



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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**POLICIES AND PROCEDURES OF THE
AMERICAN OSTEOPATHIC BOARD OF EMERGENCY MEDICINE**

Article I. Procedures

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

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

Article II. Committees

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

Article III. Active Candidate Status

Section 1. Process

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

Section 2. First Reentry Process

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

Section 3. Final Pathway

Candidates not completing the certification process after exhausting the first reentry process must follow the “final pathway” process as outlined in Article VII of the *Policies and Procedures of the BOS*.

Criteria that must be met prior to granting entry into the final pathway process include:

- A. Valid and unrestricted license in states which an applicant holds a license.
- B. Verification of active practice in Emergency Medicine by the applicant’s institutional administrator.
- C. Conformity to the standards set forth in the AOA Code of Ethics.

- 1
2 D. Completion of 100 credits of Emergency Medicine continuing medical education (CME),
3 accredited by the AOA and recommended by the Committee on Continuing Medical
4 Education of the American College of Osteopathic Emergency Physicians (ACOEP), within
5 24 months prior to the approval of the applicant's petition for sitting for the certifying
6 examination. No more than 30 credits may be satisfied by means of home study courses.
7

8 **Article IV. Certification Eligibility Requirements** 9

10 Section 1. Eligibility Criteria

11 To be eligible to receive certification from the AOA through the AOBEM, applicants for
12 examination for certification are required to file an application which shall set forth their
13 qualifications for examination. Applicants must demonstrate:
14

15 The minimum requirements for AOA board certification outlined in Article VIII of the *Policies and*
16 *Procedures of the BOS*.

17 **a. Osteopathic physicians**

- 18 1. Be a graduate of a COCA-accredited College of Osteopathic Medicine. (B-07/15)
19
20 2. Obtain training complete status from an ACGME/AOA accredited/approved
21 residency training program.
22

23 **b. Allopathic physicians – US and Canada Programs**

- 24 1. Be a graduate of a medical school in the United States or Canada, accredited by the
25 Liaison Committee on Medical Education (LCME).
26
27 2. Obtain training complete status from an ACGME osteopathic recognized residency
28 program with documentation that the candidate completed an “osteopathic focused”
29 track within the osteopathic recognized program, or obtain training complete status
30 from an ACGME accredited osteopathic Neuromusculoskeletal Medicine Residency
31 Training Program.
32

33 **c. Allopathic physicians – Non US and Canada Programs**

- 34 1. Be a graduate of a medical school outside the United States and meet one of the
35 following additional requirements:
36 a. Hold a currently valid certificate from the Educational Commission for
37 Foreign Medical Graduates (ECFMG) prior to appointment; or
38 b. Have graduated from a medical school outside the United States and have
39 completed a fifth pathway program provided by an LCME accredited medical
40 school.
41
42 2. Obtain training complete status from an ACGME osteopathic recognized residency
43 program with documentation that the candidate completed an “osteopathic focused”
44 track within the osteopathic recognized program, or obtain training complete status

1 from an ACGME accredited osteopathic Neuromusculoskeletal Medicine Residency
2 Training Program.

3
4 Section 2. Subspecialty Certifications

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

- 8
9 A. Current AOBEM primary certification that is active and in good standing.
10
11 B. Successful completion of accredited fellowship training in the subspecialty, as evidenced by
12 a copy of graduation certificate and a letter of recommendation from the program director,
13 completed within six (6) years of the date of application for certification.
14
15 C. Current Subspecialties Recognized
16
17 1. Medical Toxicology
18 2. Emergency Medical Services
19 3. Sports Medicine
20 4. Hospice and Palliative Medicine
21 5. Internal Medicine – Critical Care Medicine
22 6. Surgical – Critical Care Medicine
23 7. Undersea and Hyperbaric Medicine
24

25 Section 3. Practice Requirements

26 Applicants must continue the practice of emergency medicine while completing the certification
27 examination process. Applicants having successfully completed an accredited emergency medicine
28 residency program will be eligible to complete the certification examination after evidence of active
29 practice in emergency medicine or subspecialty training which directly relates to the practice of
30 emergency medicine, upon approval by the Board. (B-1/95;B-02/00)
31

32 Section 4. Dual Specialty Programs

33 Applicants having successfully completed an AOA-approved dual residency program in emergency
34 medicine and another specialty will be eligible to enter the certification process upon completion of
35 both programs. (B-1/95)
36

37 Section 5. Additional Certification Requirements

38 Subject to the recommendation of the BOS and to the approval of the AOA Board of Trustees, the
39 AOBEM may require such further training and/or practice in each of the specialties or subspecialties
40 coming under its jurisdiction as, in its judgment, such subspecialty may require, provided that the
41 additional requirement for each specialty or subspecialty is clearly set forth in the Policies and
42 Procedures of the Board. Additions to training and/or practice requirements shall go into effect one
43 (1) year subsequent to the announcement of such change.
44
45

Article V. Examination

Section 1. General Examination Information

Following satisfactory compliance with the prescribed requirements for examination, applicants shall be required to pass appropriate examinations designed to evaluate the following as related to emergency medicine: an understanding of the scientific basis of problems involved; a familiarity with current advances; the possession of sound judgment; a demonstration of a high degree of skill in the performance of diagnostic and therapeutic procedures; the interpersonal skills necessary to be an effective practitioner.

Section 2. Examinations

- A. Computer Based Testing
- B. Oral Examination
- C. Clinical Examination

Section 3 Examination Opportunities

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

Section 4. Examination Fees and Other Required Documentation

- A. Computer Based-Testing and Application Fee: Application and Computer Based Testing fees shall be determined by the board and are due with the application for certification and examination. The completed application, all supporting documentation and the examination fee must be submitted by the deadline. Failure to submit any of the required paperwork by the required deadline will prevent the processing of the application and hence, prevent the candidate from sitting for the examination. An invalid fee submission will, likewise, prevent the candidate from sitting for the examination.
- B. Oral Examination Fee: The fee for the oral exam shall be determined by the board and payable by the application deadline. The completed application, all supporting documentation and the examination fee must be submitted by the deadline. Failure to submit any of the required paperwork by the required deadline will prevent the processing of the application and hence, prevent the candidate from sitting for the examination. An invalid fee submission will, likewise, prevent the candidate from sitting for the examination.
- C. Clinical Examination Fee: The fee for the clinical examination shall be determined by the Board and shall be submitted with the requested information for review by the Board by the application deadline. The completed application, all supporting documentation and the examination fee must be submitted by the deadline. Failure to submit any of the required paperwork by the required deadline will prevent the processing of the application and hence, prevent the candidate from sitting for the examination. An invalid fee submission will, likewise, prevent the candidate from sitting for the examination.
- D. Cancellation Policy: Candidates should refer to the AOBEM website for detailed information regarding the AOBEM cancellation policy.

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Article VI. Rules for the Conduct of Examinations

Section 1. Written Examination (Computer Based Testing)

- A. Content: The content of the computer based examination is to include emergency medicine as it pertains to the following disciplines:
 - 1.0 Abdominal and Gastrointestinal Disorders
 - 2.0 Cardiovascular Disorders
 - 3.0 Cutaneous Disorders
 - 4.0 Endocrine, Metabolic, and Nutritional Disorders
 - 5.0 Environmental Disorders
 - 6.0 Head, Ear, Eye, Nose, Throat Disorders
 - 7.0 Hematologic Disorders/Immune System Disorders
 - 8.0 Systemic Infectious Disorders
 - 9.0 Musculoskeletal Disorders (Non-traumatic)
 - 10.0 Nervous System Disorders
 - 11.0 Obstetrics and Disorders of Pregnancy/Gynecology
 - 12.0 Pediatric Disorders
 - 13.0 Psycho-behavioral Disorders
 - 14.0 Renal Disorders/Urogenital Disorders
 - 15.0 Thoracic-Respiratory Disorders
 - 16.0 Toxicologic Disorders/Clinical Pharmacology
 - 17.0 Traumatic Disorders
 - 18.0 Administrative Aspects of Emergency Medicine/EMS
 - 19.0 Disaster Medicine
 - 20.0 Procedures/Skills

- B. Format of the written examination: The written examination shall be administered as a computer-based test. The computer-based test shall be administered in its entirety during a set testing window at various computerized testing centers located throughout the country. The examination will reflect clinical and practical aspects of the core content areas.

- C. Any irregularity noted before, during, or following the administration of the computer-based exam (Part I), and directly related to the examination, shall be reported to the AOBEM **within 24 hours** for appropriate action.

Section 2. Oral Examination

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

- A. Content: The purpose of the oral examination is to evaluate the candidate’s clinical ability and skill in diagnosing and treating emergency medicine cases in a timely manner. The

1 evaluation includes the candidate’s ability to interpret diagnostic studies, recognize disease
2 presentations, describe emergency procedures, and the interpersonal skills necessary to be an
3 effective practitioner.
4

5 B. Format of the Oral Examination: The format of the oral examination will be clinical
6 presentations, either involving specific data related to emergency medicine cases, or in
7 simulated patient encounter stations involving emergency medicine cases. Candidates will be
8 evaluated regarding their ability to use osteopathic concepts in clinical situations.
9 Additionally, the candidate’s ability to recognize visual representations of various clinical
10 presentations will be tested.
11

12 C. AOBEM Video Recording Policy: The AOBEM shall arrange for the oral examination
13 stations for Part II of the primary certification examination to be recorded (video and audio).
14 Only video from the time the examinee enters the room and until they leave is permitted to
15 be viewed and/or retained. The recordings are to be used solely for purposes of quality
16 assurance. This quality assurance process guards against unfair grading and unprofessional
17 behavior. The quality assurance function may include (without limitation) the following:
18 examiner evaluation, assessing consistency across multiple examiners, examiner training, or
19 investigation of allegations of unprofessional behavior by examiners or examinees.
20 Recordings will be reviewed within twenty-four (24) hours of any examination (if they are
21 reviewed at all). All videos not in review shall be erased within forty-eight (48) hours of the
22 examination by designated personnel.
23

24 In matters where an examinee files an appeal within 24 hours of the oral examination, the
25 examinee’s recordings may be saved until the appeal is resolved. The only persons
26 authorized to review recordings are AOA officials/officers, BOT members, BOS members
27 when requested for an appeal, and AOBEM members/ representatives. Video recordings
28 shall be stored at AOBEM offices or at designated equipment storage sites.
29

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

38 Section 3. Clinical or Practical Examination

39 This examination is not part of the initial certification process for those candidates who submitted
40 their first application for entry into the certification process after September 01, 2013. Eligible
41 candidates for the clinical examination shall be notified by the Board to submit appropriate
42 documents and information to the Board for its review by the specified deadline. The purpose of this
43 examination is to evaluate the candidate’s competence in rendering care in the emergency
44 department setting.
45

- 1 A. Content: Upon notification of the Board, candidates will submit the following documents
2 and information:
3
4 1. Twenty (20) charts, covering a minimum of five (5) dates within the past year, of
5 patients treated by the candidate reflecting emergency care intervention as specified by
6 the board.
7
8 2. Copies of emergency department physician’s schedules for the previous six (6) months
9 for the emergency department(s) tended by the candidate, with a breakdown for
10 specification of the candidate’s clinical practice time.
11
12 3. Copy of the candidate’s current AOA continuing medical education (CME) printout
13 report verifying candidate’s compliance with required emergency medicine hours. An
14 average of 50 hours of continuing medical education is required (150 hours per 3 year
15 cycle). No more than 30% may be from home study and no more than 40% may be from
16 preceptor ship.
17
18 4. Copy of the candidate’s valid unrestricted license to practice in the state or territory
19 where his/her practice is conducted.
20
21 5. The applicant must show satisfactory competence in clinical practice of emergency
22 medicine satisfied by a letter to the board from the candidate’s medical staff office
23 verifying current privileges and good standing at the candidate’s institution(s) in
24 emergency medicine.
25
26 B. Format of the Clinical Examination: The information requested by the Board will be
27 reviewed by a Board-designated examiner, and a recommendation provided to the Board
28 addressing the proficiency of the candidate, as documented in materials reviewed.
29
30 C. The board reserves the right to verify a candidate’s clinical competence by performing an on-
31 site clinical examination in the candidate’s emergency facility.
32

33 Section 4. Cognitive Assessment
34

- 35 A. Format of the written examination: The written examination shall be administered as a
36 computer-based test. The computer-based test shall be administered in its entirety at various
37 computerized testing centers located throughout the country. The examination will reflect
38 clinical and practical aspects of the core content areas.
39
40 B. An exam construction committee member may not participate in the written cognitive
41 assessment for a minimum of two years after participation in the exam construction.
42

43 Section 5. Notification of Results of Examinations

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

Article VII. Reexamination

Section 1. Written Examination(Computer Based Testing)

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

Section 2. Oral Examination

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

Section 3. Clinical Examination

After two failed attempts, re-examination for candidates not successfully completing the clinical examination may be performed in the candidate’s hospital emergency facility by a Board-designated examiner. The notification of this examination shall be not less than thirty (30) days prior to the date of the examination.

Section 4. Fee

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

Article VIII. Appeals

Section 1. Right of Appeal

If a candidate feels that the actions of the AOBEM, with regard to any part of the examination, constitute unequal application of the policies and procedures or standards, unwarranted discrimination, prejudice, unfairness or improper conduct of the examination, the candidate has the right to appeal to the AOBEM.

Section 2. Appeal Timeframe

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

Section 3. Levels of Appeal

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

Section 4. Limitation

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

1
2 Section 5. AOBEM Appeals Policy

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

11
12 I. Scope of Appeal

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

16
17 B. Non-Appealable Issues. The AOBEM will not consider appeals based on examination
18 content, sufficiency or accuracy of answers given to examination questions, scoring of the
19 examination, scoring of answers to individual questions, and/or the determination of the
20 minimum passing score.

21
22 II. Procedure for Appeal

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

29
30 B. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered
31 by AOBEM.

32
33 C. Decision to Deny Appeal. If the initial appeal is denied by the AOBEM, the candidate shall
34 have the right to appeal to the AOA. Candidates interested in appealing the AOA should contact
35 the Bureau of Osteopathic Specialists Secretary, at 142 East Ontario Street, Chicago, IL 60611.

36
37
38 **Article IX. Compliance with Federal and State Regulations**

39
40 The AOBEM complies with all applicable federal and state regulations.

41
42 Section 1. Compliance with Americans with Disabilities Act (ADA)

43 The AOBEM complies with all applicable requirements of the Americans with Disabilities Act,
44 which prohibits discrimination and ensures equal opportunity for persons with disabilities in
45 employment, state and local government services, public accommodations, commercial facilities,

1 and transportation, as well as those regulations for Title II and Title III (and all subsequent
2 regulations) as printed in the federal register. The AOBEM complies with the American Osteopathic
3 Association Bureau of Osteopathic Specialists Americans with Disabilities Act and Special Testing
4 Accommodations Policy. The complete policy can be found at www.aobem.org.

5
6 Section 2. Compliance with the Health Insurance Portability and Accountability Act (HIPAA)

- 7
8 A. In compliance with the HIPAA Act of 1996, and any subsequent modifications to the Act,
9 the AOBEM will assure that individuals' health information is properly protected, while
10 allowing the flow of health information to provide and promote high quality of health care
11 and well being.
12
13 B. All medical records submitted for review by candidates for certification in osteopathic
14 emergency medicine will be de-identified by the candidate prior to submission, such that the
15 remaining information **cannot** be used to identify an individual patient.
16
17

18 **Article X. Inquiries Regarding Status of a Physician**

19
20 The AOBEM will process inquiries regarding a physician's application and certification status as
21 outlined in Article XIII, Section 13, of the *Policies and Procedures of the BOS*.

22
23
24 **Article XI. AOBEM CME Requirement**

25
26 The requirement for the 2019-2021 CME cycle is 60 credits. In the past, AOA specialty certifying
27 boards have required specialty-specific CME. AOA specialty certifying boards will not require
28 diplomates to obtain specialty-specific CME during the 2019-2021 CME cycle. For the 2019-2021
29 CME cycle, all non-time-limited diplomates will be required to complete 120 total CME regardless
30 of specialty.
31
32

33 **Article XII. Amendments**

34
35 Amendments to the Policies and Procedures of the AOBEM may be adopted for submission to the
36 BOS for approval by a two-thirds (2/3) vote of the total membership of the Board at any meeting.

37 **Appendix A**

38
39 **Osteopathic Continuous Certification (OCC)**

40
41 Section 1. Continuous Certification

42 Effective January 1, 2004, the AOBEM recertification process was changed to a continuous process
43 rather than episodic. Osteopathic Continuous Certification (OCC) is meant to assist physicians in
44 remaining current with standards of practice in the specialty of emergency medicine. Entry into OCC
45 begins immediately upon achievement of initial certification in emergency medicine through the

1 ABOEM. As noted below, except for physicians who hold lifetime certification, the OCC program is
2 applicable to currently certified and currently recertified physicians.

3
4 Section 2. Non-time-limited certificates

5 It should be noted that physicians currently holding non-time-limited certificates from the
6 AOA/AOBEM will not have that status changed. However, physicians holding non-time-limited
7 certificates may voluntarily enter into the OCC process.

8
9 Section 3. Components of OCC

10
11 A. Component 1: Professional Status/Licensure. Diplomates must maintain an active license to
12 practice medicine in the states or territory in which they practice, or in any one state if in
13 active military practice. Refer to Article IX, Section 1B, of the *Policies And Procedures of*
14 *the BOS*.

15
16 B. Component 2: Lifelong Learning. Ten (10) Continuous Osteopathic Learning Assessment
17 (COLA) modules are available over a ten-year period. Diplomates should refer to the
18 AOBEM website for information regarding the COLA requirement for their expiration year:
19 <https://certification.osteopathic.org/emergency-medicine/occ-overview/component-2/>.

20
21 Content of COLA is based upon the AOBEM'S table of specifications for the
22 certification/OCC examinations. This document is available from the AOBEM or the
23 AOBEM website at <https://certification.osteopathic.org/emergency-medicine/>.

24
25 Each year, a module will be offered that will contain components of core content categories.
26 Further notification from the AOBEM of references and areas of study suitable for each
27 COLA module will be provided.

28
29 C. Component 3: Cognitive Assessment or CORE. The entire table of specifications and its core
30 content are covered in the cognitive assessment examination. Diplomates holding AOBEM
31 certificates that expired during or before 2019 must take the cognitive assessment
32 examination. This examination is computer based. Diplomates holding a certification
33 expiring in 2020 or beyond may enter into the CORE examination process as outlined on the
34 AOBEM website: <https://certification.osteopathic.org/emergency-medicine/home/occ-core/>.

35
36 D. Component 4: Practice Performance Assessment and Improvement.

- 37
38 1. Practice Performance Component. The goal of the Practice Performance Component
39 is to assess the quality of care the diplomate provides and compare it to their peers
40 and national benchmarks. The practice performance will be required to be completed
41 by those recertifying in 2013 and beyond. The candidate attempts to improve their
42 care by applying the best evidence or consensus recommendations. This process
43 must be completed twice (once in years 1-5, once in years 6-10) in each OCC cycle.
44 Further information is available on the AOBEM website.
45 <https://certification.osteopathic.org/emergency-medicine/occ-overview/component-4/>

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2
3 Section 4. OCC Pathway For Non-Time-Limited Certified Physicians
4 Diplomates who hold non-time-limited certificates in emergency medicine may voluntarily recertify
5 at any time. These physicians may enter the process by taking CORE. All diplomates, after
6 successfully completing CORE would then be required to fulfill the requirements of OCC by
7 participation in all OCC steps from that time forward. This pathway will remain a voluntary process
8 to these diplomates. A diplomate’s original non-time-limited certificate will not be revoked by the
9 AOA/AOBEM if at any time the diplomate should choose to discontinue the OCC process. They
10 will not, however, be given documentation of OCC certification unless they successfully participate
11 in the entire process.

12
13 Section 5. Notification of Deadlines
14 Deadlines are posted on the AOBEM website. All diplomates are responsible for submission of
15 completed applications and necessary documents by the deadline.

16
17 Section 6. Recertification Application Requirements
18 Candidates must submit the required application, fees, release form and supporting documents as
19 required by the Board within established deadlines as determined by the Board.
20
21