

Recertification Case Log Form

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:** _____