

Surgical Specialists of Baltimore, Inc.

123 Main Street
Baltimore, MD 55555

June 28, 2009

American Osteopathic Board of Surgery
4764 Fishburg Road, Ste. F
Huber Heights, OH 45424

Dear AOBS,

My name is _____, and I'm a licensed osteopathic
_____ (specialty) surgeon practicing in _____
(city, state).

I've successfully completed the AOBS written qualifying examination, and
I'm writing to request registration for the upcoming oral certifying
examination scheduled for _____ (date) in _____
(city, state).

Enclosed please find my fee in the amount of \$ _____.

If you need to contact me for any reason, my phone number is _____,
and my email address is _____.

Thank you for your assistance with this matter.

Sincerely,

(YOUR SIGNATURE HERE)

Encl.