

AMERICAN OSTEOPATHIC BOARD OF SURGERY

CLINICAL EXAMINATION SUBMISSION SIGN-OFF

Review this form and check mark the boxes as you complete each step.

Sign and return this form with the two (2) sets of case materials when submitting cases to the AOBs office.

REMEMBER - DEADLINE FOR SUBMITTING CASES TO THE OFFICE IS FORTY-FIVE (45) DAYS PRIOR TO THE EXAM DATE.

PAYMENT OF \$2,000 MUST ACCOMPANY CASE SUBMISSION.

There will be no exception to this policy.

I have complied with the requirements found in the following steps:

- PAGE 1, ITEM NUMBER 3 - include all items in each case folder
- PAGE 2, ITEM NUMBER 1 - include pre-op evaluation elements
- PAGE 2, ITEM NUMBER 2 - note all operative elements
- PAGE 2, ITEM NUMBER 3 - note all post-operative/hospitalization elements
- A CASE SUMMARY AT THE BEGINNING OF EACH CASE
- The two sets are completely separate**
- Candidate's name is on the cover of each case
- All references to the patient (name, address, social security number, etc.) have been totally obliterated throughout each case**
- I have included the completed Business Associate Agreement
- I ACKNOWLEDGE THAT THE AMERICAN OSTEOPATHIC BOARD OF SURGERY REQUESTS THAT THE CASES AND MEDICAL RECORDS THAT ARE SUBMITTED FOR REVIEW FOR MY CLINICAL EXAMINATION REFLECT TRUE AND ACCURATE INFORMATION.**

When you have completed all steps, sign and date this form. Send it in with your case submissions.

NAME _____ PRINT

NAME _____ SIGN

DATE: _____