

AMERICAN BOARD OF NEUROLOGICAL SURGERY

RULES and REGULATIONS

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AMERICAN BOARD OF NEUROLOGICAL SURGERY

RULES and REGULATIONS

RULE I. CERTIFICATION PROCESS

1.1 BASIS OF CERTIFICATION

The primary purposes of the American Board of Neurological Surgery (“ABNS” or the “Board”) are to:

- (a) Review the credentials and practice experience of, and conduct examinations of, eligible candidates who seek certification by the ABNS (“Certification”);
- (b) Issue certificates in general neurological surgery (“Certificates”) to those individuals who meet the Board’s eligibility and other requirements for Certification and satisfactorily complete its Certification examinations, thereby conferring “Diplomate” status;
- (c) Issue additional time-limited credentials in certain ABNS-recognized areas of focused practice (“Focused Practice Designations,” or “FPDs”) to individuals who meet the applicable eligibility and other requirements for such credentials (as determined in some cases in conjunction with one or more other member boards of the American Board of Medical Specialties (the “ABMS”) and in the case of pediatrics in conjunction with the American Board of Pediatric Neurological Surgery (the “ABPNS”)) and satisfactorily complete examinations relating to such focused practice;
- (d) Implement and administer a program for Continuing Certification (“Continuing Certification” or “CC”);
- (e) Issue new time-limited Certificates to Diplomates who successfully complete the Board’s CC program, upon expiration of time-limited Certificates; and
- (f) Issue new time-limited FPDs in ABNS-recognized areas of focused practice to Diplomates who meet the requirements for renewal of such credentials.

1.1.1 Initial Certification by the Board is based upon its approval of an applicant’s educational and training qualifications, supporting documents from his or her residency program director (or former director, as applicable) and/or residency program chair, opinions as reflected in the statements of his or her colleagues, licenses to practice medicine, privileges at licensed medical facilities, review and approval by the Board and its Credentials Committee of the applicant’s practice data, and the applicant’s successful completion of written and oral ABNS examinations.

1.1.2 The issuance of additional FPDs is based on fulfilling the requirements set forth in Rule 1.1.1 and also fulfilling any additional requirements mandated by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) for recognition in a specific area of

focused practice, which typically will include (but may vary by FPD): (i) successful completion of a fellowship, the length, timing (e.g. partially or fully enfolded with residency, or all post-residency) and accreditation requirements of which may vary by area of focused practice, or the demonstration of practice experience that reflects an equivalent level of training; (ii) successful completion of an additional primary written examination in the area of focused practice, the timing of taking and passing of which may vary by area of focused practice; (iii) demonstration through practice data that a significant portion of the candidate's then-current practice is devoted to the applicable area of focused practice; and (iv) selection of the applicable area of focused practice for the subspecialty portion of the ABNS Oral Examination. For certain FPDs, a committee comprised of representatives of the ABNS and other applicable ABMS member boards (each, a "FPD Committee") will determine such requirements.

1.1.3 The issuance of new Certificates by the Board to individuals who have time-limited Certificates is based upon the Diplomate's successful completion of all elements of the ABNS' CC Program within the time limits set by the Board (which in most cases will be annually).

1.1.4 The issuance by the Board of new FPDs (all of which are time limited) is based on the Diplomate's successful completion of any additional or modified elements of the ABNS' CC Program, as mandated by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) from time to time, within the time frames established by the Board (and such other ABMS member boards or the ABPNS, as applicable).

1.2 RULES AND REGULATIONS

These Rules and Regulations set forth the requirements and procedures for issuance, maintenance and renewal of Certificates, the issuance of additional FPDs, and the revocation thereof (or the imposition of other sanctions).

RULE II. EXAMINATION AUTHORITY

The Board shall conduct examinations at such times and at such locations as it deems appropriate. Within a reasonable time after completion of such examinations, each applicant shall be notified by the Secretary of the Board as to the results thereof.

RULE III. CERTIFICATES AND ADDITIONAL FOCUSED PRACTICE CREDENTIALS

A Certificate signifies that, at the time of issue, the recipient fulfilled the requirements for Certification by the Board. Certificates shall be in such form as the ABNS shall prescribe from time to time; shall be signed by the Chair, Vice Chair(s), Secretary, and Treasurer; and shall bear thereon the official seal of the Board. Additional FPDs signify that, at the time of issue, the recipient fulfilled the requirements for recognition of focused practice in that area. Additional FPDs shall be in such form as the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) shall prescribe from time to time; shall be signed by appropriate officials of the ABNS and, as applicable, by the Chair of the FPD Committee or by appropriate officers of the ABPNS; and shall bear thereon the official seal of the Board (and the other ABMS member boards or the ABPNS, as applicable).

3.1 ISSUANCE

A general Certificate is issued to candidates who have satisfactorily completed neurosurgical training and practice requirements as prescribed by the Board, who have fulfilled licensure requirements, whose applications (including practice data) and credentials have been approved by the Board and its Credentials Committee, and who have successfully passed the Board's written and Oral Examinations within the time limits set by the Board. It is the obligation of all applicants/candidates (i.e., those individuals who have submitted applications and are in the Certification process) and all Diplomates (i.e., those individuals who have successfully completed the Certification process and who have received Certificates) to ensure that the ABNS at all times has their current address and e-mail on file and to promptly notify the Board of all changes of address, e-mail and/or other contact information.

3.1.1 Certificates issued before 1999 shall not expire and shall be considered non-time-limited (i.e., lifetime) Certificates. Diplomates who hold non-time-limited Certificates may be required to exchange such Certificates for time-limited Certificates in the event that they are disciplined by the Board pursuant to the provisions of Rule XIII.

3.1.2 Certificates issued during or after 1999 shall expire ten years after issuance and shall be considered time-limited Certificates. Upon expiration, new 10-year time-limited Certificates shall be issued to those holders of time-limited Certificates who have participated in and timely and successfully completed all elements of the ABNS' CC program.

3.2 ADDITIONAL FOCUSED PRACTICE DESIGNATIONS

3.2.1 The ABNS may from time to time (in conjunction with other ABMS member boards or the ABPNS, as applicable) issue FPDs in certain areas, including but not limited to pediatric neurological surgery, neurocritical care and central nervous system endovascular surgery. Individuals interested in such focused practice recognition may concurrently apply to receive a separate FPD in their area of focused practice in addition to their general ABNS Certificate. In order to receive an FPD in their area of focused practice, individuals must meet modified or additional requirements, as adopted by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) from time to time.

3.2.2 Neurological surgeons who devote a significant portion of their practice to areas of focused practice recognized by the ABNS are encouraged to seek an FPD in their area of focused practice, in addition to Certification from the ABNS in general neurological surgery. However, the absence of an additional credential from the ABNS in a recognized area of focused practice does not imply that a neurological surgeon is not competent to perform cases in those areas. The Certificate from the ABNS in general neurological surgery is given to neurological surgeons who have met ABNS requirements across the full range of neurological surgery practice.

3.2.3 FPDs issued in conjunction with one or more other member boards of the ABMS are also available to those individuals who are not Diplomates of the ABNS but are Diplomates of one of those other member boards of the ABMS and who meet the additional requirements for the applicable FPD.

3.2.4 Diplomates with both a time-limited Certificate in general neurosurgery issued by the ABNS and a time-limited FPD in an ABNS recognized area focused practice (e.g., pediatrics, neurocritical care or central nervous system endovascular surgery) must successfully and timely complete (i) all elements of the ABNS CC program in order to receive a new time-limited ABNS Certificate upon the expiration of their then-current ABNS Certificate; and (ii) any additional requirements imposed by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) from time to time (which may include without limitation the submission of case lists to confirm the ongoing focus of their practice) in order to receive a new time-limited FPD in their area of focused practice upon the expiration of their then-current FPD. See also Rule 12.3 regarding Continuing Certification cycles and time limits for completing Continuing Certification requirements. It is therefore possible that a Diplomate may successfully and timely complete the ABNS CC program but not the additional requirements for renewal of his or her FPD, in which event the Diplomate would receive a renewal Certificate in general neurological surgery from the ABNS at the end of the ten-year ABNS CC period but not a renewal FPD at the end of the applicable FPD cycle.

3.2.5 Diplomates with a non-time-limited Certificate in general neurosurgery issued by the ABNS and a time-limited FPD in an ABNS recognized area focused practice (e.g., pediatrics, neurocritical care or central nervous system endovascular surgery) need not participate in the ABNS CC program but must timely and successfully complete any requirements imposed by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) from time to time (which may include without limitation the submission of case lists to confirm the ongoing focus of their practice) in order to receive a new time-limited FPD in their area of focused practice upon the expiration of their then-current FPD. It is therefore possible that a Diplomate with a non-time-limited Certificate in general neurosurgery may not successfully and timely complete the requirements for renewal of his or her FPD, in which event the Diplomate would continue to be Certified by the ABNS but would not receive a renewal FPD at the end of the applicable FPD cycle.

3.2.6 Renewal FPDs issued in conjunction with one or more other member boards of the ABMS are also available to those individuals who are not Diplomates of the ABNS but are Diplomates of one of the other member boards of the ABMS and (a) for those with time-limited Certificates from one of the other member boards of the ABMS, who timely and successfully complete all elements of the Continuing Certification program of such other member board of the ABMS; and (b) for those with both time limited and non-time-limited Certificates from one of those other member boards of the ABMS, who timely and successfully complete any additional Continuing Certification requirements imposed by the ABNS and the other ABMS member boards for the applicable FPD.

RULE IV. TRAINING REQUIREMENTS FOR INITIAL CERTIFICATION

4.1 PROGRAM ACCREDITATION

To be eligible to take the Oral Examination and become Certified, an applicant must successfully complete neurosurgical residency training in a program that is accredited by the Accreditation Council for Graduate Medical Education (“ACGME”) after review and recommendation by the Residency Review Committee for Neurological Surgery (“R”RC). Any training conducted at an institution not part of the individual's own training program must be approved in advance in writing by the ABNS Executive Director.

4.2 TRAINING REQUIREMENTS (FOR CANDIDATES WHO BEGAN TRAINING ON OR AFTER JULY 1, 2013)

NOTE: The provisions of this Rule 4.2 and Rule 4.3 apply to all applicants who begin post-graduate training on or after July 1, 2013. Applicants who began training prior to July 1, 2013 must comply instead with somewhat different training requirements and should contact the ABNS for a list of those requirements.

Each applicant must successfully complete eighty-four (84) months of post-graduate (i.e., residency) training. The eighty-four (84) months are comprised of the following:

- (a) A minimum of three (3) months of basic neuroscience education (e.g., neurology, neuro-otology, neuroradiology, neuropathology), which must be taken in the first eighteen (18) months of residency training.
- (b) A minimum of three (3) months training in critical care education relevant to the neurosurgery patient, which must be taken in the first eighteen (18) months of residency training.
- (c) A minimum of six (6) months of structured education in general patient care, which may (but need not) include neurosurgery (e.g. trauma, general surgery, neurosurgery, orthopedic surgery, otolaryngology, plastic surgery).
- (d) Forty-two (42) months of training in clinical neurosurgery, with progressive responsibility culminating in twelve (12) months as chief resident during the last two years of training (PGY-6 or PGY-7). Training in clinical neurosurgery must be progressive and not obtained during repeated short periods in a number of institutions. At least twenty-one (21) months must be obtained in the applicant's primary clinical site.
- (e) The remaining thirty months (30) months ("elective time"), which can be taken at any time subject to the requirements of subsections (a), (b) and (c), must be devoted to elective clinical education or research. At the discretion of the resident's program director, this thirty (30) months may include without limitation: (i) additional training in neuro-critical care; (ii) additional training in clinical neurosurgery above the forty-two (42) month minimum set forth in subsection (d); (iii) additional training in neuroradiology or other disciplines related to the nervous system; (iv) research; and/or (v) advanced training in business, public health, public policy or other related disciplines. Applicants shall be expected during the course of their training to acquire basic knowledge and skills in neuropathology and neuroradiology.

4.3 ADDITIONAL REQUIREMENTS.

In addition to meeting the training requirements set forth in Rule 4.2, an applicant's training must comply with the following:

4.3.1 All post-graduate training described in Rule 4.2 must be acquired by the resident as a participant in a neurological surgery training program or programs accredited by the ACGME, and all such training must be under the ultimate direction and control of the resident's neurosurgery program director. However, a training experience of at least 6 months but not more than 12 months may be obtained at an ACGME-approved neurosurgery training program other than the candidate's primary neurosurgery training program, and depending on the particular rotation undertaken at such other training program, the 6-12 months may count toward any part of the 84-month neurosurgical education requirement (i.e., upon approval, the time spent at the non-primary program may be used to fulfill some of the requirements of Rule 4.2(a), (b), (c) or (d), or it may be used as part of elective time). However, time spent at a non-primary program cannot count toward part or all of the chief resident experience. Such a rotation must be requested by the resident's primary neurosurgery program director and approved in advance by the ABNS Executive Director. During such a rotation, the applicant shall have all the educational opportunities and responsibilities of a resident in that program and be under the immediate supervision of that neurosurgery program director.

4.3.2 Training time devoted to neuroscience education (Rule 4.2(a)), critical care (Rule 4.2(b)) and/or patient care disciplines related to neurosurgery (Rule 4.2(c)) also may be acquired as a full time resident in conjunction with other ACGME accredited training programs (e.g., ACGME-accredited programs in general surgery and neurology) in the same institution as the resident's neurosurgery program, without the Board's advance approval, so long as such training remains under the ultimate direction and control of the resident's neurosurgery program director. Except as set forth in the preceding sentence, any training undertaken in other than the resident's parent neurosurgery program (including any training undertaken at other training programs pursuant to Rule 4.3.1) shall not count towards fulfilling the requirements of Rule 4.2 unless specifically requested by the resident's neurosurgery program director and approved by the ABNS Executive Director in advance of such training.

4.3.3 As senior resident in the PGY-6 or PGY-7 Year, the trainee shall have major responsibility for patient management as deemed appropriate by the neurosurgery program director. The senior resident shall also have administrative responsibilities as designated by the program director.

4.3.4 Commencing July 1, 2017, individuals who wish to receive an additional FPD in an ABNS-recognized area of focused practice (e.g., pediatric neurological surgery, neurocritical care, central nervous system endovascular surgery) must, in addition to the requirements set forth in Rule 4.2 and the other subsections of this Rule 4.3, successfully complete a fellowship in their area of focused practice or demonstrate practice experience that reflects an equivalent level of experience and training in such area. The ABNS shall develop requirements for such fellowships and/or practice experience (e.g., for fellowships such requirements as duration of fellowship, enfolded within residency or not, and any fellowship accreditation requirements; and for a clinical practice track, such requirements as years out of training, proportion of cases devoted to the area of focused practice, and any required references), which requirements may vary depending on the area of focused practice. Such fellowship and/or clinical practice requirements shall be developed in conjunction with other ABMS member boards or the ABPNS, as applicable.

4.3.5 Commencing on July 1, 2021, enfolded fellowships (i.e., fellowships taken concurrently with residency training) must be taken after the trainee's chief resident year. As a practical matter, this means that an enfolded fellowship will be possible only in the PGY-7 year and then only if the trainee has been chief resident during his or her PGY-6 year. A focused training experience prior to the chief residency year is considered to be an elective and not a fellowship.

4.3.5.1 The above restriction does not apply to enfolded fellowships in neurocritical care, which may be taken prior to the trainee's chief resident year. In addition, central nervous system endovascular training requires an initial training experience in the performance of angiography. This training period may occur prior to the chief resident year. The second year of central nervous system endovascular interventional training, as of July 1, 2021, must occur after the chief resident year, thus PGY-7.

4.3.5.2 For avoidance of doubt, the ABNS does not require fellowships (enfolded or otherwise) as a requirement for initial ABNS Certification. However, as noted in Rule 4.3.4, a fellowship may be required for neurosurgeons who wish to obtain a FPD in an ABNS-recognized area of focused practice.

4.4 SPECIAL CONSIDERATIONS IN TRAINING REQUIREMENTS

Modifications of the requirements of Rules 4.2 and 4.3 to fulfill specific training goals for an individual resident must be requested in advance by the trainee's neurosurgery program director and must be approved in writing in advance by the ABNS Executive Director. Such approvals shall be at the ABNS Executive Director's sole discretion, following consultation with the ABNS Executive Committee or full Board as he or she deems appropriate. Except in rare and extraordinary circumstances pursuant to Rule 4.07, the Board shall not waive the requirement that a minimum of forty-two (42) months of clinical training in neurological surgery must be acquired in a neurosurgical program or programs accredited by the ACGME.

4.5 NOTIFICATION BY PROGRAM DIRECTOR

The program director must notify the Board of each appointment to a neurosurgical training program within thirty (30) days of the appointment. The program director shall also indicate to the Board at the time of notification of the appointment whether that trainee is entering the program with the intention of becoming qualified for examination and Certification by the ABNS. If so, the program director must inform the trainee of the requirements attendant thereto. As noted in Rule 4.3.1, it is the responsibility of the program director to ensure that training outside the trainee's parent program is approved by the Board in writing in advance.

4.6 TRANSFERS AND CREDIT FOR PRIOR TRAINING

Upon recommendation of the program director of a neurosurgical residency program accredited by the ACGME, the ABNS Executive Director may at his or her discretion (following consultation with the ABNS Executive Committee or full Board as he or she deems appropriate) consider and give retroactive credit to a trainee if the trainee:

- (a) Has had, before entering an accredited neurosurgical training program, substantially more than the prerequisite training in general surgery, medical

neurology, or the basic neurological sciences in institutions acceptable to the Board;

- (b) Transfers from one accredited neurosurgical training program to another accredited program with the consent of the directors of both programs and notification to the Board; or
- (c) Transfers from one accredited neurosurgical training program to another accredited program without the consent of one of the program directors provided the ABNS Executive Director approves of such transfer.

4.6.1 Credit for time previously spent in an institution or program that is not accredited by the ACGME, pursuant to Rule 4.6(a), must be requested in writing by the trainee's program director. Such credit, if granted, will count only towards the trainee's elective time (Rule 4.2(e)), and not toward any core training required pursuant to Rules 4.2(a) through (d). Moreover, any such credit shall not count toward, and thus not shorten, the resident's total training time required in a training program or programs accredited by the ACGME (i.e., 84 months for applicants who begin post-graduate training in their ACGME-accredited residency program on or after July 1, 2013).

4.6.2 Before accepting a resident in transfer from another ACGME accredited neurosurgical residency, the new program director shall receive a written evaluation of the resident's past performance from the previous program director(s). The letter to the new program director should specify the credit for training, both in respect to time and category, that the previous program director is prepared to certify that the trainee has successfully completed. A copy of such statement shall be submitted to the ABNS for the trainee's file. The new program director may or may not honor such credit, depending upon his or her appraisal of the trainee's professional and educational progress in the program to which he or she has transferred. The new program director shall then write to the ABNS Executive Director indicating what credit he or she has accepted in the transfer.

4.6.2.1 In the case of a conflict between a program director and a trainee with respect to his or her training and qualifications, the Board may at its sole discretion serve as arbiter. Appeal to the Board may be made by either the program director or the trainee. The decision of the ABNS in such cases shall be final and not subject to further appeal.

4.7 NON-STANDARD TRAINING

At its sole discretion and under extraordinary circumstances, the ABNS may consider training formats not specified in these Rules and Regulations. In rare cases where the applicant's training, practice, and professional stature leave no doubt as to his or her exceptional qualifications, the Board may grant permission for the applicant to be examined for Certification.

4.8 PRECEPTORSHIPS

Training by preceptorship is not considered as fulfilling the requirements of these Rules and Regulations. No credit shall be given for any time spent in such training.

4.9 PROGRAM DEPARTURES

An individual who leaves an accredited training program prior to successful completion of all training requirements is considered to be no longer actively involved in the Certification process from the time of leaving until resuming formal training in an ACGME accredited program. Oral examination shall be deferred or withheld for a candidate who has been dismissed from a training program until both (a) the candidate successfully completes his or her training requirements, as set forth herein, in an ACGME-accredited program, as well as all other prerequisites for taking the Oral Examination; and (b) the circumstances of the candidate's dismissal have been resolved to the satisfaction of the Board.

4.10 GRADUATES FROM CANADIAN AND OTHER PROGRAMS OUTSIDE THE UNITED STATES

Individuals who graduated from Canadian neurosurgical residency training programs may be eligible for ABNS Certification provided such individuals entered Canadian neurosurgical training prior to July 16, 1997. These individuals who wish to seek Certification by the ABNS must, in addition to satisfying all requirements listed above, obtain a Fellowship in neurosurgery from the Royal College of Surgeons (Canada) before applying for Oral Examination and Certification. Individuals who graduated from Canadian neurosurgical residency training programs and began training after July 16, 1997 (or other neurosurgical residency training programs outside the United States) may be eligible for ABNS Certification at the Board's discretion, and subject to any requirements that Board may impose from time to time, pursuant to Rule 4.7.

4.11 OSTEOPATHIC PHYSICIANS

4.11.1 Osteopathic Physicians who successfully complete residency training in a program that was accredited, for the entire period of their residency, by the ACGME are eligible to become ABNS Certified. Residents in this category participate in the ABNS Certification process on the same basis and through the same procedures as any other resident who successfully completes an ACGME-accredited training program in neurological surgery.

4.11.2 For Osteopathic Physicians whose training was conducted, in part, in a program that was not accredited by the ACGME, may still be eligible to become ABNS Certified, depending on the amount of their training time was spent in an ACGME-accredited training program and whether they meet certain other requirements. Osteopathic Physicians in this category should contact the ABNS Administrative Office to obtain the requirements they would need to meet, pursuant to ABNS policy, to be eligible to become ABNS Certified.

RULE V. NEUROANATOMY EXAMINATION; PRIMARY EXAMINATION; OTHER WRITTEN EXAMINATIONS

5.1 NEUROANATOMY EXAMINATION

Residents completing residency after June 20, 2025 must pass, during residency, the ABNS' written examination in neuroanatomy. Residents who first take the ABNS' Primary Examination for self-assessment credit on or after July 1, 2025 must pass the ABNS' written examination in neuroanatomy prior to the date that they first take the ABNS' Primary Examination for self-assessment or credit. The ABNS strongly recommends that residents take and pass the neuroanatomy written examination no later than their PGY2 year, but this is not required.

5.2 PRIMARY EXAMINATION; CONTENT

Each applicant for initial Certification must successfully pass for credit toward Certification the ABNS' Primary Examination. This Examination shall include such topics as are relevant to the practice of neurological surgery as the Board in its discretion may determine from time to time. Candidates will be informed in advance of the general topics covered by the Primary Examination.

5.3 ELIGIBILITY FOR PRIMARY EXAMINATION

The Primary Examination is open to all residents (beginning in the PGY-1 year) in neurosurgical training programs accredited by the ACGME who, commencing July 1, 2025, have first passed the ABNS' written examination in neuroanatomy (see Rule 5.1). Any such resident may take the Primary Examination for self-assessment or credit toward Certification as determined by the resident's program director. Individuals must pass the Primary Examination for credit during residency in order to complete training. Those individuals who do not pass the Primary Examination when taken for credit while in their residency program are not considered by the Board to be involved in the Certification process. In addition, commencing July 1, 2023, individuals must pass the Primary Examination for credit prior to commencing their chief resident year. Any resident who serves as chief resident on or after July 1, 2023 and who has not successfully passed the Primary Examination for credit prior to commencing his or her chief resident year will not be considered by the Board to be in the Certification process.

5.4 OTHER WRITTEN EXAMINATIONS

The ABNS in its discretion may from time to time require additional written examinations as a prerequisite to becoming ABNS-Certified. The ABNS shall notify residents and/or candidates for Certification, as well as residency program directors, of any such additional written examination requirements.

5.5 APPLICATIONS

Any individual qualified to take the neuroanatomy examination or the Primary Examination, (in the case of the latter, whether for credit or self-assessment), or any other written examinations the ABNS may require, may do so by requesting an application from his or her program director or directly from the Board. With respect to the Primary Examination, the individual must mark the application to indicate whether it will be taken for self-assessment or credit. With respect to any ABNS written examination, the individual taking the examination must indicate whether any request for accommodation is being made under the Americans with Disabilities Act. Resident applications must be signed by the resident and his or her program director. The signed and completed applications must be sent to the Board prior to the application deadline, along with any fees amounts designated by the ABNS as being in effect at that time. Such fees will not be refunded even if the applicant fails to appear for or fails any written examination.

5.6 RE-COMMENCING THE CERTIFICATION PROCESS; WRITTEN EXAMINATIONS

5.6.1 Individuals who are no longer eligible to take the Oral Examination because (a) the time limits for taking it have expired (see Rules 8.4.1 and 11.2); or (b) because they have failed the Oral Examination three (3) or more times (see Rule 11.3); or (c) because they have failed to

complete the Certification process within seven (7) years of completing residency (see Rule 11.3); or (d) because their credentials have been rejected (see Rule 9.3 and Article X), must, if they continue to desire to be ABNS Certified, start the Certification process anew. They need not complete a second training program but must re-take and pass all of the written examinations required by the ABNS, and submit new applications (including without limitation letters of support/evaluations and a new case log). See Rule 11.4 for limitations on how such individuals may refer to themselves after losing their eligibility to take the Oral Examination.

5.6.2 Individuals whose time-limited Certificates have expired and who have not been successful and/or timely in completing all elements of the Board's CC program, and who fail to successfully complete the re-instatement process set forth in Rule 12.6, similarly must, if they continue to desire to be ABNS Certified, start the Certification process anew.

5.6.3 Individuals who must start the Certification process anew pursuant to Rules 5.6.1 or 5.6.2 need not complete a second training program but must re-take and pass all of the written examinations required by the ABNS, submit new applications (including without limitation letters of support/evaluations and a new case log). See Rule 11.4 for limitations on how such individuals may refer to themselves after re-commencing the Certification.

5.7 REPRODUCTION OF EXAMINATION PROHIBITED

No ABNS written examination may be reproduced or copied in any form, in part or in whole, by any individual or organization without the written permission of the Board.

5.8 ADDITIONAL REQUIREMENT FOR CANDIDATES SEEKING ADDITIONAL CREDENTIAL IN AN AREA OF ABNS-RECOGNIZED FOCUSED PRACTICE

In addition to passing the ABNS' written examinations, individuals who seek to receive both a general ABNS Certificate and an additional FPD in an ABNS-recognized area of focused practice (e.g., pediatric neurological surgery, neurocritical care, central nervous system endovascular surgery) also typically must pass a written Focused Practice Examination. In order to be eligible to take the written Focused Practice Examination, such candidates must have first successfully passed the ABNS written examinations. Depending on the area of focused practice, the ABNS may require the written Focused Practice Examination to be successfully passed during the individual's fellowship, or the ABNS may permit the written Focused Practice Examination to be taken within some time period after the individual has successfully completed his or her fellowship. For "practice track" candidates for a FPD, the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) shall determine when the written Focused Practice Examination must be taken and passed. The written Focused Practice Examination will be jointly developed by the ABNS and other ABMS member boards or the ABPNS, as applicable.

5.8.1 The written Focused Practice Examination must be taken for credit, and must be passed prior to the candidate's submission of his or her practice data pursuant to Rule 6.1 in conjunction with his or her application for the ABNS Oral Examination. Applicants who do not successfully pass the written Focused Practice Examination within the timeframes mandated by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) for a particular area of focused practice, or who fail the written Focused Practice Examination twice, will not be eligible to receive an FPD in their area of focused practice, but such candidates will remain eligible to receive

ABNS Certification if they have successfully passed the ABNS written examinations for a general Certificate and meet all other requirements for ABNS Certification.

5.8.2 If individuals are required to retake the ABNS written examinations for a general Certificate (after previously successfully passing both such written examinations for a general Certificate and a written Focused Practice Examination) due to the circumstances set forth in Rule 5.6, and if such individuals wish seek to receive an additional FPD in an ABNS-recognized area of focused practice, then such individuals also must retake and successfully pass the written Focused Practice Examination in their area of focused practice. In such circumstances, the written Focused Practice Examination must be passed within the first two (2) attempts and prior to the candidate's submission of new practice data pursuant to Rule 6.1 in conjunction with his or her new application for the ABNS Oral Examination. For individuals in this circumstance, the restrictions set forth in Rule 11.4 will apply unless and until the individuals successfully complete all elements of the Certification process, including passing the Oral Examination. If an individual in this circumstance re-passes the ABNS written examinations for a general Certificate but fails to successfully re-pass the written Focused Practice Examination after two attempts and within the required timeframes set forth in this Rule 5.8.2, the individual will not be eligible to receive an additional FPD in an ABNS-recognized area of focused practice, but such individual will remain eligible to receive ABNS Certification if he/she successfully completes all elements of the ABNS Certification process, including passing the Oral Examination.

5.8.3 Graduates of Canadian neurosurgical residency training programs who successfully complete a post-residency pediatric neurological surgery fellowship as described in the ABPNS rules and regulations are eligible to take the pediatric written Focused Practice Examination, which must be successfully passed within the first two (2) attempts and after completing their post-residency pediatric neurological surgery fellowship. Such individuals shall not be eligible for ABNS Certification but may be eligible for a non-ABNS, non-ABMS certificate in pediatric neurological surgery issued jointly by the ABPNS and the Royal College of Physician and Surgeons of Canada (the "RCPSC") if they successfully pass the pediatric written Focused Practice Examination within the first two (2) attempts after completing their post-residency pediatric neurological surgery fellowship and if they meet the other requirements of the RCPSC and the ABPNS for obtaining such a certificate.

5.8.4 Any individual qualified to take a written Focused Practice Examination may do so by requesting an application from the ABNS. The application must indicate whether any request for accommodation is being made under the Americans with Disabilities Act. The signed and completed applications must be sent to the ABNS prior to the application deadline in each year, along with any fees amounts designated by the ABNS (in conjunction with the other ABMS member board(s) or the ABPNS, as applicable) as being in effect at that time. Such fees will not be refunded even if the applicant fails to appear for or fails the examination.

5.8.5 The written Focused Practice Examinations may not be reproduced or copied in any form, in part or in whole, by any individual or organization without the written permission of the ABNS (in conjunction with the other ABMS member boards or the ABPNS, as applicable).

RULE VI. PRACTICE REQUIREMENTS FOR INITIAL CERTIFICATION

6.1 PRACTICE DATA

6.1.1 Each applicant for an initial Certificate must submit to the Board a chronological, consecutive case log of either ninety (90) or one hundred (100) major surgical cases involving distinct patients, excluding minor procedures (a list of minor procedures that should be excluded from the applicant's data shall be maintained by the Board and made available to candidates). Please see Rule 6.10 for a description of whether ninety (90) or one hundred (100) consecutive cases involving distinct patients are required. Each applicant's log of consecutive surgical cases should include all cases performed by the candidate during the period logged but must include at least ninety (90) or one hundred (100) cases (as applicable) where the patient was seen for follow-up at three (3) months, except where the patient was lost to follow-up due to death, patient relocation or other legitimate reasons. If a candidate has an excessive number of cases lost to follow-up, he or she may be required to submit additional cases in order to have a sufficient number that include three (3) month follow-up.

6.1.2 All cases in the consecutive case log must have been performed over a period of not more than eighteen (18) months, although the three (3) month follow-up may be performed outside the eighteen (18) month window. As noted in Rule 6.1.1, the case log must consist of the required number of encounters with distinct patients; therefore (a) for individual patients who may require more than one surgery during the collection period, such "staged procedures" must be entered into the candidate's case log but will not count towards the towards the ninety (90) or one hundred (100) case required total; (b) complication management/revision ("take back" surgery) is considered an extension of the original operation and these procedures, also, are not counted towards the ninety (90) or one hundred (100) case total (although such take-back surgeries similarly must be included in the candidate's case log). Consequently, the total number of submitted surgical procedures may exceed ninety (90) or one hundred (100), as applicable. Each applicant's case log shall include information as determined by the Board, and such information shall be presented in a format prescribed by the Board. Data should be sent to the Board as soon as ninety (90) or one hundred (100) cases, as applicable (with distinct patient encounters) with three (3) month follow-up have been logged.

6.1.3 Applicants may not include cases performed during residency or any period of fellowships, even if such cases do not relate to the fellowship. Please see Rules 11.2.1 and 11.2.2 regarding the submission of additional practice data by those candidates who fail the Oral Examination on their first and/or second attempts.

6.1.4 For individuals who seek concurrently to also receive an additional initial FPD in an ABNS-recognized area of focused practice (e.g., pediatric neurological surgery, neurocritical care, central nervous system endovascular surgery), their submitted cases must meet the requirements set by the ABNS ((in conjunction with the other ABMS member boards or the ABPNS, as applicable), which requirements may, and likely will, mandate that a certain number or percentage of the ninety (90) or one hundred (100) (as applicable) cases be cases in the individual's area of focused practice.

6.1.4.1 For any candidates who (a) were in the Certification process as of July 1, 2017; (b) wish to receive an additional initial FPD in an ABNS-recognized area of focused

practice; (c) had already submitted their cases prior to the ABNS' establishment of additional case log requirements for their area of focused practice; and (d) had their submitted case logs reviewed and approved by the ABNS, the ABNS in its sole discretion (in conjunction with other ABMS member boards or the ABPNS, as applicable) may allow such candidates to take the Oral Examination based on their submitted cases, so long as such candidates meet all other prerequisites for taking the Oral Examination as set forth herein. Such candidates may then submit additional cases in their area of focused practice and/or meet any other requirements established by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable) in order to qualify for and receive the additional FPD in their area of focused practice.

6.1.5 Each candidate's case log shall be verified as to its essential accuracy by the candidate and by an individual or individuals acceptable to the Board at each of the licensed medical facilities at which the applicant practices. The Board at its sole discretion may perform an audit to confirm the accuracy of an applicant's practice data (e.g., that the cases submitted were performed consecutively with none omitted and that the information submitted in connection with each case is complete and accurate). Inaccuracies in practice data can result in sanctions against the candidate in the Board's sole discretion, including but not limited to permanent exclusion from the Certification process.

6.1.6 In rare cases based on exceptional circumstances, the ABNS Executive Director in his or her sole discretion may waive or modify certain requirements relating to the submission of case data, or extend the time period in which such cases must be collected. As examples, applicants in military service may have requirements related to three (3) month follow-up modified or waived and applicants that have taken time of for legitimate family or medical leave reasons may be granted additional time (i.e., more than 18 months) to collect their ninety (90) or one hundred (100) (as applicable) cases. The ABNS Executive Director shall notify the ABNS Executive Committee quarterly of any such granted waivers or modifications.

6.2 REFERENCE LETTERS/EVALUATIONS

The applicant shall supply names and contact information of five (5) or more physicians with whom the applicant has had professional contact to opine in writing as to the quality of the applicant's professional conduct. At least two (2) letters/evaluations must be from the candidate's residency program. At least one such letter/evaluation should be from the program chair, program director (or former program director, as applicable) and include the content set forth in Rule 6.6, and preferably both the program chair and program director (or former program director, as applicable) should submit reference letters/evaluations. The other three (3) reference letters/evaluations should be from physicians familiar with the candidate's post-training practice. Of those, at least one (1) must be from an ABNS Diplomate, a second must be from another neurosurgeon (who may or may not be an ABNS Diplomate) and the third can be from any other physician familiar with the candidate's practice.

6.2.1 The ABNS Secretary (or designee) will request reference letters/evaluations from these physicians and others at the discretion of the Board. If, by virtue of the content of these letters/evaluations or for any other reason, the ABNS has concern about the applicant's professional practice and/or conduct, the Board may seek additional information from other sources, e.g., licensing bodies, health care facilities, medical societies, etc. Should concerns still remain, the Board may, at its sole discretion, send representatives to call upon the applicant and review his or her practice or may commence a hearing pursuant to Rule 9.3

6.3 REVIEW OF PRACTICE

An applicant's professional practice and conduct, as reflected by letters/evaluations, practice data, and other information submitted to the Board, shall be reviewed by the Credentials Committee and must be approved by the Board of Directors (or a subset of Directors tasked with reviewing the application) prior to scheduling the applicant for Oral Examination.

6.4 LICENSURE

In order to take the Oral Examination and be eligible to earn a Certificate, all of the applicant's medical licenses must be unrestricted, and the applicant must be licensed in all states, provinces and/or countries in which he or she actively practices. In addition, the applicant must not be involved in any disciplinary proceedings before any licensing body that could result in the loss or restriction of any of the applicant's licenses. For purposes of this Rule 6.4, "restriction" shall mean that a license has been revoked, surrendered in lieu of disciplinary proceedings, suspended, placed on probation, or subject to special conditions or requirements.

6.4.1 In the course of its evaluation of professional practice, the ABNS may investigate circumstances relative to any withdrawal, suspension, restriction, revocation, or relinquishment of a candidate's license to practice medicine. The Board may withhold approval for Oral Examination until such time as said circumstances have been resolved to the satisfaction of the Board.

6.4.2 It is the responsibility of the applicant to notify the Board of any actual or threatened loss or restriction of any of his or her medical license(s). Any previous actions resulting in the loss or restriction of the applicant's license must be noted on the application materials. After the candidate's application has been submitted but prior to the date the applicant is granted Certification by the Board, the applicant must notify the Board in writing within ten (10) days of the date the applicant becomes aware of any new loss or restriction imposed or proposed, and (even if less than ten (10) days) prior to sitting for the Oral Examination.

6.5 MEDICAL FACILITY PRIVILEGES

When credentials are submitted for evaluation and at all times thereafter throughout the Certification process, each applicant must have unrestricted staff privileges at one or more licensed medical facilities for neurosurgical practice. Such privileges need not encompass the full range of neurosurgery; however, such privileges must encompass the applicant's scope of practice, must be held in all licensed medical facilities in which he or she cares for patients, must be unrestricted in respect to each medical facility's usual requirements for a neurosurgeon pending Certification, and must be unencumbered by any official medical facility or medical staff proceeding that threaten their continuation. For the purposes of this Rule 6.5, "encumbrance" shall include any temporary or permanent relinquishment, restriction, withholding, or withdrawal of privileges in any licensed medical facility in which the applicant cares or has cared for patients, including relinquishment, withdrawal, or non-renewal undertaken in settlement of (or to avoid) formal proceedings by a licensed medical facility or its medical staff.

6.5.1 If the applicant's privileges to practice at any institution have ever been, are, or become restricted or encumbered at any time prior to Certification, the Board may investigate the

circumstances surrounding such events. Based on the findings of its investigation, the Board will make a determination as to whether the applicant may proceed with the Certification process, or whether any portion of the process, including the Oral Examination, shall be deferred or withheld.

6.5.2 It is the responsibility of the applicant to notify the ABNS of any actual or threatened restriction or encumbrance on his or her privileges at any licensed medical facility. All such previous actions must be noted on application materials. After the candidate's application is submitted, the applicant must notify the Board in writing within ten (10) days of the date the applicant becomes aware of any current or new encumbrance (whether actual or threatened) imposed or proposed, and (even if less than ten (10) days) prior to sitting for the Oral Examination.

6.6 PROGRAM DIRECTOR'S ENDORSEMENT

Prior to acceptance of a candidate for Oral Examination, the Board requires a written statement/evaluation from his or her program director (or former program director, as applicable) or program chair to the effect that the:

- (a) Candidate has fulfilled the professional training requirements of the Board;
- (b) Candidate's performance in the program has been satisfactory in the program director's opinion; and
- (c) Program director recommends the candidate as professionally competent for the independent practice of neurological surgery and suitable for consideration by the ABNS for examination.

The above statement/evaluation shall be considered one (1) of the two (2) required reference letters/evaluations from the candidate's residency program, as required pursuant to Rule 6.2.

6.7 PROFESSIONALISM

During the review of a candidate's credentials, the Board will consider the candidate's professionalism. This may take the form of a review of: unusual practice patterns; coding or billing issues; interactions with colleagues or staff; investigations by local authorities or media; or other indications of potentially abusive or unprofessional behavior. The results of any such review will be evaluated by the Board as part of the entire credentialing package, and behavior deemed to be detrimental to the reputation of the Board and/or its Diplomates, or inconsistent with the practice of neurosurgery at the requisite level of professionalism, may result in an adverse determination pursuant to Rules 9.2 and 9.3. The Board also may consider any additional information it receives after a candidate's credentials have been reviewed initially, but prior to the candidate's Certification, and as a result of such subsequent information the Board may modify its initial decision regarding the candidate's credentials.

6.8 REPRESENTATIONS TO THE PUBLIC

Individuals who are not yet Certified may not hold themselves out to the public as Certified by the ABNS nor mislead the public into believing that they are Certified by the ABNS. A physician who is not yet Certified by the ABNS but has been certified by another certifying body must indicate in any

advertisement or marketing material the full legal name of that certifying body. The ABNS in its discretion may permanently exclude from the Certification process, or take other appropriate action against, any individual who is not Certified by the ABNS but holds himself or herself out to the public as simply “Board Certified,” or who uses other potentially misleading phrases. “Other appropriate action” may include without limitation informing appropriate entities of the misrepresentation (including but not limited to state licensing boards, hospitals and other providers, managed care entities and other payors, and state and federal enforcement authorities), as well as revocation of a Diplomate’s Certificate if the misleading behavior is not discovered until after the individual’s initial Certification. Prior to taking action, the Board may in its discretion give the affected individual an opportunity to explain the misrepresentation.

6.9 SCHEDULING FOR ORAL EXAMINATION

The Board shall not schedule a candidate for Oral Examination until it is satisfied that the candidate has satisfactorily completed training requirements (i.e., successful completion of an ACGME-accredited residency meeting the training requirements set forth in Rule IV), as well as all other prerequisites set forth in this Rule VI.

6.10 REQUIREMENTS FOR STATUS AS “TRACKING TOWARD CERTIFICATION” (a/k/a “BOARD ELIGIBLE”)

Individuals who have passed the Board’s written examinations for credit during residency and within the timeframes mandated by the Board, and have successfully completed an ACGME-accredited residency program prior to June 30, 2021, are considered to be “tracking toward Certification” (also referred to as “Board Eligible”), and may hold themselves out to the public as such, until they either successfully completed the Certification process (at which juncture they become “Certified”) or have exited the Certification process for one of the reasons set forth in Rule 11.4. However, commencing with candidates who complete residency on or after June 30, 2021, the following additional rules shall apply:

6.10.1 In order for a candidate to be considered “tracking toward Certification” (also referred to as “Board Eligible”), and be permitted to hold themselves out to the public as such, in addition to having passed the Board’s written examinations for credit during residency and within the timeframes mandated by the Board, and having successfully completed an ACGME-accredited residency program, the candidate must:

- (a) register with the ABNS and establish a case log account in the ABNS’ Practice and Outcomes of Surgical Therapies® (“POST”) data log system prior to the completion of residency;
- (b) enter at least ten (10) complete consecutive cases (involving distinct patients) into ABNS POST® within six (6) months of completion of residency or completion of an approved fellowship; and
- (c) register for the ABNS’ “Continuing Certification” program, as further described in Rule XII, no later than the completion of residency; commence participating in the Continuing Certification program no later than the first January following the completion of residency; and

remain current at all times on all requirements for participation in Continuing Certification.

6.10.2 The ten (10) cases submitted pursuant to Rule 6.10.1(b) will be reviewed by the Board (i) to ensure that the candidate is entering his or her cases with the appropriate level of detail and imaging; and (ii) to determine whether there are any apparent concerns regarding reporting accuracy, practice quality, safety or indications for surgery. The cases are subject to audit to ensure they are consecutive.

- (a) If the ten (10) cases are approved by the Board (i.e., do not fall into one of the categories set forth in sub-sections (b) or (c), below), the candidate will be required to submit only ninety (90) cases as part of his or her Oral Examination application pursuant Rule 6.1.1 (with the ninety (90) procedures involving distinct patients). For avoidance of doubt, the ninety (90) cases must be consecutive with one another but need not be consecutive to the first ten (10) cases submitted pursuant to Rule 6.10.1(b). If the ten (10) cases are not approved by the Board (i.e., if they fall into one of the categories set forth in sub-sections (b) or (c), below), the candidate will be required to submit one hundred (100) cases involving distinct patients as part of his or her Oral Examination application pursuant Rule 6.1.1 (which cases again must be consecutive with one another but need not be consecutive to the first ten (10) cases submitted pursuant to Rule 6.10.1(b)).
- (b) Candidates who are not entering their case data correctly will be counseled informally on how to do so. If the review of the cases raises concerns about the candidate's practice, the Board in its discretion may require the candidate to undergo monitoring or additional training or impose other requirements in order for the candidate to retain his or her status as tracking toward Certification.
- (c) In rare circumstances where the initial case data raises serious concerns about safety, the Board may take any action it deems appropriate, including informing third parties pursuant to Rule XIV. Similarly, in those instances or other rare circumstances where a candidate's initial ten (10) cases are alarming for any reason, the Board may determine that the candidate should no longer be considered "tracking toward Certification," and/or that the candidate should be permanently precluded from the Certification process, but the candidate will be entitled to a hearing pursuant to Rule 10.1 before such decision is implemented.

6.10.3 Candidates will be considered "tracking toward Certification" (i.e., "Board Eligible") commencing at the time they complete residency, and will continue to maintain that status so long as they timely fulfill all of the requirements set forth in Rule 6.10.1 (except in rare cases as set forth in Rule 6.10.2(c)) and until they either successfully complete the Certification process (at which

juncture they become “Certified”) or have exited the Certification process for one of the reasons set forth in Rule 11.4.

- (a) If at any time, a candidate fails to timely complete any of the requirements set forth in Section 6.10.1 (i.e., fails to log ten (10) cases into ABNS POST within six months of completing training or fails in any year to complete Continuing Certification requirements within the time frames established by the Board, typically annually), he or she will be so notified by the Board, and will be given three (3) months following such notification to come into compliance with all requirements.
- (b) Any candidate who fails to come into compliance with all such requirements within the additional three (3) month notice period will then cease to be tracking toward Certification and may not hold themselves out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “tracking toward Certification,” “Board Eligible,” “in the Certification process” or words to that effect (and, for avoidance of doubt, will not be permitted to take the Oral Examination). In addition, at that juncture the ABNS shall notify the Chief of Staff or medical leadership (if known) of the candidate’s hospital or other medical facility that the candidate is no longer tracking toward Certification/Board Eligible.

6.10.4 Candidates who cease to be tracking toward Certification/Board Eligible due to failure to meet the requirements set forth in Rule 6.10.1 within the time periods set forth in Rules 6.10.1 and/or 6.10.3(a) will be able to re-enter the process by (a) coming into compliance (e.g., logging at least 10 cases into ABNS POST and commencing participation in Continuing Certification and completing all Continuing Certification requirements); and (b) paying such fine as may be established by the Board from time to time. Individuals must complete this reinstatement process within six (6) months of the date they initially cease to be tracking toward Certification/Board Eligible pursuant to Rule 6.10.3(b). Failure to complete the process within six (6) months of the date they initially cease to be tracking toward Certification/Board Eligible will require the candidate to commence the entire Certification process anew, beginning with passing the Board’s written examinations. Moreover, candidates may re-enter the process only once after failing to meet the requirements set forth in Rule 6.10.1 (a second failure to comply with the requirements will require the candidate to commence the entire Certification process anew, beginning with passing the Board’s written examinations). Candidates so required to recommence the entire process pursuant to this Rule 6.10.4 shall still be required to pay the reinstatement fee and also will be subject to the provisions of Rule 11.4.

6.10.5 Candidates may petition the Board for extensions of time to comply with one or more of the requirements set forth in Rule 6.10.1, or in exceptional circumstances for waiver of one or more of those requirements. The ABNS Executive Director in his or her discretion may grant such requests upon a showing of good cause. The ABNS Executive Director shall notify the ABNS Executive Committee quarterly of any such granted extensions or waivers.

6.10.6 Individuals who timely complete the requirements of Rule 6.10.1 shall be listed on the ABNS’ website as “Tracking Toward Certification” or “Board Eligible” until such time that

they either successfully complete the Certification process or fall out of the process for one of the reasons set forth in Rule 11.4. Individuals who fail to timely complete the requirements of Rule 6.10.1 shall not be listed on the ABNS' website until such time (if ever) as they timely re-enter the process pursuant to Rule 6.10.4.

6.11 CREDENTIALS REVIEW FOR CANDIDATES SEEKING FOCUSED PRACTICE DESIGNATIONS

Pursuant to Rule 1.1.2, for individuals who seek concurrently to receive an additional FPD in an ABNS-recognized area of focused practice (e.g., pediatric neurological surgery, neurocritical care, central nervous system endovascular surgery), the candidate's credentials (e.g., case data, references, practice, licensure, hospital privileges, program director's statement and professionalism) must also meet the applicable requirements for that FPD set by the ABNS (in conjunction with other ABMS member boards or the ABPNS, as applicable).

RULE VII. PROFESSIONAL CONDUCT AND SATISFACTORY PRACTICE

7.1 REVIEW OF INFORMATION

If the Board receives information that calls into question the standards of professional practice and/or conduct of any applicant, that applicant will be notified of the Board's receipt of such information and shall be given the opportunity to explain or respond to such allegations. At its sole discretion, the ABNS may defer final determination of the applicant's eligibility for Oral Examination. The applicant shall be notified in writing by the Secretary of this action and the reason(s) for it. In connection with such deferrals, the Board may initiate inquiries, conduct a hearing, and/or request additional data as it deems necessary to ascertain whether the applicant has met the prerequisites for Oral Examination and is otherwise in compliance with ABNS Rules and Regulations. Based upon these inquiries/actions, the Board shall decide whether the applicant may or may not be allowed to take the Oral Examination. The applicant shall be notified in writing by the Secretary of this action and the reason(s) for it. For applicants seeking an additional FPD in an area of focused practice recognized by the ABNS, any decision not to allow the applicant to take the Oral Examination also will effectively preclude the applicant from taking the FPD (i.e., focused practice) portion of the Oral Examination.

RULE VIII. APPLICATION REQUIREMENTS FOR INITIAL CERTIFICATION

8.1 APPLICATION

Applicants for initial Certification by the ABNS shall complete and file with the Secretary the official application form(s) then in use by the Board, together with the supporting data required by the application. Applicants who seek concurrently to receive an additional FPD in an ABNS-recognized area of focused practice may be required to complete a modified or supplemental application (which modified or supplemental application will be developed in conjunction with other ABMS member boards or the ABPNS, as applicable).

8.1.1 Candidates must submit a completed application (including completed practice data, references and any other application materials required by the Board) no later than three (3) years following the completion of his or her residency training (or, for applicants who seek

concurrently to receive an additional FPD in an ABNS-recognized area of focused practice, within three (3) years of completion of their approved fellowship training).

8.1.2 Extensions of the three (3) year submission deadline (as applicable) at the discretion of the ABNS Executive Director (and for such amount of time as determined by the ABNS Executive Director), and at no cost to the candidate, may be granted for “good cause” such as: military service, post-residency fellowship training, absence from practice for legitimate family or medical leave reasons, solo practice in underserved areas or other legitimate circumstances which make submission of practice data impractical within three (3) years following training. “Good cause” extensions will rarely be granted for more than six (6) months from the original submission deadline. Any further extensions beyond the initially granted exception must be approved by the ABNS Board. Those who request extensions for “good cause” may need to provide such supporting documentation as the Executive Director may request, which may include required third party attestations. For applicants who seek concurrently to receive an additional FPD in an ABNS-recognized area of focused practice, the ABNS Executive Director shall consult with the applicable FPD Committee Chair or the ABPNS prior to granting “good cause” extensions.

8.1.3 Candidates who seek extensions “without good cause” will be granted extensions of up to up to six (6) months following the original submission deadline upon payment of such fees as the ABNS shall establish from time to time.

8.1.4 Extension requests (whether for good cause or without good cause) should be received in writing by the ABNS at least sixty (60) days prior to the original submission deadline, in order for the requests to be timely considered. Any late requests will require payment of substantial reinstatement fee (as established by the ABNS from time to time), and under no circumstances will the ABNS consider or grant extension requests that are received later than three (3) months following the original submission deadline.

8.1.5 Under no circumstances will “without good cause” extensions extend longer than six (6) months following the original submission deadline. If a candidate has not submitted his or her completed application within six (6) months past the original submission deadline (or, for candidates who receive “good cause” extensions, within the granted extension period), the candidate will no longer be within the Certification process. See Rule 8.4.1 for the steps that must be taken to re-commence the process in that event, and see Rule 11.4 for limitations on how such individuals may refer to themselves after exiting the Certification process.

8.1.6 If a candidate has received an extension for submission of his or her completed application pursuant to this Rule 8.1, he or she will receive a corresponding extension of the four (4) year deadline, as applicable, for taking the Oral Examination.

8.1.7 The Board shall not schedule a candidate for Oral Examination until all aspects of his or her application, including training, practice, and professional conduct, have been reviewed and approved by the Credentials Committee. It is the responsibility of the candidate to inform the Board of new developments with reference to any matter(s) in the application between the time of its submission and the date he or she takes the Oral Examination.

8.1.8 Candidates may request exemptions from the eligibility requirements for Oral Examination by petitioning the ABNS Executive Director. Exemptions will be granted by the ABNS

Executive Director, following consultation with the ABNS Executive Director or full Board, as the Executive Director deems appropriate, only in rare cases under compelling circumstances.

8.2 ACCOMPANYING MATERIALS

The application shall be accompanied by:

- (a) An application fee payable to the Board in U.S. dollars in the amount that has been designated by the Board as being in effect at that time.
- (b) Two (2) copies of a driver's license or other government issued identification (which must include a photograph of the candidate) that may be used for identification purposes at the time of Oral Examination.
- (c) A completed and signed Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement to ensure compliance with HIPAA.
- (d) A signed release in such form as the Board shall designate from time to time.
- (e) Practice Data, as required in Rule 6.1 above, to be logged in a manner prescribed by the Board; it is to be submitted separately from but concurrently with the other application materials described herein.
- (f) Any other materials that the Board may require from time to time in connection with the application.

8.3 EXAMINATION FEE

After having been advised by the ABNS of acceptance for Oral Examination, the applicant shall promptly submit to the Board an examination fee payable to the Board in U.S. dollars in the amount that has been designated by the ABNS as being in effect at that time. The fee may vary depending on whether an applicant seeks (a) a general ABNS Certificate only; or (b) a general ABNS Certificate and concurrently an additional FPD in an ABNS-recognized area of focused practice. The examination fee will not be returned even if the application is denied or the applicant does not appear for or fails the examination.

8.4 TIME LIMITS

Each candidate must receive a favorable review by the ABNS Credentials Committee and be scheduled by the Board for Oral Examination within four (4) years of completing training; otherwise, he or she shall no longer be considered to be actively involved in the Certification process. Therefore, pursuant to Rule 8.1.2, candidates must submit their completed application for Certification to the Board's office within three (3) years of completing training so that his or her credentials can be reviewed by the Board in time to comply with this rule. Requests for extensions to the three (3) year application deadline and/or the four (4) year time limit for scheduling the Oral Examination must be made in writing (see Rule 8.1).

(Note that the submission of application materials within the three (3) year time limit does not necessarily ensure the candidates will meet the four (4) year deadline for scheduling their Oral

Examination if, for example, the Board has concerns regarding a candidate's practice data and requests additional data and the candidate fails to provide timely and/or adequate additional data. Candidates are therefore strongly encouraged to submit their completed application materials as soon as possible after completion of residency (or completion of fellowship in the case of candidates concurrently seeking an additional FPD in an ABNS-recognized area of focused practice).

8.4.1 An applicant who fails to apply to the Board within three (3) years following the completion of residency (or fellowship, as applicable), or who has not had his or her application approved by the Board in time to be scheduled for Oral Examination within four (4) years of completing residency training (or fellowship training, as applicable), will no longer be considered to be in the Certification process (unless an extension has been granted pursuant to Rule 8.1). Any such individual will not thereafter be scheduled for Oral Examination until he or she has again passed the ABNS written examinations and, if applicable, a written Focused Practice Examination, in each case for credit, and thereby has returned to the Certification process. The applicant must then submit a new application for Oral Examination accompanied by new practice data and all additional required application materials, including the then-applicable fee. The new application must be submitted to the Board within three (3) years of passing all the ABNS written examinations and, if applicable, a written Focused Practice Examination, and the applicant must be scheduled for Oral Examination within four (4) years. See Rule 11.4 for limitations on how such individuals may refer to themselves after losing their initial eligibility to take the Oral Examination.

RULE IX. APPROVAL OF CREDENTIALS

9.1 VERIFICATIONS AND INQUIRIES

Upon receipt of an application for initial Certification, the Board shall take such steps as deemed appropriate to verify the statements made in the application and shall make inquiry of the references therein named concerning information relevant to the requirements for examination and Certification. The Board shall also make such additional inquiry of any other person or persons as deemed necessary to ascertain that the applicant has fulfilled all of the requirements of the ABNS for taking the Oral Examination.

9.2 COMMITTEE REVIEW OF CREDENTIALS

The ABNS Credentials Committee shall make a preliminary determination as to whether an applicant meets the requirements for examination as set forth herein. Whether information was received through the application or otherwise, the Credentials Committee may recommend deferral or withholding of scheduling for Oral Examination for any candidate about whom it has concern regarding one or more of the following:

- (a) Adverse medical liability decision(s);
- (b) Any part of training;
- (c) Faculty appointment(s);

- (d) Failure to provide fully truthful and accurate information on credentialing or application documents submitted to the Board, or failure to otherwise comply with ABNS rules or decisions;
- (e) Criminal allegation(s) and/or conviction(s);
- (f) Hospital and/or other medical facility privileges;
- (g) Medical licensure;
- (h) Membership in professional organizations;
- (i) Practice data or experience;
- (j) References;
- (k) Billing and/or coding for services; or
- (l) Professionalism.

The Credentials Committee shall report any negative determinations and recommendations to the Board of Directors. If the Credentials Committee determines that a candidate has met the requirements for examination as set forth herein, the Credentials Committee may approve the candidate for Oral Examination without any further action of the ABNS Board. The Credentials Committee also has the discretion to require that a candidate log additional consecutive cases or other data (in lieu of making a negative recommendation on the candidate's credentials or recommending a hearing as described in Section 9.3) if any portion of the candidate's case log or other application materials raises questions about their suitability for Certification. Any decision to allow an applicant to sit for the Oral Examination but not for an FPD-focused examination will be made by the ABNS in conjunction with the appropriate FPD Committee or the ABPNS, as applicable.

9.3 BOARD REVIEW OF CREDENTIALS

At each meeting of the Board, the ABNS Credentials Committee shall report to the Directors with respect to all applications that have been referred to it and upon which it has made preliminary negative determinations. The Board of Directors shall consider all such applications reported to it by such Committees and make a final determination as to whether each applicant meets the requirements for Oral Examination as set forth in these Rules and Regulations. The applicant shall be promptly notified in writing of the Board's decision by the Secretary. If the determination is negative, such notice may set forth in what respects the applicant fails to meet the Board's requirements and may suggest steps the applicant can take in an attempt to remedy the deficiencies. The Board, at its option, on its own accord or as a result of a recommendation by the applicable Credentials Committee, may hold a hearing to determine whether the candidate meets the requirements for Oral Examination. For applicants seeking FPDs in an ABNS-recognized area of focused practice, a member of the appropriate FPD Committee or the ABPNS, as applicable, may participate and vote in the same manner as ABNS Directors. At any such hearing the provisions of Rule 10.1 shall apply. The decision of the Board following any such hearing shall be final.

9.4 SCHEDULING OF ORAL EXAMINATION

An applicant may be scheduled for the Oral Examination only after having been approved for such examination by the Credentials Committee and/or by the Board (and, for applicants who seek concurrently to receive an additional FPD in an ABNS-recognized area of focused practice, by the applicable FPD Committee or the ABPNS, as applicable), as set forth in Rules 9.2 and 9.3.

9.5 MEDICAL FACILITY NOTIFICATIONS

When an applicant's credentials have been determined to be acceptable by the Board at a regular meeting, the Secretary or his or her designee may, upon request, notify the licensed medical facilities in which the applicant practices. That letter will include the deadline for the applicant to be scheduled for Oral Examination in order for his or her application to remain valid.

RULE X. APPEAL ON CREDENTIALS

10.1 APPEAL OF ADVERSE DETERMINATIONS

10.1.1 An individual who has been notified of an adverse determination by the Board with respect to his or her credentials, and who has not already had a hearing on such matter pursuant to Rule 9.3, may within thirty (30) days after receiving such adverse determination notice, submit additional information in writing or request in writing a hearing before the Board at its next regularly scheduled meeting. For a candidate seeking a general Certificate from the ABNS and also a FPD in an ABNS-recognized area of focused practice, a member of the appropriate FPD Committee or the ABPNS, as applicable, may participate and vote in the same manner as ABNS Directors. At such hearing the burden shall be on the individual to establish by a reasonable preponderance of evidence that the questioned requirements for examination or Certification have been met. The individual may be represented by counsel and may personally and/or through counsel present such evidence and witness(es) as desired. For avoidance of doubt, a candidate for whom a hearing has been held pursuant to Rule 9.3 shall not be entitled to a second hearing pursuant to this Rule 10.1.

10.1.2 The individual whose credentials are the subject of any hearing held pursuant to Rule 9.3 or this Rule 10.1 is expected to be present in person or by videoconference at the hearing absent compelling circumstances that prevent his or her attendance or create an unreasonable hardship. If the individual wishes to request a waiver to this personal attendance requirement, he or she must submit such a request to the Board in writing not less than forty-five (45) days prior to the date of the hearing. If the request for a waiver is denied the individual must appear in person or by videoconference; the hearing will go forward without the individual's participation if he or she fails to appear and such failure to appear may be considered by the Board as one factor when rendering its decision in the matter.

10.1.3 At the Board's discretion, at any hearing held pursuant to Rule 9.3 or this Rule 10.1, the ABNS Credentials Committee or any Director of the Board may present evidence in conflict with that of the individual whose credentials are the subject of the hearing. The individual shall have the right to question witness(es) presenting such evidence. Any Director of the Board who, in his or her opinion, has a real or potential conflict that may prevent that Director from making an unbiased and objective determination shall not vote on the issue. At any such hearing, the ABNS shall

not be bound by technical rules of evidence usually employed in legal proceedings; the Board may accept any evidence it deems appropriate and pertinent.

10.2 DECISIONS ON APPEAL

After any hearing held pursuant to Rule 10.1, the Board may affirm or modify in any respect its prior determination as to whether the applicant meets the requirements for examination or Certification. Such decision shall be final. The applicant shall be promptly notified in writing of the Board's decision by the Secretary or his or her designee. If the decision is negative, such notice may suggest steps the applicant can take in an attempt to remedy the deficiencies.

10.3 RECONSIDERATION OF APPLICATIONS

An application that has been denied by the Board under Rule 9.3 or Rule 10.2 above will not be reconsidered by the Board unless and until the applicant has taken steps to correct the deficiencies set forth in the notice of denial, has documented these corrections, and has requested in writing reconsideration of his or her application by the Board. The Board may or may not, in its sole discretion, approve the request and grant an extension to the four (4) year deadline for scheduling the Oral Examination in order to give the applicant an opportunity to correct deficiencies.

RULE XI. THE ORAL EXAMINATION

11.1 PURPOSE AND PROCESS

The Oral Examination is the last event in the initial Certification process, which begins with neurosurgical residency in an ACGME accredited program and passage of the ABNS written examinations for credit. Whereas the ABNS written examinations explore an applicant's knowledge/mastery in various relevant disciplines (see Rule V), the Oral Examination explores knowledge and judgment in clinical neurosurgical practice after an applicant has been an independent practitioner. The Oral Examination is accomplished in a series of face-to-face examinations involving the applicant, current and former Directors of the Board, and/or guest examiners. The applicant is presented a series of clinical vignettes, using clinical descriptions, images, anatomical models and/or diagrams. The examiners grade the applicant on overall diagnostic skills, surgical decision making and complication management. The Oral Examination covers a broad range of neurosurgery practice: (a) one session devoted to general neurosurgery; (b) a second session devoted to an area of subspecialty of the candidate's choice (e.g., general, cranial, spine, cerebrovascular or pediatrics); and (c) a third session devoted to clinical vignettes selected by the Board from the candidate's own practice data submitted pursuant to Rule 6.1, above. Candidates must pass each session in order to achieve an overall passing grade. Candidates concurrently seeking an additional FPD in an ABNS-recognized area of focused practice must elect that subspecialty area for the second session of the Oral Examination where applicable.

11.2 REQUIREMENTS FOR RE-EXAMINATION

An applicant who fails the Oral Examination for the first or second time may request re-examination. Applications for re-examination must be submitted within eighteen (18) months of the date the applicant last took the Oral Examination, so that the re-examination will occur no later than two (2) years from the date of the applicant's prior attempt.

11.2.1 For candidates taking the Oral Examination for a second time following one failure, the entire Oral Examination must be repeated, but the submission of a new application and additional practice data is not required. However, for the Oral Examination session devoted to clinical vignettes selected by the Board from the candidate's own practice data, the candidate has the option to submit an additional 75 consecutive distinct patient cases for use during his or her repeat examination. Alternatively, the candidate may elect to be examined on his or her previously submitted case data (although different cases from such data will be selected for the repeat examination(s)).

11.2.2 For candidates taking the Oral Examination for a third time following two failures, the entire Oral Examination must be repeated and the submission of additional practice data (75 new consecutive distinct patient cases) is required. If the candidate submitted new data after his or her first failure, he or she will not be required to submit additional new data after his or her second failure.

11.2.3 If the candidate elects to (Rule 11.2.1) or is required to (Rule 11.2.2) submit new data, the cases must be consecutive and the other applicable provisions of Rules 6.1 shall apply. Any newly submitted case data is subject to review and must be accepted by the Board and such data is also subject to audit; if the Board discovers that the cases are not consecutive or the case data provided is not accurate, the Board may take any steps it deems appropriate, including permanently excluding the candidate from the Certification process. For candidates who elect to or are required to submit new case data, the cases can encompass any time period but starting no earlier than twelve (12) months prior to the date the candidate most recently took and failed the Oral Examination. But see Rule 11.2.4 for additional time limits that may apply.

11.2.4 In addition to the time limits set forth in Rule 8.4 and Rule 11.2.3, a candidate may not re-take the Oral Examination if more than seven (7) years have passed since the completion of his or her residency training (or fellowship training for individuals concurrently seeking an additional FPD in an ABNS-recognized area of focused practice). For individuals who complete their residency (or, as applicable, fellowship) in June, this period will be extended through December of the 7th year. Consequently, depending on when a candidate submits application materials and initially sits for the Oral Examination, and depending on when a candidate re-takes the Oral Examination following an initial failure (and also depending on whether and when the candidate submits new case data for his or her repeat examination(s)), the candidate may or may not be permitted to take the Oral Examination a third time, or may have less than two (2) years in which to do so.

11.2.5 Before an applicant can be re-examined, a re-examination fee in the amount that has been designated by the Board as being in effect at that time must be received by the Secretary. All moneys shall be payable to the ABNS in U.S. dollars. The re-examination fee is not refundable.

11.3 EXCEEDING TIME LIMITS OR REPEAT FAILURES

If a request for re-examination is not made in time to permit a candidate to be re-examined within two (2) years of failure, or if an applicant fails the Oral Examination on the first three (3) attempts, or has not passed the Oral Examination within seven (7) years of completing his or her residency (or fellowship, if applicable), whichever is earlier, that candidate is no longer considered to be actively involved in the Certification process (exceptions to the seven (7) year deadline for passing the Oral Examination may be granted by the ABNS Executive Director in his or her sole discretion on rare

occasion based on extraordinary circumstances and following consultation with the ABNS Executive Committee or full Board as the ABNS Executive Director deems appropriate; no exceptions will be made to the requirement that candidates must pass the Oral Examination within their first three (3) attempts). Any such candidate may not apply to re-take the Oral Examination until such time as the ABNS written examinations and, if applicable, the written Focused Practice Examination, have been re-taken for credit and passed. The candidate must then submit a new application for Oral Examination, with all required accompanying materials. Letters/evaluations certifying the nature and quality of the candidate's practice must be obtained from two (2) new reference sources, both neurosurgeons, and from all licensed medical facilities where the candidate practices verifying his or her privileges. The candidate must also pay the oral re-examination fee and submit a full new set of practice data (i.e., one hundred (100) new, consecutive cases involving distinct patients). For avoidance of doubt, the first case in the new set of practice data can be performed at any time after the applicant has previously exited the Certification process (i.e., the first case may be performed before or after the candidate passes the ABNS written examinations for credit). The application and all associated materials must be submitted within three (3) years following the earlier of (a) the date the applicant re-passes the ABNS written examinations for credit or, if applicable, following the passing of the written Focused Practice Examination for credit; or (b) the date of the first case in the applicant's new set of practice data. See Rule 11.4 for limitations on how such individuals may refer to themselves after failing to pass the Oral Examination after three attempts or within the requisite time frames.

11.3.1 Once an applicant, pursuant to Rule 11.3, has (a) successfully re-passed the ABNS written examinations for credit, and, if applicable, the written Focused Practice Examination; and (b) timely submitted his or her completed Oral Examination application and all accompanying materials (including new practice data) within three (3) years of re-passing the ABNS written examinations for credit, and, if applicable, the written Focused Practice Examination Primary Examination, the applicant will again be given a maximum of three additional attempts to pass the Oral Examination. The applicant must be scheduled to re-take the Oral Examination within four (4) years of re-passing the ABNS written examinations for credit and, if applicable, the written Focused Practice Examination, and if the applicant again fails, he or she must meet the requirements and time limitations set forth in Rule 11.2 for his or her second or third attempt. The applicant must also pass the Oral Examination within seven (7) years of re-passing the ABNS written examinations for credit, and, if applicable, the written Focused Practice Examination.

11.4 LIMITATION ON REFERRING TO ONESELF AS "BOARD ELIGIBLE" IN CERTAIN CIRCUMSTANCES

Any individual who has exited the Certification process for any reason (i.e., an individual who has had any of the following):

1. Failed to become "Board Eligible" or failed to maintain "Board Eligible" status, and then failed to timely re-enter the process, in each case pursuant to Rule 6.10;
2. Failed the Oral Examination three times;
3. Missed applicable deadlines for applying for or taking (or re-taking) the Oral Examination;
4. Failed to pass the Oral Examination within seven (7) years of completing residency (or, if applicable, fellowship);

5. Had his or her credentials rejected; or
6. Had his or her Certification expire because of failure to timely or successfully complete the Board's CC requirements and has not timely and successfully completed the requirements for re-instatement set forth in Rule 12.6 (or has had his or her Certification expire because of failure to timely or successfully complete the Board's CC requirements more than once in his or her career),

must begin the process anew, commencing with re-taking (and passing) the ABNS written examinations for credit, and, if applicable, the written Focused Practice Examination, as a prerequisite to becoming Certified. Once such written examinations have been passed, as part of the process to again become Certified, the individuals will be required to participate in the ABNS' CC program and successfully and timely complete all CC requirements when due (without regard to any grace periods that might apply to Diplomates). However, such individuals may not – even after re-passing the ABNS written examinations for credit, and, if applicable, the written Focused Practice Examination, and commencing participation in CC – hold themselves out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as “Board Eligible,” “tracking toward Certification,” “in the Certification process” or words to that effect. Such individuals are no longer considered to be in the Certification process until and unless they successfully complete all requirements for Certification and are actually awarded their Certificate. The failure to abide by this Rule 11.4 may result in sanctions at the Board's discretion, including but not limited to permanent ineligibility for Certification.

11.5 REPRODUCTION OF EXAMINATION PROHIBITED

The Oral Examination may not be recorded or reproduced in any form, in part or in whole, by any individual or organization without the written permission of the ABNS, nor may a candidate in preparation for the Oral Examination use or review questions that may have been reproduced by others without permission. Individuals who violate these prohibitions may be disqualified from Oral Examination or, if they are already Certified at the time the violation is discovered, their Certificates may be revoked in accordance with Rule 13.1.

RULE XII. CONTINUING CERTIFICATION

12.1 MANDATORY VERSUS VOLUNTARY PARTICIPATION

Diplomates Certified by the ABNS during or after 1999 are considered to possess time-limited Certificates. In order to maintain their Diplomate status, they must participate in and successfully complete all elements of the Board's Continuing Certification (“CC”) program within the time limits established by the Board (typically annually). At the end of each 10-year period, the Board will issue a new 10-year time-limited Certificate to each Diplomate with a time-limited Certificate who has successfully completed the program requirements during within the time limits established by the Board (subject to grace periods set forth in Rule 12.5.3). For new Diplomates, the first annual CC period begins in January following the Diplomate's successful completion of the Oral Examination, and new annual CC periods begin each January thereafter.

12.1.1 Individuals Certified by the Board prior to 1999 are considered to have non-time-limited Certificates. These individuals are strongly encouraged to participate in the ABNS CC program, but other than ABNS Directors their participation is voluntary and their failure to participate

will not result in the expiration of their Certificates or cause them to lose their status as Diplomates. Similarly, except for ABNS Directors, Diplomates in this category will not lose their Certificates or their status as Diplomates if they enter the CC program but do not complete any CC requirements or do not complete them within the time limits established by the Board. For Diplomates in this category, each annual CC period begins in January of the year after their notification of desired participation is received.

12.1.2 Diplomates who receive both an initial Certificate from the ABNS and an additional initial FPD from the ABNS (and, as applicable, one or more other ABMS member boards or the ABPNS) in an ABNS-recognized area of focused practice must successfully complete the ABNS CC program within the time limits established by the Board (typically annually) in order to maintain their ABNS Certification, and must also successfully complete any additional CC program requirements established by the ABNS (and, as applicable, one or more other ABMS member boards or the ABPNS), for such focused practice area within the time limits established by the Board (and, as applicable, the other ABMS member boards or the ABPNS) in order to maintain their focused practice credential. Such additional CC program requirements may include (a) having to take a second CC Adaptive Learning Tool, geared to their area of focused practice; (b) the submission of practice attestations, a case list or other information to demonstrate that their practice remains geared to the area of focused practice for which they have received their FPD; and (c) other requirements as established by the ABNS (and, as applicable, the other ABMS member board(s) or the ABPNS) from time to time. Any Diplomate who successfully completes these additional requirements within the time limits established by the Board (and, as applicable, the other ABMS member board(s) or the ABPNS) will also have successfully completed the ABNS CC program and will receive two renewals at the end of each 10-year Certification period: a renewal Certificate from the ABNS in general neurological surgery and a renewal FPD in their area of focused practice. However, it is possible that a Diplomate will have successfully and timely completed the ABNS CC requirements for the expiring 10-year period but not the additional CC requirements for their FPD. In that event, the Diplomate will obtain a renewal general Certificate from the ABNS but not a renewal FPD.

12.1.3 A Diplomate who holds a non-time limited Certificate from the ABNS and wishes to maintain his or her FPD in an ABNS-recognized area of focused practice must successfully complete the ABNS CC program within the time limits established by the Board (typically annually) as well as the additional CC program requirements established by the ABNS (and, as applicable, the other ABMS member board(s) or the ABPNS) from time to time for such focused practice area within the time limits established by the Board (and, as applicable, the other ABMS member boards or the ABPNS) in order to maintain his or her FPD. If a Diplomate with a non-time limited Certificate fails to successfully and timely complete all such requirements, he or she will retain his or her non-time limited Certificate but will cease to hold a FPD in his or her area of focused practice.

12.1.4 Candidates for Certification who wish to become and remain tracking toward for Certification/Board Eligible must participate in the ABNS CC program pursuant to Rule 6.10.

12.2 PARTICIPATION

Candidates for Certification and Diplomates are automatically assigned CC requirements, which typically will be annual requirements. To successfully complete the annual CC cycle, Diplomates (but not candidates) must pay the ABNS annual assessment (and any other associated CC fees) in addition to completing each of the elements set forth in Rule 12.4.

12.3 CONTINUING CERTIFICATION CYCLES

As of January 1, 2019, most or all CC requirements (and many additional requirements for Diplomates who obtain and wish to maintain a FPD) must be completed annually (although the Board, in conjunction with other ABMS member boards or the ABPNS, as applicable, may determine that certain CC requirements, particularly those relating to maintaining an FPD, need be completed less often than annually). Subject to the provisions of Rule 12.5.3 regarding grace periods, Diplomates with time-limited Certificates must complete all CC requirements within the time limits established by the Board in order to maintain their Certified status (as well as complete any additional requirements for their area of focused practice in order to maintain their FPD, where applicable), and Diplomates with non-time limited Certificates must complete all CC requirements within the time limits established by the Board in order to be considered, and listed on the ABNS website, as an active participant in the ABNS CC program, as well as complete all additional requirements within the time limits established by the Board for their area of focused practice in order to maintain their FPD (where applicable). Candidates for Certification who wish to remain tracking toward for Certification/Board Eligible must complete all CC requirements within the time limits established by the Board, and are not subject to any grace period afforded to Diplomates pursuant to Rule 12.5.3 (but are subject to the grace period set forth in Rule 6.10.3).

12.4 CONTINUING CERTIFICATION ELEMENTS

The Diplomate (or candidate) must satisfy each of the following in the manner set forth by the Board within the time period established by the Board (typically annually):

- (a) Execute Continuing Certification Pledge;
- (b) Primary verification of medical licensure (which will be conducted by the ABNS or its delegee);
- (c) Successfully complete the ABNS Adaptive Learning Tool(s);
- (d) Attest to active neurological surgical privileges at one or more licensed medical facilities; and
- (e) Attest to participation in quality improvement (QI) to improve health and healthcare (IHHC).

As noted in Rule 12.1, Diplomates who wish to retain their additional FPD from the ABNS (and, as applicable, one or more other ABMS member boards or the ABPNS) in an ABNS-recognized area of focused practice must also successfully and timely complete any additional CC program requirements established by the ABNS (and, as applicable, the other ABMS member board(s) or the ABPNS) for such focused practice.

12.5 CLASSIFICATIONS

Individual neurosurgeons are classified by the Board into one of six categories (and with respect to the first five of such categories, are listed as such on the ABNS website):

- (a) Currently Certified – Participating in Continuing Certification
- (b) Currently Certified – Not Participating in Continuing Certification
- (c) Certified – Inactive
- (d) Certified – Retired
- (e) Tracking Toward Certification or Board Eligible
- (f) Not Certified

12.5.2 CURRENTLY CERTIFIED – PARTICIPATING IN CONTINUING CERTIFICATION

Diplomates (both time-limited and non-time-limited) who have paid their annual fees and have successfully completed or are in the process of successfully completing all CC requirements due in the applicable year in a timely fashion are active participants in the CC program. These Diplomates are classified as “Certified – Participating in Continuing Certification.”

12.5.3 CURRENTLY CERTIFIED – NOT PARTICIPATING IN CONTINUING CERTIFICATION

This classification consists of Diplomates (both time-limited and non-time-limited) who have Certificates but are not participating in CC. Note that a Diplomat who fails to timely meet CC requirements due in any year shall be subject to the following with respect to his or her participation classification and Certified status:

- (a) All elements of CC must be completed by the deadline set by the Board (e.g., September 30, for those elements that must be completed in a particular year). A Diplomat who is delinquent in some or all of the required components of CC for any year will receive notice of that fact and will be given a three (3) month “grace period” to complete all CC requirements due that year. The same grace period also applies to those Diplomates who are delinquent in some or all of any additional CC requirements due in any year for a FPD in an ABNS-recognized area of focused practice. Any Diplomat who completes all delinquent requirements due in any year during the grace period will be deemed to have successfully completed the CC program for that year.
- (b) If a Diplomat fails to complete any delinquent component due in any year during the three (3) month “grace period” in that year, the Diplomat will be listed as “Not Participating in Continuing Certification.” If (and only if) the Diplomat then commences a CC program activity the following year, he or she will again be considered “Participating in Continuing Certification” and will again be listed as such. However, the failure to complete, in any year, all CC program activities required for that year (within the three month grace period), may only happen once in each 10-year Certification period. A Diplomat with

a time-limited Certificate will immediately lose his or her Certified status upon failing to complete all CC requirements due in any year (within the three month grace period) more than one year in any 10-year Certification period. Similarly, any Diplomate with an additional FPD in an ABNS-recognized area of focused practice will immediately lose his or her FPD upon failing to timely complete (i.e., within the three month grace period) all CC requirements due in any year for that FPD more than once in any 10-year Certification period. In the event that a Diplomate with a time-limited Certificate loses his or her Certified status pursuant to this Rule 12.5.3(b), he or she will be required to successfully complete the re-instatement process described in Rule 12.6 in order to regain Certified status. In the event that any Diplomate loses only his or her additional FPD in an ABNS-recognized area of focused practice pursuant to this Rule 12.5.3(b), he or she will be required to additionally fulfill whatever requirements the ABNS (in conjunction with the other ABMS member board(s) or the ABPNS, as applicable) may impose from time to time in order to regain his or her FPD.

12.5.4 CERTIFIED -- INACTIVE

- (a) This classification refers to Diplomates who are clinically or surgically inactive for a period of time because the Diplomate is engaged in research, academic administration, government policy work, or other activities that preclude or interfere with active clinical or surgical practice. In order to remain Certified in this category, a Diplomate must inform the Board in writing of his or her intention to become clinically or surgically inactive, and of the likely duration of clinical/surgical inactivity. Diplomates with time-limited Certificates who are listed as "Inactive" may be exempt from certain aspects of the ABNS CC program, such as attestation of neurological surgical privileges at one or more licensed medical facilities (and/or any additional CC requirements for his or her FPD, as applicable), during the period in which they are Inactive, as permitted by the Board (and, as applicable with respect to those with FPDs, the other ABMS member board(s) or the ABPNS) from time to time. The Board (in conjunction with the other ABMS member board(s) or the ABPNS, as applicable) shall notify each Inactive Diplomate of the elements of CC from which he or she is exempt based on his or her individual circumstances (and those from which the Inactive Diplomate is not exempt) during the period of clinical/surgical inactivity. The Board (in conjunction with the other ABMS member board(s) or the ABPNS, as applicable) also shall notify each Inactive Diplomate of the steps he or she must take before again being listed as "Active." Any Diplomate who fails to provide an attestation of neurological surgical privileges at one or more licensed medical facilities will automatically be placed on "Inactive" status. (Note that all attestations furnished in connection with CC are subject to audit to ensure accuracy).

- (b) A Diplomate who elects or is placed on “Inactive” status and who later resumes the active practice of neurosurgery shall have his or her Certificate permanently revoked, pursuant to Rule XIII, unless: (1) the Diplomate petitions the Board for re-instatement of his or her “Active” status prior to resuming clinical/surgical practice; (2) re-instatement of his or her “Active” status is approved by the Board (in conjunction with other ABMS member board(s) or the ABPNS, as applicable, with respect to any FPD); and (3) the Diplomate complies fully with any conditions imposed by the Board (in conjunction with other ABMS member board(s) or the ABPNS, as applicable) in connection with such re-instatement.

12.5.5 CERTIFIED – RETIRED

- (a) This category refers to Diplomates who have retired from the clinical practice of neurosurgery but were Certified and in good standing at the time of retirement. A Diplomate with a time-limited Certificate in good standing who wishes to retain his or her Certificate following retirement but no longer wishes to participate in, or cannot successfully complete all elements of, CC must inform the Board in writing of his or her intention to retire. These individuals will no longer be required to participate in CC and thereafter will be listed as "Retired" on all ABNS listings. In addition, Diplomates who are no longer licensed in any State in good standing will automatically have their Certificate be converted to, and shall be listed on the ABNS website as, “Retired, unless (a) their license has been suspended, restricted, revoked or otherwise sanctioned, in which case such Diplomate may be subject to ABNS sanction in accordance with Rule XIII; or (b) they seek to be placed on temporary “Inactive “ status and provide the Board with an explanation as to why their lack of any State medical license is voluntary and expected to be temporary.
- (b) A Diplomate who elects or is placed on “Retiree” status and who later resumes the practice of neurosurgery shall have his or her Certificate permanently revoked, pursuant to Rule XIII, unless:
 - (1) The Diplomate petitions the Board for re-instatement of his or her active Certificate prior to resuming practice;
 - (2) Reinstatement of his or her “active” status is approved by the Board; and
 - (3) The Diplomate complies fully with any conditions imposed by the Board (in conjunction with other ABMS member board(s) or the ABPNS, as applicable, with respect to any FPD) in connection with such re-instatement.

12.5.6 TRACKING TOWARD CERTIFICATION (i.e., BOARD ELIGIBLE)

This category includes candidates for Certification who timely meet the requirements of Rule 6.10 (including ongoing, timely completion of all requirements of the CC program), and who have neither yet fully and successfully completed the Certification process nor fallen out of the Certification process for one of the reasons set forth in Rule 11.4.

12.5.7 NOT CERTIFIED

This category includes:

- (a) Diplomates whose Certificate has been suspended or revoked.
- (b) Diplomates with time-limited Certificates who have been delinquent with the requirements of CC due in any year (and fail to complete the delinquent requirements during the three month grace period) more than one (1) year in any ten (10) year Certification period.
- (c) Neurosurgeons who have never sought Certification.
- (d) Neurosurgeons who have never successfully completed the Certification process (i.e., have fallen out of the process for one of the reasons set forth in Rule 11.4). If individuals in this category continue to desire to become Certified, they must recommence the entire process, starting with taking and passing the ABNS' written examinations. Although individuals recommencing the process continue to work toward Certification, they are precluded pursuant to Rule 11.4 from holding themselves out as "tracking toward Certification," "Board Eligible" or words to that effect, and will become "Certified" -- and listed on the ABNS website accordingly -- only at such time as they successfully complete the entire Certification process.

12.6 REINSTATEMENT PROCESS FOLLOWING LOSS OF CERTIFICATION FOR FAILURE TO COMPLETE CC REQUIREMENTS

12.6.1 In accordance with Rule 12.5.7(b), Diplomates with time-limited Certificates who fail to successfully complete all CC program requirements due in any year more than one (1) year in any ten (10) year Certification period are no longer deemed to be Certified. For these individuals, the mechanism to obtain a new Certificate and reinstatement of Diplomate status is as follows:

- (a) The individual must commence reinstatement activities (by notifying the ABNS that he or she wishes to do so) within two (2) years of the date he or she lost his or her Certified status, as well as pay a reinstatement fee established by the Board (which is not subject to refund regardless of whether or not the individual successfully completes the reinstatement process).

- (b) The individual must submit 75 consecutive distinct patient cases performed during the immediately preceding three years, for review by the ABNS (in conjunction with the other ABMS member board(s) or the ABPNS, as applicable, for those seeking restatement of their FPDs). The cases must be submitted within one year of commencing the reinstatement process (with one (1) additional three (3) month grace period) and are subject to audit to confirm that they are consecutive.
- (c) Based on the case submission, the ABNS Credentials Committee will make one of three recommendations to the ABNS Board, which must then be approved by the Board: (i) If the case submission raises few if any issues and no safety concerns, the Credentials Committee may recommend that the individual's Diplomate status be re-instated based on the case submission alone; or (ii) if the case submission raises some concerns, the Credentials Committee may recommend that the individual take a reinstatement oral exam, which will exactly mirror the oral exam for initial Certification described in Rule 11.1 and the same passing requirements will apply; or (iii) if the case submission raises serious concerns regarding safety, competence, judgement, professionalism or ethics, the Credentials Committee may recommend a hearing to determine whether the candidate meets the requirements for Oral Examination (and at any such hearing the provisions of Rule 10.1 shall apply). The ABNS Board may accept the recommendations of the Credentials Committee, or may opt for another of the above options, in any particular instance.
- (d) Where the Board has opted to hold a hearing, at the conclusion of the hearing the Board will determine whether the individual may or may not sit for the reinstatement oral exam. Any individual required to take the reinstatement oral exam (either based on his or her case submission as set forth in sub-section (c)(ii) or based on the hearing decision as set forth in this sub-section (d)) must pass the exam in order for the individual to regain his or her Certificate and Diplomate status.
- (e) Where an individual is required to take a reinstatement Oral Examination pursuant to sub-sections (c)(ii) or (d), above, and fails that examination, he or she may request re-examination and will be given a total of three attempts to pass. The provisions of Rule 11.2 (other than Rule 11.2.4) shall apply in such instances.
- (f) Successful completion of the above requirements will lead to reinstatement of the individual's Certificate (including a FPD, as applicable). If the individual is not approved to take the reinstatement exam based on his or her case submission (and following a hearing), or if the individual is required to take the reinstatement Oral Examination and fails three times, or if the individual fails to commence

or successfully complete the entire process within the timeframes set forth above, the only mechanism to obtain a new Certificate and reinstatement of Diplomate status is to again complete all of the requirements for initial Certification, including passing the ABNS' written examinations, submitting one hundred (100) new consecutive cases involving distinct patients for review, successful review by the ABNS of the individual's cases, credentials and references, and passing the full Oral Examination for initial Certification. If such individual also seeks a FPD in an ABNS-recognized area of focused practice, he or she must also complete any additional requirements for the initial awarding of such FPD as may be established by the ABNS (in conjunction with other ABMS member board(s) or the ABPNS, as applicable).

12.6.2 An individual who is no longer Certified because he or she failed to successfully complete all CC program requirements due in any year more than one (1) year in any ten (10) year Certification period may not hold himself/herself out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as "Certified," "Board Certified," "Board Eligible," "tracking toward Certification," "in the Certification process" or words to that effect until such time as the individual has notified the ABNS that he or she wishes to commence the reinstatement process and has paid the reinstatement fee. At that time the individual should be collecting cases for submission pursuant to Rule 12.6.1(b), above, and the individual may begin holding himself/ herself out to as "Board Eligible" or "tracking toward Certification." Once the individual successfully completes the requirements of Rule 12.6.1, above, he/she will regain his or her Certificate and will again be a Diplomate. If the individual does not successfully complete the process within the timeframes set forth in Rule 12.6.1, he or she will again be prohibited (this time permanently) from holding himself/herself out as "Board Eligible," "tracking toward Certification," "in the Certification process" or words to that effect. In that instance, the individual can never again hold himself or herself out as "Board Eligible," "tracking toward Certification," "in the Certification process" or words to that effect, but may again become Certified if he or she starts anew, and successfully completes, the entire Certification process. The failure to abide by this Rule 12.6.2 may result in sanctions at the Board's discretion, including but not limited to permanent ineligibility for Certification.

12.6.3 A Diplomate may utilize the Reinstatement process set forth in Rule 12.6.1 only once in his or her career. If he or she loses his or her Certificate and Diplomate status more than once due to failure to successfully and timely complete all elements of CC when due (subject to applicable grace periods), then Rules 12.6.1 and 12.6.2 shall not apply and the only path for the Diplomate to again become Certified is to begin the entire process anew pursuant to (and subject to the provisions of) Rule 11.4.

12.7 UNETHICAL BEHAVIOR

Diplomates may not violate the CC pledge or engage in unethical behavior. Examples of unethical behavior include but are not limited to:

- (a) Any misrepresentation discovered in the participant's CC pledge;

- (b) Completion of or assistance with the CC Adaptive Learning Tool(s) by someone other than the Diplomate whose name is associated with the log-in for use of the Tool(s); and
- (c) Engaging in any other conduct that subverts or attempts to subvert the integrity of the CC process.

If the ABNS determines that unethical or irregular behavior has occurred in connection with CC, the Board may exclude the involved person(s) from the CC program, revoke the individual's Certificate, and/or take other appropriate action. With respect to individuals holding a FPD in an ABNS-recognized area of focused practice, the decision to take any such action with respect to the FPD may be made in conjunction with other ABMS member board(s) or the ABPNS, as applicable. The Diplomate in question shall be given written notice of the alleged unethical behavior and an opportunity for a hearing in accordance with the provisions of Rule 13.2.

12.8 EXEMPTIONS AND EXTENSIONS

Diplomates may petition the ABNS Executive Director for exemptions from or for extensions of time in which to complete particular CC requirements. Such exemptions and extensions will be granted by the Executive Director only in rare cases under compelling circumstances (and, with respect to CC requirements applicable to individuals with a FPD in an ABNS-recognized area of focused practice, after consultation with other ABMS member boards or the ABPNS, as applicable).

RULE XIII. REVOCAION OF A CERTIFICATE

13.1 GROUNDS FOR REVOCATION

The Board of Directors shall have authority to revoke or suspend any Certificate or credential issued by it (or any credential issued jointly by it and the ABPNS) and thereby rescind Diplomate status, if:

- (a) Such Certificate was issued contrary to or in violation of any Rule or Regulation of the Board;
- (b) The person to whom the Certificate was issued was not eligible to receive or has since become ineligible to hold such Certificate;
- (c) The person to whom the Certificate was issued made any misstatement of fact to the Board in any application or in other material presented to the Board, violated any pledge made in conjunction with any application, or failed to comply with any ABNS rules or decisions;
- (d) The person to whom the Certificate was issued is convicted of, or pleads guilty or nolo contendere to any felony or any crime related to the provision of health care services, or is excluded from participation in any federal or State health care program;

- (e) Any license to practice medicine of the person to whom the Certificate was issued is revoked, suspended, placed on probation, or voluntarily relinquished in order to avoid potential sanctions, or restricted in any way;
- (f) The person to whom the Certificate was issued is expelled from any of the Nominating Societies, a county medical society, or a state medical association for any reason other than nonpayment of dues or lack of meeting attendance;
- (g) The person to whom the Certificate was issued has engaged in professional misconduct, a pattern of negligence or other serious misconduct adversely reflecting on their professionalism, professional competence or integrity (which, for avoidance of doubt, may include without limitation performing unnecessary or contraindicated procedures or engaging in intentional or grossly negligent miscoding);
- (h) The person to whom the Certificate was issued has violated any ABNS Rule, Regulation or Code of Ethics provision, or has violated the terms of any written agreement with the Board, including but not limited to any Rule, Regulation or agreement relating to the person's status as "Retired" or "Inactive;" or
- (i) The person to whom the Certificate was issued has provided a negative reference or complaint to the ABNS regarding a candidate or another Diplomate that is not submitted in good faith (e.g., motivated by economic considerations such as the desire to harm a competitor) and/or is intentionally factually inaccurate or misleading.

13.2 PROCEEDINGS

When presented with information that a Diplomate may have engaged in unprofessional practice or other misconduct, the Board may investigate and gather facts concerning the possible existence of ground(s) for actions against that Diplomate's Certificate. For Diplomates with an additional FPD in an ABNS-recognized area of focused practice, the initial investigation and fact gathering may be undertaken in conjunction with the other ABMS member boards or the ABPNS, as applicable. If the ABNS in its discretion (following the recommendations of the ABNS Credentials Committee) determines that there is sufficient information to suggest that a Certificate possibly should be revoked or other sanctions imposed for any of the reasons set forth above, the ABNS Directors may institute proceedings for revocation thereof by mailing written notice to the holder of such Certificate that a hearing will be held to determine whether the Certificate shall be revoked or other sanctions imposed.

13.2.1 Such notice shall specify the ground(s) upon which a proceeding is being instituted, the date, time, and location of the hearing, and any ABNS witness(es) or other participants expected to be present (except that such notice need not specify that the ABNS Executive Director, ABNS staff and the ABNS counsel shall participate, since those individual shall participate in all hearings). For Diplomates with FPDs in an ABNS-recognized area of focused practice, a member of the appropriate FPD Committee or ABPNS, as applicable, may participate and vote in the same

manner as ABNS Directors. The hearing notice shall be mailed to the Diplomate not less than sixty (60) days prior to the date of the hearing.

13.2.2 The Diplomate to whom such notice is addressed is expected to be present in person or by videoconference at the hearing absent compelling circumstances that prevent his or her attendance or create an unreasonable hardship. If the Diplomate wishes to request a waiver to this personal attendance requirement, he or she must submit such a request to the Board in writing not less than forty-five (45) days prior to the date of the hearing. If the request for a waiver is denied the Diplomate against whom a proceeding has been instituted must appear; the hearing will go forward without the Diplomate's participation if he or she fails to appear and such failure to appear may be considered by the Board as one factor when rendering its decision in the matter.

13.2.3 A Diplomate against whom a proceeding has been instituted may be represented by counsel, may present witness(es), may cross-examine any witness(es) appearing against him or her, and may submit written material for the record.

13.2.4 At any hearing the Board shall not be bound by technical rules of evidence usually employed in legal proceedings but may accept any evidence it determines appropriate. After the hearing the Board shall render its decision in writing as to whether the Certificate and Diplomate status shall be revoked or other sanctions imposed (or no sanctions imposed). A copy of such decision shall be mailed to the Diplomate against whom the proceeding had been instituted. The Board's decision shall be final. With respect to Diplomates holding an additional FPD in an ABNS-recognized area of focused practice, the Board's decision with respect to the individual's ABNS Certificate and Diplomate status shall apply equally to the individual's additional FPD.

13.2.5 If, as a result of any such revocation proceeding, the Board determines that a Certificate (and/or FPD) held by any Diplomate shall be revoked, the Diplomate shall forthwith cease (a) to hold themselves out to patients, hospitals, other health facilities, employers, medical societies, associations, payors, or the public as "Board Certified" (unless certified by another board, in which case the other board must be identified), "ABNS Certified" or words to that effect; (b) to display his or her Certificate to patients or the public. The ABNS may take any action it deems appropriate (including but not limited to notifying hospitals and state medical boards) if an individual violates the prohibitions set forth in this Rule 13.2.5

13.2.6 Note that notwithstanding any provisions of this Rule XIII, where the primary board of an individual holding an additional FPD in an ABNS-recognized area of focused practice is another ABMS member board (i.e., not the ABNS), any discipline against such individual's member general board certificate and FPD shall be conducted by individuals' primary ABMS member board and in accordance with the rules, policies and procedures of that individual's primary ABMS member board (and the decision of that individual's primary ABMS member board shall apply equally to the individual's additional FPD in an ABNS-recognized area of focused practice).

13.3 LESSER SANCTIONS

In cases where there has been an occurrence that would authorize the ABNS to revoke a Certificate and/or FPD, the Board may instead, at its sole discretion, propose lesser sanctions including but not limited to: probation, suspension, practice monitoring or other measures not prohibited by law. For Diplomates with non-time-limited Certificates (i.e., individuals Certified prior to

1999), such lesser sanctions may also include mandatory participation in CC, which will effectively cause their Certificates to become time-limited.

13.3.1 In cases where the Board proposes such lesser sanctions, the Diplomate is entitled to all of the procedural protections set forth in this Rule XIII, including notice and a hearing.

13.3.2 The ABNS also may ultimately decide to impose such lesser sanctions in cases where it initially considered revocation but where, upon investigation or after conduct of a hearing, the Board no longer believes revocation would be appropriate. Similarly, the Board may impose greater sanctions following a hearing than were initially considered, including revocation, if the testimony or other information brought out at the hearing leads the Board to believe that more severe sanctions are appropriate.

13.3.3 If following notice and an opportunity for hearing, the Board ultimately decides to impose a lesser sanction than revocation, it may attach whatever lawful terms it deems appropriate to such sanctions. Failure of the Diplomate to comply with such terms may in the Board's sole discretion, result in revocation of the Diplomate's Certificate.

RULE XIV. NOTIFICATION TO THIRD PARTIES

In any case where a Certificate is revoked, suspended, placed on probation, or any other disciplinary action is taken pursuant to Rule XIII, or where the case log or other credentials of a candidate for initial Certification are deferred or not approved pursuant to Rules IX and/or X, the Board may at its discretion notify appropriate third parties, including but not limited to one or more of the following: (a) Nominating Societies for the Board (as listed in Article 1.2. of the ABNS Bylaws); (b) the American Board of Medical Specialties; (c) state licensing boards; (d) the Centers for Medicare and Medicaid Services; (e) the Office of Inspector General within the United States Department of Health and Human Services; (f) state Medicaid Fraud Control Units and/or state Offices of Medicaid Inspector General; and/or (g) hospitals, other health facilities and private physician practices where the individual is believed to practice.

14.1 MATERIAL SUBJECT TO DISCLOSURE IN RARE CIRCUMSTANCES

Notifications furnished by the Board in accordance with this Rule XIV may, if determined to be appropriate for disclosing, include information that the Board has received directly from candidates or Diplomates (e.g., films or coding information submitted by candidates as part of their case submission), or objective information the Board has received from third parties (e.g., information regarding the status of a candidate's or Diplomate's licensure or hospital privileges), but in no event shall the Board disclose to any third party evaluations of candidates that it receives from residency program directors, the candidate's colleagues or physicians in the candidate's community unless required to do so by law, rule or court or administrative order.

14.2 BOARD'S DISCRETION; NO WAIVER OF PEER REVIEW PRIVILEGE

The Board is under no obligation to provide third party notifications authorized by this Rule XIV, which notifications will occur only in rare situations where the Board, through its credentialing and/or disciplinary processes, has identified evidence of egregious conduct, such as pervasive billing fraud, other willful malfeasance (e.g., indications of pervasive, obviously unnecessary surgery) or

gross incompetence. Before making such a disclosure, the Board shall carefully evaluate the public interest served by disclosure as well as the need to preserve the integrity of its processes by keeping its candidate and Diplomate files confidential; no peer review or similar privileges with respect to ABNS files are waived as a result of this Rule XIV or as the result of any such rare disclosures made in furtherance of the public interest.

14.3 DISCLOSURES ARISING FROM FAILURE TO COMPLY WITH BOARD DECISIONS

In addition, in circumstances where an individual fails to comply with the final decision of the Board, the Board at its sole discretion may take any additional action it deems appropriate to enforce its ruling.

RULE XV. CANDIDATE AND DIPLOMATE FILES

The contents of current and former candidate and Diplomate files are confidential and are not disclosed to anyone other than current Board of Directors, employees, and counsel, except (a) as required by law or court order; or (b) in connection with a disclosure made pursuant to Rule XIV.

RULE XVI. PLEDGES AND ATTESTATIONS

The Board in its discretion may require candidates and Diplomates to execute pledges and/or attestations as a pre-condition to participating in certain portions of the initial Certification and Continuing Certification process. Pledges may be required in connection with such initial Certification and Continuing Certification activities as (among others): (a) the neuroanatomy examination; (b) the Primary Examination; (c) the written Focused Practice Examination; (c) the Oral Examination; and (d) the Continuing Certification Adaptive Learning Tool(s).

16.1 PROVISIONS

Pledges may contain such provisions as the Board may determine are appropriate from time to time, including (among others): (a) agreeing to comply with all ABNS Rules, both in connection with the specific activity and generally; (b) agreeing that satisfaction of one portion of the Certification process does not guarantee successful completion of the entire process; (c) agreeing not to record, disseminate to third parties or use for any purpose outside the specific ABNS process any examination questions; (d) agreeing not to use reference materials when taking an examination (including when doing so virtually); (e) agreeing that the results of certain examinations may be shared with certain third parties (e.g., residency program directors); and (f) agreeing to hold harmless the ABNS, its Directors, officers, examiners and staff from any damages or claims for damages by reason of such actions as the grades candidates receive on examinations, the Board's decision not to approve a candidate's credentials for Certification or the Board's decision not to award a Certificate in any case.

16.2 FAILURE TO SIGN OR ABIDE BY PLEDGES

Individuals who decline to sign an ABNS pledge may be excluded from the activity to which a pledge relates, which may effectively preclude the individual from successfully completing the initial Certification or Continuing Certification processes (and thus may preclude the individual from obtaining or maintaining his or her ABNS Certificate and Diplomate status). Individuals who fail to abide by the terms of the pledges they sign are subject to discipline, including but not limited to possible revocation of their Certificate pursuant to Section 13.1(c).

RULE XVII. AMENDMENTS

These Rules and Regulations may be amended by the unanimous written consent of all of the Directors or by a majority affirmative vote of Directors at any annual, regular or special meeting provided a quorum is present. The Board will make reasonable efforts to review and update its Bylaws, and these Rules and Regulations, no less often than every five years.

These Rules and Regulations were updated in January 2025 to include all additions, deletions, and changes approved by the Directors of the American Board of Neurological Surgery since the Rules and Regulations had last been approved in May 2022.

AMERICAN BOARD OF NEUROLOGICAL SURGERY

Code of Ethics

Ethics are moral values. They are aspirations and inspirational, as well as model standards of exemplary professional conduct for all applicants for Certification and all Diplomates Certified by the American Board of Neurological Surgery. The term neurologist as used here shall include all such candidates and Diplomates.

Ethics in neurosurgery always means primarily that practitioners act in the best interests of their patients. It is the duty of all neurologists to place the patient's welfare and rights above all other considerations. Neurosurgical services must be provided with compassion, respect for human dignity, honesty, and integrity.

A neurosurgeon must maintain qualification by continued study, performing only those procedures in which he or she is competent by virtue of specific training or experience or with assistance as indicated of one who is so competent. This competence should be supplemented with the opinions and talents of other professionals and with consultations when indicated. Participation in the ABNS' Continuing Certification activities is one of many ways in which neurosurgeons comply with the above requirements.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representatives is essential. Patient confidences must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians is also recommended.

Neurosurgery shall be recommended only after careful consideration of the patient's neurological, physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery, or improperly coding for procedures performed (or not performed), is an extremely serious ethical violation.

Fees for neurosurgical services must not exploit patients or others who pay for those services. In addition, a neurosurgeon must not misrepresent any service that has been performed or is to be performed, or the charges that have been made or will be made for the service.

Delegation of services is the use of nurse practitioners, physicians' assistants, trainees (such as residents and fellows) and other auxiliary health care personnel to provide patient care for which the neurosurgeon is responsible. Neurosurgeons must not delegate to an auxiliary those aspects of patient care within the unique competence of a neurosurgeon (which do not include those permitted by law to be performed by auxiliaries). When any aspects of patient care for which the neurosurgeon is responsible are delegated to an auxiliary, that auxiliary must be qualified and supervised. A neurosurgeon may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's medical needs, welfare and rights are placed above all other considerations.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating neurosurgeon and/or appropriate colleagues should provide those aspects of postoperative patient care within the unique competence of a neurosurgeon (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the operating neurosurgeon must make arrangements before surgery for referral of the patient to another neurosurgeon, intensivist or qualified physician with the approval of the patient, family or legal guardian. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patient.

Communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, or other means. They must not omit material information without which the communication would be deceptive. Communications must not appeal to an individual's anxiety in any excessive or unfair way; they must not create unjustified expectations of results. Communications must not misrepresent a neurosurgeon's credentials, training, experience, or ability, nor contain material claims of superiority that cannot be substantiated. If a communication results in payment to a neurosurgeon, such must be disclosed, unless the nature, format, or medium makes that apparent.

Neurosurgeons must respect patient privacy and confidentiality, including by complying with all applicable laws, regulations, rules and accepted standards relating to the privacy and security of patient health information. Patient freedom of choice of provider also must always be respected.

Neurosurgeons who provide expert testimony in legal proceedings should limit their testimony to areas within the scope of their professional competence and experience. They should express only conclusions or opinions that are supported by and do not go beyond the medical records or the personally performed examinations that form the basis for their testimony. They should not express conclusions or opinions that are influenced or tainted in any way by the compensation they receive in connection with their expert testimony.

When engaged in research and other scholarly pursuits, neurosurgeons must comply with all applicable laws, as well as all rules of their institutions and of research sponsors, Neurosurgeons also must comply with all requirements of Institutional Review Boards, ensure that appropriate consents are obtained for all research involving human subjects and avoid any activity that could reasonably be construed as scientific misconduct (e.g., misappropriation of research funds; falsification of results or data). In all their scholarly publications, neurosurgeons ensure appropriate attribution and recognition of participating co-researchers and co-authors.

Neurosurgeons who are deficient in character or who engage in fraud or deception should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired neurosurgeon should withdraw from those aspects of practice affected by the impairment.