

APPLICATION REQUIREMENTS

BOS CONJOINT COMMITTEE CERTIFYING EXAMINATION IN HOSPICE AND PALLIATIVE MEDICINE (HPM)

All applicants must submit the following:

1. Completed application (clearly printed applications only will be accepted)
2. Active membership in the AOA (will be verified by Hospice Conjoint Committee)
3. \$1200 application/examination fee
4. Program Director's report form
5. Passport size photograph taken within last 12 months
6. If in an ACGME fellowship program verification from the AOA that you have made application to the AOA for training approval.
7. A copy of the fellowship training certificate must be submitted upon completion of the fellowship
8. If in an allopathic (ACGME) program, a copy of the letter from the AOA granting approval of the training in Hospice and Palliative Medicine and that the "Training is Complete." (This may be submitted after the exam but must be received prior to the Board submitting your certification to the AOA Bureau of Osteopathic Specialists.)

INFORMATION FOR THE BOS 2017
CONJOINT EXAMINATION FOR CERTIFICATION OF
ADDED QUALIFICATIONS IN HOSPICE AND PALLIATIVE MEDICINE

Introduction

The Hospice and Palliative Medicine (HPM) program for Certification of Added Qualifications is developed by a conjoint effort of the American Osteopathic Boards of Family Medicine, Internal Medicine, Neurology and Psychiatry, and Physical Medicine and Rehabilitation Medicine. This program is designed to recognize excellence among physicians who are specialists in HPM.

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

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

Requirement for Licensure

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

Substantiation of Clinical Competence

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

Prerequisites

Training Requirement

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

Dates

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

Fees

The application/examination fee will be \$1200, which must be submitted with all application documents no later than the postmark date of April 1, 2017. There is a nonrefundable fee of \$100 for withdrawals after submission of the application. No refund is granted for any withdrawal postmarked within three months of either exam date.

Address Changes

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

Location and Time of Examination

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

Instructions for Completing the Application Packet

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

Copyrighted Materials

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

Scoring and Results

Your final score is determined by the number of questions answered correctly. There is no penalty for guessing. The minimum passing score reflects an absolute standard developed by the AOA Boards participating in this conjoint examination. After the exam is given, it will be psychometrically analyzed and evaluated to ensure the reliability of individual results. Your results will be released and a score report will be mailed to you within 90 days of the date of the exam. Scores are provided through the mail only. Copies of your score report will be maintained for one year from the date they were released. During that period you may obtain a duplicate copy of your score report upon written request and a fee of \$25. Questions regarding exam results and any appeals of the examination must be submitted in writing within 30 days of the date results were released. Upon written request and payment of a fee of \$200 candidates may obtain hand scoring of the examination. The answer sheets of candidates are destroyed 36 months after the date of the examination.

THE EXAMINATION:

General Description

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

Approach to care including relief of symptoms, bereavement care, treating the family and the patient as a unit of care, standards of delivery of care, medical director's role, hospice Medicare benefit, other reimbursement mechanisms and approach to specific populations such as children, elderly, substance abusers; cultural, spiritual, socio-economic and psychiatric considerations of the patient and the family; grief and bereavement including normal grief, abnormal grief, risk factors and therapeutic interventions; all aspects of the management of impending death including the physiological changes and complications; medical management of pain including assessment of pain, fundamentals and principles of analgesics, radiation, nerve block, acupuncture, hypnosis, barriers to pain relief, and pain management of special populations; non-pain symptom management including spinal cord compression, cachexia, dry mouth, diarrhea, dysphagia, pruritus, skin breakdown, agitated delirium, acute airway obstruction, palliative sedation, and discontinuation of technologic support, etc; communication and teamwork including family-centered approach, effective communication with co-workers, patients and families, physician leadership, and interdisciplinary care; ethical and legal decision-making including ethical principles, decision-making principles, patient rights, ethics of physician/patient relationship, professionalism, burnout, coma and controversies in terminal care; prognostication and the natural history of serious illness including reasonable patient prognostication, amyotrophic lateral sclerosis, cardiovascular complications, cancer, dementia, frailty, multi-organ dysfunction syndrome, pediatric medical issues, pediatric neurological conditions, perinatal and infant death, pulmonary disease, renal failure, stroke and unintentional injury and trauma.

The content areas covered and their relative proportions on the exam are as follows:

Medical Content Category	Relative Percentage
Approach to care	9.5%
Psychosocial and spiritual considerations	10%
Impending death	8%
Grief and bereavement	6%
Medical management	44%
Communication and teamwork	6.5%
Ethical and legal decision making	8%
Prognostication and natural history of serious illness	8%

Certificates

Those who passed the examination will receive a Certificate of Added Qualifications in Hospice and Palliative Medicine by their primary Board. All certificates will be time-limited and will be valid for ten (10) years from the date of certification. The diplomate must maintain a valid certification certificate in their primary specialty or subspecialty in order for the certificate of Added Qualifications in HPM to remain valid. The HPM Certificate will become invalid the date that the diplomate's primary or subspecialty certificate becomes invalid or when the diplomate is non-compliant with the requirements for OCC. The certificate of Added Qualifications in HPM will be awarded after the AOA Bureau of Osteopathic Specialists gives final approval of the examination process for each candidate. This approval process will take approximately six months following the notification of successful completion of the examination. The candidate will be responsible for the fee for printing of a duplicate certificate in which the certificate was mailed to an outdated address and notification of the new address was not supplied to the Board.

Preparation

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

PLEASE PRINT

APPLICATION FOR ADMISSION TO THE BOS CONJOINT COMMITTEE
HOSPICE AND PALLIATIVE MEDICINE CERTIFYING EXAMINATION

INSTRUCTIONS

A money order or check for \$1200.00 made out to your certifying Board must accompany this application. The fee and application must be in the hands of your certifying Board no later than April 1st. If, upon investigation, the qualifications of the application are not found acceptable, the application fee of \$100.00 will be retained to defray the cost of processing this application.

ATTACH
PHOTOGRAPH
HERE

1. Name

2. Mailing address

3. E-mail address

4. Office telephone # ()

5. Are you a member of the AOA? _____

How long? _____

AOA#

6. With which AOA Board are you certified? AOBFP _____

AOBIM

_____ AOBNP _____ AOBPMR _____

Certificate no. _____

Date (Issue & expiration) _____

7. Fellowship training in Hospice and Palliative Medicine from _____

to
(month/day/year)

(month/day/year)

Training institution _____

Program Director _____

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

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

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

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

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

Signature

Date

RETURN ALL APPLICATION MATERIALS WITH A POSTMARK OF NO LATER THAN 4/1/2017 for the August 2017 exam submissions to -

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

APPLICATION CHECKLIST –

- Application Form with photo attached, copy of medical license with expiration date, and copy of fellowship certificate and letter of recommendation from program director
- Application fee of \$1,200 (check or money order made payable to AOBFP)
- Program Director's Report form

TO YOUR KNOWLEDGE, HAS THE CANDIDATE NAMED ABOVE BEEN:

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

Yes ___ (if yes, please comment) No ___

Subject to disciplinary action for substance abuse?

Yes ___ (if yes, please comment) No ___

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

Yes ___ (if yes, please comment) No ___

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

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

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

PLEASE PRINT OR TYPE

Program Director name: _____

Name of Institution: _____

Program Director signature: _____

Date: _____

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