American Osteopathic Board of Surgery

4764 Fishburg Road, Suite F
Huber Heights, OH 45424

Phone: 800-782-5355 - 937-235-9786
Fax: 937-235-9788
E-mail: aobsoffice@yahoo.com

TO: AOBS Diplomates Eligible for Recertification

FROM: Debra L. Bailey, Administrative Director

RE: **ELIGIBILITY FOR RECERTIFICATION**

PLEASE READ THE ACCOMPANYING REQUIREMENTS FOR RECERTIFICATION AND SUBMIT THE APPLICATION AND ALL MATERIALS BY **MARCH 1ST OR JULY 15TH**

Diplomates are strongly encouraged to submit the following materials as soon as possible so that any inconsistencies may be addressed and resolved in a timely manner.

__________ A copy of the diplomate's current unrestricted state licensure or proof of military jurisdiction

__________ A copy of the diplomate's AOA record of continuing medical education for the most recent *completed* three (3) year cycle preceding application

___________ AOA letter verifying diplomate's membership in good standing

___________ Completed recertification application

___________ One (1) recent passport-size photo

__________ $2,000 examination fee by credit card or personal check made payable to the AOBS.

American Osteopathic Board of Surgery

4764 Fishburg Road, Suite F
Huber Heights, OH 45424

Phone: 800-782-5355 - 937-235-9786
Fax: 937-235-9788
E-mail: aobsoffice@yahoo.com

RECERTIFICATION EXAMINATION RELEASE STATEMENT

I hereby agree to disqualification from examination and to forfeiture of fee or issuance of a certificate of specialization, or to the surrender of such certificate of specialization as directed by the American Osteopathic Association, in the event that any of the forgoing statements made by me are false, or in the event that any of the rules, regulations and requirements governing such examinations are violated by me, or in the event that I did not comply with, or shall violate, any of the provisions of the Constitution and Bylaws of the American Board of Surgery.

I agree to hold the American Osteopathic Association, the American Osteopathic Board of Surgery, their members, examiners, officers and agents free from any damage, expense or complaint by reason of any action they or any one of them may take in connection with this application, or the failure of the American Board of Surgery to recommend issuance to me of such certificate of specialization, or the revocation of any certificate of specialization issued pursuant to this application.

I pledge that, if recommended by the American Osteopathic Board of Surgery, and if certified by the Board of Trustees of the American Osteopathic Association, I shall abide by and uphold the Constitution and Bylaws of the American Osteopathic Association.

I further pledge that, if recommended by the American Osteopathic Board of Surgery, and if certified by the Board of Trustees of the American Osteopathic Association, any violation of ethical conduct on my part, particularly as it is related to hospital procedures or surgical practice, shall be deemed cause for revocation of my certificate by the American Osteopathic Association.

I hereby certify that all information recorded on this application and any accompanying documents is accurate and supports my application for recertification for which I now apply. And I agree to full compliance with the statements set forth above.

PLEASE PRINT LEGIBLY

Name of Diplomate: ____

Signature: ____

Date: _________________________

American Osteopathic Board of Surgery

4764 Fishburg Road, Suite F
Huber Heights, OH 45424

Phone: 800-782-5355 - 937-235-9786
Fax: 937-235-9788
E-mail: aobsoffice@yahoo.com

APPLICATION FOR RECERTIFICATION EXAMINATION

Application Deadlines: March 1st or July 15th

Submit the completed application to:

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

Exam Fee:

$2,000.00

EXAMINATION DATES AND LOCATIONS:

Thursday, September 15th, 2011 at the Hilton Atlanta, Atlanta, GA
Saturday, May 19th, 2012 at the Hyatt Regency Grand Cypress, Orlando, FL
Sunday, September 30th, 2012 at the Marriott Hotel Downtown, Chicago, IL
Saturday, June 8, 2013 at the Hyatt Regency Grand Cypress, Orlando, FL

Please indicate the Recertification Examination for which you are applying:

- ❑ General Surgery
- ❑ Plastic & Reconstructive Surgery
- ❑ Urological Surgery
- ❑ Surgical Critical Care CAQ
- ❑ Neurological Surgery
- ❑ Cardiothoracic Surgery
- ❑ General Vascular Surgery

Is this the first time you are taking a recertification examination? **Yes No (Circle)**
If no, please note dates of prior attempt(s): ____________________________

CANDIDATE INFORMATION PLEASE PRINT LEGIBLY

AOA #_______________ **Application Date:** _________________

Name: ____

Street: ____

City/State/ZIP+4: ____

E-Mail: ____

Phone: Home (   ) ____________ **Office (   )** ____________ **Cell (   )** ___________

Date joined AOA: _____/_____ Are you currently a member in good standing? **Yes No (Circle)**
Member of state or divisional society? **Yes No (Circle)**
List group(s) and date joined:

____

____

____