

AOBFP
GERIATRIC MEDICINE
CAQ EXAMINATION

APPLICATION – April 28, 2018 Exam

POSTMARK DEADLINES AND FEES –

Oct. 1 \$ 1,000

Nov. 1 \$ 1,100

Dec. 1 \$ 1,200

QUESTIONS?

- Examination Dates
- Eligibility Requirements

| CONTACT AOBFP - (847)640-8477

NOTE –

Examination Date	April 28, 2018
Location	Regional Test Sites (arranged with testing vendor PearsonVUE) – see pg. 2 of application information for 'Location and Time of Examination'
Eligibility	Requires completion of AOA-approved geriatric medicine fellowship training program

**AOBFP
APPLICATION REQUIREMENTS**

CAQ EXAMINATION IN OSTEOPATHIC GERIATRICS IN FAMILY MEDICINE

All applicants must submit the following:

1. Completed, signed and dated application
2. A recent, original passport-size photograph attached to the application
3. Copy of current state medical license with expiration date for the principle location of clinical practice
4. Copy of geriatric family medicine fellowship certificate if training completed
5. Letter of recommendation from Program Director in geriatric family medicine
6. For completed training, copy of letter from AOA granting approval of both years of training in geriatric medicine and stating that the “program is complete”
7. If training is not yet complete, exam may be completed in Spring of training year with recommendation for certification deferred until AOA has awarded ‘complete and approved’ status to fellowship training
8. Applicable examination fee, based on postmark deadline date

SUBMIT APPLICATION DOCUMENTS IN ONE MAILING BY ONE OF THE APPLICABLE POSTMARK DEADLINE DATES TO:

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

POSTMARK DEADLINE DATES AND FEE – Check or money order made payable to AOBFP; credit cards not accepted; late fees are nonrefundable

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No later than Dec. 1	\$1,200 (includes \$200 late fee)

INFORMATION FOR THE AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS SPRING 2018 EXAMINATION FOR CERTIFICATION OF ADDED QUALIFICATIONS IN OSTEOPATHIC GERIATRICS IN FAMILY MEDICINE

Introduction

The Geriatric Medicine Examination for a Certificate of Added Qualifications is developed by the American Osteopathic Board of Family Physicians for certified family physicians. This program is designed to recognize excellence among those certified family physicians who care for the elderly. Note that your primary certification must remain current and in good standing to qualify for this examination.

Requirement for Licensure

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

Substantiation of Clinical Competence

The application must contain substantiation of the Diplomate's satisfactory clinical competence in geriatric family medicine. This substantiation must be provided by the program director in the geriatric family medicine fellowship training program.

Prerequisites

Family physicians must be certified by the AOA, through the American Osteopathic Board of Family Physicians, in family practice and have training in the care of the elderly.

Training requirement. Certification by the AOA in family practice and one year of AOA-approved training in geriatric family medicine. Eligibility for examination for candidates who have completed the training requirement will be six years from the date of completion of the residency training program.

Dates

The date of the Geriatric Medicine Examination is April 28, 2018. The completed application must be submitted with all supporting documents no later than one of the applicable postmark deadline dates. All candidates who have submitted their application by the final postmark deadline date will be notified by late December of their eligibility and scheduling.

Fees

The applicable examination fee, based on the postmark deadline, will be payable by check or money order and submitted with the application and supporting documents. A rescheduling fee will apply for cancellations.

Address Changes

Registered candidates should notify the Board office, in writing, of any change in address prior to or after the examination.

Location and Time of Examination

The cognitive assessment examination will be a computer-based examination given at regional test sites made available by Pearson VUE, out 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 three 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 confirmations will be provided on a first come, first serve basis.

Instructions for Completing the Application Packet

Please read all information before completing the application form. All of the items on the application form must be filled out completely or your application will not be accepted. **The application must be typewritten or legibly printed.** All supporting documents to be submitted with the application are clearly delineated on the enclosed instruction sheet for all applicants. **Please note** that letters of recommendation must be on the official letterhead of the hospital and bear original signatures with the title/position of the signer.

Acknowledgement of Acceptance

All candidates whose applications have been postmarked by the final postmark deadline date will be notified by late mid-January.

THE EXAMINATION

General Description

This examination will be a computer-based half-day examination administered at PearsonVUE regional testing sites. The exam will consist of approximately 200 multiple-choice questions of the "one best answer" type. The Geriatric Family Medicine

examination will cover the broad aspects of geriatric family medicine that physicians caring for the elderly are expected to know. Clinical situations involving diagnosis, etiology, prognosis and natural history of disease and management will be stressed. Specific areas of emphasis will include:

Biology and physiology of aging; osteopathic principles and practice in the care of the elderly; demographics of aging; functional assessment of the elderly; ethical issues including life sustaining treatment and care near the end of life; abuse, neglect and inadequate care of the elderly; nutrition; psychosocial issues of the elderly; drug therapy and the elderly; interdisciplinary team management of the elderly; special care issues, which include psychiatric aspects, exercise, orthopedic problems, sexuality, sleep disorders, decubitus ulcers, alcohol and drug abuse, auditory disorders, chronic pain, oral cavity disorders, surgical and anesthesia concerns, falls and syncope, urinary incontinence and vision and cataracts; health care systems in geriatric family medicine, including long-term care, policy and reimbursement and access to health care; legal issues in geriatrics medicine; rehabilitation of the elderly; diagnosis and treatment of medical diseases that require a modified approach to management of the elderly, including but not limited to disorders of the cardiovascular system, hypertension, peripheral vascular diseases, disorders of the genitourinary system, pulmonary disease, disorders of the immune system, infections, cancer and hematologic conditions, neurologic diseases, endocrine disorders, osteoporosis, fractures, other diseases of bone, rheumatic diseases, gastrointestinal disorders, gynecological disorders and dermatological conditions.

There may be clinically oriented questions with case history data included. In some of these histories, the candidate may be asked to interpret visual material such as physiological data, electrocardiograms, and imaging studies used in caring for the geriatric patient.

Results

The candidates will be informed of the results of the examination within 90 days following the examination date. Two retake examinations are allowed prior to further review by the Board. Those who passed the examination will receive a certificate of Added Qualifications in Geriatric Family Medicine notating an expiration date of ten years thereafter. The certificate will be awarded after the AOA Bureau of Osteopathic Specialists gives final approval of the exam process for each candidate. This approval process will take about six months following the notification of successful completion of the examination. Upon written request and payment of a fee of \$100, candidates may obtain rescoring of the examination within a year of receiving the results. The answer sheets of candidates will be destroyed three years after administration of the examination.

CAQ Status

The AOA awards three types of certificates - general certification (primary), certification of special qualifications (secondary), and a certificate of added qualifications which is the result of this examination.

Preparation

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

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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. 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 PROCESSING.

APPLICATION CHECKLIST:

- Completed, signed and dated application
- Copy of state medical license with expiration date
- Copy of geriatric family medicine fellowship certificate if training completed
- Letter of recommendation from Program Director in geriatric family medicine
- Copy of letter from AOA granting approval of both years of training in geriatric medicine and stating the "program is complete"

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**AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS
APPLICATION FOR ADMISSION TO THE OSTEOPATHIC GERIATRICS IN FAMILY
MEDICINE CAQ EXAMINATION**

INSTRUCTIONS

The exam fee and application must be received by the American Osteopathic Board of Family Physicians with one of the applicable postmark deadline dates. If, upon investigation, the qualifications of the applicant are not found acceptable, the AOBFP will retain a processing fee of \$150.

1. Name _____

2. Mailing Address _____

3. Office telephone no. _(____)_____ E-mail address _____
(Required contact information)

4. Are you a member of the AOA? _____ How long? _____ AOA No. _____

5. Are you certified by AOBFP in family practice? _____ Certificate No. _____

6. In what states are you licensed to practice? (state license no.)

7. Dates of fellowship training _____ to _____
(month-day-year) (month-day-year)

Training institution _____

Program Director _____

8. Principle nursing home staff membership(s). Please list the name and address of the medical director at the institution where you hold your staff membership(s).

A. _____
Medical Director Institution

Address Membership Dates

City State Zip Code

B. _____
Medical Director Institution

Address Membership Dates

City	State	Zip Code
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9. Please answer each of the following questions. If the answer to any is 'yes', please append full details to the 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 certification of added qualifications in geriatric 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 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 agree to disqualification from examination or from issuance of CAQ status 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 of added qualifications.

I hereby authorize the AOBFP to release my grade or grades given with respect to any 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 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 CAQ status, 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 CAQ 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 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

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