



AMERICAN OSTEOPATHIC ASSOCIATION

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Policies and Procedures of the American Osteopathic Board of Emergency Medicine

Adopted in its Entirety: November 2016

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1 POLICIES AND PROCEDURES OF THE
2 AMERICAN OSTEOPATHIC BOARD OF EMERGENCY MEDICINE

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4
5 Article I. Procedures
6

7 To expedite and direct its activities, the American Osteopathic Board of Emergency Medicine
8 (hereinafter also referred to as “the Board” or AOBEM) shall place into effect this set of Policies and
9 Procedures.
10

11 This document is in addition to, and based upon, the American Osteopathic Association (AOA)
12 Procedures of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards (“*Policies and*
13 *Procedures of the BOS*”) and the Bylaws of the Board.
14

15
16 Article II. Committees
17

18 Board committees will be established and administered as denoted in the Bylaws of the Board.
19
20

21 Article III. Active Candidate Status
22

23 Section 1. Process

24 For determination of Active Candidate Status, the AOBEM will follow the board eligibility process and
25 procedure as outlined in Article VII of the *Policies and Procedures of the BOS*. This process shall apply to all
26 candidates for primary certification in emergency medicine and all subspecialties under AOBEM
27 jurisdiction.
28

29 Section 2. First Reentry Process

30 Following expiration of Active Candidate Status, for first reentry into the certification process,
31 candidates must follow the process outlined in Article VII of the *Policies and Procedures of the BOS*.
32

33 Section 3. Final Pathway

34 Candidates not completing the certification process after exhausting the first reentry process must
35 follow the “final pathway” process as outlined in Article VII of the *Policies and Procedures of the BOS*.
36 Criteria that must be met prior to granting entry into the final pathway process include:
37

- 38 A. Valid and unrestricted license in states which an applicant holds a license.
- 39
- 40 B. Verification of active practice in Emergency Medicine by the applicant’s institutional
41 administrator.
- 42
- 43 C. Conformity to the standards set forth in the AOA Code of Ethics.
- 44
- 45 D. Completion of 100 credits of Emergency Medicine continuing medical education (CME),
46 accredited by the AOA and recommended by the Committee on Continuing Medical Education

1 of the American College of Osteopathic Emergency Physicians (ACOEP), within 24 months
2 prior to the approval of the applicant's petition for sitting for the certifying examination. No
3 more than 30 credits may be satisfied by means of home study courses.
4

5 **Article IV. Certification Eligibility Requirements**

6

7 Section 1. Eligibility Criteria

8 To be eligible to receive certification from the AOA through the AOBEM, applicants for examination
9 for certification are required to file an application which shall set forth their qualifications for
10 examination. Applicants must demonstrate:

11
12 The minimum requirements for AOA board certification outlined in Article VIII of the *Policies and*
13 *Procedures of the BOS*.

14 a. Osteopathic physicians

15 1. Be a graduate of a COCA-accredited College of Osteopathic Medicine. (B-07/15)

16
17 2. Obtain training complete status from an ACGME/AOA accredited/approved
18 residency training program.

19 20 b. Allopathic physicians – US and Canada Programs

21 1. Be a graduate of a medical school in the United States or Canada, accredited by the
22 Liaison Committee on Medical Education (LCME).

23
24 2. Obtain training complete status from an ACGME osteopathic recognized residency
25 program with documentation that the candidate completed an “osteopathic focused”
26 track within the osteopathic recognized program, or obtain training complete status from
27 an ACGME accredited osteopathic Neuromusculoskeletal Medicine Residency Training
28 Program.

29 30 c. Allopathic physicians – Non US and Canada Programs

31 1. Be a graduate of a medical school outside the United States and meet one of the
32 following additional requirements:

33 a. Hold a currently valid certificate from the Educational Commission for
34 Foreign Medical Graduates (ECFMG) prior to appointment; or

35 b. Have graduated from a medical school outside the United States and have
36 completed a fifth pathway program provided by an LCME accredited medical
37 school.

38
39 2. Obtain training complete status from an ACGME osteopathic recognized residency
40 program with documentation that the candidate completed an “osteopathic focused”
41 track within the osteopathic recognized program, or obtain training complete status from
42 an ACGME accredited osteopathic Neuromusculoskeletal Medicine Residency Training
43 Program.

44 45 Section 2. Subspecialty Certifications

1 The Board offers examination for subspecialty certifications to diplomates with additional training in
2 specified subspecialties of emergency medicine. To be eligible to be examined in a subspecialty an
3 applicant must meet the following requirements:

- 4
- 5 A. Current AOBEM primary certification that is active and in good standing.
 - 6
 - 7 B. Successful completion of accredited fellowship training in the subspecialty, as evidenced by a
8 copy of graduation certificate and a letter of recommendation from the program director,
9 completed within six (6) years of the date of application for certification.
 - 10
 - 11 C. Current Subspecialties Recognized
 - 12
 - 13 1. Medical Toxicology
 - 14 2. Emergency Medical Services
 - 15 3. Sports Medicine
 - 16 4. Hospice and Palliative Medicine
 - 17 5. Internal Medicine – Critical Care Medicine
 - 18 6. Surgical – Critical Care Medicine
 - 19 7. Undersea and Hyperbaric Medicine
 - 20

21 Section 3. Practice Requirements

22 Applicants must continue the practice of emergency medicine while completing the certification
23 examination process. Applicants having successfully completed an accredited emergency medicine
24 residency program will be eligible to complete the certification examination after evidence of active
25 practice in emergency medicine or subspecialty training which directly relates to the practice of
26 emergency medicine, upon approval by the Board. (B-1/95;B-02/00)

27

28 Section 4. Dual Specialty Programs

29 Applicants having successfully completed an AOA-approved dual residency program in emergency
30 medicine and another specialty will be eligible to enter the certification process upon completion of both
31 programs. (B-1/95)

32

33 Section 5. Additional Certification Requirements

34 Subject to the recommendation of the BOS and to the approval of the AOA Board of Trustees, the
35 AOBEM may require such further training and/or practice in each of the specialties or subspecialties
36 coming under its jurisdiction as, in its judgment, such subspecialty may require, provided that the
37 additional requirement for each specialty or subspecialty is clearly set forth in the Policies and
38 Procedures of the Board. Additions to training and/or practice requirements shall go into effect one (1)
39 year subsequent to the announcement of such change.

40 **Article V. Examination**

41

42 Section 1. General Examination Information

43 Following satisfactory compliance with the prescribed requirements for examination, applicants shall be
44 required to pass appropriate examinations designed to evaluate the following as related to emergency
45 medicine: an understanding of the scientific basis of problems involved; a familiarity with current
46 advances; the possession of sound judgment; a demonstration of a high degree of skill in the

1 performance of diagnostic and therapeutic procedures; the interpersonal skills necessary to be an
2 effective practitioner.

3
4 Section 2. Examinations

- 5 A. Computer Based Testing
- 6 B. Oral Examination
- 7 C. Clinical Examination

8
9 Section 3 Examination Opportunities

10 The AOBEM Policy and Procedure for re-examination is found in Article VII of this document.

11
12 Section 4. Examination Fees and Other Required Documentation

- 13
14 A. Computer Based-Testing and Application Fee: Application and Computer Based Testing fees
15 shall be determined by the board and are due with the application for certification and
16 examination. The completed application, all supporting documentation and the examination fee
17 must be submitted by the deadline. Failure to submit any of the required paperwork by the
18 required deadline will prevent the processing of the application and hence, prevent the candidate
19 from sitting for the examination. An invalid fee submission will, likewise, prevent the candidate
20 from sitting for the examination.
21
- 22 B. Oral Examination Fee: The fee for the oral exam shall be determined by the board and payable
23 by the application deadline. The completed application, all supporting documentation and the
24 examination fee must be submitted by the deadline. Failure to submit any of the required
25 paperwork by the required deadline will prevent the processing of the application and hence,
26 prevent the candidate from sitting for the examination. An invalid fee submission will, likewise,
27 prevent the candidate from sitting for the examination.
28
- 29 C. Clinical Examination Fee: The fee for the clinical examination shall be determined by the Board
30 and shall be submitted with the requested information for review by the Board by the
31 application deadline. The completed application, all supporting documentation and the
32 examination fee must be submitted by the deadline. Failure to submit any of the required
33 paperwork by the required deadline will prevent the processing of the application and hence,
34 prevent the candidate from sitting for the examination. An invalid fee submission will, likewise,
35 prevent the candidate from sitting for the examination.
36
- 37 D. Cancellation Policy: Candidates should refer to the AOBEM website for detailed information
38 regarding the AOBEM cancellation policy.
39

40
41 **Article VI. Rules for the Conduct of Examinations**

42
43 Section 1. Written Examination (Computer Based Testing)

- 1 A. Content: The content of the computer based examination is to include emergency medicine as it
2 pertains to the following disciplines:
3 1.0 Abdominal and Gastrointestinal Disorders
4 2.0 Cardiovascular Disorders
5 3.0 Cutaneous Disorders
6 4.0 Endocrine, Metabolic, and Nutritional Disorders
7 5.0 Environmental Disorders
8 6.0 Head, Ear, Eye, Nose, Throat Disorders
9 7.0 Hematologic Disorders/Immune System Disorders
10 8.0 Systemic Infectious Disorders
11 9.0 Musculoskeletal Disorders (Non-traumatic)
12 10.0 Nervous System Disorders
13 11.0 Obstetrics and Disorders of Pregnancy/Gynecology
14 12.0 Pediatric Disorders
15 13.0 Psycho-behavioral Disorders
16 14.0 Renal Disorders/Urogenital Disorders
17 15.0 Thoracic-Respiratory Disorders
18 16.0 Toxicologic Disorders/Clinical Pharmacology
19 17.0 Traumatic Disorders
20 18.0 Administrative Aspects of Emergency Medicine/EMS
21 19.0 Disaster Medicine
22 20.0 Procedures/Skills
23
24 B. Format of the written examination: The written examination shall be administered as a
25 computer-based test. The computer-based test shall be administered in its entirety during a set
26 testing window at various computerized testing centers located throughout the country. The
27 examination will reflect clinical and practical aspects of the core content areas.
28
29 C. Any irregularity noted before, during, or following the administration of the computer-based
30 exam (Part I), and directly related to the examination, shall be reported to the AOBEM **within**
31 **24 hours** for appropriate action.
32

33 Section 2. Oral Examination

34 Following successful completion of the computer based examination; candidates will be notified of the
35 date and time of the oral examination.
36

- 37 A. Content: The purpose of the oral examination is to evaluate the candidate's clinical ability and
38 skill in diagnosing and treating emergency medicine cases in a timely manner. The evaluation
39 includes the candidate's ability to interpret diagnostic studies, recognize disease presentations,
40 describe emergency procedures, and the interpersonal skills necessary to be an effective
41 practitioner.
42
43 B. Format of the Oral Examination: The format of the oral examination will be clinical
44 presentations, either involving specific data related to emergency medicine cases, or in simulated
45 patient encounter stations involving emergency medicine cases. Candidates will be evaluated
46 regarding their ability to use osteopathic concepts in clinical situations. Additionally, the

1 candidate's ability to recognize visual representations of various clinical presentations will be
2 tested.

- 3
4 C. AOBEM Video Recording Policy: The AOBEM shall arrange for the oral examination stations
5 for Part II of the primary certification examination to be recorded (video and audio). Only video
6 from the time the examinee enters the room and until they leave is permitted to be viewed
7 and/or retained. The recordings are to be used solely for purposes of quality assurance. This
8 quality assurance process guards against unfair grading and unprofessional behavior. The quality
9 assurance function may include (without limitation) the following: examiner evaluation, assessing
10 consistency across multiple examiners, examiner training, or investigation of allegations of
11 unprofessional behavior by examiners or examinees. Recordings will be reviewed within twenty-
12 four (24) hours of any examination (if they are reviewed at all). All videos not in review shall be
13 erased within forty-eight (48) hours of the examination by designated personnel.
14

15 In matters where an examinee files an appeal within 24 hours of the oral examination, the
16 examinee's recordings may be saved until the appeal is resolved. The only persons authorized to
17 review recordings are AOA officials/officers, BOT members, BOS members when requested
18 for an appeal, and AOBEM members/ representatives. Video recordings shall be stored at
19 AOBEM offices or at designated equipment storage sites.
20

21 Certification candidates shall be given the option of taking the examination without recording.
22 In the event an examinee does not wish to be video recorded, they must declare this thirty (30)
23 days or more prior to the examination. In these cases, all stations will have two examiners who
24 will both grade the examinee and sign the grading sheet. Due to the nature of the examination
25 process and numbers of examiners and examinees, this may require the examination to occur
26 after the end of the regular testing session and/or day. Examinees declaring their desire to not
27 be video recorded less than 30 days in advance will be rescheduled for the next exam cycle.

28 Section 3. Clinical or Practical Examination

29 This examination is not part of the initial certification process for those candidates who submitted their
30 first application for entry into the certification process after September 01, 2013. Eligible candidates for
31 the clinical examination shall be notified by the Board to submit appropriate documents and
32 information to the Board for its review by the specified deadline. The purpose of this examination is to
33 evaluate the candidate's competence in rendering care in the emergency department setting.
34

- 35 A. Content: Upon notification of the Board, candidates will submit the following documents and
36 information:
37
- 38 1. Twenty (20) charts, covering a minimum of five (5) dates within the past year, of patients
39 treated by the candidate reflecting emergency care intervention as specified by the board.
 - 40
 - 41 2. Copies of emergency department physician's schedules for the previous six (6) months for
42 the emergency department(s) tended by the candidate, with a breakdown for specification of
43 the candidate's clinical practice time.
 - 44
 - 45 3. Copy of the candidate's current AOA continuing medical education (CME) printout report
46 verifying candidate's compliance with required emergency medicine hours. An average of 50

1 hours of continuing medical education is required (150 hours per 3 year cycle). No more
2 than 30% may be from home study and no more than 40% may be from preceptor ship.
3

- 4 4. Copy of the candidate’s valid unrestricted license to practice in the state or territory where
5 his/her practice is conducted.
6
7 5. The applicant must show satisfactory competence in clinical practice of emergency medicine
8 satisfied by a letter to the board from the candidate’s medical staff office verifying current
9 privileges and good standing at the candidate’s institution(s) in emergency medicine.
10

11 B. Format of the Clinical Examination: The information requested by the Board will be reviewed
12 by a Board-designated examiner, and a recommendation provided to the Board addressing the
13 proficiency of the candidate, as documented in materials reviewed.
14

15 C. The board reserves the right to verify a candidate’s clinical competence by performing an on-site
16 clinical examination in the candidate’s emergency facility.
17

18 Section 4. Cognitive Assessment

19 A. Format of the written examination: The written examination shall be administered as a
20 computer-based test. The computer-based test shall be administered in its entirety at various
21 computerized testing centers located throughout the country. The examination will reflect
22 clinical and practical aspects of the core content areas.
23

24 B. An exam construction committee member may not participate in the written cognitive
25 assessment for a minimum of two years after participation in the exam construction.
26
27

28 Section 5. Notification of Results of Examinations

29 The Secretary of the Board shall, within eight weeks of the final action of the AOBEM, notify the
30 applicant examined of the results of his/her examination.
31

32 **Article VII. Reexamination**

33 Section 1. Written Examination(Computer Based Testing)

34 Reexamination for candidates not successfully completing the computer based examination shall be
35 scheduled annually in conjunction with the regularly scheduled computer based examination. Candidates
36 must notify the Board of their intent to sit for the examination-by submitting a completed application by
37 the application deadline.
38

39 Section 2. Oral Examination

40 Reexamination for candidates not successfully completing the oral examination shall be scheduled in
41 conjunction with the regularly scheduled oral examinations. Candidates must notify the Board of their
42 intent to sit for the examination, in writing, by the application deadline.
43

44 Section 3. Clinical Examination

45 After two failed attempts, re-examination for candidates not successfully completing the clinical
46 examination may be performed in the candidate’s hospital emergency facility by a Board-designated

1 examiner. The notification of this examination shall be not less than thirty (30) days prior to the date of
2 the examination.

3
4 Section 4. Fee

5 The fee for each reexamination (computer based testing, oral, or clinical) shall be determined by the
6 AOBEM and payable at the time of application. An additional fee for the clinical on-site reexamination
7 shall be the expenses of the examiner, and payable prior to the examination date.

8
9
10 **Article VIII. Certificates**

11
12 Section 1. Process

13 The AOBEM will issue and maintain certificates of certification and recertification in accordance with
14 the *Policies and Procedures of the BOS*.

15
16 Section 2. Certificate Dates – Primary Certification

17 The date carried by primary certification certificates shall correspond with the date on which successful
18 completion of all Board requirements is confirmed by the Board. All primary certifications issued after
19 2001 shall be time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year
20 following issuance of the certificate. Lifetime primary certifications issued prior to this date without a
21 time limit, will remain in effect.

22
23 Section 3. Certificate Dates –Subspecialty Certifications

24 The date carried by subspecialty certificates shall correspond with the date on which successful
25 completion of all Board requirements is confirmed by the Board. All subspecialty certificates issued after
26 2000 shall be time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year
27 following issuance of the certificate. Lifetime certificates which were issued prior to this date without a
28 time limit will remain in effect.

29
30 Section 4. Certificate Dates – Recertification Certificates

31 The date carried by recertification certificates shall correspond with the date on which successful
32 completion of all Board requirements is confirmed by the Board. All recertification certificates shall be
33 time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year following
34 issuance of the certificate.

35
36 Section 5. - Inactivation, Revocation, Reinstatement, and Reactivation

37 The AOBEM will follow the procedures regarding certificate inactivation, revocation, reinstatement and
38 reactivation in accordance with Article XI of the *Policies and Procedures of the BOS*.

39
40
41 **Article IX. Appeals**

42
43 Section 1. Right of Appeal

44 If a candidate feels that the actions of the AOBEM, with regard to any part of the examination,
45 constitute unequal application of the policies and procedures or standards, unwarranted discrimination,

1 prejudice, unfairness or improper conduct of the examination, the candidate has the right to appeal to
2 the AOBEM.

3
4 Section 2. Appeal Timeframe

5 Any irregularity noted before, during, or following the administration of the computer based and/or oral
6 examination and directly related to the examination, shall be reported to the AOBEM **within 24 hours**
7 for appropriate action.

8
9 Section 3. Levels of Appeal

10 If the candidate is not satisfied with the results of an appeal before this Specialty Certifying Board, the
11 candidate has the right to further appeal to the BOS and the AOA Board of Trustees.

12
13 Section 4. Limitation

14 Appeals disputing the content of any written or oral exam are not permitted and will not be accepted.

15
16 Section 5. AOBEM Appeals Policy

17 The American Osteopathic Board of Emergency Medicine is committed to assuring that aggrieved
18 candidates for certification have access to an appeal process to address concerns regarding all
19 certification and recertification examinations and other decisions of the AOBEM. In accordance with
20 the policies of the American Osteopathic Association (AOA), candidates for certification may appeal
21 decisions of the AOBEM to the AOA Bureau of Osteopathic Specialists (BOS). Thereafter, where
22 necessary, candidates may appeal the decision of the BOS to the Board of Trustees. Before pursuing an
23 appeal with the AOA, candidates for certification from the AOBEM shall first appeal decisions related
24 to any examination to the AOBEM as set forth in the following policy.

25
26 I. Scope of Appeal

27 A. Appealable Issues. Candidates may appeal to the AOBEM to raise concerns based on
28 examination administration (i.e., alleged bias/prejudice/unfairness of the exam or of a member
29 of an examination team or failure to follow established examination procedures).

30
31 B. Non-Appealable Issues. The AOBEM will not consider appeals based on examination content,
32 sufficiency or accuracy of answers given to examination questions, scoring of the examination,
33 scoring of answers to individual questions, and/or the determination of the minimum passing
34 score.

35
36 II. Procedure for Appeal

37 A. Appeal Request Form. In order to appeal, a candidate must set forth the basis for the appeal on
38 an Appeal Request Form and submit the form to the Chair of the AOBEM. Appeal Request
39 Forms are available to all certification candidates on the AOBEM website. The appellant must
40 submit the completed Appeal Request Form (available on the website at
41 <https://certification.osteopathic.org/emergency-medicine/>) to the board within 24 of
42 completion of the examination.

43
44 B. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered by
45 AOBEM.

1 C. Decision to Deny Appeal. If the initial appeal is denied by the AOBEM, the candidate shall have
2 the right to appeal to the AOA. Candidates interested in appealing the AOA should contact the
3 Bureau of Osteopathic Specialists Secretary, at 142 East Ontario Street, Chicago, IL 60611.
4

5
6 **Article X. Compliance with Federal and State Regulations**
7

8 The AOBEM complies with all applicable federal and state regulations.
9

10 Section 1. Compliance with Americans with Disabilities Act (ADA)

11 The AOBEM complies with all applicable requirements of the Americans with Disabilities Act, which
12 prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state
13 and local government services, public accommodations, commercial facilities, and transportation, as well
14 as those regulations for Title II and Title III (and all subsequent regulations) as printed in the federal
15 register. The AOBEM complies with the American Osteopathic Association Bureau of Osteopathic
16 Specialists Americans with Disabilities Act and Special Testing Accommodations Policy. The complete
17 policy can be found at www.aobem.org.
18

19 Section 2. Compliance with the Health Insurance Portability and Accountability Act (HIPAA)
20

- 21 A. In compliance with the HIPAA Act of 1996, and any subsequent modifications to the Act, the
22 AOBEM will assure that individuals' health information is properly protected, while allowing the
23 flow of health information to provide and promote high quality of health care and well being.
24
- 25 B. All medical records submitted for review by candidates for certification in osteopathic
26 emergency medicine will be de-identified by the candidate prior to submission, such that the
27 remaining information **cannot** be used to identify an individual patient.
28
29

30 **Article XI. Inquiries Regarding Status of a Physician**
31

32 The AOBEM will process inquiries regarding a physician's application and certification status as
33 outlined in Article XIII, Section 13, of the *Policies and Procedures of the BOS*.
34
35

36 **Article XII. AOBEM CME Requirement**
37

38 The requirement for the 2019-2021 CME cycle is 60 credits. In the past, AOA specialty certifying
39 boards have required specialty-specific CME. AOA specialty certifying boards will not require
40 diplomates to obtain specialty-specific CME during the 2019-2021 CME cycle. For the 2019-2021 CME
41 cycle, all non-time-limited diplomates will be required to complete 120 total CME regardless of specialty.
42

43 **Article XIV. Amendments**
44

45 Amendments to the Policies and Procedures of the AOBEM may be adopted for submission to the
46 BOS for approval by a two-thirds (2/3) vote of the total membership of the Board at any meeting.

Appendix A

Osteopathic Continuous Certification (OCC)

Section 1. Continuous Certification

Effective January 1, 2004, the AOBEM recertification process was changed to a continuous process rather than episodic. Osteopathic Continuous Certification (OCC) is meant to assist physicians in remaining current with standards of practice in the specialty of emergency medicine. The process has continual components that occur throughout a ten (10) year cycle. Entry into OCC begins immediately upon achievement of initial certification in emergency medicine through the ABOEM. As noted below, except for physicians who hold lifetime certification, the OCC program is applicable to currently certified and currently recertified physicians.

Section 2. Non-time-limited certificates

It should be noted that physicians currently holding non-time-limited certificates from the AOA/AOBEM will not have that status changed. However, physicians holding non-time-limited certificates may voluntarily enter into the OCC process. (See Section 5 under this Article).

Section 3. Components of OCC

- A. Component 1: Professional Status/Licensure. Diplomates must maintain an active license to practice medicine in the states or territory in which they practice, or in any one state if in active military practice. Refer to Article IX, Section 1B, of the *Policies And Procedures of the BOS*.
- B. Component 2: Lifelong Learning. Ten (10) Continuous Osteopathic Learning Assessment (COLA) modules are available over a ten-year period. At the conclusion of their current certification or OCC, diplomates must take all eight (8) COLA modules within the ten year examination cycle and must have received a passing score on at least six (6) of the COLA modules. Merely taking six (6) COLA modules will not satisfy the requirement, as the physician must have attempted at least eight (8) modules, or in the case of currently certified/recertified physicians, the full number required as set forth in the table below.

Beginning January 1, 2012 all diplomates entering the OCC process or taking the recertification exam in 2020 will have to take and successfully pass 8 COLA modules within the ten year cycle. Each COLA module will be provided online as current for 3 years, and the candidate will have a maximum of three (3) opportunities to successfully complete any one module. Beginning 2012 the diplomate will have the opportunity to take the COLA exam more than 3 times. Diplomates have access only to those modules that are available on the Internet; thus, it is essential that physicians keep current with each of the modules. Content of COLA is based upon the AOBEM'S table of specifications for the certification/OCC examinations. This document is available from the AOBEM or the AOBEM Web site at <https://certification.osteopathic.org/emergency-medicine/>.

Each year, a module will be offered that will contain components of our core content categories. Further notification from the AOBEM of references and areas of study suitable for each COLA module will be provided.

1
2 C. Component 3: Cognitive Assessment. The entire table of specifications and its core content are
3 covered in the cognitive assessment examination. Diplomates must take the cognitive
4 assessment examination every ten (10) years to maintain certification. This examination is
5 computer based. Diplomates may take the cognitive assessment examination as early as three (3)
6 years prior to expiration of certification status.

7
8 D. Component 4: Practice Performance Assessment and Improvement.

- 9
10 1. Practice Performance Component. The goal of the Practice Performance Component is
11 to assess the quality of care the diplomate provides and compare it to their peers and
12 national benchmarks. The practice performance will be required to be completed by
13 those recertifying in 2013 and beyond. The candidate attempts to improve their care by
14 applying the best evidence or consensus recommendations. This process must be
15 completed twice (once in years 1-5, once in years 6-10) in each OCC cycle. Further
16 information is available on the AOBEM website.
17 <https://certification.osteopathic.org/emergency-medicine/occ-overview/component-4/>

18
19
20 Section 4. OCC Pathway For Non-Time-Limited Certified Physicians

21 Diplomates who hold non-time-limited certificates in emergency medicine may voluntarily recertify at
22 any time. These physicians may enter the process by taking the cognitive assessment examination. They
23 may also voluntarily take COLA modules to become eligible for OCC. All diplomates, after successfully
24 completing their first cognitive assessment examination would then be required to fulfill the
25 requirements of OCC by participation in all OCC steps from that time forward. This pathway will
26 remain a voluntary process to these diplomates. A diplomate's original non-time-limited certificate will
27 not be revoked by the AOA/AOBEM if at any time the diplomate should choose to discontinue the
28 OCC process. They will not, however, be given documentation of OCC certification unless they
29 successfully participate in the entire process.

30 Section 5. Notification of Deadlines

31 Deadlines are posted on the AOBEM website. All diplomates are responsible for submission of
32 completed applications and necessary documents by the deadline.

33
34 Section 6. Recertification Application Requirements

35 Candidates must submit the required application, fees, release form and supporting documents as
36 required by the Board within established deadlines as determined by the Board.