2020 AANS GOODMAN

Oral Board Preparation

Virtual Course
Oct. 27-29

Course content reflects important changes in the ABNS exam format
LEARNING OBJECTIVES
Upon completion of this activity, participants should be able to:
- Discuss contemporary neurosurgery topics, including general, trauma, spine, vascular, tumor, pediatrics and peripheral nerves.
- Examine the format of the ABNS Oral Exam.
- Compare approaches to standard and complex neurosurgical problems with those of contemporaries.
- Identify areas of neurosurgery where further study would be beneficial in preparation for the ABNS Oral Exam.

AGENDA

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<th>Day 1</th>
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<td>7-7:30 am</td>
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<td>7:30-9:30 am</td>
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<td>9:30-10 am</td>
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<tr>
<td>10 am-12 pm</td>
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<td>12-1 pm</td>
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<td>1-3 pm</td>
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<td>3-3:30 pm</td>
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<td>3:30-5:30 pm</td>
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<th>Days 2 and 3</th>
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<td>7-9:30 am</td>
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COURSE DATE
Oct. 27-29, 2020

COURSE LOCATION
Virtual

The October Goodman course is now a virtual course with the same format and schedule as the popular in-person course, including opportunities to network with fellow attendees. Prepare for the oral exam with the same high-quality, interactive three-day course from your home or office.

Plenary Session topics include spine, endovascular, tumor, pediatrics, peripheral nerves, cerebrovascular, head trauma/ICU and general neurosurgery.

Registration includes a copy of the “Handbook of Neurosurgery” by Mark Greenberg, MD, or “Goodman’s Neurosurgery Oral Board Review” by Allan D. Levi, MD, PhD, FAANS.

The times of the course are Central Time.

Faculty and agenda subject to change.

Note: Videotaping, recording or photographing any portion of this course is strictly prohibited by the AANS.
REGISTRATION FORM

2020 AANS Goodman Oral Board Preparation

COURSE
☐ Oct. 27-29

FEES
☐ Member Full Course $2,300
☐ Non-member Full Course $2,500
☐ Military Full Course $2,000
☐ Plenary Session Only* $1,900

YOUR SUBSPECIALTY (pick one)
☐ General
☐ Pediatrics
☐ Tumor
☐ Functional
☐ Spine
☐ Trauma/Critical Care
☐ Vascular

*Does not include One-on-one or Hot Seat Sessions.

REGISTRANT INFORMATION
For multiple registrations, photocopy this form. Enclose only one check for multiple registrants.

REGISTRANT’S NAME

CREDENTIALS

ADDRESS

CITY

STATE

ZIP CODE

PHONE

FAX

EMAIL

☐ Please contact me regarding special needs associated with a handicap or disability.

AANS POLICY REGARDING HARASSMENT/DISRUPTIVE BEHAVIOR AT MEETINGS & COURSES
☐ I have read the AANS Policy Regarding Harassment and Disruptive Behavior at Meetings and Courses and understand that, as an AANS/NREF/NPA Board, committee member, speaker, content planner or staff, I need to be aware of this policy and will report any perceived violations to the AANS Chief Executive Officer or to AANS/NREF/NPA legal counsel.

REGISTER AT WWW.AANS.ORG/GOODMAN

To pay by check, make the check payable to the AANS and mail registration form to:

AANS
2370 Eagle Way
Chicago, IL 60678-1023

I am scheduled to take my ABNS Oral Exam:
☐ Oct. 2020  ☐ Other:________________________

QUESTIONS?
Email the AANS Division of Education and Meetings at epm@aans.org.

DISCLOSURE
Before the program, all faculty disclose the existence of any relevant financial relationships they, including their spouse or partner, have with an ACCME-defined commercial interest.

ATTIRE
Informal

Faculty members for this course are not currently involved in giving the ABNS Oral Exam, and the AANS has made no attempt to obtain questions from previous examinations.

AMERICANS WITH DISABILITIES ACT
The AANS wants to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services.

If you require any auxiliary aids or services identified in the Americans with Disabilities Act in order to attend this or any AANS program, contact the AANS Education Department at epm@aans.org.
For more educational opportunities and resources, visit www.aans.org.