials to:

**American Board of Multiple Specialties in Podiatry
Minimally Invasive Foot and Ankle Certification Application
555 Eighth Avenue, Suite 1902
New York, NY 10018**