

**OBSTETRICS AND GYNECOLOGY ORAL EXAMINATION**  
**Spring 2012**

April 27 and 28, 2012

Examinations from: 8:00 a.m. – 12:00 p.m. or 2:00 p.m. – 6:00 p.m.

Marriott Suites O'Hare / 6155 North River Road

Rosemont, IL 60018

1-847-696-4400 or 1-800-229-9290

**Prerequisites To Sit For Examination**

1. Must have successfully completed the written examination
2. Must be a member in good standing of the AOA or the Canadian Osteopathic Association for a minimum of two years prior to certification
3. Osteopathic trained residents: Must have received documented approval from the ACOOG that all years of residency training have been completed and approved by the ACOOG
4. ACGME trained residents only: Must have received documented approval from the AOA that all years of residency training have been completed and approved by the AOA
5. Must hold a current unrestricted license in the state or territory of practice
  - Holders of restricted licenses may submit a petition requesting amnesty based on the reason(s) for the license restriction. Upon review of the petition, the Board will make a determination to grant or deny the request.
6. Must exhibit conformity to the standards as set forth in the Code of Ethics of the AOA
7. Must submit the application, specified documentation, and fees by the deadline date
8. Must have been accepted for examination by the AOBOG Credentials Committee

**Notifications** Applicants are responsible to ensure that their mailbox will accept e-mail from [aobog@aol.com](mailto:aobog@aol.com).

Electronic communication via e-mail will be utilized to notify applicants of the:

- 1) receipt of application
- 2) receipt of all payments
- 3) acceptance or denial of admission to the examination; *information will not be available from the AOBOG central office personnel prior to the email notification*
- 4) date/time of the scheduled examination and registration instructions

**Dates and Fees:** Applications and payments received after the dates below will be accepted only if proof of postmark can be provided by the applicant. Failure to comply with the due dates will result in denial for examination, in which case the AOBOG Refund Policy will apply. (refer to Policies on the AOBOG web site)

Applications Available	October 1, 2011 – December 15, 2012
Application & Application Fee Due	\$750.00 <i>when received by</i> December 15 \$1000.00 <i>when received</i> December 16 - 23
Accepted/Denied for Exam	By February 1, 2012 – emailed notification
Examination Fee & Payment Due	\$2500.00 due February 15, 2012
Examination Date & Time / Registration Instructions	By March 1, 2012 – emailed notification
Examination results	Within approximately 30 days of examination

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APPLICATION

Check One:  Initial Examination  Repeat Examination

Application Instructions: (Applications and documents shall remain the property of the AOBOG)

1. Complete and sign the Application. (**all information is required and must be legible**)
2. Submit the application fee via a **personal or business check** payable to the AOBOG (refer to the Refund Policy on the AOBOG web site for non-refundable portion)
3. Application and application fee must be submitted together in one mailing to:  
AOBOG – 1010 Dixie Highway, Suite 313 – Chicago Heights, IL 60411

Name \_\_\_\_\_ AOA \_\_\_\_\_

Office Address \_\_\_\_\_

Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Preferred Mailing Location (check one)  Home  Office

E-mail Address (electronic communication will be utilized; inform the AOBOG of e-mail changes)

\_\_\_\_\_

Residency Training

List Information For All Residency Training Subsequent To Medical College  
(provide additional residency training on a separate sheet and attach to application)

Name of Hospital: \_\_\_\_\_

City/State: \_\_\_\_\_

Specialty Training: \_\_\_\_\_ Osteopathic  (or) Allopathic

Dates of Training (from-to mm/dd/yy): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

City/State: \_\_\_\_\_

Specialty Training: \_\_\_\_\_ Osteopathic  (or) Allopathic

Dates of Training (from-to mm/dd/yy): \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

City/State: \_\_\_\_\_

Specialty Training: \_\_\_\_\_ Osteopathic  (or) Allopathic

Dates of Training (from-to mm/dd/yy): \_\_\_\_\_

Issuing Institution of Residency Certificate/Diploma: \_\_\_\_\_

Date on Residency Certificate: \_\_\_\_\_

Date of ACOOG approval of completed osteopathic residency training: \_\_\_\_\_

**or**

Date of AOA approval of completed allopathic residency training: \_\_\_\_\_

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Complete this section ONLY if Ob/Gyn residency included advanced standing given by the ACOOG for non-Ob/Gyn training:

Name of Hospital: \_\_\_\_\_

City/State: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Specialty Training: \_\_\_\_\_ Osteopathic \_\_\_ (or) Allopathic \_\_\_

Dates of Training (from-to mm/dd/yy): \_\_\_\_\_

Number of months advanced standing granted: \_\_\_\_\_ ACOOG Approval Date: \_\_\_\_\_

**STATUS VERIFICATION**

**Falsification or omission of information may be interpreted as violation of Section 18 of the AOA Code of Ethics and be cause for denial of applicant for examination.**

List all hospitals and surgery centers where you have held privileges during the most current 3 years. (attach a separate sheet if more space is needed)

Hospital/Surgery Center	City & State	Dates (from – to)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(Other than institutional requirement for observation of initial staff membership or suspensions for delinquent medical records.)*

**Have your privileges ever been restricted or suspended?** Yes \_\_\_ No \_\_\_

If **Yes**, on a separate sheet please submit comprehensive details of the restriction or suspension, resolution of same, and define the current status of your privileges.

**Have you ever been under investigation or on probation?** Yes \_\_\_ No \_\_\_

If **Yes**, on a separate sheet please submit comprehensive details of the investigation and/or probation and resolution of same.

**Have you ever been cited for unethical or unprofessional behavior?** Yes \_\_\_ No \_\_\_

If **Yes**, on a separate sheet please submit comprehensive details of citation and resolution of same.

**Has your medical license ever been restricted or suspended?** Yes \_\_\_ No \_\_\_

If **Yes**, on a separate sheet please submit comprehensive details regarding the restriction or suspension and resolution of same. Define your current licensure status.

**Do you hold an unrestricted license to practice in the state or territory where you are currently in practice?** If **No**, on a separate sheet please provide detailed information. Yes \_\_\_ No \_\_\_

List all states where you have held a medical license to practice during the most current 3 years along with the effective dates.

**State and Date Licensed (from-to)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State and Date Licensed (from-to)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMERICAN OSTEOPATHIC BOARD OF OBSTETRICS & GYNECOLOGY**

1010 Dixie Highway, Suite 313 • Chicago Heights, Il 60411 • 708-755-2490 • Fax:: 708-755-2495 Email: aobog@aol.com

**OBSTETRICS AND GYNECOLOGY EXAMINATION SPRING 2012  
APPLICANT AGREEMENT**

I hereby make application to the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) for examination leading to certification or re-certification in Obstetrics and Gynecology or any of the related subspecialties under the jurisdiction of the AOBOG.

This action is made in accordance with and subject to the By-Laws and the Policies and Procedures of the AOBOG and the American Osteopathic Association (AOA). I understand that the certification examination is a proprietary document of the AOBOG and the AOA and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification as directed by the AOBOG or the AOA in the event that any of the statements attested to by me in this application are false, or in the event that any of the Bylaws and/or the Policies and Procedures governing such examinations are violated by me, or in the event that I did not comply with any of the provisions of the Bylaws or Policies and Procedures of the AOBOG or the AOA.

I agree that my professional qualifications including my moral and ethical standing in the osteopathic medical profession, and my competence in clinical skills will be evaluated by the AOBOG; that the AOBOG may make inquiry of the persons named in my application and of other persons such as authorities of licensing bodies, hospitals, program directors or other institutions as the AOBOG may deem appropriate with respect to such matters. I agree that the sources and all information furnished to the AOBOG in connection with its inquiry shall be confidential and not subject to disclosure through legal process or otherwise, to me or to any person acting on my behalf.

I agree that the AOBOG and the AOA shall be the sole judges of my credentials and qualifications for admission to the examination and for certification.

I hereby release, discharge, exonerate and agree to hold harmless the AOA, the AOBOG, their members, examiners, trustees, officers, representatives and agents and free from any action, suit, obligation, damage, expense, claim, demand or complaint by reason of any action they or any one of them may take in connection with this application, such certification examinations, the grade(s) given with respect to any certification examination, and/or the failure of the AOBOG to recommend issuance to me of such certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOG and the AOA, and that their decision is final.

I have read and agree to the conditions of the Appeal Policy as published on the AOBOG web site. I agree to first pursue all available AOBOG administrative appeals and internal reviews before pursuing appeal through the AOA administrative appeal process or through any other forms of relief in the event that any dispute shall arise concerning the certifying examination's conduct, administration, or any other issue relating to the certification process. I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBOG of the AOA.

I have read and agree to the conditions of the Refund Policy as published on the AOBOG web site.

**I have this day carefully read and agreed to full compliance with the Application Agreement in its entirety.**

I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature