

AOBFP

RECERTIFICATION EXAMINATION

APPLICATION – Oct. 31 – Nov. 1, 2009 Exam
New Orleans, LA

POSTMARK DEADLINES AND FEES –

June 1	\$ 600
July 1	\$ 750
August 1	\$ 850
Sept. 1	\$ 950

QUESTIONS?

- Examination Dates
- Eligibility Requirements
- Certification Process

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

Recorded information - (800)390-5801

Dear Doctor:

Enclosed is an application and information pertaining to the Family Practice Recertification examination. The next examination will be given on Saturday and Sunday, October 31 - November 1, 2009 at the Marriott Hotel Riverwalk in New Orleans, LA . The exam precedes the AOA convention on November 1-5, 2009.

Scheduled candidates will be assigned an exam time for the performance evaluation between 8:00 am and 2:00 pm on Saturday, Oct. 31st. The written exam will be given Sunday morning, Nov. 1st.

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
- 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.

Exam Content

The exam format is an OMT practical exam and a written 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.

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 **September 1, 2009**:

- Completed, signed and dated application
- Copy of 2004-2006 and 2007-current AOA CME Activity Report
- 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)

Candidates seeking special 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.

Postmark Deadlines and Fees – Check or money order made payable to AOBFP; credit cards not accepted

- June 1, \$600
- July 1, \$750
- August 1, \$850
- Sept. 1, \$950

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.

Another administration is offered in March 2010 in Las Vegas, NV prior to the ACOFP convention.

AOBFP EXAM TABLE OF TEST SPECIFICATIONS

Family Practice Exam Content for Certification and Recertification Exam

Addiction Medicine	3%
Adolescent Medicine	4%
Behavioral Sciences	
Preventive Medicine	5%
Psychiatry	4%
Medical Jurisprudence	3%
General Medicine	
Allergy/Immunology inc.	
Rheumatology	5%
Cardiology	5%
Dermatology	5%
Endocrinology	5%
Gastroenterology	5%
Hematology	4%
Nephrology/Urology	4%
Neurology	5%
OPP	5%
Pulmonology	5%
Geriatrics	5%
Surgery	
EENT	5%
General Surgery	3%
Orthopedics	5%
Obstetrics/Gynecology	4%
Pediatrics	4%
Sports Medicine	3%
Women's Issues	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.

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 _____

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

Please answer each of the following questions. If the answer to any is yes, please append full details to this application.

 No Yes

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 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 September 1, 2009 TO:

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

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 AOA Activity Report for 2004-2006 and 2007-current
- 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 – Check or money order made payable to AOBFP; credit cards not accepted

- June 1, \$600
- July 1, \$750
- August 1, \$850
- Sept. 1, \$950

\$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 st withdrawal rescheduling fee
\$200	2 nd withdrawal rescheduling fee
\$300	3 rd withdrawal rescheduling fee