

AOBFP

ADDICTION MEDICINE  
CONJOINT EXAM FOR  
RECERTIFICATION OF  
ADDED QUALIFICATIONS

APPLICATION PACKET – October 30, 2011  
Exam

QUESTIONS?

- Examination Dates
- Eligibility Requirements

CONTACT [AOBFP](http://AOBFP) - (847)640-8477

Recorded information - (800)390-5801

NOTE –

Examination Date	October 30, 2011 (Morning) (During AOA Convention)
Location	Orlando, FL
Application Deadline	Postmark date of July 1, 2011

Dear Doctor:

Enclosed is an application pertaining to the Addiction Medicine Recertification CAQ examination. The next examination will be given on Sunday morning, October 30, 2011 in Orlando, FL during the AOA convention, October 30<sup>th</sup> - Nov. 3rd.

### **Recertification**

Successful candidates will receive a certificate upon the expiration of their original certificate notating an expiration date ten 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 per three-year AOA cycle. A minimum of 50 hours must be obtained in the primary specialty area.

### **Eligibility Requirements**

- Active primary certification in family practice with CAQ certification for at least eight years
- Current practice as a family physician with a concentrated area of interest in addiction medicine (40% of total practice)
- AOA member in good standing for at least two consecutive years immediately prior to application and examination
- Hold a full, unrestricted current medical license in state where practice is conducted. An applicant that has a restricted license may petition the Board for the ability to enter the recertification process based upon review of the reason for licensure restriction.

### **Examination Fee**

The applicable examination fee, based on the postmark deadline date, is payable with the application and supporting documents. Additional fees will apply for cancellations and rescheduling.

### **Exam Content**

The afternoon written exam will consist of approximately 100 questions emphasizing the areas of:

Legal/Ethical/Historical, Epidemiology/Genetics, Pharmacology/Neurobiology, Prevention, Diagnosis, Treatment and Special Populations

### **Application Checklist -**

- Completed, signed and dated application

- Copy of 2007-2009 and 2010-current AOA CME Activity Report
- Copy of medical license reflecting expiration date
- One recent, original passport-size photo (no smaller than 2")
- Written and signed statement confirming that 40% of current practice is comprised of practice in addiction medicine
- Written verification from the AOA confirming membership in good standing for two consecutive years; contact AOA Membership Services Dept. (800)621-1773 and they will forward directly to the AOBFP

**Postmark Deadline and Fees -**

- July 1 \$800

**THE CONJOINT CAQ COMMITTEE WILL NOT REVIEW APPLICANT FILES UNTIL ALL APPLICATIONS HAVE BEEN RECEIVED AND PRELIMINARILY VERIFIED AND PROCESSED. APPLICANTS WILL BE NOTIFIED BY LETTER BY MID-AUGUST OF EXAM ELIGIBILITY AND SCHEDULING. PRIORITY MAIL WITH SIGNATURE CONFIRMATION IS RECOMMENDED FOR YOUR IMMEDIATE CONFIRMATION BY POSTAL SERVICE OF RECEIPT IN AOBFP OFFICE.**

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

Another administration may be offered in Fall 2012 during the AOA convention.



Training institution \_\_\_\_\_

Program Director \_\_\_\_\_

7. The following questions are to be answered by those applicants who have not completed one year of approved training in addiction medicine but who are applying under the clinical practice pathway.

A. How long has the care of addiction medicine patients been a significant aspect of your professional activity? \_\_\_\_\_ (years)

B. What percentage of your total practice is committed to addiction medicine? \_\_\_\_%

C. Office practice

1. Percentage of addiction medicine patients \_\_\_\_%

2. Percentage per week spent treating addiction medicine patients \_\_\_\_%

D. Are you involved in addiction medicine in the workplace?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. Do you operate an addiction medicine clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

F. Have you published papers/books on addiction medicine? Yes \_\_\_\_\_ No \_\_\_\_\_

G. Have you lectured/presented scholarly papers on addiction medicine at professional meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

**Hospital Affiliation**

8. Principle hospital 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

9. Please indicate the percentage of your total time (including addiction medicine) spent during an average week in each of the following activities (sum to equal 100%).

- A. Direct patient care \_\_\_\_\_ %      D. Administration \_\_\_\_\_ %  
B. Medical teaching \_\_\_\_\_ %      E. Other \_\_\_\_\_ %  
C. Medical research \_\_\_\_\_ %

10. Of the time you spend caring for the addiction medicine patient, please indicate the percentage of your time that is spent providing the following:

- A. Primary care (you are the principle physician) \_\_\_\_\_ %  
B. Consultative care \_\_\_\_\_ %

### Professional Affiliations

11. List professional society memberships -

<u>Society</u>	<u>Membership Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### CME Addiction Medicine Hours (Complete if qualifying under clinical practice pathway)

12. List addiction medicine CME courses completed over the previous four or more years regardless of their inclusion on the AOA Individual Activity Report.

<u>Course/Date</u>	<u>Sponsor</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. 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 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 my specialty board for examination leading to recertification of added qualifications in addiction medicine. This action is made in accordance with and subject to the Constitution, Bylaws, Regulation and Requirements of the specialty board and the American Osteopathic Association (AOA). I understand that the examination is a proprietary document of the specialty board 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 specialty board 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 specialty board 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

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 specialty board 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 appropriate Committee on Evaluation and Education.

I hereby release, discharge, exonerate and agree to hold harmless the American Osteopathic Association, the specialty board, 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 specialty board 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 specialty board 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 agree to abide to the AOA Code of Ethics 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 specialty board 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

**SUBMIT THE APPLICATION DOCUMENTS IN ONE MAILING TO THE APPROPRIATE SPECIALTY BOARD**

**Application Checklist –**

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**POSTMARK DEADLINE – JULY 1, 2011**

