

SUBSPECIALTY 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 received primary certification in obstetrics and gynecology from the AOA
2. Must have satisfactorily completed an AOA approved fellowship
3. Osteopathic trained fellows only:
Must have received documented approval from the American College of Osteopathic Obstetricians and Gynecologists (ACOOG) that all years of fellowship training have been approved as complete
ACGME trained residents only:
Must have received documented approval from the American Osteopathic Association that all years of fellowship training have been approved as complete
4. 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
5. Must exhibit conformity to the standards as set forth in the Code of Ethics of the AOA
6. Must have prepared a log of clinical activity as defined on the Preparation of Log of Clinical Activity
7. Must have been the primary author of a research paper that meets professional and publishable standards as determined by a review committee of peers, appointed by the AOBOG Subspecialty Committee. The applicant must have had significant input in the planning and execution of the paper and the paper must meet the following criteria:
 - A. must be an original research project (case review is not acceptable)
 - B. must add to the existing body of medical knowledge of the subspecialtyIf, at the time of the examination, it is determined by the examiners that the applicant cannot verify significant knowledge of the research design or implementation, partial or no credit will be given for the paper in the scoring of the examination.
8. Must submit the application, specified documentation, and fees by the deadline dates
9. Must have been accepted for examination by the AOBOG Credentials Committee
10. Must be a member in good standing of the AOA or the Canadian Osteopathic Association for a minimum of two years prior to subspecialty certification

Notifications: Applicants are responsible to ensure that their mailbox will accept e-mail from 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

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Dates and Fees: Dates and Fees: Time limitations require that a tractable carrier be used to ensure a timely receipt. 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 – January 8, 2012
Application, Logs, Research Paper, and Application Fee Due	\$750.00 <i>when received by</i> January 1 \$1000.00 <i>when received</i> January 2 - 8
Accepted/Denied for Exam	By February 1, 2012 – emailed notification
Examination Fee / Payment Due	\$2750.00 due February 15, 2012
Assignment of Examination Date/Time and Registration Instructions	By March 1, 2012 – emailed notification
Examination Results	Within approximately 30 days of examination

PREPARATION OF LOG OF CLINICAL ACTIVITY

- The applicant must select a minimum of 12 cases from the topics that are listed for the subspecialty.
- The examiners will review the logs and select 12 acceptable cases which will qualify the applicant for examination. (It is therefore recommended that more than 12 cases be submitted in the event that any one is disqualified.)
- The cases must represent the applicant's clinical activity that occurred during the immediate 12 months prior to the submission of the application.
- No more than three (3) cases shall have similar diagnoses.

REQUIRED DOCUMENTATION TO SUBMIT

- The cases must be submitted in the form of a formal consultation letter or a transcribed case summary. Either format must contain sufficient pertinent clinical material that affords the examiners ample information to evaluate the management of each case.
- The information extracted from the 12 accepted cases will not be repeated in the General Knowledge portion of the examination. In the event that a case representing a particular topic is not submitted or was not accepted by the examiners as 1 of the 12, the applicant should assume that the knowledge of that topic will be a part of the oral assessment in the General Knowledge portion of the examination.

LOG CONSTRUCTION INSTRUCTIONS Submit three (3) copies

- An individual binder is to be used for each main topic. If there is more than one case summary submitted representing a topic, they are to be placed in one binder and separated by tabs.
- Each binder must have a Cover Sheet which identifies the main topic and/or sub-topic and the applicant's name.
- Each soft-sided Cover Binder must provide:
 - Applicant's name
 - E-mail address
 - Home and office addresses
 - Beginning and ending dates of log
 - Name and address of individual hospitals, ambulatory surgical facilities, and offices represented
- All patient identifiers must be blackened out
- All consultation letters and/or case summaries must be type written or computer printed on standard (8 ½ x 11) paper and bound in a soft-sided binder or report cover.

TOPICS LIST – Subspecialty Examination Spring 2012

<u>Gynecologic Oncology</u>	<u>Maternal Fetal Medicine Topics</u>
<ol style="list-style-type: none">1. Ovarian cancers2. Uterine cancers3. Adnexal cancers4. Vulvar cancers5. Chromosome changes in cancer6. Pre-malignant lesions7. Cervical cancers8. Gestational trophoblastic disease	<ol style="list-style-type: none">1. Prenatal diagnosis<ol style="list-style-type: none">a. Screening<ol style="list-style-type: none">i. Multiple marker screeningii. First trimester screeningiii. Teratology Counseling2. Ultrasound<ol style="list-style-type: none">a. Diagnosis of congenital anomaliesb. Growth and well being parametersc. Doppler<ol style="list-style-type: none">i. Diagnostic applicationsii. Well being applications3. Management of amniotic fluid abnormalities<ol style="list-style-type: none">a. Oligohydramniosb. Polyhydramnios4. Management of fetal arrhythmia<ol style="list-style-type: none">a. Diagnosis and management5. Fetal Therapy<ol style="list-style-type: none">a. Medicalb. Surgical6. Intrauterine Growth Restriction7. Multiple gestation management<ol style="list-style-type: none">a. Diagnosisb. Management8. Hemolytic Disease of the newborn9. Recurrent pregnancy loss10. Preterm labor and delivery11. Post term pregnancy12. Management of placental abnormalities<ol style="list-style-type: none">a. Previab. Abruptionc. Vasa Previad. Succenturiate lobe13. Premature rupture of the membranes14. Maternal and fetal infectious diseases15. Management of HIV/Aids16. Maternal cardiac disease17. Fetal cardiac disease18. Maternal thromboembolic disease19. Maternal thrombophilia20. Hypertension diseases of pregnancy21. Critical care management22. Maternal medical diseases other than diabetes and hypertension23. Maternal Diabetes<ol style="list-style-type: none">a. Gestationalb. Pre-gestational
<p style="text-align: center;"><u>Reproductive Endocrinology</u></p>	
<ol style="list-style-type: none">1. Molecular Biology2. Hormones3. Gonadal Development4. Mullerian System Development5. Neuroendocrinology6. The Menstrual Cycle7. Fertilization and Implantation8. Endocrinology of Pregnancy9. Endocrinology of Parturition10. Sexual Development11. Puberty12. Amenorrhea13. Polycystic Ovarian Syndrome14. Hirsutism15. Menstrual Disorders16. The Breast17. Menopause18. Menopausal Hormone Therapy19. Obesity20. Thyroid Disease and Reproduction21. Contraception22. Endometriosis23. Male Infertility24. Female Infertility25. Ovulation Induction26. Assisted Reproductive Technologies27. Recurrent Early Pregnancy Loss28. Ectopic Pregnancy	

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APPLICATION

Check One:

Maternal Fetal Medicine: ___ Initial Examination ___ Repeat Examination
Gynecologic Oncology: ___ Initial Examination ___ Repeat Examination
Reproductive Endocrinology: ___ Initial Examination ___ Repeat Examination

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

Submit the following in one mailing to:

AOBOG – 1010 Dixie Highway, Suite 313 – Chicago Heights, IL 60411

1. Signed Application (all information is required and must be legible)
2. Application fee (personal or business check) payable to the AOBOG
3. Logs (3 copies) and Research Paper (3 copies)

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)

Fellowship Training - List Information For All Fellowship Training

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 Fellowship Certificate/Diploma: _____

Date on Certificate: _____

Date of ACOOG approval of completed osteopathic fellowship training: _____

or

Date of AOA approval of completed allopathic fellowship training: _____

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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?

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

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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