



# AMERICAN OSTEOPATHIC BOARD OF SURGERY

## DISCLAIMER AND AGREEMENT REGARDING THE EXAMINATION RESULTS

I \_\_\_\_\_ (***Type Name***) understand, acknowledge, and accept without exception, that the results of the (*insert exam date*) \_\_\_\_\_ **AOBS Examination** shall not be made known to me until such time as I have completed submission of all required documentation (as deemed required by the AOBS and AOA in their sole discretion) and so stated, item by item, in any and all forms of notification, including any letters of deficiency. Furthermore, I acknowledge and agree that it is my responsibility to maintain and give notice to AOBS and AOA of changes in a specific physical mailing address for delivery of such letters now, and in the future until having completed the application process required for achieving board certification in this specialty. Specifically, in that the usual prerequisite documentation for examination may not have been fully met, the following covenants and restrictions shall forever apply to the results of any or all examinations administered by the AOBS.

The American Osteopathic Board of Surgery (AOBS) has agreed to let me participate in the (*insert exam date*) \_\_\_\_\_ **AOBS Examination**, with the expressed understanding that the results, regardless of pass or fail, shall NOT be made known, released, or allowed to apply toward the examination fulfillment requirement for certification in AOBS Neurological Surgery until such time as all documentation is on file with the AOBS and the American Osteopathic Association (AOA), and verified by both entities according to their usual and customary protocols, regardless of whether that process extends beyond the actual examination dates. I understand and acknowledge that my failure to complete the entire paperwork submission and documentation verification process by the stated deadline shall result in the AOBS and AOA voiding the (*insert exam date*) \_\_\_\_\_ **AOBS Examination** results.

I understand that this form needs to be submitted along with the Program Director's Attestation Form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to: [aobs@osteopathic.org](mailto:aobs@osteopathic.org)