

# AOBFP

## CERTIFICATION EXAMINATION

APPLICATION – October 27, 2012  
Cognitive Exam

October 6, 2012  
Practical OMT Exam

### 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

Recorded information - (800)390-5801

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

#### TIME DATED CERTIFICATES

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

Included is an application and information pertaining to the Family Practice certification examination. The cognitive assessment portion of the examination (full day) will be a computer-based examination given on Saturday, October 27, 2012 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 sites, as confirmations will be provided on a first come, first serve basis.

The practical performance evaluation portion of the certification exam requires your travel to one of the convention sites for completion. The Fall AOA OMED conference or the Spring ACOFP conference will both be sites. The Fall 2012 AOA OMED conference dates are October 7-11 at the Marriott Hotel in San Diego, CA. The practical exam will be offered on Saturday, October 6th. 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 consecutive two-day period (such as Spring 2013 – March 21-22), there is no guarantee you will be scheduled for the day you select. Dates for the practical will be assigned as the AOBFP processes completed applications in their order of receipt.

#### **ELIGIBILITY REQUIREMENTS FOR EXAMINATION ARE AS FOLLOWS:**

- Graduate of an approved osteopathic college
- Current full, unrestricted license (it is understood that residents may be practicing with a temporary license or under a hospital license)
- Member in good standing of the AOA for at least two consecutive years immediately prior to application, examination and presentation for certification **AND** . . .
- Completion within the immediate past six years of a one-year AOA-approved internship and a two-year AOA-approved family practice residency program **OR** currently in a three-year AOA- or ACGME- approved family practice residency program to be completed no later than December 31, 2012.

#### **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 WITH THE APPLICABLE FEE:**

- Application signed by applicant
- One recent, original passport-size photo (no smaller than 2" square)
- Applicable examination fee, based on postmark deadline, made payable to the AOBFP (check or money order; 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.
- 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 (not necessary if practicing under hospital license). 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'
- Written verification from the AOA confirming membership in good standing for two consecutive years; contact AOA Membership Services Department (800)621-1773 and they will forward directly to the AOBFP.

**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, 2012. 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 AT LEAST FOUR WEEKS FOR AOBFP PROCESSING OF YOUR APPLICATION MATERIALS. CONFIRMATION OF RECEIPT AND ELIGIBILITY MAY BE AVAILABLE AFTER THAT TIME. MATERIALS SHOULD BE SENT VIA PRIORITY MAIL WITH DELIVERY CONFIRMATION 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)202-8000. 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 reinstating their membership with the American Osteopathic Association must do so in ample time to meet the two-year consecutive AOA membership requirement prior to application.

**Mechanism for Reentry Into the Certification Process After Expiration of Six Year Period of Board Eligibility (Applicable to Candidates with Two Years Approved Family Practice Residency Training)**

Reentry into the certification process allows a candidate with 'TRAINING COMPLETE' approval as awarded by the AOA to pursue certification in family practice 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 directory 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 AOBFP must be contacted to obtain the handbook and application. 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 to accompany the completed application and supporting documents, which are 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/](http://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 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 four weeks prior to the exam.

Each candidate will have a partner (another candidate) who will act the role of the patient during the examination.

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.

### **Construction of Multiple-Choice Questions**

Candidates will be required to prepare four (4) multiple-choice referenced questions in specific content areas as assigned by the Board. The forms and detailed instructions are forwarded to approved candidates no later than 6 weeks prior to the examination. These questions are to be submitted prior to the written examination. Further instructions are detailed when the question forms are released.

Questions constructed by the candidate are a required portion of the examination and must be completed per the provided specifications. Questions will be reviewed taking into consideration the following criteria:

- Adherence to specifications (format/structure)
- Quality of questions
- Coverage of high frequency/high impact material

Poorly constructed questions or those not following prescribed specifications may be returned to the candidates for modification.

**Scoring**

A final pass/fail status will be determined by satisfactory performance on the three individual portions of the examination; the written, performance evaluation and questions. A numeric score will be given on the written examination, a pass/fail designation on the performance evaluation, with the questions considered a requirement.

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

Within eight-ten 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 whose training has not yet been approved by the American College of Osteopathic Family Physicians (ACOFP) by approval of residency paperwork, 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 Practice Exam Content for Certification and Recertification Exam

<b>Addiction Medicine</b>	3%
<b>Adolescent Medicine</b>	4%
<b>Behavioral Sciences</b>	
Preventive Medicine	5%
Psychiatry	4%
Medical Jurisprudence	3%
<b>General Medicine</b>	
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%
<b>Surgery</b>	
EENT	5%
General Surgery	3%
Orthopedics	5%
<b>Obstetrics/Gynecology</b>	4%
<b>Pediatrics</b>	4%
<b>Sports Medicine</b>	3%
<b>Women's Issues</b>	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/RECERTIFICATION 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. **Partners cannot be related by blood or marriage.** 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. 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 20 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 20 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.
3. Note that once you have been admitted to the room, you may not leave. Any exits from the room will require substitution of other cases for both candidates.
4. After 20 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. 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.  
  
\*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
7. Upon completion of the exam at the third station, the candidates will move to a separate area and await their exam results for the practical portion of the examination.
8. A candidate must receive a passing score on two (2) of the three (3) cases in order to pass the performance exam. In the event a candidate does not receive a passing score on two of the three cases, that candidate shall be given another opportunity to retake the performance exam later that same day. 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. Any candidate who fails to return for the retake exam will be given a failing grade on the performance examination.

9. In the event of a failure on the retake examination, the candidate will be deemed to have failed the performance examination. In order to attain certification/recertification the candidate must retake the performance exam at a future date.
10. After three (3) failures on the performance exam, in order to apply for reexamination, 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.



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 license?    No    Yes

If no, do you hold a temporary license?    No    Yes

OR have you applied for licensure?    No    Yes    OR are you 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:

Horizontal lines for text entry.

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

State, dates, reason:

Horizontal lines for text entry.

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

State, dates, reason:

Horizontal lines for text entry.

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

State, dates, reason:

Horizontal lines for text entry.

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

State, dates, reason:

Horizontal lines for text entry.

**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 practice. 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
- One recent, original passport-size photo (no smaller than 2” square)
- 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 (not necessary if practicing under hospital license)
- ‘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’
- Written verification from the AOA confirming membership in good standing for two consecutive years; contact AOA Membership Services Department (800)621-1773 and they will forward directly to the AOBFP
- 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

**ALLOW AT LEAST FOUR WEEKS FOR AOBFP PROCESSING OF YOUR APPLICATION MATERIALS – WRITTEN CONFIRMATION WILL BE SUPPLIED THEREAFTER; MATERIALS SHOULD BE SENT VIA PRIORITY MAIL WITH DELIVERY CONFIRMATION TO ALLOW FOR IMMEDIATE CONFIRMATION BY POSTAL SERVICE OF RECEIPT IN AOBFP OFFICE. AOBFP WILL NOT VERIFY RECEIPT PRIOR TO PROCESSING.**

# VERIFICATION OF RESIDENCY TRAINING

TO: AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS

**This form must be fully completed by the Director of Medical Education, Family Practice Program Director or Family Practice Residency Program Administrator and submitted with resident's application for the family practice 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 practice 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 Practice 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 2010 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.

\$ 600 Retake exam fee

\$ 50 Processing fee for returned checks

\$ 100 Handgrading (requests must be postmarked within six weeks from date of notification of exam results)

\$ 150 Application processing fee withheld from refund request

\$ 100 Cancellation/rescheduling fee for first withdrawal

\$ 200 Cancellation/rescheduling fee for second withdrawal

\$ 300 Cancellation/rescheduling fee for third withdrawal

Cancellation fees will be withheld from any refund requests

Fees are subject to change without notice.