American Osteopathic Board of Surgery

142 E. Ontario Street, 4th Floor
Chicago, IL 60611

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Fax: 312-202-8378
E-mail: aobs@osteopathic.org

APPLICATION FOR WRITTEN EXAMINATION

THIS APPLICATION MUST BE TYPEWRITTEN or LEGIBLY HANDWRITTEN

Date of Application: _____ AOA ID: _____ NPI Number: _____

Name as it appears on your government issued picture ID

First Name: _____ Middle: _____ Last: _____ Suffix: _____

Contact Information

All correspondence, including exam information, exam results and certificates will be sent to the address below.

Street Address: _____

Street Address 2: _____

City_____ State: _____ Zip: _____

Email: _____

Please DO NOT use your residency/fellowship email address.

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

Exam Date

☐ Saturday, June 10, 2017, Orlando, Florida **or** ☐ Thursday, October 12, 2017, National Harbor, MD

Specialty Written Qualifying Exams

☐ General Surgery ☐ Neurological Surgery ☐ Plastic & Reconstructive Surgery

☐ Cardiothoracic Surgery ☐ Urological Surgery ☐ General Vascular Surgery (GVS)

Is this a retake exam? ☐ No ☐ Yes If yes, when was your last exam? _____

Osteopathic Medicine Degree (submit copy with your application)

College _____ Graduation Date: _____

Medical License (submit copy with your application)

State: _____ Exp. Date: _____

State: _____ Exp. Date: _____

AOBS Application for Written Examination

Is AOA Membership Current: ☐ Yes ☐ No (Current AOA membership is required)

Internship (submit copy of certificate with your application)

Institution/Hospital: _____

Location (city, state): _____

Beginning Date: _____ Completion Date: _____

Residency (submit copy of certificate with your application)

Institution/Hospital: _____

Location (city, state): _____

Specialty: _____

Start Date: _____ Completion Date: _____

Institution/Hospital: _____

Specialty: _____

Location (city, state): _____

Start Date: _____ Completion Date: _____

Fellowship (post-residency education) (submit copy of certificate with your application)

Institution/Hospital: _____

Location (city, state): _____

Specialty: _____

Start Date: _____ Completion Date: _____

Special Accommodations

☐ I request special accommodations for a disability. Please submit description of request on a separate sheet.

AOBS Application Attestation

AOBS Application for Written Examination

ADA and SPECIAL TESTING ACCOMMODATIONS: The AOBS is committed to a policy of compliance with federal, state and local laws and regulations. The AOBS, in compliance with the American 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 defined in the ADA may apply for accommodation of that disability. Requests for accommodation 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 and current diagnosis documentation.

I hereby agree to disqualification from examination and forfeiture of fee or from 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 foregoing 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 Bylaws and Rules and Regulations of the American Osteopathic Board of Surgery.

I agree to hold the American Osteopathic Association, the American Osteopathic Board of Surgery, its members, examiners, officers and agents free from any damages, 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 Osteopathic 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 agree to abide by the Code of Ethics of the American Osteopathic Association, which has been formulated to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self. The American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

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 relates to hospital procedure or surgical practices, shall be deemed cause for revocation of my certificate by the American Osteopathic Board of Surgery and by the Board of Trustees of the American Osteopathic Association.

By signing below I hereby submit my application to sit for the AOBS Exam. I attest that I have received and reviewed the AOBS Protocols for Certification, which includes information on the AOBS Appeals Policy.

Name: _____

Signature: _____ Date: _____

AOBS Application for Written Examination

Application Material Checklist

The following support materials are required to review your application:

☐ Signed application
☐ Application Fee
☐ Copy of DO Degree
☐ Copy of Internship Certificate
☐ Copy of Residency Certificate/Program Complete Letter
☐ Copy Active Medical License
☐ Verification of AOA Membership in Good Standing

General Vascular Surgery Candidates Only

☐ Copy of RPVI Certification (verification registration in program)

Fees **(please select one)**

Application fees for Saturday, June 10, 2017 Exam:

☐ Application submitted by April 10, 2017: $1,750

☐ Application submitted between April 11, 2017 and May 10, 2017: $2,250 (includes $500 late fee)

No applications accepted after May 10, 2017

Applications fees for Thursday, October 12, 2017 Exam:

☐ Application submitted by August 11, 2017: $1,750

☐ Application submitted between August 12, 2017 and September 12, 2017: $2,250 (includes $500 late fee)

No applications accepted after September 12, 2017

☐ Check or money order payable to the American Osteopathic Board of Surgery is enclosed.

Please charge my: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature: _____

Please return this application and all supporting materials to:

American Osteopathic Board of Surgery
Attn: Deborah Byrd
142 E. Ontario Street
Chicago, IL 60611
Email: aobs@osteopathic.org
Fax: (312) 202-8378