



OBSTETRICS AND GYNECOLOGY Oral Examination Spring 2011

General Information and Instructions

Prerequisites to sit for the oral examination:

- 1) Have successfully completed the written examination.
- 2) Have established Board Eligibility: this **applies only** to physicians who sat for the written examination after July 1, 2009.
- 3) Osteopathic trained residents only: Must have received ACOOG approval of all years of residency training as being complete.
- 4) ACGME trained residents only: Must have received AOA approval of all years of residency training as being complete.
- 5) Be a member in good standing of the AOA or the Canadian Osteopathic Association for a minimum of two years prior to examination.
- 6) Hold a current unrestricted license in the state or territory of practice.
- 7) Exhibit conformity to the standards as set forth in the Code of Ethics of the AOA.
- 8) Submit the appropriate date-specific application as published on the AOBOG web site along with all specified documentation and fees by the postmark deadline date.
- 9) Have been accepted for examination by the AOBOG Credentials Committee.

Examination Dates: April 29 and 30, 2011
Examination Time: 8:00 a.m. - 12:00 p.m **or** 2:00 p.m. - 6:00 p.m.

Location: Marriott Suites O'Hare (shuttle service is available from O'Hare Airport at no charge)
6155 North River Road
Rosemont, IL 60018
1-847-696-4400 or 1-800-229-9290
(Hotel reservations are the responsibility of the candidate; room block effective until April 10, 2011.)

Documents required at registration on date of examination:

- 1) Verification of AOA membership for years: 2009-2010 and 2010-2011
- 2) Copy of current unrestricted state medical license
- 3) Current picture identification (driver's license or passport)

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

- 1) receipt of application
- 2) receipt of all payments
- 3) receipt of Verification Forms

Applications will be reviewed by the Credentials Committee at their October 2010 meeting. Notification of acceptance for examination or denial of application will be sent via USPS by November 1, 2010. Information relative to the status of the applications will not be available or forthcoming from the Board personnel prior to the Credentials Committee review. It is the responsibility of the applicant to ascertain that the application is complete at the time of submission.

Notification of the assigned examination date and time will be communicated approximately 2 months prior to the Spring examinations.



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Application Instructions

The completed application along with all documents listed on the Application Instructions must be postmarked by the deadline date of September 1, 2010, or within the extension dates of September 2 - 8, 2010 in which case an additional fee of \$250.00 must be included. It is recommended that a trackable carrier (i.e. FedEx) be utilized; applications received after the deadline date will be accepted only if proof of postmark can be provided by the applicant.

The application must be LEGIBLY completed with all information (omission of any information will render the application incomplete).

Items 1 - 9 listed below must be included in the application packet. Documents sent to the AOBOG office apart from the application packet will not be accepted *with the exception of VERIFICATION FORM (S) which are addressed further in the application.*

1. A completed and signed Application for Oral Examination Spring 2011.
2. A copy of your Board Eligibility certificate (if written examination was taken after July 1, 2009)
3. A copy of all OB/GYN residency certificate(s) identifying the name of the institution and dates of training.
4. Osteopathic trained residents only: Documentation from ACOOG (American College of Osteopathic Obstetricians and Gynecologists that residency training is complete and approved. (Contact the ACOOG to obtain this documentation @ 1-800-875-6360).
5. ACGME trained residents only: Documentation from the AOA that residency training is complete and approved. (The Physicians Profile will not suffice; contact the AOA to obtain this required documentation @ 1-800-621-1773).
6. The signed Release of Information Form.
7. The completed Demographics Form.
8. A copy of your current medical license(s) to practice in the state(s) where practice is/are conducted. (License must reflect that it is currently valid by display of expiration date; if license does not reflect this information, provide official notification from the State of licensure verifying your current active, unrestricted license status.)
9. Your recent photograph (2" x 2") with name written on back and stapled to the upper right hand corner of the front side of the application form.
10. An application fee payable to the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) in the amount of \$750.00; (personal or business checks only; credit cards or Money Orders cannot be accepted) Note: \$500.00 of the application fee is non-refundable; (the refund policy is available on the AOBOG web site) The examination fee of \$2500.00 will be due February 1, 2011.



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APPLICATION

Postmark Deadline Date: September 1, 2010

Submit this signed application along with all specified documentation to:
 AOBOG -- 1010 Dixie Highway, Suite 313 -- Chicago Heights, IL 60411

All Information Is Required and Must Be Legible

Applications and all material submitted shall remain the property of the AOBOG.

Check One: Initial Examination Repeat Examination
 Name: _____ AOA #: _____
 Office Address : _____
 Office Telephone: _____ Fax: _____
 Home Address: _____
 Home Telephone: _____
 Preferred Mailing Location (check one): Home Office
 E-mail Address: (electronic communication will be utilized; inform the AOBOG of e-mail address changes)

Residency Training: list hospital, specialty, city and state, dates (month/day/year).

If necessary continue list on separate sheet.

Name of Hospital	Specialty	City/State	Dates from-to (mo/day/yr)

Advanced Standing: If advanced standing has been granted toward OB/GYN residency training, list training institution, specialty, program director, and specify dates of training on separate sheet.

Has your medical license ever been restricted or suspended? No Yes (If Yes, please attach documentation on a separate page regarding the specific restriction, reason for the restriction, and current status.)

Have your hospital privileges ever been restricted or suspended? No Yes (If Yes, please attach documentation on a separate page regarding the specific restriction, reason for the restriction, and current status.)



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

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RELEASE OF INFORMATION

The undersigned agrees to release to the American Osteopathic Board of Obstetrics and Gynecology any/all information deemed necessary in order to validate the application for oral examination.

Date _____

Print or Type Name _____

Signature of Applicant _____



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DEMOGRAPHICS FORM

(Please make additional copies of this form if needed)

Name(s) and address(es) of all hospitals and/or surgery centers where applicant has conducted clinical practice following completion of residency training (list only the most current six years).

Staff Privileges From: _____ To: _____
Date Date

Staff Privileges From: _____ To: _____
Date Date

Staff Privileges From: _____ To: _____
Date Date

Staff Privileges From: _____ To: _____
Date Date



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Verification Form Instructions

This form must be submitted for all hospitals and their affiliated sites where the applicant has privileges at the time of application for examination. It is the responsibility of the applicant to ensure that the AOBOG has received all Verification Forms by the application deadline date. (The AOBOG will inform applicants of receipt of verification forms via email to the email address indicated on the first page of the application.)

- * Applicants should duplicate this form and distribute it to an individual authorized to provide primary source verification of the applicant's hospital staff status at all practice sites.
- * The form must be completed and submitted by the authorized personnel to the AOBOG directly via mail to: 1010 Dixie Highway, Suite 313, Chicago Heights, IL 60411 or via facsimile to: 708-755-2495.
- * Forms must be postmarked or faxed by September 1, 2010. Verification Forms will not be accepted unless directly submitted by the individual authorized to complete the form.
- * One form will suffice if the hospital has an affiliated surgery center and/or satellite facilities whose privileges are granted by the parent facility. **However, all facilities must be identified on the Verification Form as well as listed on the Demographics Form.**
- * Verification Forms are considered primary source verification, therefore completed forms will be accepted only when submitted directly to the AOBOG by the individual who has completed the form. **Applications will be automatically rejected if the verification forms are sent independently by the applicant or included with the application. There will be no exceptions to this policy.**



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To Be Signed By Applicant:

I hereby make application to the American Osteopathic Board of Obstetrics and Gynecology (AOBOG) for examination leading to certification in Obstetrics and Gynecology. 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 certifying 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 and/or the AOA in the event that any of the statements made by me in this application are false or in the event that any of the bylaws, rules, regulations and requirements 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 and/or the AOA.

I agree that my professional qualifications, including my moral and ethical standing in the osteopathic medical profession and my competence in oral skills, will be evaluated by the AOBOG and 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; and 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 certifying examinations, the grade or grades given with respect to any certifying 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.

In the event that any dispute shall arise concerning the certifying examination's content and/or administration, or any other issue relating to the certification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

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 this day carefully read and agreed to full compliance with the foregoing.

I have hereunto set my hands this _____ day of _____, _____

Printed Name

Signature