

SPORTS MEDICINE
CONJOINT EXAM FOR
RECERTIFICATION OF
ADDED QUALIFICATIONS

APPLICATION – October 15, 2006 Exam
Las Vegas, NV

QUESTIONS?

- Examination Dates
- Eligibility Requirements

CONTACT [AOBEP](#) - (847)640-8477

Recorded information - (800)390-5801

Website – www.aobfp.org

NOTE -

Examination Date	October 15, 2006 (Afternoon)
Location	Las Vegas, NV
Application Deadline	Postmark date of May 19, 2006

APPLICATION REQUIREMENTS RECERTIFICATION IN SPORTS MEDICINE

All applicants must submit the following:

1. Completed application legibly printed or typed
2. Fifty dollar (\$50) application fee
3. Notarized passport size photograph attached to the application
4. Copy of current state medical license with expiration date for the principle location of clinical practice
5. Copy of AOA Individual Activity Report outlining at least 150 CME hours for the previous three years with 50 of those hours in approved sports medicine courses; a minimum of 25/50 hrs. must be in AOASM sponsored programs with the remainder in AMSSM sponsored programs. If necessary, include an attached letter of explanation summarizing unlisted sports medicine courses and hours accompanied by copies of the attendance certificates.
6. Signed statement by applicant on office stationery that a minimum of 20% of current practice is devoted to the practice of sports medicine.
7. 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 directly forward to the AOBFP

INFORMATION FOR THE SPORTS MEDICINE EXAMINATION FOR RECERTIFICATION OF ADDED QUALIFICATIONS

The Sports Medicine Examination program for recertification of added qualifications is jointly developed by interested osteopathic specialty boards and the American Osteopathic Academy of Sports Medicine. A Sports Medicine Conjoint Examination Committee has representation from each participating specialty board and academy.

This program is designed to recognize excellence among those who provide care to persons who participate in athletics or exercise programs. The examination evaluates an understanding of the scientific basis of the problems involved in sports medicine, the familiarity with the current advances in sports medicine, the possession of sound judgment and of a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of sports medicine.

Definition

Sports medicine is that branch of the healing arts profession that utilizes a holistic, comprehensive team approach to the prevention, diagnosis, and adequate management of sport and exercise-related injuries, disorders, dysfunctions and exercise-related disease processes.

The specialty of sports medicine consists of the following:

- A. The comprehensive medical management of the athlete, which requires an understanding across a broad scope of specializations.
- B. An understanding of performance aids, coaching techniques and training skills.
- C. The science of injury prevention and recognition, advanced rehabilitation techniques and epidemiology.
- D. The application of wellness through cardiovascular training of the general public as well as athletes with disability.
- E. The application of sports science in improving the health care of athletes.
- F. The recognition of the special medical problems of athletes.
- G. The application of osteopathic principles to athletes.
- H. The term athlete refers to an individual who is engaged in sport, exercise or physical activity at the recreational, competitive, industrial, professional or elite level.

Eligibility

Applicants must meet the following minimum requirements:

- Primary certification and sports medicine CAQ is current and in good standing
- Hold a full, unrestricted license to practice medicine in state where practice is conducted. A suspended or revoked license in any jurisdiction at the time of application will not be admitted to the examination.
- Current member in good standing of the AOA for at least the two consecutive years immediately prior to application
- Current practice to include at least 20% in sports medicine

- Documentation on the AOA Activity Report of at least 150 CME hours for the previous three years with 50 of those hours in approved sports medicine courses; a minimum of 25/50 hrs. must be in AOASM sponsored programs with the remainder in AMSSM sponsored programs

Examination

Dates/Location

The CAQ recertification examination in sports medicine will be offered at a time and site as determined by the Committee, but no less than once every two years.

Fees/Deadlines

The nonrefundable application fee of \$50 must accompany the application by the published postmark deadline date. The registration period ends at least ninety days prior to the examination date. The examination fee will be \$750 and payment is requested after approval of a candidate for examination and is due by a published postmark deadline date of at least 45 days prior to the examination date. There is a nonrefundable penalty fee of \$100 for withdrawal later than at least 14 days prior to the examination date.

Format

The examination will be a proctored half-day examination consisting of 100 multiple-choice questions of the "one best answer" type. Questions will cover the following four major categories:

Basic Science

- A. Anatomy
- B. Physiology
- C. Pharmacology
- D. Nutrition

Diagnostics

- A. History
- B. X-ray & lab
- C. Performance
- D. Consultation

Injury Management/Prevention

- A. On-site immediate acute care
- B. Post event care
- C. Sports knowledge, sports rules
- D. Protective equipment

Treatment

- A. Pharmacological
- B. OMT
- C. Rehab modalities (acute and reinjury prevention)
- D. Psychological

Preparation

No specific recommendation about study methods or review courses may be made. However, extensive self-study of sports medicine in texts and journals and participation in continuing medical education programs and review courses in sports medicine should be useful.

Results

Candidates will be informed of the results of the examination within 90 days following the examination date. Successful candidates will receive a certificate for Recertification of Added Qualifications in Sports Medicine notating an expiration date of ten years thereafter. The certificate will be awarded after the AOA Bureau of Osteopathic Specialists gives final approval of the exam process for each candidate. This approval process may take about six months following the notification of successful completion of the examination. Upon written request and payment of a fee of \$50, candidates may obtain rescoring of the examination within a year of receiving the results. The answer sheets of candidates will be destroyed three years after administration.

Reexamination

Candidates may reapply for the next scheduled examination upon submitting a letter of intent, updated application information and the examination fee of \$750.

Application Process

The applicant must submit to the specialty board, which has awarded primary certification the following at the time of application:

- Completed application signed and dated by applicant
- Notarized, passport size photo
- Copy of state medical license indicating expiration date
- Application fee in the form of a check for \$50
- Copy of AOA Activity Report outlining required CME hours and, if necessary, an attached letter of explanation summarizing unlisted sports medicine courses and hours accompanied by copies of the attendance certificates
- Signed statement by applicant on office stationery that a minimum of 20% of current practice is devoted to the practice of sports 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 directly forward to the AOBFP

The Sports Medicine Conjoint Examination Committee will review applicant files after the close of the registration period. Candidates will be notified in writing by their primary certification board of their eligibility.

SUBMIT APPLICATION DOCUMENTS IN ONE MAILING BY THE POSTMARK DEADLINE DATE OF MAY 19, 2006 TO:

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

Completion of Clinical Practice Pathway? Yes _____ No _____

CAQ Certificate

7. Certificate number _____ Date of Certificate _____

Expiration date _____

Hospital Affiliation

8. Principle hospital staff membership(s). Please list the name and address of the medical director at the institution where you hold your staff membership(s).

A. _____
Medical Director Institution

Address Membership Dates

City State Zip Code

B. _____
Medical Director Institution

Address Membership Dates

City State Zip Code

Professional Affiliations

9. List professional society memberships -

<u>Society</u>	<u>Membership Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

10. 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 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 of added qualifications in sports medicine. 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 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 CAQ status 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

Page 4

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 of added qualifications.

I hereby authorize the AOBFP to release my grade or grades given with respect to any 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 CAQ status, or the revocation of any certification 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 CAQ 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 _____, 200 _____.

Signature

RETURN ALL APPLICATION MATERIALS WITH POSTMARK DEADLINE DATE OF NO LATER THAN MAY 19, 2006 TO:

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

