

AOBFP  
**RE-ENTRY COGNITIVE & PRACTICAL  
CERTIFICATION EXAMINATION**

APPLICATION – October 21, 2017  
Cognitive Exam

October 6-8, 2017  
Practical OMT Exam  
Philadelphia, PA

**IF YOU INTEND TO APPLY FOR PRACTICE PERFORMANCE ASSESSMENT MODULE COMPLETION, THIS IS INCORRECT APPLICATION; USE 'OCC MODULE APPLICATION'**

This application and exam is intended to be completed only by those with –

- 1. Certification or recertification certificates that have been in expired status for 3 or more years**

**POSTMARK DEADLINES AND FEES (Includes Practical & Cognitive) –**

April 1	\$ 1,000
May 1	\$ 1,200
June 1	\$ 1,300

**QUESTIONS? - CONTACT US AT (847)640-8477**

Website – [www.aobfp.org](http://www.aobfp.org)

**CME HOURS** - It is extremely important to note that YOU MUST DOCUMENT THE REQUIRED NO. OF CME CREDITS FOR ELIGIBILITY. The Fall 2017 exam requires **60** CME hrs. recorded on the current (2016) AOA CME Activity Report. It is the candidate's responsibility to provide on a timely basis to the AOA Department of CME their appropriate documentation of attendance at or completion of courses to be entered on the activity report. If necessary, the AOBFP will review a limited number (**up to 8**) of CME certificates to apply toward your eligibility for this exam session.

Dear Doctor:

The Fall 2017 cognitive assessment and practical portions of the **Re-Entry Cognitive & Practical** exam are required for completion by those diplomates with certificates that have been in expired status for 3 or more years. Diplomates achieving certification after successfully completing this exam will transition into the Osteopathic Continuous Certification (OCC) process, which will be an ongoing evaluation process throughout each eight-year certificate cycle. OCC includes an additional component, practice performance assessment that will involve the completion of clinical and professional topic modules to measure improvement against national standards.

A separate application is required to register for module completion. The full OCC process and all its components may be viewed at our website [www.aobfp.org](http://www.aobfp.org). Candidates are expected to fully review that online information. The cognitive and practical exam must be completed prior to submission of an OCC Module Application.

Please note that a diplomate holding an initial non time-limited certificate (primary certification awarded prior to March 1997) will not lose that certification status if the OCC process is not continued, as long as AOA membership is continually in place with no licensure issues and the required CME hrs. are maintained. Diplomates with time-limited certificates must participate in the OCC process to maintain their certification.

Included is an application and information pertaining to the cognitive and practical portions of the Family Medicine/OMT certification examination. The cognitive assessment portion of the examination (half day) will be a computer-based exam given on Saturday, October 21, 2017 at regional test sites made available by Pearson VUE, our testing vendor. You will be provided with detailed information from Pearson VUE for the selection of your test site only after your completed application and supporting documents have been received by the AOBFP, fully processed/verified, and your eligibility is confirmed in writing. We require at least four weeks after receipt for the processing of your materials. Once you have received your verification from the AOBFP that you are approved for examination, **it is to your benefit to contact Pearson VUE in a timely manner to select your preferred test site, as confirmation will be provided on a first come, first serve basis.** If you wish to complete the cognitive exam at a date later than October 21, 2017, please note that in a cover letter or at the top of the application form. At this time, you may access the testing vendor's website at [www.pearsonvue.com/aobfp/](http://www.pearsonvue.com/aobfp/) to view a sample of regional sites that may be available when it is time for you to make a selection.

The practical performance evaluation portion of the OCC exam requires your travel to one of the convention sites for completion. The Fall 2017 AOA OMED conference and the Spring 2018 ACOFP conference will both be sites. The Fall 2017 AOA OMED conference dates are October 7-11, 2017 in Philadelphia, PA; and, the Spring 2018 ACOFP conference dates are March 22-25, 2018 in Austin, TX. The practical exam will be offered on Friday thru Sunday, October 6-8, 2017; and, Tuesday thru Friday, March 22-23, 2018. You may indicate your selection for one of those sessions at the top of the application form. However, when the practical exam is given over a number of consecutive days, there is no guarantee you will be scheduled for the day you select. We would then try to schedule you for the pre- or post-day that is available. Dates for the practical will be assigned as the AOBFP processes completed applications in their order of receipt. Therefore, you may want to indicate a first and second choice date for the practical. Travel arrangements should not be made until scheduling is confirmed upon receipt of an authorization letter including scheduling confirmation.

### **Voluntary Process**

Family medicine continuous certification is a **voluntary** exam process for family physicians certified **prior** to March 1997. Unsuccessful examination will **not** result in the revocation of original certification in family medicine. A certification certificate notating an expiration date eight years thereafter will be awarded to successful candidates upon AOA approval. Once this process is started, it is recommended that successive examinations be completed every eight years; a certificate will be awarded after each of those examinations. Reexamination for unsuccessful candidates is offered at the next available administration.

### **Mandatory Process**

OCC is a **mandatory** exam process for family physicians with a certificate dated in March 1997 or thereafter. Successful candidates will receive a certificate upon the expiration of their original certificate notating an expiration date eight years thereafter. Reexamination for unsuccessful candidates is offered at the next available administration.

### **Maintenance of Certification**

AOA membership must remain in good standing for a continuous period with the documentation of at least **150** CME hours, with at least 30 in Category 1-A, per three-year AOA cycle. A minimum of 50 hours must be obtained in the primary specialty area.

### **Eligibility Requirements**

- Previously held primary certification in family medicine
- Current practice as a family physician
- AOA member in good standing at the time of application
- Documentation of a minimum of **60** CME hours on the current (2016) AOA CME Activity Report. Copies of attendance certificates (up to 8) are also acceptable for those credits recently acquired that are not yet noted on the activity report. Applicants with waivers of CME for AOA membership due to financial hardship or active military service **are not** waived from the CME requirement for exam eligibility. The AOA activity report must be provided for review with all documentation.
- Hold an active, unrestricted medical license (An applicant that has a restricted license may petition the Board for the ability to enter the exam process based upon review of the reason for licensure restriction. A copy of the court order should be included with the submitted application documents.)

### **Examination Fee**

The applicable examination fee, based on the postmark deadline, is payable with the application and supporting documents. Additional fees apply for cancellations and rescheduling. Your cancelled check will serve as your receipt of payment, unless a request for a receipt is included with the application.

### **Exam Content**

The exam includes both an OMT practical exam and a cognitive assessment exam consisting of approximately 400 questions covering the major disciplines within family medicine. Those major areas include Allergy/Immunology & Rheumatology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Geriatrics, Hematology, Neurology, Osteopathic Principles, Pulmonology, Urology & Nephrology, Adolescent Medicine, Sports Medicine, EENT, General Surgery, Orthopedics, Ob/Gyn, Pediatrics, Medical Jurisprudence, Psychiatry, Preventive Medicine and Women's Issues.

This is a full day exam.

### **Computer Knowledge**

The candidate must have a minimal working knowledge of a computer mouse, have the ability to "point and click", and have a basic understanding of Microsoft Windows operating system. The testing vendor's website at [www.pearsonvue.com/aobfp/](http://www.pearsonvue.com/aobfp/) may be visited at any time for viewing of a computer-based tutorial.

### **Submission of Application**

To apply for examination, submit all of the following **in one mailing** to AOBFP by either of the applicable postmark deadline dates, but no later than a final postmark of **June 1, 2017**.

- Completed, signed and dated application
- Documentation of a minimum of **40** CME hrs.on the current (2016) AOA CME Activity Report. Copies of attendance certificates (up to 8) are also acceptable for those credits recently acquired that are not yet noted on the activity report. Applicants with waivers of CME for AOA membership due to financial hardship or active military service **are not** waived from the CME requirement for exam eligibility. The AOA activity report must be provided for review with all documentation.
- Copy of medical license reflecting expiration date in the state in which practice is conducted. (A candidate petitioning with a restricted license must submit a copy of the court order with the other application documents.)
- Signed and dated 'Statements of Understanding – Application Points of Information'

### **Special Accommodations – ADA and Religious Observances**

Candidates seeking special ADA accommodations must submit the required documentation as specified within the AOBFP 'Criteria Policy for Documentation of a Disability – Request for Accommodation Candidate Handbook' along with the AOBFP

'Request for Accommodation Application'. The handbook and application are available on our website for printing. The request for accommodation application and supporting documentation **must be submitted with the completed application for examination and postmarked by the initial deadline date.**

Candidates finding conflict with scheduled examination dates due to religious observances must provide a written explanation of the conflict with letters of verification from the clergy on official stationery with original signature and dated, which is to accompany the completed application and supporting documents due by the initial postmark deadline date.

**POSTMARK Deadlines and Fees** – Check or money order made payable to AOBFP; credit cards not accepted; late fees are nonrefundable.

- No later than April 1,           \$1,000
- No later than May 1,           \$1,200 (includes \$200 late fee)
- No later than June 1,         \$1,300 (includes \$300 late fee)

**ALLOW AT LEAST FOUR WEEKS FOR AOBFP PROCESSING OF YOUR APPLICATION MATERIALS. CONFIRMATION OF RECEIPT AND ELIGIBILITY WILL BE AVAILABLE AFTER THAT TIME. MATERIALS SHOULD BE SENT USING A TRACEABLE METHOD OF MAILING TO ALLOW FOR IMMEDIATE CONFIRMATION BY POSTAL SERVICE OF RECEIPT IN AOBFP OFFICE. AOBFP WILL NOT VERIFY RECEIPT PRIOR TO PROCESSING.**

Scheduling will be confirmed in writing from AOBFP. Travel arrangements should not be made until you are confirmed by this office for examination.

## AOBFP EXAM TABLE OF TEST SPECIFICATIONS

### Family Medicine Exam Content for Certification and Recertification Exam

<b>Addiction Medicine</b>	3%
<b>Adolescent Medicine</b>	4%

#### **Behavioral Sciences**

Preventive Medicine	5%
Psychiatry	4%
Medical Jurisprudence	3%

#### **General Medicine**

Allergy/Immunology inc.	
Rheumatology	5%
Cardiology	5%
Dermatology	5%
Endocrinology	5%
Gastroenterology	5%
Hematology	4%
Nephrology/Urology	4%
Neurology	5%
OPP	5%
Pulmonology	5%

<b>Geriatrics</b>	5%
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#### **Surgery**

EENT	5%
General Surgery	3%
Orthopedics	5%

<b>Obstetrics/Gynecology</b>	4%
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<b>Pediatrics</b>	4%
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<b>Sports Medicine</b>	3%
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<b>Women's Issues</b>	4%
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The above percentages are offered as a guideline only and may change with each exam administration. These breakdowns are approximations and may vary plus or minus by 4 items.

**AOBFP CERTIFICATION EXAMINATION  
PROCEDURES FOR PERFORMANCE EVALUATION**

1. The candidate is required to present one government issued photo ID along with a secondary signature ID. The candidate will sign-in and receive an ID badge, which is to be worn throughout the examination; the photo ID (driver's license) is to be inserted in the back of the badge holder with the name and photo visible. Another certification candidate within the same exam time assignment is to be selected to serve as your exam partner. If an odd number of candidates does not allow for the pairing of all candidates, a surrogate patient will be assigned to a candidate. **Partners cannot be related by blood or marriage and cannot be in an employed relationship (i.e. Chief Medical Officer and attending physician).** Note that the exam process includes palpatory examination, which will require both the partner candidate (male or female) and the examiner (male or female) to place their hands on a candidate to identify landmark identification. Partners will then await entrance to the exam room.
2. Upon entering the exam room with a partner, you will initially be seated in a "registration area". You will be presented a waiver form stating you understand that: If your treatment involves an active correction, thrust, or HVLA, you are to set the patient into the proper position only and verbalize the mechanism and direction of your correction. You are not to complete the active correction. Performing an active correction, thrust or HVLA is grounds for immediate failure of the entire exam. You will then be given three (3) forms on which to enter your name, your ID number, and your partner's ID number. Each form will have a clinical case on the reverse side. Each candidate will receive one (1) case from each of the following categories: spine, extremities, and systemic diseases (i.e. asthma). Do not turn the papers over until instructed. On the signal to begin, you will have 15 minutes to review and choose the one (1) best answer from the four (4) choices listed on the front side of each sheet. After you have selected the diagnosis for each case, you should spend the remainder of the 15 minutes planning your treatment strategy for each case. This is all the data that will be given. **You are not to talk with your partner or fellow candidates. If necessary, you may direct any questions to a proctor.** No reference materials may be viewed. Notes may only be made directly on the questionnaire/case form, which you will hand over to the examiner when seated at exam station.
3. Note that once you have been admitted to the room, you may not leave. Any exits from the room will result in a failure, and require returning at the next test administration in 4-7 months.
4. After 15 minutes has elapsed, exam proctors will direct all candidates from the "registration area" to the examination area. Each pair of candidates will be directed to their first of three separate exam stations. Verbal instructions will be given. The examiner will review your diagnosis for the first case and indicate whether or not the correct diagnosis has been given. If the wrong diagnosis is given, you will be informed of the correct diagnosis. An incorrect diagnosis will, of course, result in no points awarded for that portion of that case evaluation. You will be given 4 minutes in which to demonstrate and discuss appropriate OMT for your first case. You should speak loud enough and clear enough for the examiners to hear and understand you. Mumbling and very low voices are likely to lose points if you cannot be heard. The performance portions for that case will be scored based on the explanation and demonstration of treatment for the correct diagnosis. If your treatment involves an active correction, thrust or HVLA, you are to set the patient into the proper position only and verbalize the mechanism and direction of your correction. You are not to complete the active correction. \* Your partner will act the role of your patient during your examination and then you will reverse roles. Your partner will then be given 4 minutes for their examination. Instructions will not be repeated at stations two or three. . If partnered with a surrogate patient rather than another candidate, you will wait until the time elapses before advancing to the next station.  
  
\*see # 2 above regarding waiver form
5. After 8 minutes has elapsed and the examination has been completed at the first station, all candidates will move to the second station. Start time will be announced and one candidate will then be examined in 4 minutes followed by the second candidate. After another 8 minutes has elapsed, all candidates will move to the final station.

6. Each case will be scored using the following criteria:
  - Diagnosis
  - Identification of landmarks appropriate to the technique
  - Implementation and demonstration of appropriate technique/s
  - Ability to discuss each technique
  - Professionalism (**includes adherence to dress code**)
7. Upon completion of the exam at the third station, the candidates will remain seated at that station until directed to exit the room to receive their results.
8. A candidate must receive a passing score on two (2) of the three (3) cases with the required aggregate score in order to pass the performance exam during that exam session. An exam session may involve two exam attempts if necessary. In the event a candidate does not receive a passing score on the first exam attempt, that candidate shall be given another opportunity to retake the performance exam during that exam administration, either on the same day or early the next morning if there is a second day of testing, or at another conference. The candidate will be retested in all three categories. The same examination protocols and grading system shall be in effect on the retake examinations as on the initial performance evaluation. There is no appeal at this point in the process.
9. In the event of a failure on the second exam attempt within that session, the candidate will be deemed to have failed the performance examination. In order to attain certification/recertification the candidate must document to the AOBFP completion of a CME review course in osteopathic principles and techniques that has been approved by the AOBFP before retaking the performance exam at a future date. Any appeal of this decision must be received in writing by the AOBFP main office within 30 days of the failure. Appealable issues would be an unequal application of the regulations and requirements or standards, unwarranted discrimination, prejudice, unfairness or improper conduct of the examination; exam content and scoring may not be appealed. The documentation, including the rationale as to why the candidate believes the evaluation results should be reviewed, will be evaluated by the AOBFP Executive Committee and a decision rendered within 30 days of receipt of the original appeal. In the event that the candidate still wishes to contest the examination results, the candidate may then appeal to the AOA Bureau of Osteopathic Specialists (BOS).
10. If after receiving a failure on the follow up exam session consisting of another two exam attempts, the candidate would again be required to complete an OMT review session. That procedure continues until the candidate successfully completes the practical exam.

Note: Some components of the Performance Evaluation process may be changed prior to a scheduled exam. In that case, the candidate would receive revised instructions in advance of the exam.

## DRESS CODE FOR PRACTICAL EXAM

### THE APPROPRIATE DRESS CODE FOR THE AOBFP PERFORMANCE EVALUATION/ PRACTICAL EXAMINATION IS AS FOLLOWS:

- a. It is strongly suggested that women wear slacks that are not tight fitting. If skirts or dresses must be worn, they must at least cover to down below the knees. Clothing tops should be loose enough to show the top of the neckline, elbows, forearms and hands. There should be nothing of the chest, back or abdomen that shows.
- b. Men should consider wearing khaki or dress type long pants with a belt. These pants must easily be able to be moved up to the knee. The shirts should be an appropriate golf or polo type short-sleeve collared shirt, or a button down collared short-sleeve shirt.
- c. For both women and men, the shoes should be loafer type (or easily removable) shoes. They should be flat (without high heels). There should be no sandals, and no flip flops. Socks should be clean, office type attire, not athletic socks.
- d. All clothing must be clean, and not show significant wear. Hair must be clean and groomed. Please be considerate of your fellow candidates by eliminating body odors, and not wearing dirty or malodorous clothes. Candidates should not have the odor of tobacco or alcohol. Colognes or perfumes should not be used to avoid reactions or allergies in your fellow candidates. Appropriate deodorant and / or antiperspirant are acceptable.
- e. **Specific Guidelines:**
  - NO WATCHES**
  - No bathing suits / no bikinis
  - No earrings that are dangling or hoop type
  - No hats / no visors
  - No High heels / no sandals / no flip flops
  - No hospital scrubs / no surgical scrubs
  - No jackets / no coats / no hoodies
  - No jeans / no denim pants
  - No short dresses / no skirts above the knees
  - No sweaters / no sweatshirts
  - No tank tops / no tee shirts
  - No ties (no regular long neck ties; no bow ties)
  - No tight outer clothing
  - No workout clothes / no sweatpants / no visible sports bras / no shorts at all
- f. Any request for exemption to the above dress code must be received in the AOBFP Office in Arlington Heights, IL, at least 60 days in advance of the performance exam date. The request must include documentation for exemption based on your individual physical, religious, or cultural reasons.



AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS  
APPLICATION FOR RE-ENTRY COGNITIVE & PRACTICAL EXAMINATION

(Check 1<sup>st</sup> choice and 2<sup>nd</sup> choice)

Cognitive Exam Date October 21, 2017

Practical Exam Date

October 6, 2017  October 7, 2017  
 October 8, 2017

March 20, 2018  March 22, 2018  
 March 21, 2018  March 23, 2018

**PRINT LEGIBLY OR DATA ENTER**

DATE \_\_\_\_\_

<sup>1</sup>Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

<sup>1</sup>(Name must match form of government-issued ID to be presented at regional test site; such as driver's license, passport)

Same to appear on certificate?  Yes; If no, enter your name below (note – Graduate degrees other than 'D.O.' will not be included)

Certificate Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<sup>2</sup>E-Mail Address \_\_\_\_\_

<sup>2</sup>(REQUIRED for testing vendor contact – do not spam block Pearson VUE or AOBFP from e-mail)

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

<sup>3</sup>(Area Code) – Cell Tel. No. \_\_\_\_\_ AOA Membership No. \_\_\_\_\_

<sup>3</sup>(Will be used as contact no. by Pearson VUE and AOBFP)

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

Fill in if previously recertified -

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

Certified in other specialties? (check one) Yes  No  If yes, list areas & Dates:

\_\_\_\_\_

**EDUCATION**

Name of Osteopathic College \_\_\_\_\_ City, State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

\_\_\_\_\_ / / - / /  
FM Residency Site \_\_\_\_\_ City, State \_\_\_\_\_ Program Dates (Mo/Day/Yr)

**Page 2**

Residency/Fellowship Programs Completed after Family Medicine Certification? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, list specialty area, site and dates: \_\_\_\_\_

**PROFESSIONAL MEMBERSHIPS**

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

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

Other Professional Memberships

\_\_\_\_\_

\_\_\_\_\_

**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 medicine. 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 re-entry certification 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 as 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 diplomate.

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 AND APPLICABLE EXAM FEE BY ONE OF THE APPLICABLE POSTMARK DEADLINE DATES, BUT NO LATER THAN a final postmark of December 1, 2016 TO:**

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

**ALLOW AT LEAST FOUR WEEKS FOR AOBFP PROCESSING OF YOUR APPLICATION MATERIALS. CONFIRMATION OF RECEIPT AND ELIGIBILITY WILL BE AVAILABLE AFTER THAT TIME. MATERIALS SHOULD BE SENT USING A TRACEABLE METHOD OF MAILING TO ALLOW FOR IMMEDIATE CONFIRMATION BY POSTAL SERVICE OF RECEIPT IN AOBFP OFFICE. AOBFP WILL NOT VERIFY RECEIPT PRIOR TO PROCESSING.**

**APPLICATION CHECKLIST:**

- Completed, signed and dated application
- Documentation of a minimum of **60** CME hrs. on the current (2016) AOA CME Activity Report. Copies of attendance certificates (up to 8) are also acceptable for those credits recently acquired that are not yet noted on the activity report. Applicants with waivers of CME for AOA membership due to financial hardship or active military service **are not** waived from the CME requirement for exam eligibility. The AOA activity report must be provided for review with all documentation.
- Signed and dated 'Statements of Understanding – Application Points of Information'
- Copy of state medical license with expiration date
- If applicable, copy of court order(s) if license is restricted
- If applicable, summary of malpractice proceedings

**POSTMARK deadlines and exam fee**, which covers payment for both the cognitive assessment exam and the OMT practical (check or money order made payable to AOBFP; credit cards not accepted; late fees are nonrefundable) –

- No later than April 1,     \$1,000
- No later than May 1,     \$1,200 (includes \$200 late fee)
- No later than June 1,     \$1,300 (includes \$300 late fee)

## STATEMENTS OF UNDERSTANDING - APPLICATION POINTS OF INFORMATION

As part of the application process, you are required to sign off on each of the following statements –

I acknowledge that I am aware of the administration date for the AOBFP cognitive examination as per the published date listed within this application and the deadline date for cancellation.

\_\_\_\_\_  
Signature

I understand that upon receipt of my authorization letter with confirmation of my scheduled exam date it is my responsibility to select the regional test site location with PearsonVUE as quickly as possible as space is limited, and I may not get the location of my choice.

\_\_\_\_\_  
Signature

I acknowledge that I am aware of the published exam date options for the AOBFP performance evaluation examination.

\_\_\_\_\_  
Signature

I understand it is my responsibility after receiving an authorization letter confirming the practical exam date to comply with the rules and regulations set forth in the instructions for the performance evaluation exam and the dress code provided. I confirm that I have reviewed these documents and realize that I may not be admitted to the examination if I am in violation. I also realize that not being admitted for violation results in cancellation entirely at my expense.

\_\_\_\_\_  
Signature

\_\_\_\_\_ I acknowledge I have no health issues which would be adversely affected by participating in this practical exam when acting the role of patient for my exam partner.

\_\_\_\_\_  
Signature

OR

\_\_\_\_\_ I acknowledge that I have health issues which would prohibit my participation as a patient for my exam partner. **Include an additional communication outlining the health issues and any restrictions with this application or separately if a health issue arises before the exam.**

\_\_\_\_\_  
Signature

TO: Certification Re-Entry Examination Applicants

FROM: AOBFP

SUBJECT: Processing Fees

The following fees are in effect with the Fall 2017 exams. All refund requests must be submitted in writing.

\$ 1,000	Examination fee which must be submitted no later than the initial postmark deadline date with complete application materials; applies toward first exam taken within three years; fee is forfeited thereafter. Nonrefundable late fees are charged by published postmark deadlines for submission of application beyond published postmark deadline as noted within application.
\$ 600	Retake exam fee
\$ 50	Processing fee for returned checks
\$ 100	Handgrading of cognitive exam (requests must be postmarked within six weeks from date of notification of exam results)
\$ 150	Application processing fee withheld from refund request
\$ 150	Cancellation/rescheduling fee for first withdrawal from cognitive exam
\$ 200	Cancellation/rescheduling fee for second withdrawal from cognitive exam
\$ 300	Cancellation/rescheduling fee for third withdrawal from cognitive exam

Subsequent Cancellation/rescheduling after third withdrawal will result in loss of all fees paid (initial exam fee and cancellation fees) and require remittance of full exam fee; cancellation/reschedule fee schedule would apply for subsequent cancellations

Seat fees for cognitive exam –

Charged if exam is not cancelled with PearsonVUE 24 hrs. prior to exam appointment OR with < one week notice to AOBFP.

\$278.00 for Certification Re-Entry exam (thru 2017)

Cancellation fees will be withheld from any refund requests

Fees are subject to change without notice.