



American Osteopathic Board of Surgery

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REQUIREMENTS FOR CERTIFICATION

The American Osteopathic Board of Surgery (hereafter referred to as the "Board") will accept for examination for certification only osteopathic physicians who are specializing in General Surgery, Neurological Surgery, Plastic and Reconstructive Surgery, Cardiothoracic Surgery, Urological Surgery, General Vascular Surgery, Surgical Critical Care, or such other surgical specialty that may be assigned to this Board by the AOA Board of Trustees.

Candidates for certification by the AOA through the American Osteopathic Board of Surgery must PROVIDE DOCUMENTARY EVIDENCE of the following requirements:

1. The candidate must have graduated from an AOA-accredited College of Osteopathic Medicine.
2. The candidate must be licensed or credentialed to practice in the state or military jurisdiction where practice is conducted and must provide documentary evidence of an unrestricted license prior to taking an examination.
3. The candidate must conform to the standards set forth in the Code of Ethics of the American Osteopathic Association (AOA).
4. **The candidate must be a member in good standing of the AOA or the Canadian Osteopathic Association throughout the certification process. Following the examination process, if a candidate is found to be delinquent in his/her maintenance of membership and/or payment of membership dues, certification may be delayed.**
5. The candidate must have satisfactorily completed an AOA-approved OGME-1.
6. **EFFECTIVE JULY 1ST, 2009, NEW CANDIDATES MUST HAVE COMPLETED ALL THE PRESCRIBED YEARS OF AN AOA-APPROVED RESIDENCY TRAINING PROGRAM IN THE SURGICAL SPECIALTIES UNDER THE JURISDICTION OF THE BOARD PRIOR TO REGISTERING FOR THE WRITTEN QUALIFYING EXAMINATION. CANDIDATES MUST HAVE ALL PREVIOUS YEARS OF RESIDENCY TRAINING REVIEWED AND APPROVED BY THE SPECIALTY COLLEGE AND ITS RESIDENCY EVALUATION AND STANDARDS COMMITTEE.**
7. Candidates who entered the certification process prior to July 1, 2009 must have evidence of satisfactory completion of previous years of an AOA-approved residency training program in the surgical specialties under the jurisdiction of the Board. **CANDIDATES MUST HAVE ALL PREVIOUS YEARS OF RESIDENCY TRAINING REVIEWED AND APPROVED BY THE SPECIALTY COLLEGE AND ITS RESIDENCY EVALUATION AND STANDARDS COMMITTEE.**

At least one (1) year of the surgical specialty training program must encompass all aspects of the particular specialty including adequate training in the basic medical sciences, with emphasis on pathology, physiology and osteopathic principles as related to the specialty. The required number of years of residency training in each specialty are as follows:

- a. **General Surgery:**
 - i. Four (4) years of training in General Surgery.
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years of training in General Surgery.
- b. **Neurological Surgery:**
 - i. One (1) year of training in General Surgery followed by four (4) years of training in Neurological Surgery.
 - ii. Five (5) years in Neurological Surgery.
 - iii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, six (6) years of training in Neurological Surgery.
- c. **Plastic and Reconstructive Surgery:**
 - i. Three (3) years of training in General Surgery followed by two (2) years of training in Plastic and Reconstructive Surgery.
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, three (3) years of training in General Surgery followed by two (2) years of training in Plastic and Reconstructive Surgery.
 - iii. An AOA-approved and completed residency program in Orthopedic Surgery.

- iv. An AOA-approved and completed residency in Otolaryngology/Facial Plastic Surgery.
 - d. **Cardiothoracic Surgery:**
 - i. Four (4) years of training in General Surgery followed by two (2) years of training in Cardiothoracic Surgery.
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years of training in General Surgery followed by two (2) years of training in Cardiothoracic Surgery.
 - e. **Urological Surgery:**
 - i. Two (2) years of training in General Surgery followed by three (3) years of training in Urological Surgery.
 - ii. One (1) year of training in General Surgery followed by four (4) years of training in Urological Surgery.
 - iii. Five (5) years of training in Urological Surgery.
 - iv. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years of training in Urological Surgery.
 - f. **General Vascular Surgery:**
 - i. Four (4) years of training in General Surgery followed by one (1) year of training in General Vascular Surgery.
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years of training in General Surgery followed by one (1) year in General Vascular Surgery.
8. Candidates for certification in Cardiothoracic Surgery and General Vascular Surgery are required to first pass the written and oral examinations in General Surgery.
 9. Following satisfactory compliance with the prescribed requirements for examination, the candidate is required to pass written qualifying and oral certifying examinations which shall be designed, constructed and conducted so as to evaluate the candidate's understanding of the basic sciences, knowledge of surgical principles and the osteopathic philosophy of surgery as it applies to diagnosis and management of surgical diseases, familiarity with current advances in surgical philosophy and techniques, possession of valid surgical judgment and a high degree of skill in the diagnostic, operative and therapeutic procedures involved in the specialty practice.
 9. For candidates entering the certification process for the first time after January 1, 2006, a qualifying and certifying (written and oral) examination are required. A clinical examination is required for candidates who entered the certification process prior to January 1, 2006. **NOTE: In order to enter the final phase of certification, the candidate must have achieved program complete status from the Specialty College, and all the documentation requested at the time of original application submission MUST be in the candidate's file.**
 10. The clinical examination for certification in General Surgery will be waived for those already certified by a three-part examination in Cardiothoracic Surgery, Urological Surgery, Neurological Surgery, Plastic and Reconstructive Surgery, and General Vascular Surgery provided that:
 - a. Documentation from the American College of Osteopathic Surgeons or the AOA that verifies completion of training in a General Surgery residency is on file with the AOBS.
 - b. General Surgery written and oral examinations were successfully completed.
 11. Candidates for examination for certification are required to file an application which shall set forth their qualifications for examination.
 12. Candidates beginning the certification process for the first time in 1997 and thereafter will be issued a time-dated certificate for a ten (10) year period. The Board will make available, beginning in the 8th year of certification, the opportunity to take the recertification examination.

Certification of Added Qualifications

Certification of Added Qualification (CAQ) constitutes a modification of a general certificate or certificate of special qualifications to reflect additional training of at least one (1) year in length and satisfactory completion of a certifying examination in that field. The training required for added qualifications must incorporate a specific and identifiable body of knowledge within the broader practice of the general specialty. Certificates read, "Certified in (general field), with Added Qualifications in (added field)."

1. Surgical Critical Care - the candidate must be certified in General Surgery or a surgical specialty and must pass a Surgical Critical Care written examination after one (1) year of ACOS or AOA-approved training in Surgical Critical Care.

BOARD ELIGIBILITY

Definition

Board eligibility is defined as that status granted a candidate who:

- A. Has documented the satisfactory completion of an AOA-approved residency, fellowship, or preceptorship program; or, if applicable,

- B. Has documented the satisfactory completion of the specialty practice requirement when certified through an approved practice pathway. (B-02/09)
- C. Is and remains a member, in good standing, of the AOA or the Canadian Osteopathic Association.
- D. Has met all the requirements as established by the appropriate Specialty Certifying Board.
- E. Has applied to and has been accepted as a registrant by the appropriate Specialty Certifying Board.

Termination of Board Eligible Status

- A. Board eligible status shall terminate on December 31 of the sixth year following the year eligibility was established, on completion of the residency program.
- B. In view of a candidate's right to appeal the results of a failed examination, Board eligibility shall not be terminated due to failure of examinations until the appeal is complete.
- C. If a candidate does not initiate examination within the period of Board eligibility, then Board eligibility status will be automatically lost and so recorded by the AOA and appropriate the Board.
- D. The Secretary of the Board will notify the candidate in writing by registered, return receipt mail, a minimum of one (1) year prior to termination of Board eligible status. (B-07/02) The notice shall include a statement that the candidate has the right to appeal to the Bureau or may reenter the examination process, if eligible.

In the event of extenuating circumstances, the Board may approve the extension of a candidate's board eligibility termination date. Two (2) years shall be the maximum extension. The Secretary of the Bureau shall be notified, in writing, of any such extension.

Board Eligibility Process

Effective July 1, 2009, the board eligibility requirements are as follows. To achieve board eligibility, candidates must apply to the Board and meet the requirements set forth by the Board.

- A. A candidate for certification will have six years to be board eligible and complete the certification process.
- B. At the end of six years of board eligibility, if the candidate has not obtained final certification, the candidate may petition the board to reenter the certification process. On being granted the ability to re-enter the certification process, the candidate must begin at the beginning of the certification process and must participate in the first available administration of the exam. The candidate will have two attempts to pass each step of the examination process. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.
- C. After exhausting the above process the candidate is not eligible to continue the process.
- D. In order for a candidate to be eligible to re-enter the certification process, a candidate must re-petition the Board. The Board will establish criteria that must be met prior to granting reentry, approved by the AOA BOS Standards Review Committee. Upon approval, the candidate will follow the same process as outlined in Paragraph B, above. If the candidate is unsuccessful in this attempt, there will be no further opportunities to become certified.

APPLICATION FOR EXAMINATIONS

All applications and documentation submitted by a candidate shall remain the property of the Board.

The candidate shall:

1. Make written application on a form provided by the Board.
2. Provide the following at the time the application is submitted (or when available).
Photostatic copies of:
 - a. **LETTER FROM THE CANDIDATE'S RESIDENCY PROGRAM DIRECTOR VERIFYING COMPLETION OF ALL THE PRESCRIBED YEARS OF AN AOA-APPROVED RESIDENCY TRAINING PROGRAM PRIOR TO THE AUGUST 1ST APPLICATION DEADLINE FOR THE WRITTEN QUALIFYING EXAMINATION**
 - b. Diploma of graduation from AOA-approved College of Osteopathic Medicine
 - c. Diploma of Internship **IF TRADITIONAL OR AOA APPROVAL LETTER IF OGME-1R.**
 - d. Diploma(s) of Residency (when available upon completion of residency)
 - e. Certificate of Unrestricted License or Military Jurisdiction
 - f. Verification of program complete status from Specialty College (when available from ACOS RESC)
3. Submit the required fee(s) with the application. No part of the application fee shall be returned nor applied to future examinations without candidate's written request and Board approval. The Board may apply a cancellation fee if the

candidate fails to notify the Board 30 days prior to a previously scheduled examination. An examination rate sheet shall be provided with the application for examination or upon request of the candidate.

4. The candidate shall demonstrate eligibility for the examination in any other manner required by the Board.

Eligibility for the Written Qualifying Examination

1. **EFFECTIVE JULY 1ST, 2009, NEW CANDIDATES MUST HAVE COMPLETED ALL THE PRESCRIBED YEARS OF AN AOA-APPROVED RESIDENCY TRAINING PROGRAM IN THE SURGICAL SPECIALTIES UNDER THE JURISDICTION OF THE BOARD PRIOR TO REGISTERING FOR THE WRITTEN QUALIFYING EXAMINATION.**

Candidates who entered the certification process prior to July 1, 2009 must have evidence of satisfactory completion of previous years of an AOA-approved residency training program in the surgical specialties under the jurisdiction of the Board.

2. Candidate must have all previous years of residency training reviewed and approved by the Specialty College and its Residency Evaluation and Standards Committee

OUTLINE	Years of Training (examination)
General Surgery	4 th (general)
Neurological Surgery	5 th (neurological)
Plastic and Reconstructive Surgery	5 th (plastic and reconstructive)
Cardiothoracic Surgery	4 th (general), 6 th (thoracic cardiovascular)
Urological Surgery	5 th (urological)
General Vascular Surgery	4 th (general), 5 th (general vascular)

Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008:

OUTLINE	Years of Training (examination)
General Surgery	5 th (general)
Neurological Surgery	6 th (neurological)
Plastic and Reconstructive Surgery	5 th (plastic and reconstructive)
Cardiothoracic Surgery	5 th (general), 7 th (thoracic cardiovascular)
Urological Surgery	5 th (urological)
General Vascular Surgery	5 th (general), 6 th (general vascular)

Eligibility for the Oral Certifying Examination

1. The candidate for the oral certifying examination must have satisfactorily completed the written qualifying examination.
2. The candidate must submit a letter of intent to take the oral certifying examination (a sample letter of intent is available on the AOBS website at www.aobs.org). The examination fee must accompany the letter.
3. The candidate shall demonstrate eligibility for the examination in any other manner required by the Board.
4. Candidates entering the certification process for the first time after January 1, 2006 ***must have achieved program complete status from the Specialty College and all the documentation requested at the time of original application submission MUST be in the Candidate's file PRIOR TO ENTERING THE FINAL PHASE OF CERTIFICATION.***

Eligibility for the Clinical Examination

1. The candidate for the clinical examination must have satisfactorily completed the written and oral examinations. NOTE: For candidates entering the certification process for the first time after January 1, 2006, the clinical examination (Part III) has been eliminated.
2. The Board will provide the candidate with the clinical log submission information, which must be returned by the applicable due date, along with:
 - a. The examination fee.
 - b. The candidate's log of segregated totals of all major operative cases from the start of practice to the submission date, OR candidates who have been in practice longer than a year should submit logs for the most recent 12-month period (January-December). The candidate shall submit this log in the manner prescribed by and in accordance with the instructions and format supplied by the Board. The submitted cases must have been performed consecutively. The candidate must be the surgeon of record on all cases submitted. The candidate must dictate all operative reports for cases submitted. The logs must demonstrate the candidate has had surgical experience of such variety and scope as to demonstrate that the candidate has managed and is capable of managing major complex, surgical problems. If the candidate demonstrates sufficient variety and scope, the candidate will be admitted into the clinical examination process.

- c. A list of all mortalities with a brief synopsis of each such case occurring during the same time period designated in "b" above.
3. The clinical examination for certification in General Surgery will be waived for those already certified by a three-part examination in Cardiothoracic Surgery, Urological Surgery, Neurological Surgery, Plastic and Reconstructive Surgery, and General Vascular Surgery provided that:
- a. Documentation that verifies completion of training from the American College of Osteopathic Surgeons or the AOA of a General Surgery residency is on file with the AOBS.
 - b. General Surgery written and oral examinations were successfully completed.

RULES FOR THE CONDUCT OF EXAMINATIONS

Written Qualifying Examination

The written qualifying examination may be taken following completion of the required number of years of residency training and upon compliance with the requirements for certification. Questions on the examination shall be multiple-choice, based on factual information relating to the science of the particular surgical practice. The examination shall be designed to evaluate academic knowledge.

On the day of examination, the candidate must register and show picture identification. The candidate will receive an envelope containing an ID number badge, a file update form, and any other applicable information and instructions. The candidate must place only this number on the examination score sheets and test booklet cover. The file update form is to be filled out and returned to the examination staff at the registration desk. No cell phones, PDAs, or other electronic devices are permitted in the examination room(s).

In accordance with the AOA Bureau of Osteopathic Specialists Standards Review Committee, the written qualifying examination process is reviewed by a psychometrician who finds the examination process to be psychometrically sound and defensible, and follows the rules of practice established in the APA/AERA National Standards for Education and Psychological Testing. Pass and fail decisions are based solely on the content mastery displayed by the candidate.

Oral Certifying Examination

For the oral certifying examination, examiners will provide candidates with patient cases. Cases include presenting problems and statements made by the patient, as well as laboratory reports and radiographic studies appropriate to the etiology of the condition. Candidates participate in the examination by offering initial/suspected possible diagnoses, interpretation of labs and imaging studies, differential diagnosis, proposed treatment options, case management and possible troubleshooting. The examination shall be designed to evaluate judgmental processes and ability to solve clinical problems.

On the day of examination, the candidate must register and show picture identification. The candidate will receive an envelope containing an ID number badge, a file update form, and any other applicable information and instructions. The file update form is to be filled out and returned to the examination staff.

Candidates are expected to conduct themselves according to the honor system, respecting the integrity of the examination and protecting their fellow examinees. Under no circumstances should the candidate speak to other candidates about the examination questions or examination process. Failure to comply will result in invalidation of the examination, and the candidate will be called to appear before the Board. Failure to appear will prevent continuation of the candidate's examination process and constitutes a failure as well as an ethical violation, which will be stated on the candidate's official Board file and reported to the AOA. No cell phones, PDAs, or other electronic devices are permitted in the examination room(s).

In accordance with the AOA Bureau of Osteopathic Specialists Standards Review Committee, the oral certifying examination process is reviewed by a psychometrician who finds the examination process to be psychometrically sound and defensible, and follows the rules of practice established in the APA/AERA National Standards for Education and Psychological Testing. Pass and fail decisions are based solely on the content mastery displayed by the candidate.

Clinical Examination (for those candidates entering the certification process prior to January 1, 2006)

In order to enter the final phase of certification, the candidate must have achieved program complete status from the Specialty College, and all the documentation requested at the time of original application submission MUST be in the candidate's file.

The clinical examination shall include:

1. Submission of logs (listed in chronological order) and segregated totals. The candidate must be the surgeon of record on the cases provided. The candidate must dictate all operative reports for cases submitted. Cases submitted are to be from the start of practice to the submission date OR for the most current twelve (12) month period preceding submission. Segregated consecutive cases with mortalities to include:
 - a. Date
 - b. Hospital case number (Plastic and Reconstructive Surgery must include the CPT code)
 - c. Patient age and gender
 - d. Operative procedure

- e. Pre- and post-op diagnosis
 - f. Pathology
 - g. Length of stay and termination date
 - h. Complications and hospital readmission within 30 days
 - i. Logs should be segregated according to the segregated total sheet and listed in chronological order within category. Logs are to be certified, either by a separate letter or by signing the first sheet of the logs, by one of the following: an administrator, chief of service, or medical records director.
 - j. Mortalities are to be listed on the mortality log sheet only.
2. The Board will review logs and select a minimum of ten (10) cases for review. The candidate will be notified in writing of the cases selected. There will be no further contact between the candidate and Board members or examiners until the actual examination.
 3. The candidate is to submit clinical case reviews of each case with appropriate chart copies as outlined in the "Instructions for Clinical Examination Care Preparation."
 4. Case reviews must be submitted to the Board office at least forty-five (45) days prior to examination. Clinical Track II examinations begin with the submission of the cases requested. If the cases are not complete and well organized, the candidate may fail the examination. All requested information as outlined is to be included. Do not include items not asked for (i.e., insurance forms, nurses orders). All patient identifying information must be completely obliterated. The candidate's name must appear on the front cover of each case.
 5. A Board member and co-examiner will conduct an interview with the candidate to review the cases.

EXAMINATION GRADES

All examination records shall be submitted by the chairman of the Examination Committee to the Board and the entire Board shall confirm the final grade of each portion of the examination.

The Board sets passing standards for the written qualifying and oral certifying examinations using an acceptable measurement model known as "criterion-referenced standard setting." Using this model, the Board specifies the particular content and level of content difficulty necessary to be considered a passing candidate. Board members, who are themselves all certified, come from both practice and academic settings. The standard represents the minimal knowledge specified to be considered a successful surgeon.

A grade of "passed" or "failed" shall be recorded for the clinical examination.

All examination results are reviewed and approved by the entire Board. Candidates will be notified **no later than 60 days** following the Board's decision.

CANDIDATES FAILING ANY PART OF THE EXAMINATION PROCESS WILL SUBSEQUENTLY RECEIVE A DEFICIENCY REPORT.

A passing grade in each portion of the examination must be received for a candidate to be recommended for certification in surgery or one of the surgical specialties under the jurisdiction of this Board. After a candidate has met all requirements and successfully passed the examinations, the Board makes a recommendation to the AOA Bureau of Osteopathic Specialists for certification. The AOA will inform the candidate in writing of his/her certification and certificate number. The Board office is notified at the same time, at which time the Board will order the certificate to be printed.

FAILURE OF AN EXAMINATION

Written Qualifying and/or Oral Certifying Examinations

Following an initial or second failure in the written qualifying and/or oral certifying examination, the candidate may apply for reexamination and shall be required to pay an examination fee as determined by the Board. Candidates for reexamination shall be required to take the examination within a two (2) year period following the initial or second failure. If the candidate fails to take the examination within this period, the candidate's file shall be considered inactive. Any further application shall be considered as a new application at the discretion of the Board.

Following a third failure in the written qualifying and/or oral certifying examination, the candidate may apply for reentry into the certification examination process upon successful completion of remediation. Remediation does not guarantee passage of the examination process.

Clinical Examination

Following a failure in the clinical examination, the candidate may reapply for the clinical examination by submitting twelve (12) months of logs that do not include any cases from the previously submitted logs, along with the application fee(s) as determined by the Board. Admission to the clinical examination for the third time shall be at the discretion of the Board.

APPEAL MECHANISM

If the candidate believes that the action of the Board constitutes unequal application of regulations and requirements or standards, unwarranted discrimination, prejudice, unfairness or improper conduct of all or any part of an examination conducted by the Board, the candidate has the right to appeal to the Appeal Committee of the Board.

Appeal policy for examinations in General Surgery, Cardiothoracic Surgery, Plastic and Reconstructive Surgery, Neurological Surgery, Urological Surgery, General Vascular Surgery and Surgical Critical Care:

1. Scope of Appeal
 - a. Appealable Issues: Candidates may appeal to the AOBS to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice of a member of an examination team or failure to follow established examination procedures).
 - b. Non-Appealable Issues: The AOBS will not consider appeals based on examination content, sufficiency or accuracy of answers given to examination questions, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score.
2. Procedure for Appeal
 - a. Appeal Request Form: In order to appeal concerning the examination, a candidate must set forth the basis for the appeal on an Appeal Request Form and submit the form to a member of the examination team. Appeal Request Forms will be provided to all certification candidates prior to the commencement of the examination. Additional copies of the Appeal Request Form will be available upon request to the examination team. The appellant must submit the completed Appeal Request Form to the examination team within **two (2) hours** after the completion of the examination.
 - b. Late Appeals: All appeals submitted after the two-hour deadline for submission of the Appeal Request Form will be denied.
 - c. Evaluation of Appeal: Each appeal submitted on an Appeal Request Form within two hours of completion of the examination will be considered by the AOBS Appeal Committee. A majority vote of the Committee will determine whether the AOBS accepts or denies the appeal.
 - d. Notification of Candidates: Candidates will be advised by the AOBS of the Appeal Committee's decision by certified mail.
3. Effect of Decision
 - a. Decision to Accept Appeal
 - i. No scoring or recording of examination: If the Appeal Committee accepts an appeal, then the candidate's examination will not be scored or recorded.
 - ii. Right to retake examination: A candidate whose appeal is accepted shall have the right to a new examination at the next scheduled examination date at no additional application or examination fee. All other fees incurred are the responsibility of the candidate. At that time, the examination will be conducted by a different examination team. The candidate's original log may be utilized to retake the clinical examination. Retake examinations will be conducted in accordance with the format for the current examination.
 - iii. Failure to retake the examination: If for any reason the candidate elects NOT to retake the examination at the next scheduled date, the appeal shall be considered null and void, and the candidate will be required to reapply for the certification examination. The application shall be considered in accordance with the criteria in effect at the time of the new application. Exceptions (for good cause) to this stipulation will be considered on an individual basis by the Executive Committee.
 - iv. Further Appeals: (a) Current examination: The candidate whose appeal is accepted shall NOT have the right to alter the original appeal of the current examination results, either within the AOBS or to the AOA, and (b) Subsequent examination: The candidate whose appeal is accepted shall NOT have the right to appeal the next scheduled examination to the AOBS under this policy. However, the candidate shall have the right to appeal to the AOA.
 - b. Decision to Deny Appeal: If an appeal is denied by the AOBS Appeals Committee, the candidate shall have the right to appeal to the AOA.

Candidates interested in appealing to the AOA should contact the American Osteopathic Association, Department of Education, Division of Certification, 142 East Ontario Street, Chicago, IL 60611.

CERTIFICATES

Certificates are issued by the Board to candidates who have met all requirements for certification and who have received the approval of the Bureau of Osteopathic Specialists. Each certificate shall be signed by the chairman and secretary/treasurer of this Board. No certificate is valid until it has been signed by the executive director of the AOA. Candidates beginning the certification process for the first time in 1997 will be issued a time-dated certificate for a 10-year period.

Inactivation, Reinstatement and Reactivation

Immediately following official notification that a diplomate no longer meets any one of the following requirements for maintaining certification status with the AOA, the certificate will be inactivated according to procedures developed by the Bureau and the AOA

Department of Membership. The procedures will give the diplomate ample opportunity and notice to comply with any requirement deficiencies for maintaining AOA certification. The diplomate must:

1. Be a member of the AOA or the Canadian Osteopathic Association.
2. Pay the annual certificate registration fee, unless classified as inactive.
3. Maintain a minimum number of CME credits in a three-year period as prescribed by the AOA, at least one-third of which shall be in the primary specialty (Category I or II).

Reinstatement of a certificate which was revoked when the diplomate was dropped from AOA membership for nonpayment of dues, or for nonpayment of the annual board eligibility registration fee, will be automatic upon reinstatement of the diplomate's AOA membership and/or payment of the registration fee.

RECERTIFICATION

Voluntary Recertification: Lifetime holders of certification by this Board may voluntarily seek recertification. Voluntary recertification in no way affects the lifetime certificate, pass or fail. A diplomate who successfully completes a recertification examination will be issued a ten (10) year time-dated recertification certificate. The diplomate may recertify every ten (10) years. Failure in the recertifying process will in no way result in the loss of certification for physicians holding lifetime certification.

Guidelines for Recertification: A diplomate certified by this Board in one of the surgical specialties under the jurisdiction of this Board with an AOA time-dated certificate may enter the recertification process within three years prior to the expiration date of the certificate.

The Board will offer recertification written examinations twice a year. Diplomates may begin taking the recertification examination two years prior to the expiration date of their current certificates, allowing six (6) opportunities to pass the examination. A diplomate may take the recertification examination as many times as it is given prior to the expiration of his/her certification.

If the diplomate passes the recertification examination prior to the 10th year, the passing grade will be held and reported to the AOA on the 10th year, thus maintaining the 10-year time period of certification. The new certificate will be valid for ten (10) years from the date of expiration of the original certificate.

Any diplomate whose time-dated certificate has expired may enter the recertification examination process at any time, provided the diplomate meets the "Recertification Requirements" listed below. Upon successfully completing the recertification examination, the diplomate will be issued a time-dated certificate for ten (10) years, dated from the date of expiration of the most recent certificate.

Following an initial or second failure, the diplomate may reenter the examination process the following year prior to the expiration of his/her certificate upon paying the appropriate fees. Upon failure of the recertification examination on the third attempt, or upon expiration of certification, the AOA will be notified, and the certification will cease.

Recertification Requirements

1. Diplomates must be in good standing with the AOA (membership and CME credits) and have maintained unrestricted state licensure or military jurisdiction.
2. Application for recertification may be made by March 1st for the spring examination or by July 15th for the fall examination. All materials supplied shall remain the property of the Board.
3. The application must be sent to the Board and accompanied by:
 - a. The examination fee determined by the Board.
 - b. A letter from the AOA attesting to membership in good standing.
 - c. A copy of the diplomate's AOA record of continuing medical education for the most recent completed three (3) year period preceding application.
 - d. A copy of the diplomate's current unrestricted state licensure or proof of military jurisdiction.
4. Diplomate must also demonstrate eligibility for the recertification examination in the individual manner prescribed by the Board.
5. Diplomate shall be required to take a written examination of the multiple choice type. This examination shall be constructed to assure that the diplomate continues to demonstrate current surgical knowledge and shall be so designed.
6. Diplomate certified by this Board in a surgical subspecialty and General Surgery must recertify in each specialty in order to maintain dual certification.

Recertification Requirements

CARDIOTHORACIC SURGERY

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in Cardiothoracic Surgery (formerly Thoracic Cardiovascular Surgery) and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.
7. The examination will be constructed according to the following format:
 - a. SECTION 1 – GENERAL CONTENT (BASIC SCIENCE AND CRITICAL CARE) – must be completed by all diplomates.
 - b. SECTION 2 – PRACTICE SPECIFIC – Diplomate will choose two (2) of the three (3) sections listed below:
 - i. Cardiac
 - ii. Thoracic
 - iii. Vascular

GENERAL SURGERY

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in General Surgery and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.

NEUROLOGICAL SURGERY

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in Neurological Surgery and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.

PLASTIC & RECONSTRUCTIVE SURGERY

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in Plastic & Reconstructive Surgery and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.
7. Diplomate must be in an active practice inclusive of an operative practice.
8. Diplomate must show written proof of attendance within the last five (5) years at two of the activities listed below:
 - a. CME meeting – American Society of Plastic Surgery national meeting
 - b. Baker-Gordon Symposium on Cosmetic Surgery
 - c. New York City Symposium on Plastic Surgery
 - d. Recertification Committee-Approved national meeting in Plastic Surgery
9. Diplomate must show proof of attendance within the last five years at two (2) ACOS meetings.
10. Diplomate must show he/she has written and published a paper in an Index Medicus-approved journal.
11. Diplomate must submit to the Recertification Committee 25 cases with complications within the last five (5) years that reflect the scope and variety of the diplomate's practice. The committee will choose five cases, and all cases must have appropriate documentation inclusive of photos, operative reports, lab reports, and the same criteria as was required during initial certification. The diplomate will then defend his/her presented cases to the Recertification Committee during the written exam.
12. Following admission to the exam and successful completion of the written exam and the case presentation, the diplomate will be granted recertification in Plastic & Reconstructive Surgery.

UROLOGICAL SURGERY

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in Urological Surgery and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.
7. The written examination will consist of core questions and a choice of three (3) of the following five (5) modules:
 - a. Pediatric urology

- b. Oncology
- c. Calculus and trauma
- d. Urinary obstruction, erectile dysfunction and infertility
- e. Urinary infection, incontinence and voiding dysfunction

VASCULAR SURGERY

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in General Vascular Surgery and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.
7. The examination will have a common core of questions, and the diplomate will then choose two (2) of the four (4) sections listed below:
 - a. Aneurysms
 - b. Atherosclerotic Disease
 - c. Cerebral Vascular Disease
 - d. Endovascular

SURGICAL CRITICAL CARE

1. Diplomate shall be a member in good standing of and current on certification fees to the AOA.
2. Diplomate shall hold a current AOBS certification in General Surgery, as well as current primary certification, and have maintained unrestricted state licensure or military jurisdiction.
3. Diplomate shall be in compliance with AOA guidelines regarding continuing medical education credits.
4. After review and approval, the diplomate shall be admitted to take a standardized written examination.
5. Diplomate shall successfully complete a recertification written examination.
6. Diplomate shall complete of all requirements for maintenance of certification.

APPENDIX A

Americans with Disabilities Act and Special Testing Accommodations

The American Osteopathic Board of Surgery is committed to a policy of compliance with federal, state and local laws and regulations. The AOBS, in compliance with the Americans with Disabilities Acts (ADA), has adopted the following policy. Physicians who are eligible for examination may submit an application for accommodation of a disability by using an application form approved by the Board.

Definition of Disability

Under the ADA, a disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of the individual. An individual is not substantially limited in a major life activity if the limitation does not amount to a significant restriction when compared to the abilities of the average person.

Policy Statement

All qualified candidates for board certification who suffer from a disability that, as defined in the ADA, may apply to a certifying board for accommodation of that disability. The AOBS shall have the discretionary authority, subject to review by the BOS Appeals Committee and the AOA Board of Trustees, to determine if an accommodation is appropriate.

Procedure for Applying for Accommodation of Disability

1. Requests for accommodation of a disability must be submitted in writing to the AOBS at least ninety (90) days prior to the examination date. The request must be supported by appropriate documentation of the diagnosis of disability and the need for accommodation, including the evaluation of the candidate by a qualified professional (see documentation requirements below).
2. Requests for accommodation must be complete and submitted on time. The AOBS will not delay scheduled administrations of examinations due to a candidate's failure to submit a complete application.

3. The AOBS must complete its review of requests for accommodation in a timely fashion and advise the candidate within thirty (30) days of its receipt of a request for accommodation: (a) the requested accommodation will be granted, (b) the requested accommodation will be granted in part; (c) additional information is required; or (d) the requested accommodation will be denied.
4. The AOBS may request additional information, including requiring an candidate to secure a second opinion from an outside expert or submitting the candidate's documentation to an outside expert. The cost of review by an outside expert will be paid by the AOBS.
5. In general, reapplication for special accommodation is not required for each examination administration. However, candidates seeking accommodation of a new disability or a different accommodation of the same disability must submit new applications.

Documentation Requirements

Requirements for accommodation must be supported by appropriate documentation of the disability and the need for the requested accommodation. At a minimum, the application should provide the certifying board with the following information and documentation, which is to be prepared and furnished at the candidate's expense:

- **Identification of the disability**
- **Identification of the requested accommodation(s)** for each identified disability
- **The name and current contact information** (address, telephone number, email address) of each professional providing a report(s) in support of the disability and/or requested accommodation
- **A verification and authorization form** signed by the certification candidate
- **An education and examination history**, including the following information: (a) the name, location and dates of attendance for all schools the candidate attended from elementary school to the present, (b) identify the schools which provided accommodations for the disability in examination settings and the nature of accommodations made for the disability, (c) identify standardized tests completed in the course of the candidate's education (e.g., ACT, SAT, MCAT, COMLEX/NBOME); (d) for each test identified, candidate to indicate whether he/she received an accommodation for the stated disability and identify the nature of the accommodation; (e) if the candidate sought an accommodation that has been denied, please explain the circumstances involved. If the candidate has never received an accommodation, please provide a

detailed explanation as part of the neuropsychological evaluation discussed below concerning the reasons no accommodation was given in the past and the reason one is needed now.

- **For candidates seeking accommodation of a learning disability, a comprehensive neuropsychological evaluation report.** The report should be issued by a qualified professional (psychiatrist or licensed psychologist) who regularly practices neuropsychology. The report must be based upon examination of the candidate within the last five years. The report must be written on, or accompanied by a letter written on, the evaluating professional's letterhead. The requisite elements of a comprehensive evaluation are an intelligence test, an assessment of neuropsychological functions, an academic achievement test and psychiatric/psychological history. For candidates seeking accommodations on the basis of attention deficit disorder or hyperactivity disorder, the evaluation must include a behavioral index. The requirements for the neuropsychosocial report are identified and described in greater detail in Appendix B.

Evaluation of Accommodation Requests

The AOBS will review requests for accommodation upon receipt of the information identified above. The review process will attempt to determine: (a) if a candidate is disabled and the nature of a disability, (b) whether the disability interferes with the candidate's ability to take the certifying examinations, (c) whether the requested accommodation is necessary to allow the candidate to take the examinations, (d) whether a different accommodation would better serve the purpose of the certifying exam while still allowing the candidate to take the examination.

Answers to these questions may not be clear from the documentation presented. Therefore, the certifying boards may request an opinion from an outside expert and either send the documentation submitted by the candidate to the expert for review or ask the candidate to be examined by an outside expert. Cost of consultation with an outside expert will be paid by the AOBS.

Based on the review of all documentation, the AOBS may decide to: (a) grant a request for accommodation, (b) grant a request for accommodation that is different than the requested accommodation, (c) deny the request for accommodation. The AOBS will notify the candidate in writing of its decision. If the AOBS decides to not grant a requested accommodation because a requested accommodation is a fundamental alteration or an undue burden, the Board shall notify the candidate of any alternative methods of accommodation suggested by the expert which are acceptable to it or, if no such alternatives have been suggested, the AOBS shall inform the candidate and invite the candidate to suggest alternative accommodations.

Appeals

If a request for accommodation has not been granted, a candidate may request that the Board reconsider its decision or appeal the Board's decision to the Appeal Committee of the Bureau of Osteopathic Specialists. Any appeal must be submitted to the secretary of the BOS president within sixty (60) days of the date of the AOBS written decision concerning the request for accommodation.

Procedures for Examination Administration

Where possible, examinations for disabled persons will be proctored and will be given on the same day as other

examinations. The location of the examination administration will be determined by the Board on the basis of feasibility of providing necessary services and convenience to the candidate. Where appropriate, to reduce the effect of the candidate's disability on his or her performance on the examination, the following accommodations may be provided: (a) disabled persons may be tested separately, (b) disabled persons may be given assistance in reading or recording answers, (c) auxiliary aids and services can be offered, but only if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test and they would not result in an undue burden to the Board; and/or (d) time extensions may be granted to accommodate disabled candidates. Other accommodations will be made upon presentation of appropriate information and documentation supporting the requested documentation.

APPENDIX B

Required Elements of the Neuropsychosocial Report

1. **Intelligence Tests:** The Wechsler Adult Intelligence Scale-Revised is mandatory. The report may include other estimates of verbal and nonverbal intelligence deemed appropriate by the professional preparing the report, such as Peabody Picture Vocabulary Test, Raven's Progressive Matrices or Leiter International.
2. **Assessment of Neuropsychological Functions,** including: (a) a complete, integrated neuropsychological battery, such as the Halstead-Reitan Neuropsychological Battery or the Luria Nebraska Neuropsychological Battery; (b) memory assessments that utilize an age-normed, standardized instrument assessing both verbal and nonverbal memory such as the Wechsler Memory Scale-Revised; and (c) assessments of the specific cognitive and perceptual processes affected by the disability. Examples: in cases of auditory-verbal learning disabilities, include specific tests of phonemic processing. In cases of attention deficit disorder, include specific tests of sustained attentional resources, such as the Continuous Performance Test.
3. **Academic Achievement Test Results:** Standardized, comprehensive academic achievement test, appropriately normed for the candidate's age group, including assessment of spelling, arithmetic and reading comprehension.
4. **Psychological/Psychiatric History,** including (a) standardized psychometric assessment of personality and emotional functioning (MMPI-2 or MCMI-II); (b) standard diagnostic interview for presence of current psychiatric disorders; and (c) if the candidate has undergone treatment for a psychological or psychiatric condition within the past three years, provide a report, including diagnosis, from the treating mental health professional.
5. **Behavioral Indices (required only for candidates seeking accommodations on the basis of attention deficit disorder or hyperactivity disorder)** using standardized psychometric assessments of behavioral indices of attention deficit disorder, such as the Wender Scales or the Achenbach Scale.

The professional's report should address all appropriate elements relevant to the request for accommodation of disability. With respect to each element, the report should include the name of each test administered, its date, a description of the candidate's performance in each of the areas of the test battery, a summary of test scores, and a complete diagnostic formulation in standard DSM-IV terminology utilizing all diagnostic axes. Diagnostic formulations should integrate current testing findings with academic and psychiatric histories. Raw test data should be available upon request.

American Osteopathic Board of Surgery

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