

ABSA Recertification Case Log

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

GENERAL SURGERY

_____ Cholecystectomy
_____ Appendectomy
_____ Bowel Resection
_____ Thyroidectomy
_____ Gastrectomy
_____ Hernia Repair
_____ Splenectomy
_____ Other: _____

ORTHOPAEDIC SURGERY

_____ Total Hip Arthroplasty
_____ Total Knee Arthroplasty
_____ ACL Reconstruction
_____ Video Arthroscopy
_____ Limb Amputation
_____ Fracture Plating
_____ Hip Pinning
_____ Other: _____

CARDIO-VASCULAR SURGERY

_____ Coronary Artery Bypass Graft
_____ Valve Replacement
_____ Abdominal Aortic Aneurysm
_____ Carotid Endarterectomy
_____ Other: _____

TRANSPLANT SURGERY

_____ Kidney
_____ Liver
_____ Heart
_____ Other: _____

OB/GYN SURGERY

_____ Abdominal Hysterectomy
_____ Vaginal Hysterectomy
_____ Caesarian Section
_____ Tubal Ligation
_____ Bilateral Salpingo-Oophorectomy
_____ Other: _____

NEURO-SURGERY

_____ Hemi-Discectomy
_____ Craniotomy
_____ Anterior Cervical Discectomy
_____ Other: _____

UROLOGY

_____ Prostatectomy
_____ Nephrectomy
_____ Orchiectomy
_____ Other: _____

PLASTIC SURGERY

_____ Facial Surgery
_____ Breast Augmentation
_____ Breast Reduction
_____ Liposuction
_____ Other: _____

ENT SURGERY

_____ Tracheostomy
_____ Parotidectomy
_____ Septal Surgery
_____ 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.

Type your name here: _____ **Certification Number:** _____

Signature: _____