

AOBFP
SLEEP MEDICINE CONJOINT CAQ
EXAMINATION

ON-LINE CREDIT CARD PAYMENT

NOW AVAILABLE

If you choose on-line payment - **NOTE:** Payment must be made **BEFORE** submitting your paper application to this office. You will be required to submit a **copy** of the payment confirmation page with your materials in order for your application to be processed. An application packet received in our office without payment, or verification of payment, is NOT a complete application.

For complete instructions, please see the payment instructions on page 2, as well as the AOBFP website under the Certification Exams tab.

You may still pay by check. All checks must be issued payable to the AOBFP. All posted deadlines will apply to both forms of payment.

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APPLICATION REQUIREMENTS

BOS CONJOINT COMMITTEE CERTIFYING EXAMINATION IN SLEEP MEDICINE

All applicants must submit the following:

1. Completed application (clearly printed applications only will be accepted)
2. Verification of membership in AOA (this will be verified by the Conjoint Committee)
3. \$1200 application/examination fee – **the same postmark deadlines apply regardless of payment method**
 - if paying online with a credit card - a copy of the payment/transaction confirmation page **MUST** be included with application materials.
 - if paying by check or money order - payee should read payable to AOBFP. Your cancelled check will serve as your receipt of payment, unless a request for a receipt is included with the application.

Applicants with one year of AOA-approved training in Sleep Medicine completed after July 2009 must also submit the following:

1. Copy of Sleep Medicine fellowship certificate (upon completion of training)
2. Program Director report form
3. If in an allopathic (ACGME) program, a copy of letter from AOA verifying registration of the training program with the AOA
4. If in an allopathic (ACGME) program, a copy of the letter from the AOA granting approval of the training in Sleep Medicine and that the “Training is Complete.” (This may be submitted after the exam but must be received prior to the Board submitting your certification to the AOA Bureau of Osteopathic Specialists.)

On-line credit card payment instructions:

- From our website homepage at www.aobfp.org click on the tab labeled “Certification Applications”
- Then click on “Fee Payment.”
- From the AOA/AOBFP exam listing page click on your exam of choice.
- Exam details will display, along with a green “Log In” button.
- Click on the log in button and log in using your AOA User ID and password.
- The screen will return to the listing of exams.
- Re-select the exam of your choice and this time you will see 3 options to the right of the screen.
- Select “Make Payment.”
- Complete the credit card information as required.
- Be sure to print your payment confirmation page in order to include it with your application materials.

If you have any difficulties with this process, please notify us at aobfp@aobfp.org.

INFORMATION FOR THE BOS 2017
CONJOINT EXAMINATION FOR CERTIFICATION OF
ADDED QUALIFICATIONS IN SLEEP MEDICINE

Introduction

The Sleep Medicine program for Certification of Added Qualifications is developed by a conjoint effort of the American Osteopathic Boards of Family Medicine, Internal Medicine, Neurology and Psychiatry, and Ophthalmology and Otorhinolaryngology. This program is designed to recognize excellence among physicians who are specialists in Sleep Medicine.

This information booklet has been prepared by the AOA/BOS Boards participating in the conjoint examination for its Diplomates who are applying for examination in Sleep Medicine. The program will have two components:

- A. Satisfactory completion of training
- B. Successful performance on a comprehensive, one-day examination.

Requirement for Licensure

A valid, unrestricted license to practice medicine in a state of the United States is required of all candidates. A photocopy of the medical license in the state of the current practice must be submitted with the application. Candidates with restricted, suspended or revoked license in any jurisdiction at the time of application, will not be admitted to the examination or be certified.

Prerequisites

A. Training Requirement

Candidates must possess a valid certification certificate by their primary AOA Board and have completed a 12 month AOA approved fellowship in Sleep Medicine which was completed after July 1, 2009.

Dates

The date of the Sleep Medicine Examination is August 29, 2017. The completed application must be submitted *in toto* no later than April 1, 2017. There is a nonrefundable fee of \$100 for withdrawals prior to April 1 and \$400 for withdrawals between April 1, 2017 and May 1, 2017.

Fees

The application/examination fee will be \$1200, which must be submitted in one of two payment options. Payment by check or money order must accompany all application documents no later than the postmark date of April 1, 2017. Payment online by credit card must be made prior to application submission and a copy of the transaction confirmation page must be included with application. There is a nonrefundable fee of \$100 for withdrawals after submission of the application. No refund is granted for any withdrawal postmarked within three months of either exam date.

Address Changes

Registered candidates must notify their Board office, in writing, of any change in address prior to or after the Certifying Examination. Candidates will be responsible for the cost of payment of a duplicate certificate which has been lost and not returned to the Board, in which the mailing address was not the current updated address of the candidate.

Location and Time of Examination

The examination will be administered at regional test sites across the United States arranged with Prometric. Specific details will be forthcoming after the application and supporting documents are reviewed and eligibility confirmed

Instructions for Completing the Application Packet

Please read all of the following information carefully before completing the application form. All of the items on the application forms must be filled out completely or your application will not be accepted. The application form must be printed or typewritten. All supporting documents to be submitted with the application are clearly delineated on the enclosed instruction sheet for all applicants.

Copyrighted Materials

The Sleep Medicine examination is confidential and copyrighted under the Federal Copyright Act. Candidates agree not to copy, reproduce, reconstruct by dictation or other means, or disclose examination content in any manner.

Scoring and Results

Your final score is determined by the number of questions answered correctly. There is no penalty for guessing. The minimum passing score reflects an absolute standard developed by the AOA Boards participating in this conjoint examination. After the exam is given, it will be psychometrically analyzed and evaluated to ensure the reliability of individual results. Your results will be released and a score report will be mailed to you within 90 days of the date of the exam. Scores are provided through the mail only. Copies of your score report will be maintained for one year from the date they were released. During that period you may obtain a duplicate copy of your score report upon written request and a fee of \$25. Questions regarding exam results and any appeals of the examination must be submitted in writing within 30 days of the date results were released.

THE EXAMINATION:General Description

This examination will be a computer-based 5-hour examination consisting of multiple-choice questions of the "one best answer" type. There will be a total of 200 items on the examination which will be administered at Prometric testing sites. The Sleep Medicine Examination will cover the broad aspects of Sleep Medicine that specialists practicing in the field are expected to know. The examination will assess the candidates knowledge and clinical judgment in aspects of Sleep Medicine required to perform at a high level of competence. The examination will include but will not be restricted to:

Fundamentals of sleep including basic sciences related to sleep(physiology, neuroanatomy, etc.), sleep-wake cycles and stages, biologic rhythms, and dreaming; polysomnographic interpretation and scoring including interpretation of PSGs, portable PSGs, MSLTs, and MWTs and assessment of oximetry; technical aspects of operations of the sleep lab including scoring sleep and sleep-related events, scoring MSLTs, perform technical setup and initiation of studies, formal review of sleep-related testing, use and limitations of computerized PSG equipment including transducers and oximeters, administration of oxygen in the laboratory, techniques of application of CPAP/bi-level PAP, and calibration and operation of PSG recording systems; diagnosis/differential diagnosis/treatment/management/followup of sleep disorders including insomnia, sleep-related breathing disorders, hypersomnia of central origin, circadian rhythm disorders, parasomnias, sleep-related movement disorders, isolated symptoms and apparently normal variants, and other sleep disorders; differential diagnosis of sleep disorders by age including pediatric, adolescent, adult and geriatric age groups; interpretation of pulmonary function testing, imaging procedures, esophageal pH monitoring; sleep center management, ethics and public policy including organizational structure of sleep laboratory, medical director responsibilities, medical record and regulatory requirements of a sleep laboratory and its personnel, sleep laboratory accreditation standards, sleep laboratory policies and procedures, instruction to technicians, published Practice Parameters, and ethical principles of sleep laboratory management.

Medical Content Category	Relative Percentage
Fundamentals of sleep	18%
Polysomnographic interpretation and scoring	20%
Technical aspects of operations of sleep lab	10%
Diagnosis/differential diagnosis sleep disorders	25%
Treatment, management, and follow-up	22%
Sleep center management, ethics, public policy	5%

Certificates

Those who passed the examination will receive a Certificate of Added Qualifications in Sleep Medicine by their primary Board. All certificates will be time-limited and will be valid for ten (10) years from the date of certification. The diplomate must maintain a valid certification certificate in their primary specialty or subspecialty in order for the certificate of Added Qualifications in Sleep Medicine to remain valid. The Sleep Medicine Certificate will become invalid the date that the diplomate's primary or subspecialty certificate becomes invalid. The certificate of Added Qualifications in Sleep Medicine will be awarded after the AOA Bureau of Osteopathic Specialists gives final approval of the examination process for each candidate. This approval process will take approximately six months following the notification of successful completion of the examination. On written request and payment of a fee of \$200, candidates may obtain rescoring of the examination within a year of receiving the results. The answer sheets of candidates will be destroyed thirty-six months after administration of the examination.

Preparation

The Board can make no specific recommendation about study methods, review courses, etc., to prepare for the examination; however, extensive self study of Sleep Medicine in texts and journals and participation in continuing medical education programs and review courses in Sleep Medicine should be useful.

PLEASE PRINT

APPLICATION FOR ADMISSION TO THE BOS CONJOINT COMMITTEE
SLEEP MEDICINE CERTIFYING EXAMINATION

INSTRUCTIONS

Payment must be made either: online by credit card prior to submission of this application, or a check or money order to be included with this application. The fee and application must be in the hands of the American Osteopathic Board of Family Physicians no later than June 1st. If, upon investigation, the qualifications of the application are not found acceptable, the AOBIM will retain the application fee of \$100.00 to defray the cost of processing this application.

1. Name _____

2. Mailing address _____

3. E-mail address _____

4. Office telephone # () _____

Payment Transaction # _____

A copy of your payment confirmation page
MUST be included with this application

5. Are you a member of the AOA? _____ How long? _____ AOA# _____

6. Which AOA Board are you certified? AOBFP _____ AOBIM
AOBNP _____ AOB00HNS _____

Certificate no. _____ Dates (issue & expiration) _____

7. Fellowship training in Sleep Medicine from _____ to _____
(month-day-year) (month-day-year)

Training institution _____

Program Director _____

8. Please answer each of the following questions. If the answer to any is yes, please append full details to this application.

	<u>Yes</u>	<u>No</u>
Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended?	___	___
Have you been the subject of any disciplinary action by any medical society or staff within the past five years?	___	___
Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted within the past five years?	___	___
Have you ever been convicted of a crime other than a minor traffic violation?	___	___
Have you ever been involved in a proceeding in which professional malpractice on your part was alleged?	___	___
Have you been subject to disciplinary action for substance abuse?	___	___

Application Statement: I hereby make application for admission to examination leading to the issuance to me of the Certificate of Added Qualifications in Sleep Medicine.

I agree that my professional qualifications, including my moral and ethical standing in the medical profession and my competence in clinical skills, will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals or other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any one acting on my behalf. I agree that the Board and the AOA shall be the sole judge of my credentials and qualifications for admission to the examination and for certification.

I hereby declare under penalty of perjury that the information given in this application is true and correct to the best of my knowledge and belief.

Signature

Date

RETURN ALL APPLICATION MATERIALS TO:

American Osteopathic Board of Family Physicians
330 E. Algonquin Rd., Ste. 6
Arlington Heights, IL 60005

APPLICATION CHECKLIST –

Application Form with photo attached, copy of medical license with expiration date, and copy of fellowship certificate and letter of recommendation from program director

Application fee of \$1,200 check or money order made payable to AOBFP; OR
copy of online payment confirmation page

Program Director's Report form

TO YOUR KNOWLEDGE, HAS THE CANDIDATE NAMED ABOVE BEEN:

Convicted of a crime (other than a minor traffic violation)?

Yes ___ (if yes, please comment) No ___

Subject to disciplinary action for substance abuse?

Yes ___ (if yes, please comment) No ___

Subject to any type of disciplinary action by your department or section?

Yes ___ (if yes, please comment) No ___

COMMENTS: (If more space is needed, please attach a separate sheet)

The physician listed on this form has signed an agreement which contains the paragraph printed below authorizing you to release information to the Board.

"I agree that my professional qualifications, including my moral and ethical standing in the medical profession and my competence in clinical skills, will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals or other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any one acting on my behalf. I agree that the Board shall be the sole judge of my credentials and qualifications for admission to the examination and for certification."

PLEASE PRINT OR TYPE

Program Director name: _____

Name of Institution: _____

Program Director signature: _____

Date: _____

After completion this form is to be returned to: American Osteopathic Board of Family Physicians, 330 E. Algonquin Rd., Ste. 6, Arlington Heights, IL 60005