

# AMERICAN OSTEOPATHIC BOARD OF SURGERY

## APPLICATION FOR ORAL CERTIFYING EXAMINATION

THIS APPLICATION MUST BE LEGIBLY HANDWRITTEN

All information requested throughout this application must be provided in order to be processed. If any information is not included, the application will be returned.

NAME \_\_\_\_\_

Preferred mailing address (check one):  HOME or  OFFICE

**HOME:** Address \_\_\_\_\_ **OFFICE:** Address \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Cellular \_\_\_\_\_ Pager \_\_\_\_\_

EMAIL \_\_\_\_\_

I hereby make application for oral examination, enclose application fee, and wish to be certified in (select specialty below):

General Surgery  Neurological  Plastic & Reconstructive  CTS  Urological  General Vascular

1. **MEMBER** of the American Osteopathic Association? AOA # \_\_\_\_\_ YES? \_\_\_\_\_ NO? \_\_\_\_\_

**NOTE: CONTINUOUS MEMBERSHIP IN THE AOA IS A PREREQUISITE FOR AOB'S BOARD CERTIFICATION.**

2. **ACOS PROGRAM COMPLETE** in your residency training? YES? \_\_\_\_\_ NO? \_\_\_\_\_

**NOTE: ACOS PROGRAM COMPLETE STATUS IS A PREREQUISITE FOR TAKING THE ORAL CERTIFYING EXAMINATION. ORAL EXAM APPLICATION AND FEE WILL BE HELD AND RETURNED TO APPLICANT IF PROGRAM COMPLETE STATUS IS NOT DOCUMENTED PRIOR TO THE ORAL EXAMINATION DATE.**

3. **AOBS FILE COMPLETE** with no missing items or deficiencies? YES? \_\_\_\_\_ NO? \_\_\_\_\_

**NOTE: AOBS FILE DEFICIENCIES WILL DELAY PROCESSING OF YOUR ORAL CERTIFYING EXAMINATION RESULTS.**

The fee for the oral examination for certification in any of the specialty fields under the jurisdiction of the American Osteopathic Board of Surgery shall be confirmed by the Board Office (receipt). This application and oral examination fee must be received by the Board Office prior to **JULY 15th**. Applications received after this deadline will be assessed a \$500.00 late fee.

**CREDIT CARD AUTHORIZATION FORM ON REVERSE FOR USE IN PAYING \$2,500 ORAL EXAMINATION FEE WITH AMERICAN EXPRESS, MASTERCARD, VISA OR DISCOVER. PERSONAL CHECKS MADE PAYABLE TO THE AOB'S ARE ALSO ACCEPTED.**

ADA and SPECIAL TESTING ACCOMMODATIONS: The AOB'S is committed to a policy of compliance with federal, state and local laws and regulations. The AOB'S, in compliance with the Americans with Disabilities Act (ADA), has adopted an ADA policy as outlined in Appendix A and B of the "Protocol for Certification." All qualified candidates who suffer from a disability as outlined in the ADA may apply for accommodation of that disability. Requests for accommodation must be submitted in writing to the AOB'S at least ninety (90) days prior to the examination date. The request must be supported by appropriate and current diagnosis documentation.

I request an ADA application and request special accommodations for a disability. YES? \_\_\_\_\_ NO? \_\_\_\_\_

I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Signed \_\_\_\_\_

The "Protocol for Certification," Examination Rate Sheet and other applicable information regarding the certification process can be found on the AOB'S website at [www.aobs.org](http://www.aobs.org).

**AMERICAN OSTEOPATHIC BOARD OF SURGERY**  
4764 FISHBURG ROAD, SUITE F - HUBER HEIGHTS, OH 45424  
800-782-5355 or 937-235-9786 - FAX 937-235-9788  
EMAIL: [aobsoffice@yahoo.com](mailto:aobsoffice@yahoo.com)