

AOBFP

GERIATRIC MEDICINE CAQ RECERTIFICATION EXAMINATION

APPLICATION - April 6, 2013 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

Recorded information - (800)390-5801

NOTE –

Examination Date	April 6, 2013
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

Dear Doctor:

Enclosed is an application pertaining to the Family Practice Recertification CAQ examination in osteopathic geriatric medicine. The cognitive assessment examination will be a computer-based examination given 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 site, as confirmations will be provided on a first come, first serve basis. . You may access the testing vendor's website at www.pearsonvue.com/aobfp/ to view a sample of regional sites that may be available when it is time for you to make a selection.

Mandatory Recertification

Recertification is a **mandatory** exam process for family physicians with a geriatric medicine CAQ certificate dated in January 1996 or thereafter. 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 geriatric 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

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 cognitive exam will consist of approximately 200 questions emphasizing the areas of: 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; abuse, neglect and inadequate care; nutrition; psychosocial issues; drug therapy; interdisciplinary team management; 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; 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.

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 geriatric 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 Dates and Fees – Check or money order made payable to AOBFP; credit cards not accepted; late fees are nonrefundable

- No later than Oct. 1 \$1,000
- No later than Nov. 1 \$1,100 (includes \$100 late fee)
- No later than Dec. 1 \$1,200 (includes \$200 late fee)

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

American Osteopathic Board of Family Physicians
330 E. Algonquin Rd., Suite 6
Arlington Heights, IL 60006
(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.

Scheduling will be confirmed in writing from AOBFP. Travel arrangements should not be made until you are confirmed by this office for examination. An application is not complete without all documents filed.

Another administration will be offered in Spring 2014.

**AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS
APPLICATION FOR CAQ RECERTIFICATION EXAMINATION
OSTEOPATHIC GERIATRIC MEDICINE
April 6, 2013**

PRINT LEGIBLY

DATE _____

Last Name _____ First _____ Middle _____

Home Address _____ City _____ State _____ Zip Code _____

Office Address _____ City _____ State _____ Zip Code _____

Mailing Address—Use Home _____ or Office _____ E-mail Address _____
(Required contact information)

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

(Area Code) – Office Tel. No. _____ AOA Membership No. _____ Social Security No. _____

AOBFP Certificate No. _____ Date of FP Certification _____

Date of FP Recertification _____ Date of Geri Med CAQ _____

Date of Geri Med CAQ Recertification _____

Qualified for CAQ Examination by Completion of Practice Years/Hrs. _____ (Yes or No)
OR Fellowship Program _____ (Yes or No)

Certified in other CAQ areas? Yes _____ No _____ If yes, list areas:

Additional CAQ Certification Areas, Nos. & Dates

EDUCATION

Name of Osteopathic College _____ City, State _____ Year of Graduation _____

FP Residency Site _____ City, State _____ Program Dates (Mo/Day/Yr) _____
/ / - / /

Residency/Fellowship Programs Completed after Family Practice Certification? No _____
Yes _____ If yes, list specialty area, site and dates: _____

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

LICENSURE STATUS

Do you hold a full, unrestricted medical license in the state in which your practice is conducted?
Yes _____ No _____

<u>STATE LICENSES</u>	<u>License Number</u>	<u>Date Issued</u>

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 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 CAQ recertification 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 recertifying 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 recertification or to the surrender of such recertification 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 recertification.

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