

AMERICAN OSTEOPATHIC BOARD OF OBSTETRICS & GYNECOLOGY

Operating under authority of the American Osteopathic Association
1010 Dixie Highway, Suite 313 • Chicago Heights, Il 60411 • 708-755-2490 • Fax:: 708-755-2495 Email: aobog@aol.com

Osteopathic Continuous Certification (OCC) Formal Proctored Examination

~ ReCertification in Obstetrics and Gynecology ~

March 13, 2012

Loews Ventana Canyon, Tucson, AZ

(In conjunction with the ACOOG 79th Annual Conference)

Prerequisites To Sit For Examination:

Must have been awarded certification in Obstetrics and Gynecology from the AOA

Must have maintained active AOA or COA membership

Must have fulfilled all CME requirements

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

Must exhibit conformity to the standards as set forth in the Code of Ethics of the AOA

Must submit the application and fees by the deadline date

Must have been accepted for examination by the AOBOG

Dates and Application/Examination Fees:

(Applications and payments received after the dates below will be accepted only if proof of postmark can be provided by the applicant.)

Applications postmarked by 2/1/2012-----\$1500.00 (**for applicants holding certificates that have not expired by the date of the examination**)

or

\$1750.00 (**for applicants holding certificates that will have expired by the date of the examination**)

Applications postmarked 2/8/2012-----\$1750.00 (**for applicants holding certificates that have not expired by the date of the examination**)

or

\$2000.00 (**for applicants holding certificates that will have expired by the date of the examination**)

Applications closed----- February 8, 2012

Notifications----- Electronic communication via e-mail will be utilized to notify applicants of:
Receipt of application
Receipt of payments
Acceptance of application and admission to exam
Registration instructions
Examination time (the examination time will be communicated via separate e-mail pending scheduling of the ACOOG conference scheduling)

Examination results----- Will be mailed within 30 days of examination

**Formal Proctored (ReCertification) Examination
Obstetrics and Gynecology
Spring 2012**

APPLICATION

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

1. Complete and sign the Application. (**all information is required and must be legible**)
2. Submit a **personal or business check** payable to the AOBOG (**credit cards and money orders cannot be accepted**). Refer to Dates and Fees on the previous page for the amount due; note that a portion of the fee is non-refundable. To view the Refund Policy click Policies on the aobog website: www.aobog.org)
3. Application and check must be submitted together to:
AOBOG - 1010 Dixie Highway, Suite 313, Chicago Heights, IL 60411

Name: _____ AOA #: _____

Office Address: _____

Office Telephone: _____ Fax: _____

Home Address: _____

Home Telephone: _____

Preferred Mailing Location (check one): Home Office

E-mail Address: (inform the AOBOG of e-mail address changes) _____

Date of Certification: (month/year): _____ Certificate Number: _____

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 this application.

Date: _____

Printed Name: _____

Signature: _____

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Pg. 2 of 3

Primary ReCertification

Spring 2012

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.

Hospital /Surgical Center Privileges: List all hospitals and/or surgery centers where you have held privileges during the most current 3 years. (attach 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 page 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 page 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 page 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 page 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? Yes ___ No ___

If *No*, on a separate sheet please provide detailed information.

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)

**PRIMARY RECERTIFICATION 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