

AOBFP
CERTIFICATION EXAMINATION
(INITIAL COMPLETION)

APPLICATION – October 21, 2017
Cognitive Exam

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

POSTMARK DEADLINES AND FEES –

April 1 \$ 1,000

May 1 \$ 1,200

June 1 \$ 1,300

Fee includes both the cognitive assessment exam and the OMT practical exam

QUESTIONS?

- Examination Dates
- Eligibility Requirements
- Certification Process

CONTACT AOBFP – (847)640-8477
(312)202-8477

Website – www.aobfp.org

TIME LIMITED CERTIFICATES

Certification awarded in 1997 and thereafter is time limited and requires recertification every eight years.

IMPORTANT INFORMATION

Osteopathic Continuous Certification

Candidates achieving certification after successfully completing this exam will transition into the Osteopathic Continuous Certification (OCC) process, which began January 1, 2013 and will be an ongoing evaluation process throughout each eight-year certificate cycle.

The components of the OCC process will be –

1. Unrestricted Licensure
2. Lifelong Learning/Continuing Medical Education – Certified FP's are required to maintain 150 CME hrs. per three-year AOA cycle; at least 30 must be category 1-A hrs. and a minimum of 50 must be in the primary specialty
3. Cognitive Assessment – completion of proctored computerized exam and OMT performance evaluation practical
4. **Practice Performance Assessment and Improvement – completion of clinical and professional topic modules to measure improvement against national standards.**
5. Continuous AOA Membership

Certificates issued in 2013 and thereafter will require diplomates to begin the completion of modules, with two completed in the first three years of the certificate cycle (years 1-3), two in the second three-year period (years 4-6), with completion of the cognitive assessment and practical exams in the final two years (years 7-8) of the certificate cycle. The full OCC process and all its components may be viewed at our website www.aobfp.org. Candidates are expected to fully review that online information.

Included is an application and information pertaining to the Family Medicine certification examination. The **cognitive assessment portion** of the examination (full day) will be a computer-based examination 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 a minimum of 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 sites, as confirmations of test site selection 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.

The **practical performance evaluation portion** of the certification exam requires your travel to one of the convention sites for completion. The Fall OMED conference or the Spring ACOFP conference will both be sites. The Fall 2017 conference dates are October 7-11, 2017, in Philadelphia, PA; and, the Spring 2018 OMED 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 20-23, 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. Travel arrangements should not be made until scheduling is confirmed upon receipt of an authorization letter including scheduling confirmation.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION ARE AS FOLLOWS:

- Graduate of a COCA-accredited college of osteopathic medicine
- Current full, unrestricted license (it is understood that residents may be practicing with a temporary license or under a hospital license)
- AOA member in good standing at the time of application, examination, presentation for certification and thereafter, **AND . . .**
- Completion within the immediate past six years of a three-year AOA-approved family medicine residency program **OR** currently in a three-year AOA- or ACGME-approved family medicine residency program to be completed no later than **December 31, 2017.**

IN ORDER FOR YOUR APPLICATION TO BE REVIEWED FOR APPROVAL FOR EXAMINATION, ALL OF THE FOLLOWING ITEMS MUST BE SUBMITTED TO THIS OFFICE BY ONE OF THE POSTMARK DEADLINES ALONG WITH THE APPLICABLE FEE:

- Application signed by applicant
- Applicable examination fee, based on postmark deadline, made payable to the AOBFP (check or money order only; credit cards not accepted). Your cancelled check will serve as your receipt of payment, unless a request for a receipt is included with the application. **Checks will NOT be deposited until scheduling is confirmed after a four week processing period.**
- Copy of internship certificate if applicable; also include AOA letter of internship approval if an allopathic program has been completed
- Copy of medical license with expiration date. If resident does not currently hold a license and is practicing under hospital license, a copy of medical license must be submitted before candidate will be recommended for certification. A candidate petitioning with a restricted license must submit a copy of the court order with the other application documents.
- 'Verification of Residency Training' form, listing site, start and completion dates or copy of residency certificate if program is complete
- Signed and dated 'Statement of Understanding for Issuance of Certification'
- Signed and dated 'Statement of Understanding – Information Points for Information'

All materials must be received in the AOBFP office with one of the applicable postmark deadline dates but no later than a postmark of June 1, 2017. Early submission of your materials will allow for a more timely response. Application materials should be sent to the following address:

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

ALLOW A MINIMUM OF FOUR WEEKS FOR AOBFP PROCESSING OF YOUR APPLICATION MATERIALS. CONFIRMATION OF RECEIPT AND ELIGIBILITY MAY 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.

ADDITIONAL INFORMATION

Residents – Osteopathic Programs

Applicants qualifying under the residency pathway either in a current osteopathic training program or having had completed an osteopathic program may sit for examination prior to the completion of their residency paperwork. However, scores other than a pass/fail designation as well as recommendation for certification by the American Osteopathic Association will be withheld until the paperwork is approved by the American College of Osteopathic Family Physicians (ACOFP), which is termed as 'training complete'. Residents whose paperwork is approved in the Fall following completion of training will be presented to the AOA by December. Files for residents with incomplete or unapproved paperwork will be deferred to a later meeting. The AOA Department of Certification's processing of candidate recommendations for certification takes about 4-6 weeks.

The successful completion of the examination, the review and approval of the residency paperwork and the awarding of certification **must be accomplished within six years from the date of completion of the training program.**

Advanced Standing

Residents who have received advanced standing or credit from the American College of Osteopathic Family Physicians (ACOFP) for time spent in another program must include a copy of the ACOFP approval letter. Advanced standing must be approved by ACOFP prior to the application postmark deadline date.

Residents - Allopathic Programs

Residents who are currently in an ACGME-approved training program may sit for examination prior to the completion of their training if that training is completed by August 1 of the exam year for the Spring exam or by December 31 for the Fall exam. However, scores other than a pass/fail designation as well as recommendation for certification by the American Osteopathic Association will be withheld until the training is determined as 'complete and approved' by the AOA. The successful completion of the examination, AOA approval of the residency training, and the awarding of certification **must be accomplished within six years from the date of completion of the training program.**

ABMS Certified Family Physicians

Resolution No. 56, passed by the AOA Board of Trustees, allows for examination eligibility for those holding ABMS primary certification in good standing. This resolution originally passed in July 2004 and has since been modified to remove the five-year post-residency requirement and to include ABMS-certified osteopathic physicians who participated in a clinical pathway to achieve ABMS certification.

The AOA Certification Office must be contacted to obtain an application for eligibility and further requirements. They may be reached at (800)621-1773, ext. 8266. AOA will contact this office when eligibility has been approved. The AOBFP will then contact the applicant with further instructions.

Lapse in AOA Membership

Physicians must reinstate their membership with the American Osteopathic Association to meet the eligibility requirements. .

Mechanism for Reentry Into the Certification Process After Expiration of Six Year Period of Board Eligibility (Applicable to Candidates with One Year Approved Internship and Two Years Approved Family Medicine Residency Training or Three Years Approved Family Medicine Residency Training)

Reentry into the certification process allows a candidate with 'TRAINING COMPLETE' approval as awarded by the AOA to petition the Board up to two times to pursue certification in family medicine. Each petition is for an extended period of up to one year, limited to two exam attempts, from the date of acceptance of the candidate's petition; however, the candidate is not considered board eligible during that time and verification of such status will not be provided to the candidate. Contact the AOBFP directly for specific qualifying information; petition must be made immediately upon expiration of board eligibility.

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 information and application are on our website. 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.

CERTIFICATION EXAMINATION FORMAT

Cognitive Examination

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/ may be visited at any time for viewing of a computer-based tutorial or to view a listing of potential regional test sites in a certain geographic location. This is not a guarantee that a specific site will be available when the candidate contacts the testing vendor to select a test site. The complete written examination consists of approximately 400 multiple-choice questions (may include slides and ECG tracings) as standalone questions or as part of a clinical case in the following content areas:

General Medicine

Allergy/Immunology
& Rheumatology
Cardiology
Dermatology
Endocrinology
Gastroenterology
Geriatrics
Neurology
Osteopathic Principles
Pulmonology
Urology & Nephrology
Hematology
Wound Management

Surgery

EENT
General Surgery
Orthopedics

Pediatrics

inc. Adoles. Med.

Obstetrics/Gynecology

Behavioral Sciences

Medical Jurisprudence
Psychiatry
Preventive Medicine
Addiction Medicine
Cultural Competency

Sports Medicine

Women's Issues

Performance Evaluation (Oral/Practical)

Candidates are assigned a time at which to appear for examination. The performance evaluation time schedule is sent to scheduled candidates about six weeks prior to the exam.

Each candidate will have a partner (another candidate) who will act the role of the patient during the examination. Partners cannot be related by blood or marriage.

Upon admittance to the exam room, the candidate is given a questionnaire to complete and assigned at random a minimum of three case histories on which he/she is examined. Time is provided for the review of those cases prior to examination.

The candidate will be asked by a team of examiners to diagnose the cases and demonstrate osteopathic manipulative treatment. A time limit will be applied.

Scoring

A final pass/fail status will be determined by satisfactory performance on the two individual portions of the examination; the written and performance evaluation. A numeric score will be given on the cognitive assessment examination and a pass/fail designation on the performance evaluation.

Individual scores on the cognitive examination are not reported by subject or content area. The unsuccessful completion of the examination requires a retake of the one-day cognitive examination at another exam administration; a total of two retake examinations are allowed prior to further approval. Another opportunity is offered during the examination session to retake the performance evaluation.

Within six-eight weeks post-examination, candidates satisfactorily completing all requirements will receive written communication of the final results of that examination. A graphic illustration by major discipline area depicting your standing in relation to the mean performance will be included.

Past or current residents in osteopathic programs whose training has not yet been approved by the American College of Osteopathic Family Physicians (ACOFP) by approval of residency paperwork or those completing ACGME approved programs whose training has not yet been approved by the AOA, will not receive a final score nor be presented for certification until that approval is granted. Pass/fail information, however, will be provided. Postmark deadlines for filing for the next administration of retake examinations will be adjusted as necessary.

Candidates fulfilling all requirements as well as passing the examination will be presented to the American Osteopathic Association's Bureau of Osteopathic Specialists (BOS) for recommendation for certification by the AOA. Certificates will be time dated for eight years. Membership in good standing in the American Osteopathic Association is required to maintain certification.

AOBFP EXAM TABLE OF TEST SPECIFICATIONS

Family Medicine Exam Content for Certification and Recertification Exam

Addiction Medicine	3%
Adolescent Medicine	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%
Geriatrics	5%
Surgery	
EENT	5%
General Surgery	3%
Orthopedics	5%
Obstetrics/Gynecology	4%
Pediatrics	4%
Sports Medicine	3%
Women's Issues	4%

The approximate total number of test items in the certification exam is 400 with 200 items in the recertification exam. 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. Administrative guideline 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
7. Upon completion of the exam at the third station, the candidate 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, socks should be worn with shoes. The shoes should be loafer type (or easily removable) and not open-toed. 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 PRIMARY CERTIFICATION EXAMINATION (INITIAL CERTIFICATION)

Cognitive Exam Date October 21, 2017

(Check 1st choice and alternate day)
Practical Exam Date

____ Oct. 6, 2017 ____ Oct. 8, 2017
____ Oct. 7, 2017

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

PRINT LEGIBLY OR DATA ENTER

DATE _____

Last Name¹ First Middle

¹(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

²E-Mail Address _____

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

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

³(Area Code) – Cell Tel. No. AOA Membership No.

³(Will be used as contact no. by Pearson VUE and AOBFP)

EDUCATION

Undergraduate College City State

Year of Graduation Degree

Name of Osteopathic College City, State Year of Graduation

Internship Site (If applicable) City, State Program Dates (Mo/Day/Yr) / / - / /

Internship AOA approved - _____ Yes _____ No

_____/_____/_____-_____/_____/_____
 Residency Site – Family Medicine City, State Program Dates (Mo/Day/Yr)

Program ID No. _____ Residency AOA approved - _____ Yes _____ No
(MUST BE FILLED IN)

List any partial or completed residency programs

_____/_____/_____-_____/_____/_____
 Residency Site – Other (List specialty) City, State Program Dates (Mo/Day/Yr)

_____/_____/_____-_____/_____/_____
 Residency Site – Other (List specialty) City, State Program Dates (Mo/Day/Yr)

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

STATE LICENSES License Number Date Issued

LICENSURE STATUS (Circle 'yes' or 'no' responses)

Do you hold a state issued medical license? No Yes If yes, include copy with expiration date

If no, do you hold a temporary license? No Yes
 OR are your practicing under the hospital license? No Yes

Has your license ever been restricted? No Yes – If yes, explain and include court order
 State, dates, reason:

Have probationary terms ever been attached to your license ? No Yes – If yes, explain and include court order

State, dates, reason:

Has your license ever been suspended? No Yes – If yes, explain and include court order

State, dates, reason:

Has licensure ever been refused? No Yes – If yes, explain:

State, dates, reason:

Has your license ever been revoked? No Yes – If yes, explain and include court order

State, dates, reason:

Have you ever been convicted of a misdemeanor or felony? No Yes – If yes, explain:

State, dates, reason:

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 certification 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 certifying 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 certification or to the surrender of such certification 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 certification.

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 certifying examinations, the grade or grades given with respect to any certifying examination and/or the failure of the AOBFP to recommend issuance to me of such certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification 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 certifying examination's content and/or administration, or any other issue relating to the certification 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 both a candidate for certification and as a diplomate of the AOBFP.

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

Application checklist –

- Completed, signed and dated application
- Copy of internship certificate if applicable OR AOA letter of internship approval if an allopathic program has been completed
- Copy of medical license with expiration date. If resident does not currently hold a license and is practicing under hospital license, a copy of medical license must be submitted before candidate will be recommended for certification.
- 'Verification of Residency Training' form verifying site, start and completion dates OR copy of residency certificate if program is complete
- Signed and dated 'Statement of Understanding for Issuance of Certification'
- Signed and dated 'Statement of Understanding – Application Points for Information'
- If applicable, copy of court order(s) if license is restricted

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 not refundable) –

- 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)

Application materials should be directed in one mailing to the following address:

American Osteopathic Board of Family Physicians
330 E. Algonquin Road, Suite 6
Arlington Heights, IL 60005
Telephone Number - (847)640-8477; (312)202-8477; (800)621-1773 ext. 8477

ALLOW A MINIMUM OF FOUR WEEKS FOR AOBFP PROCESSING OF YOUR APPLICATION MATERIALS – WRITTEN CONFIRMATION WILL BE SUPPLIED THEREAFTER; 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.

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

VERIFICATION OF RESIDENCY TRAINING

TO: AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS

This form must be fully completed by the Director of Medical Education, Family Medicine Program Director or Family Medicine Residency Program Administrator and submitted with resident's application for the family medicine certification examination. Residency program must be AOA-approved or if an ACGME program, an application for individual AOA approval of training must be submitted to the AOA Department of Trainee Services for approval upon completion of training.

NOTE: Multiple applications from a program site sent in one packet must include **ORIGINAL** documentation with **ORIGINAL** signatures, as well as the appropriate exam fee.

Resident's Name: _____
Print

Residency Site: _____
OGME 1 – 3 or
ACGME 1 - 3

Residency Start Date: _____ End Date: _____
OGME 1 – 3 or
ACGME 1 – 3

AOA Program Number: _____
(if applicable)

This is to confirm that the above resident is currently in the named _____ AOA-approved family medicine residency program OR the _____ ACGME-approved program

Signature: _____

Print Name: _____

Title: _____

Phone or e-mail _____

Date: _____

Resident must return with all required application materials to:

AOBFP
330 E. Algonquin Road, Suite #6
Arlington Heights, IL 60005

STATEMENT OF UNDERSTANDING FOR ISSUANCE OF CERTIFICATION

The following statement is to be signed by each applicant for the AOBFP Family Medicine and OMT Certification Examination relative to the completion of all requirements for the issuance of certification by the American Osteopathic Association (AOA).

I understand that –

1. I may sit for examination prior to the completion of my training program if my application is approved and I am scheduled by the AOBFP according to the eligibility requirements outlined within this application; and
2. I will receive a pass or fail designation from the AOBFP within eight weeks post-examination; and
3. I will not receive the final score results on the cognitive examination nor be recommended for certification by the AOA until the American College of Osteopathic Family Physicians (ACOFPP) and/or the AOA have determined training 'complete and approved' status; and
4. The successful completion of the examination, the review and approval of the residency paperwork and the awarding of certification **must be accomplished within six years from the date of completion of the training program**; and
5. My exam results will be null and void if all requirements are not satisfactorily fulfilled at the end of the six-year period of eligibility.

Signature _____

Print Name _____

Date _____

Applicant must return with all required application materials to:

AOBFP
330 E. Algonquin Road, Suite #6
Arlington Heights, IL 60005

TO: Certification Examination Applicants

FROM: AOBFP

SUBJECT: Processing Fees

The following fees are in effect with the Spring 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.

- \$178 for Certification exam (thru 2017)

Cancellation fees will be withheld from any refund requests

Fees are subject to change without notice.