

Demographics (to be completed by the diplomate):



OCC Component 4 Attestation Form for Non-Clinical or Academic Physicians

AOBP-certified diplomates whose practice setting is primarily non-clinical or academic in nature may submit this form to replace one (1) Practice Performance Assessment activity for OCC Component 4. Diplomates may use this form no more than once per calendar year and no more than twice per OCC cycle. The AOBP requirement is two submissions for a nine-year cycle. Diplomates who are involved in any clinical practice should complete the traditional PPA activities and/or *QI activity attestations for OCC Component 4*.

Name:	AOA ID:	
Email:		
Primary Practice Type: □ Academic □		
Employer:		
Immediate Supervisor/Dean/Departm	nent Chair	
Name and Title:		
Contact Information (Email or Phone)):	
I authorize the person listed above to	release information regarding my employment status to the American Osteopo	athic
Board of Pathology for the purposes of	of establishing my practice status as primarily non-clinical and/or academic in r	nature.
Signature:	Date:	
Practice Status (to be completed by the	he diplomate's immediate supervisor, dean, or department chair):	
I affirm that the physician named abo	ove is employed by the organization listed, and that their employment is 100% s	spent
in an academic or non-clinical setting.	. This may include but is not limited to teaching, research, administration, or no	on-
clinical consulting.		
Signature:	Date:	
(Once this form is completed, please	email it to aobp@osteopathic.org.)	