

# AOBFP

## RECERTIFICATION EXAMINATION

APPLICATION – October 27, 2012 Cognitive Exam

October 7 or 8, 2012  
Practical OMT Exam

### POSTMARK DEADLINES AND FEES –

April 1 \$ 800

May 1 \$ 950

June 1 \$1,050

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

Dear Doctor:

Included is an application and information pertaining to the Family Practice Recertification examination. The cognitive assessment portion of the examination (half day) will be a computer-based exam 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 site, as confirmation will be provided on a first come, first serve basis. You may access the testing vendor's website at [www.pearsonvue.com/aobfp/](http://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.

The practical performance evaluation portion of the recertification exam requires your travel to one of the convention sites for completion. The Fall 2012 AOA OMED conference and the Spring 2013 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 Sunday and Monday, October 7-8th. You may indicate your preference for one of those dates at the top of the application form; however, there is no guarantee you will be scheduled for that selection. Dates for the practical will be assigned as the AOBFP processes completed applications in their order of receipt. Dates are also listed on the application for the Spring 2013 practical (March 19-20).

### **Voluntary Recertification**

Family practice recertification is a **voluntary** exam process for family physicians certified prior to March 1997. Unsuccessful examination will **not** result in the revocation of original certification in family practice. A recertification certificate notating an expiration date eight years thereafter will be awarded to successful candidates upon AOA approval. Once this process is started, it is recommended that successive examinations be completed every eight years; a certificate will be awarded after each of those examinations. Reexamination for unsuccessful candidates is offered at the next available administration.

### **Mandatory Recertification**

Recertification is a **mandatory** exam process for family physicians with a certificate dated in March 1997 or thereafter. Successful candidates will receive a certificate upon the expiration of their original certificate notating an expiration date eight 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**

- Primary certification in family practice for at least six years
- Current practice as a family physician
- AOA member in good standing for at least two consecutive years immediately prior to application and examination
- Documentation of 150 CME hrs. on 2007-2009 AOA CME Activity Report with an estimated 100 hrs. on the current report. Applicants with waivers of CME for financial hardship or active military service must provide AOA documentation.
- Hold an unrestricted medical license (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. A copy of the court order should be included with the submitted application documents.)

### **Examination Fee**

The applicable examination fee, based on the postmark deadline, is payable with the application and supporting documents. Additional fees apply for cancellations and rescheduling. Your cancelled check will serve as your receipt of payment, unless a request for a receipt is included with the application.

### Exam Content

The exam includes both an OMT practical exam and a cognitive assessment exam consisting of approximately 200 questions covering the major disciplines within family practice. Those major areas include Allergy/Immunology & Rheumatology, Cardiology, Dermatology, Endocrinology, Gastroenterology, Geriatrics, Hematology, Neurology, Osteopathic Principles, Pulmonology, Urology & Nephrology, Adolescent Medicine, Sports Medicine, EENT, General Surgery, Orthopedics, Ob/Gyn, Pediatrics, Medical Jurisprudence, Psychiatry, Preventive Medicine and Women's Issues.

You will be given 3.5 hours in which to complete all examination items in the cognitive exam.

### Computer Knowledge

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.

### Submission of Application

To apply for examination, submit all of the following **in one mailing** to AOBFP by one of the applicable postmark deadline dates, but no later than a postmark of **June 1, 2012**:

- Completed, signed and dated application
- Copy of 2007-2009 and 2010-current AOA CME Activity Report - 150 CME hrs. should be documented on 2007-2009 report with an estimated 100 hrs. in the current cycle. Applicants with waivers of CME for financial hardship or active military service must provide AOA documentation.
- Copy of medical license reflecting expiration date (A candidate petitioning with a restricted license must submit a copy of the court order with the other application documents.)
- One recent, original passport-size photo (no smaller than 2" square)
- 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

### 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.

**POSTMARK Deadlines and Fees** – Check or money order made payable to AOBFP; credit cards not accepted; late fees are nonrefundable.

- No later than April 1, \$800
- No later than May 1, \$950 (includes \$150 late fee)
- No later than June 1, \$1,050 (includes \$250 late fee)

**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.**

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

## 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.



**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 \_\_\_\_\_

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**LICENSURE STATUS**

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

**STATE LICENSES**                      **License Number**                      **Date Issued**

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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 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 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 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 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 agree to abide to the AOA Code of Ethics as an AOBFP diplomate.

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

**SEND ALL APPLICATION MATERIALS AND APPLICABLE EXAM FEE BY ONE OF THE APPLICABLE POSTMARK DEADLINE DATES, BUT NO LATER THAN a postmark of June 1, 2012 TO:**

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. 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
- One recent, original passport-size photo (no smaller than 2" square)
- Copy of state medical license with expiration date
- Copy of 2007-2009 and 2010-current AOA CME Activity Report - 150 CME hrs. should be documented on 2007-2009 report with an estimated 100 hrs. on the current report. Applicants with waivers of CME for financial hardship or active military service must provide AOA documentation.
- 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
- If applicable, summary of malpractice proceedings

**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 nonrefundable) –

- No later than April 1, \$800
- No later than May 1, \$950 (includes \$150 late fee)
- No later than June 1, \$1,050 (includes \$250 late fee)

\$ 50	Processing fee for returned checks
\$150	Nonrefundable fee withheld from examination fee for application processing when applicant is ineligible or requests a refund
\$100	Handgrading (requests must be postmarked within six weeks from date of notification of exam results)
\$100	1 <sup>st</sup> withdrawal rescheduling fee
\$200	2 <sup>nd</sup> withdrawal rescheduling fee
\$300	3 <sup>rd</sup> withdrawal rescheduling fee

FEEES ARE SUBJECT TO CHANGE WITHOUT NOTICE