

AOBFP  
OCC COMPONENT 4 MODULE APPLICATION

**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 and therefore not eligible for review.

For complete instructions, please see the payment instructions on page 4 as well as the AOBFP website under the OCC (Recert) tab by clicking on "Fee Payment".

You may still pay by check. All checks must be issued payable to the AOBFP.

AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS (AOBFP)  
 330 E. Algonquin Rd., Suite 6  
 Arlington Heights, IL 60005  
**847-640-8477** email [aobfp@aobfp.org](mailto:aobfp@aobfp.org)

**APPLICATION FOR MODULE COMPLETION  
 OSTEOPATHIC CONTINUOUS CERTIFICATION (OCC)**

The examination process previously referred to as recertification is now titled as ‘Osteopathic Continuous Certification’ to reflect an ongoing evaluation process throughout each eight-year certificate cycle. This application with the required fees ONLY covers registration for the modules that must be completed within the first six years of a full eight-year certificate cycle. A separate application and fee will be required for your completion of both the cognitive assessment exam and the OMT practical exam, which must be completed in the seventh or eighth year of your certification cycle. The full OCC process and all its components may be viewed at our website. Candidates are expected to fully review that online information to assist with their completion of this application.

A transition schedule effective January 1, 2013 for moving those already certified/recertified by the current process into the OCC process is –

	<u>Latest Certificate Expiration Date</u>	<u>No. of Modules to be Completed</u>
Group 1	2013, 2014 or 2015	None until certificate renewed
Group 2	2016, 2017 or 2018	2 prior to certificate renewal
	Cognitive/practical exam may be completed before full completion of the modules.	
Group 3	2019 or 2020	4 prior to certificate renewal
	Cognitive/practical exam must be completed in the last two years of certificate cycle; two modules must be completed in 2016-2017 with two modules completed in 2018-2019.	

Once a diplomate is awarded another certificate for a full eight-year cycle, modules will be completed in two three-year periods (2 modules in first three years of cycle, final 2 modules in second three years of cycle), with the cognitive/practical exam completed in the last two years of certificate cycle.

## FEES

### Four Module completions

- Submission of chart abstractions
- Performance reports
- Educational unit
- Chart abstractions
- Required examination

\$2,050 – Full payment for those required to complete four modules

\$1,075 – 1<sup>st</sup> payment submitted with application for first two modules of required four modules

OR

\$1,075 - Full payment for those required to complete only two modules

OR

\$1,075 – 2<sup>nd</sup> payment submitted with application for second two modules)

### Deadlines/Inactivation of Certification

There will be no deadlines or late fees attached to applications submitted for module completion. There is, however, a deadline for completion of the modules as outlined above in the transition schedule.

### Module Selections and Completion

The 'clinical' modules offered include diabetes mellitus, low back pain, and coronary artery disease; an additional module covering hypertension is currently being finalized. The 'professionalism' modules offered are communication, cultural competency, and medication safety communication.

### Acceptance of Programs Other Than OCCAP Modules (For Those Applying Under Limited Scope and Non-Clinical Practice Pathways)

Patient scenarios not requiring chart abstractions are currently being developed in the major content areas of family medicine. Practice performance assessment modules will not be accepted from other certification programs or vendors.

## **On-line credit card payment instructions:**

- From our website homepage at [www.aobfp.org](http://www.aobfp.org) click on the tab labeled “OCC (Recert)”
- Then click on “Fee Payment.”
- From the AOA/AOBFP exam/module listing page click on your module requirement.
- Module requirement 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/modules.
- Re-select your module requirement 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](mailto:aobfp@aobfp.org).

AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS  
APPLICATION FOR OCC MODULE COMPLETION

1<sup>st</sup> app submission  
 2<sup>nd</sup> app submission

**PRINT LEGIBLY OR ENTER DATA**

**DATE** \_\_\_\_\_

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Mailing Address City State Zip Code

E-Mail Address \_\_\_\_\_

**(REQUIRED** - do not spam block AOBFP from e-mail; many communications and access codes will be e-mailed)

\_\_\_\_\_  
(Area Code) – Home Tel. No. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
(Area Code) – Office Tel. No. AOA Membership No. \_\_\_\_\_

**Payment Transaction #** \_\_\_\_\_  
A copy of your payment confirmation page MUST be included with this application.

AOBFP Certificate No. \_\_\_\_\_ Date of Certification \_\_\_\_\_ Expiration Date \_\_\_\_\_

Fill in if previously recertified -  
Recertification Date \_\_\_\_\_ Recertification Expiration Date \_\_\_\_\_

Recertification Date \_\_\_\_\_ Recertification Expiration Date \_\_\_\_\_

Certified in other specialties? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list additional Certification Areas, Nos. & Dates

**PROFESIONAL ACTIVITY PATHWAY**

Select one of the following pathways describing your practice as defined within AOBFP's OCC Guidelines. The pathway selected will determine the types of modules to be completed.

- \_\_\_\_\_ Full-scope clinical practice
- \_\_\_\_\_ Limited-scope family medicine (Include explanation of practice on separate pgs.)
- \_\_\_\_\_ Non-clinical practice (Include explanation of practice on separate pgs.)

The AOBFP is currently developing educational modules with patient scenarios (without chart abstractions) in the major content areas of family medicine to be completed by **limited scope** and **non-clinical physician** diplomates.

**MODULE COMPLETION/PAYMENT****OPTION 1 – 2 MODULES OVER INITIAL THREE PERIOD**

\_\_\_\_\_ I elect to make application and payment at this time for the completion of two modules in the next three years. I understand the payment of \$1,075 includes these modules and additional application and payment of \$1,075 would be required for the two modules to be completed in the subsequent three-year period. A separate application and fee would also be required for the cognitive assessment and practical exam.

Portion of  
module  
payment

**SELECTION OF MODULES FOR COMPLETION**

Indicate your selection of two modules to be completed by sequencing by number (1 thru 2) the appropriate modules. Selection 2 must be a clinical module.

**Professionalism Modules**

\_\_\_\_\_ Cultural Competency  
 \_\_\_\_\_ Communication  
 \_\_\_\_\_ Medication Safety Communication

**Clinical Modules**

\_\_\_\_\_ Diabetes Mellitus  
 \_\_\_\_\_ Low back pain  
 \_\_\_\_\_ Coronary Artery Disease  
 \_\_\_\_\_ Hypertension

**OPTION 2 – 4 MODULES OVER TWO THREE-YEAR PERIODS**

\_\_\_\_\_ I elect to make application and payment at this time for the completion of four modules in the next six years. I understand the payment of \$2,050 applies to these modules and a separate application and fee would be required for the cognitive assessment and practical exam.

Full  
module  
payment

**SELECTION OF MODULES FOR COMPLETION**

Indicate your selection of four modules to be completed by sequencing by number (1 thru 4) the appropriate modules. Selection 2 must be a clinical module, selection 3 the remaining professionalism module, and selection 4 the remaining clinical module.

**Professionalism Modules**

\_\_\_\_\_ Cultural Competency  
 \_\_\_\_\_ Communication  
 \_\_\_\_\_ Medication Safety Communication

**Clinical Modules**

\_\_\_\_\_ Diabetes Mellitus  
 \_\_\_\_\_ Low back pain  
 \_\_\_\_\_ Coronary Artery Disease  
 \_\_\_\_\_ Hypertension

Once your application has been reviewed and approved, you will receive concise instructions for starting completion of your selected modules.

**PROFESSIONAL MEMBERSHIPS**

American Osteopathic Association \_\_\_\_\_ No \_\_\_\_\_ Yes – Since \_\_\_\_\_ to 20 \_\_\_\_\_

American College of Osteopathic Family Physicians (ACOF) \_\_\_\_\_ No \_\_\_\_\_ Yes – Since \_\_\_\_\_ to 20 \_\_\_\_\_

**LICENSURE STATUS**

Do you hold a full, unrestricted medical license in the state in which your practice is conducted?  
Yes \_\_\_\_\_ No \_\_\_\_\_

<u>STATE LICENSES</u>	<u>License Number</u>	<u>Date Issued</u>

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

	<u>No</u>	<u>Yes</u>
Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended? If yes, include court order	_____	_____
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 ever been subject to disciplinary action for substance abuse?	_____	_____

**APPLICANT RELEASE STATEMENT**

**The following statement of release is required of each applicant by the AOA.**

I hereby make application to the American Osteopathic Board of Family Physicians for examination leading to recertification in family practice. This action is made in accordance with and subject to the Constitution, Bylaws, Regulation and Requirements of the AOBFP and the American Osteopathic Association (AOA). I understand that the recertifying examination is a proprietary document of the AOBFP and the AOA and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination. I also understand that because of the confidential nature of this examination, I do not have the right to copy or retain examination questions, either in written form or by mental retention, or transmit them in any form to any party.

I agree to disqualification from examination or from issuance of recertification or to the surrender of such recertification as directed by the AOBFP and/or the AOA in the event that any of the Bylaws, Rules, Regulations and Requirements governing such examinations are violated by me or in the event that I did not comply with any of the provisions of the Constitution, Bylaws, Regulations and Requirements of the AOBFP and/or the AOA.

I agree that my professional qualifications, including my moral and ethical standing in the osteopathic 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, program directors 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 person acting on my behalf. I agree that the Board and the American Osteopathic Association shall be the sole judges of my credentials and qualifications for admission to the examination and for recertification.

I hereby authorize the AOBFP to release my grade or grades given with respect to any certifying examination in accordance with the guidelines as set forth within the Handbook of the AOA Bureau of Osteopathic Specialists and the ACOFP Committee on Evaluation and Education.

I hereby release, discharge, exonerate and agree to hold harmless the American Osteopathic Association, the American Osteopathic Board of Family Physicians, their members, examiners, trustees, officers, representatives and agents and free from any action, suit, obligation, damage, expense, claim, demand or complaint by reason of any action they or any one of them may take in connection with this application, such recertifying examinations, the grade or grades given with respect to any recertifying examination and/or the failure of the AOBFP to recommend issuance to me of such recertification, or the revocation of any recertification issued pursuant to this application. It is understood that the decision as to whether my performance on any recertification examination qualifies me for recertification rests solely and exclusively with the AOBFP and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the recertifying examination's content and/or administration, or any other issue relating to the recertification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I agree to abide to the AOA Code of Ethics as an AOBFP diplomat.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBFP or the AOA. I have this day carefully read and agreed to full compliance with the foregoing.

I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature



**SEND ALL APPLICATION MATERIALS TO:**

American Osteopathic Board of Family Physicians  
330 E. Algonquin Road, Suite 6  
Arlington Heights, IL 60005  
Telephone Number - (847)640-8477

**PRIORITY MAIL WITH SIGNATURE CONFIRMATION IS RECOMMENDED FOR YOUR IMMEDIATE CONFIRMATION BY POSTAL SERVICE OF RECEIPT IN AOBFP OFFICE. AOBFP WILL NOT VERIFY RECEIPT PRIOR TO FULL PROCESSING.**

**APPLICATION CHECKLIST:**

- Completed, signed and dated application
- Copy of the payment/transaction confirmation page- *if* payment was made by on-line credit card option
- Copy of valid, unrestricted state medical license with expiration date
- Written verification from the AOA confirming membership in good standing at time of application; contact AOA Customer Resource Center at (800)621-1773 and they will forward directly to the AOBFP
- If applicable, copy of court order(s) if license is restricted
- If applicable, summary of malpractice proceedings
- Check made payable to AOBFP in 1<sup>st</sup> payment or second payment amount of \$1,075 OR in full 4 module payment amount of \$2,050

**Additional Fees**

\$ 50	Processing fee for returned checks
\$150	Nonrefundable fee withheld from refund for application processing when applicant is ineligible or requests a refund

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

**FURTHER NOTIFICATIONS TO CANDIDATES**

After an application is fully processed, an authorization letter will be provided to inform the candidate of the procedure to follow to begin completion of applied for modules with further instructions for the subsequent steps in the OCC process.