

## Accommodations

The Policy of the Board requires that a candidate provide written documentation of their need for any specific disabilities, cautions, restrictions, or limitations regarding any aspect of the examination process. Requests for adaptations for other portions of the examination (e.g., oral, written) must likewise be in writing with corroborative evidence from appropriate profession evaluators. Written notification is required at least **90 days** prior to the examination date. (Existing physical disabilities should be identified at the time of application.) Please direct any request for accommodations to [aobnmm@osteopathic.org](mailto:aobnmm@osteopathic.org).

**An attending physician's statement must accompany any request for exclusion of applied technique/s to any part of the body and if exclusion is requested, the Board will require the candidate to provide a surrogate during the practical portions of the examination.**

## Using a Surrogate

- 1) If a candidate requires the use of a surrogate in their stead for the practical portion of the exam they may do so, if all of the following requirements are met.
- 2) Request must be made at least **30 days in advance of examination**.
- 3) Candidate must provide a written (non- family member) doctor's note providing medical documentation of reason for exception from treatment.
- 4) Surrogate must sign a release form.
- 5) Candidate is responsible for the recruitment of their own surrogate to be treated in their stead by the assigned partner of the practical portion of the examination. The Candidate will NOT treat their Surrogate.
- 6) AOBNMM will not pay the travel or any other expenses for the Surrogate.
- 7) The Surrogate must remain with their Candidate throughout the practical exam, being treated at all stations to be fair to the other candidate, even if the surrogate is only required for one station.
- 8) The Surrogate will also be assigned an ID badge that will correspond with the ID badge of the Candidate with the word Surrogate printed below.
- 9) AOBNMM DOES NOT assume any responsibility for the expenses or presence of the surrogate.
- 10) The Candidate must provide a copy of this Surrogate Policy to the Surrogate prior to signing the statement of release.

Please submit surrogate application below to [aobnmm@osteopathic.org](mailto:aobnmm@osteopathic.org)

## **AOBNMM CANDIDATE SURROGATE STATEMENT AND RELEASE**

I hereby make application to serve as a surrogate for a candidate seeking certification by the American Osteopathic Board of Neuromusculoskeletal Medicine (the "Board") for examination leading to certification in Neuromusculoskeletal Medicine and Osteopathic Manipulative Treatment. This action is made in accordance with and subject to the Constitution, By-Laws, Regulations and Requirements of the American Osteopathic Board of Neuromusculoskeletal Medicine and the American Osteopathic Association ("AOA").

- I understand that the certifying examination is a proprietary document of the American Osteopathic Board of Neuromusculoskeletal Medicine 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 understand and agree that my conduct and behavior will reflect on the candidate that I am replacing and may lead to disqualification from examination or from issuance of certification.
- I hereby release, discharge, exonerate and agree to hold harmless the American Osteopathic Association, American Osteopathic Board of Neuromusculoskeletal Medicine, their members, examiners, trustees, officers, representatives and agents 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 American Osteopathic Board of Neuromusculoskeletal Medicine to recommend issuance to me of such certification, or the revocation of any certification issued pursuant to this application.
- I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the American Osteopathic Board of Neuromusculoskeletal Medicine and 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 \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed