

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: _____