



AMERICAN OSTEOPATHIC ASSOCIATION

APPLICATION FOR BOARD ELIGIBLE CLASSIFICATION

Type or Print Clearly

TO BE COMPLETED BY APPLICANT

Return application to:
American Osteopathic Board of Obstetrics and Gynecology
1010 Dixie Highway, Suite 313
Chicago Heights, IL 60411

Name: _____ AOA #: _____
Last First Middle

Address: _____
Street City State Zip

Osteopathic College: _____ Graduation Date: _____

Internship Site: _____ From: _____ To: _____
Hospital mm/dd/yy mm/dd/yy

Residency Site: _____ From: _____ To: _____
mm/dd/yy mm/dd/yy

Specialty/Subspecialty: _____

Residency Site: _____ From: _____ To: _____
mm/dd/yy mm/dd/yy

Specialty/Subspecialty: _____

Residency Site: _____ From: _____ To: _____
mm/dd/yy mm/dd/yy

Specialty/Subspecialty: _____

AOA Membership: From _____ to _____ (NOTE: At the time of presentation for certification a candidate must have been an AOA member for at least the immediately preceding two years.)

I request to be registered as board eligible in _____
Specialty/Subspecialty

Signature: _____ Date: _____

Processed board eligibility documentation will be sent via e-mail. Please enter your e-mail address on the line below:

_____ @ _____

Upon receipt of application for Board Eligibility, the American Osteopathic Board of Obstetrics and Gynecology will verify that:

- 1) the physician has satisfactorily completed all of the requirements in the specialty or subspecialty for which application for board eligibility is being made
- 2) the American Osteopathic Association has approved all of the physician's training
- 3) the physician is a member in good standing of the American Osteopathic Association