ENTRANCE EXAMINATION GUIDELINES

ASOPRS Oral and Written Entrance Examinations are designed to evaluate the breadth and depth of the basic science, technique and clinical knowledge of candidates who have satisfactorily completed an accredited program of education in ophthalmology, with further fellowship training and/or experience in oculofacial plastic and reconstructive surgery.

ASOPRS Education Committee develops and administers the exams, given once a year preceding the Fall Scientific Symposium.

The eligibility provisions in the Bylaws and Rules and Regulations for the examinations are subject to change without notice. In the event of any inconsistency or omission between the ASOPRS Bylaws, Rules and Regulations and this publication, the Bylaws or Rules and Regulations govern.

FEES
The $500 membership application fee includes administration of the exams.

CANCELLATION POLICY
If cancellation occurs within 60 days of the exam a $250 administrative fee is charged when registering for the next scheduled examination.

If ASOPRS is unable to administer the exams at the scheduled date, time and/or location due to circumstances beyond control, the exams may be cancelled. ASOPRS is not responsible for expenses incurred, nor for any expense incurred with a rescheduled examination.

DISCLOSURE
After submission of a membership application, candidates have a continued obligation to disclose circumstance(s) which affect their eligibility for membership, and/or to sit for the examinations (e.g. loss of medical license).

AMERICANS WITH DISABILITIES ACT (ADA)
To accommodate individuals with disabilities, ASOPRS will make reasonable modifications to the examinations that do not fundamentally alter the requirements of the examination or the measurement of the skills or knowledge the exams test.

A candidate who is disabled within the definition of the ADA, may request an examination under nonstandard conditions by notifying the Executive Office of the disability and specific requests. Accommodations will not be made if requests are not made at least 4 weeks prior to the exam.
RETAKE
If either exam is failed, the exam(s) may be retaken at the next scheduled exam. If either exam is failed a second time, both the oral and written exam must be repeated at the next scheduled exam. If either exam is failed a third time, the applicant must reapply for membership.

RESULTS
Results will be sent by email. Results are final and not subject to appeal.

DISCIPLINARY SANCTIONS
ASOPRS has the authority to impose disciplinary sanctions upon a candidate for the following reasons:

1. Violation of rules and regulations relating to the written or oral exam and applications to take the exam;
2. Substantial misstatement or omission of a material fact on application or other documentation submitted;
3. Presenting or distributing, or aiding another person(s) in presenting and distributing, a forged document or other written instrument purporting to have been issued by ASOPRS as evidence that a candidate is currently or was previously accepted into membership, when that is not the case; or claiming orally or in writing, or assisting another person(s) to claim orally that a candidate is currently or was previously accepted into membership, when that is not the case;
4. Any license of the person to practice medicine is not, or ceases to be, a valid and unrestricted license to practice medicine within the meaning set forth in the Rules and Regulations of the Society;
5. Issuance of a membership certificate contrary to or in violation of ASOPRS rules and regulations;
6. Ineligibility of the person to whom the certificate was issued to receive the certificates;
7. Engaging in any conduct that materially disrupts any exam or that could reasonably be interpreted as threatening or abusive toward any examinee, proctor or staff.
8. Revealing exam questions.

Written Exam
The Written Exam consists of 300 multiple-choice questions; candidates have four hours to complete the written exam in a proctored setting. Scantron sheets, Number 2 pencils and an exam booklet are provided.

Aspects of the candidates' ability that are tested include the following:
- Recall of Information
- Understanding and Application of Basic Knowledge
- Relation of Pathogenesis to Disease Process
- Evaluation of Clinical Data
- Utilization of Diagnostic and Therapeutic Procedures
- Anticipation and Recognition of Complications
- Ethics of an Oculoplastic & Facial Surgery Practice

Oral Exam
The Oral Exam is administered over a four-hour time period, following a lunch break after the Written Exam. There are two parts to the Oral Examination (A & B), each taking one hour. Each part is administered by a minimum two examiners. Candidates may have an hour break before or between parts and will spend it in the proctored Written Exam room.
The oral examination places emphasis on the following:

- **DATA ACQUISITION:** Recognition by the candidate of depicted abnormalities and diseases. Candidates will be asked for historical information, examination data, and ancillary testing that might be obtained on a patient with a particular condition depicted or described.

- **DIAGNOSIS:** The ability of candidates to synthesize historical and physical evaluation information, along with the appropriate laboratory and imaging data to arrive at correct diagnoses and differential diagnoses.

- **TREATMENT:** The candidate will be expected to provide a reasonable and appropriate plan for medical and/or surgical management of patients with the condition(s) depicted or described and be able to discuss the prognosis, potential disease-related complications, and treatment risks for the particular condition.

### ASOPRS EXAMINATION TOPICS

The written and oral examinations are designed to test the wide breadth of knowledge in all aspects of oculofacial plastic and reconstructive surgery. Although various training programs may have limited exposure to some areas, candidates should expect the exam to cover all areas. These topics serve as a guideline, but questions may also be derived from the Oculofacial Plastic Surgery Education Center (see below), major textbooks in the field, and landmark articles in the peer-reviewed literature.

- **Anatomy of the Orbit & Eyelids**
- **Congenital Anomalies**
- **Entropion, Ectropion, Retraction, Trichiasis, & Lagophthalmos**
- **Blepharoptosis**
  - Anatomy/Pathology/Etiology, Types of Ptosis, Surgical Techniques/Surgical Complications, Miscellaneous
- **Blepharoplasty**
  - Surgical Techniques/Complications, Asian Blepharoplasty/Lid Crease Revision, Miscellaneous
- **Eyelid Tumors & Disease, Diagnosis &Therapy**
  - Therapy/Diagnosis Inflammatory Diseases/Infections, Vascular Lesions, Basal Cell Carcinoma, Squamous Cell Carcinoma, Malignant Melanoma, Sebaceous Gland Carcinoma, Metastatic Carcinoma, Eyelid Reconstruction/Flaps
- **Eyelid & Canaliculicar Trauma, Reconstruction**
- **Thyroid Eye Disease**
  - Diagnostic Techniques/Pathophysiology/General Reference, Eyelid Retraction, Orbital Decompression, Radiation Therapy, Non-surgical Treatment, Miscellaneous
- **Orbital Disorders**
  - Congenital Defects, Infections, Inflammatory Diseases, Cysts, Vascular Disease, Neural Diseases, Rhabdomyosarcoma, Lacrimal Gland Disease, Mesenchymal Disease, Lymphoproliferative Diseases, Osseous Diseases or Defects, Secondary Tumors or Effects on Orbit, Metastatic Tumors, Diagnostic Techniques, Surgical Techniques, Management of Complications, Miscellaneous
- **Enucleation, Evisceration, Exenteration**
  - Anophthalmic Socket, Socket & Fornix Reconstruction, Implants/Dermis Fat Grafts, Enophthalmos / Sulcus Deformity, Prostheses, Intraocular Tumors Conjunctival-Corneal Disorders, Miscellaneous
- **Fractures of the Orbit**
  - Diagnostic Techniques/Pathophysiology/General Reference, Surgical Techniques, Complications, Implants/Grafts, Medial Wall/Roof/Zygoma Fractures
- **Lacrimal**
  - Pathophysiology/General Reference, Diagnostic Techniques, Congenital Anomalies, Punctal Problems, Intubation, Dacryocystorhinostomy, Conjunctivodacryocystorhinostomy, Tumors
Cosmetic Surgery
Facial Anatomy, Brow/Forehead Lift, Midface/Cheek Lift, Fat Transfer, Complication

Nonsurgical Aesthetic Options
Blepharopigmentation, Chemodenervation, Soft Tissue Augmentation, Lasers (ablative and nonablative), Patient Selection and Complications

Miscellaneous Topics
Essential Blepharospasm/Facial Dyskinesia, Tarsorrhaphy, Anesthesia/Patient Care in OR, Ethics of Patient Care

OCULOFACIAL PLASTIC SURGERY EDUCATION CENTER aao.org/asoprs-center
An ongoing collaboration between ASOPRS and the AAO, the online knowledge base will help you in your mastery of oculofacial plastic surgery. You have free access and are advised to use the education center as the definitive resource, especially in preparation for the written and oral entrance examinations.

Questions? Contact the ASOPRS Executive Office.