

AOBFP

GERIATRIC MEDICINE CAQ RECERTIFICATION EXAMINATION

APPLICATION - March 14, 2007 Exam
Kissimmee, FL

DEADLINE – Postmark of 11/1/06

QUESTIONS?

- Examination Dates
- Eligibility Requirements

CONTACT [AOBFP](http://www.aobfp.org) - (847)640-8477

Recorded information - (800)390-5801

NOTE –

Examination Date	March 14, 2007 (Afternoon) (During ACOFP Convention)
Location	Gaylord Palms Resort & Convention Center – Kissimmee, FL
Application Deadline	Postmark date of November 1, 2006

Dear Doctor:

Enclosed is an application pertaining to the Family Practice Recertification CAQ examination in osteopathic geriatric medicine. The next examination will be given on Wednesday afternoon, March 14, 2007 in Kissimmee, FL at the Gaylord Palms Resort & Convention Center during the ACOFP convention, March 14-18th.

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 in state where practice is conducted

Examination Fee

The examination fee is \$750.00 payable with the application and supporting documents; additional fees will apply for late applications, cancellations and rescheduling.

Exam Content

The afternoon written 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

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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.

Submission of Application

To apply for examination, submit all of the following **in one mailing** to AOBFP by the postmark deadline date of **November 1, 2006**:

- Printed or typed application signed by applicant
- Copy of current 2001-2003 and 2004-present AOA CME Activity Report
- Copy of medical license reflecting expiration date
- One original, passport-size photo (notary can attest to your signed statement that photo is a true likeness)
- Examination fee of \$750 in the form of a check made payable to AOBFP
- Written verification from the AOA confirming membership in good standing for two consecutive years; contact AOA Membership Services Dept. (800)621-1773

ALLOW AT LEAST THREE 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.

Once again, the deadline for submission of all application materials is a postmark date of November 1, 2006. An application is not complete without all documents filed. Another administration is offered in March 2008 prior to the ACOFP convention.

PROFESSIONAL MEMBERSHIPS

American Osteopathic Association _____ No _____ Yes – Since 19 _____ to 19 _____

American College of Osteopathic Family Physicians (ACOFP)
_____ No _____ Yes – Since 19 _____ to 19 _____

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?	_____	_____
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

SEND ALL APPLICATION MATERIALS AND FEE BY THE POSTMARK DEADLINE DATE OF November 1, 2006 TO:

American Osteopathic Board of Family Physicians
330 E. Algonquin Road, Suite 6
Arlington Heights, IL 60005
Telephone Number - (847)640-8477

APPLICATION MATERIALS:

- Examination fee in the amount of \$750 (check made payable to AOBFP)
- Completed, signed application
- Original passport-size photo
- Copy of state medical license with expiration date
- Copy of AOA Activity Report for 2001-2003 and 2004-present
- Written verification from the AOA confirming membership in good standing for two consecutive years; contact AOA Membership Services Department (800)621-1773

EXAMINATION AND PROCESSING FEES

\$750	Examination fee
\$ 50	Nonrefundable fee withheld from examination fee for application processing when applicant is ineligible or requests a refund
\$100	Rescheduling fee

Late fees for applications submitted after deadline postmark date and approved by Board for acceptance –

\$250	Postmarked Nov. 2 thru Dec. 1
\$350	Postmarked Dec. 2 thru Jan. 1
\$450	Postmarked Jan. 2 thru Feb. 1