



SUBSPECIALTY

Oral Examination Spring 2011

Maternal Fetal Medicine Reproductive Endocrinology Gynecologic Oncology

General Information and Instructions

Prerequisites to sit for examination:

- 1) Have received primary certification in obstetrics and gynecology from the AOA.
- 2) Have satisfactorily completed an AOA approved fellowship.
- 3) Have established subspecialty board eligible status.
- 4) Be a member in good standing of the AOA or Canadian Osteopathic Association for a minimum of two years prior to examination.
- 5) Hold a current unrestricted license in the state or territory of practice.
- 6) Exhibit conformity to the standards as set forth in the Code of Ethics of the AOA.
- 7) Submit the appropriate date-specific application as published on the AOBG web site along with all specified documentation and fees by the postmark deadline date.
- 8) Have been accepted for examination by the AOBG 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: 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, as 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 - 12 listed below must be included in the application packet. Documents sent to the ABOG 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 Subspecialty Oral Examination Spring 2011.
2. A copy of your fellowship certificate identifying the name of the institution and dates of training.
3. Osteopathic trained fellows only: Documentation from the ACOOG (American College of Osteopathic Obstetricians and Gynecologists) that subspecialty training is complete and approved. (Contact the ACOOG to obtain this documentation @ 1-800-875-6360.)
4. ACGME trained fellows only: Documentation from the AOA that subspecialty training is complete and approved. (The Profile Report will not suffice; contact the AOA Dept. of Education to obtain this documentation@ 1-800-621-1773.)
5. A copy of your subspecialty Board Eligibility certificate.
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.
10. Three copies of your log of clinical activity
Click your subspecialty link below for instructions to compile and submit your logs:
[Maternal Fetal Medicine](#) [Reproductive Endocrinology](#) [Gynecologic Oncology](#)



Application Instructions
continued

11. Your research paper that has been published in a peer reviewed journal *OR* your research paper that has been accepted for publication in a peer reviewed journal without addendums, along with written notification from the editor that the paper has been accepted in its final form without need of further revision. The applicant must have had significant input in the planning and execution of the paper. At the time of the examination, on defense of the paper, if 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 this paper.

12. 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 \$2750.00 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.

Application is being submitted for examination in (check one)

Maternal Fetal Medicine **Reproductive Endocrinology** **Gynecologic Oncology**

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)

Dates of Fellowship Training (month/day/year): From _____ To _____

Fellowship Training Hospital _____

Location of Fellowship Training Hospital: (city and state) _____

Program Director (print clearly) _____

Issuing institution of fellowship certificate _____

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.)



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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 subspecialty oral examination.

Date _____
Print or Type Name _____
Signature of Applicant _____



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DEMOGRAPHICS FORM

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

(Please make additional copies of this form if needed)

Staff Privileges From: _____ To: _____
Date Date

Staff Privileges From: _____ To: _____
Date Date

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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VERIFICATION FORM
Refer to the Verification Form Instructions

This portion is to be completed by the applicant:

I, _____ Signature _____ AOA Number _____
Print Name

authorize the release of this information to the American Osteopathic Board of Obstetrics and Gynecology.

Name of hospital/facility _____

Name(s) of all additional affiliated facility(s) _____

Emailed notification of receipt of this Verification Form should be sent to the following email address:

The remainder of this form is to be completed by an individual authorized to provide primary source verification of the applicant's hospital status and references the above identified facility(s). The form must be submitted directly from the primary source and mailed to the AOBG @ 1010 Dixie Highway, Suite 313, Chicago Heights, IL 60411 or faxed to the AOBG central office @ 708-755-2495. Information provided may result in further investigation by the AOBG prior to acceptance of the applicant for oral examination. All information will remain strictly confidential.

Dates of physician's staff affiliation from _____ to _____
 Courtesy privileges from _____ to _____
 Provisional/Temporary privileges from _____ to _____
 Full privileges from _____ to _____

Please attach a separate sheet providing detailed information and outcomes for any "yes" responses.

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

1. Have the physician's privileges ever been restricted or suspended? Yes ___ No ___
 If **Yes**, please state specific restriction/suspension, reason for restriction/suspension, resolution of restriction/suspension, and define the current status of the physician's privileges.
2. Has the physician ever been under investigation or on probation? Yes ___ No ___
 If **Yes**, please give comprehensive details of investigation and/or probation.
3. Has the physician ever demonstrated unethical and/or unprofessional behavior? Yes ___ No ___
 If **Yes**, please explain.

To the best of my knowledge the above verification is submitted as true and accurate information:

Print Name _____ Position/ Title _____

Address _____ Telephone _____

Facility _____

Signature _____ Date _____



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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 a subspecialty. This action is made in accordance with and subject to the Constitution, By-Laws, Regulations and Requirements 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 Constitution, Bylaws, Regulations and Requirements of the AOBOG and/or 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 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