ABSA Recertification Case Log

Enter the number of cases or hours (not both) on the line following each type of surgery.

GENERAL SURGERY ________________________________

GYNECOLOGICAL SURGERY ________________________________

NEURO-SURGERY ________________________________

ORTHOPAEDIC SURGERY ________________________________

UROLOGICAL SURGERY ________________________________

CARDIO-VASCULAR SURGERY ________________________________

PLASTIC SURGERY ________________________________

TRANSPLANT SURGERY ________________________________

ENT SURGERY ________________________________

ROBOTICS ________________________________

OTHER ________________________________

I certify that the information contained in this document is true and accurate, to the best of my knowledge. I also understand that any intentional misrepresentation or falsifications will result in immediate and permanent termination of my certification, through the ABSA.

Print your name here: ________________________________ Certification Number: ________________

Signature: ________________________________ Date: ________________________________

Rev. 6/28/2019