



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.
- D. Completion of 100 credits of Emergency Medicine continuing medical education (CME), 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 A. The minimum requirements for AOA board certification outlined in Article IX of the *Policies and*
13 *Procedures of the BOS*.
- 14
15 B. Two (2) years of AOA-approved training in emergency medicine following one (1) year of
16 internship, provided the residency training was initiated prior to July 1, 1989. Candidates
17 initiating residency training on or after July 1, 1989 must have satisfactorily completed three (3)
18 years of approved AOA training in emergency medicine after the required one (1) year of
19 internship or 4 years of AOA approved emergency medicine residency training.

20 21 Section 2. Subspecialty Certifications

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

- 25
26 A. Current AOBEM primary certification that is active and in good standing.
- 27
28 B. Successful completion of accredited fellowship training in the subspecialty, as evidenced by a
29 copy of graduation certificate and a letter of recommendation from the program director,
30 completed within six (6) years of the date of application for certification.
- 31
32 C. Current Subspecialties Recognized
- 33
34 1. Medical Toxicology
- 35 2. Emergency Medical Services
- 36 3. Sports Medicine
- 37 4. Hospice and Palliative Medicine
- 38 5. Internal Medicine – Critical Care Medicine
- 39 6. Surgical – Critical Care Medicine
- 40 7. Undersea and Hyperbaric Medicine

41 42 Section 3. Practice Requirements

43 Applicants must continue the practice of emergency medicine while completing the certification
44 examination process. Applicants having successfully completed an accredited emergency medicine
45 residency program will be eligible to complete the certification examination after evidence of active

1 practice in emergency medicine or subspecialty training which directly relates to the practice of
2 emergency medicine, upon approval by the Board. (B-1/95;B-02/00)

3
4 Section 4. Dual Specialty Programs

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

8
9 Section 5. Additional Certification Requirements

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

16 **Article V. Examination**

17
18 Section 1. General Examination Information

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

25
26 Section 2. Examinations

- 27 A. Computer Based Testing
28 B. Oral Examination
29 C. Clinical Examination

30
31 Section 3 Examination Opportunities

32 The AOBEM Policy and Procedure for re-examination is found in Article VII of this document.
33

34 Section 4. Examination Fees and Other Required Documentation

- 35
36 A. Computer Based-Testing and Application Fee: Application and Computer Based Testing fees
37 shall be determined by the board and are due with the application for certification and
38 examination. The completed application, all supporting documentation and the examination fee
39 must be submitted by the deadline. Failure to submit any of the required paperwork by the
40 required deadline will prevent the processing of the application and hence, prevent the candidate
41 from sitting for the examination. An invalid fee submission will, likewise, prevent the candidate
42 from sitting for the examination.
43
44 B. Oral Examination Fee: The fee for the oral exam shall be determined by the board and payable
45 by the application deadline. The completed application, all supporting documentation and the
46 examination fee must be submitted by the deadline. Failure to submit any of the required

1 paperwork by the required deadline will prevent the processing of the application and hence,
2 prevent the candidate from sitting for the examination. An invalid fee submission will, likewise,
3 prevent the candidate from sitting for the examination.
4

5 C. Clinical Examination Fee: The fee for the clinical examination shall be determined by the Board
6 and shall be submitted with the requested information for review by the Board by the
7 application deadline. The completed application, all supporting documentation and the
8 examination fee must be submitted by the deadline. Failure to submit any of the required
9 paperwork by the required deadline will prevent the processing of the application and hence,
10 prevent the candidate from sitting for the examination. An invalid fee submission will, likewise,
11 prevent the candidate from sitting for the examination.
12

13 D. Cancellation Policy: Candidates should refer to the AOBEM website for detailed information
14 regarding the AOBEM cancellation policy.
15
16

17 Article VI. Rules for the Conduct of Examinations

18 19 Section 1. Written Examination (Computer Based Testing) 20

21
22 A. Content: The content of the computer based examination is to include emergency medicine as it
23 pertains to the following disciplines:

- 24 1.0 Abdominal and Gastrointestinal Disorders
- 25 2.0 Cardiovascular Disorders
- 26 3.0 Cutaneous Disorders
- 27 4.0 Endocrine, Metabolic, and Nutritional Disorders
- 28 5.0 Environmental Disorders
- 29 6.0 Head, Ear, Eye, Nose, Throat Disorders
- 30 7.0 Hematologic Disorders/Immune System Disorders
- 31 8.0 Systemic Infectious Disorders
- 32 9.0 Musculoskeletal Disorders (Non-traumatic)
- 33 10.0 Nervous System Disorders
- 34 11.0 Obstetrics and Disorders of Pregnancy/Gynecology
- 35 12.0 Pediatric Disorders
- 36 13.0 Psycho-behavioral Disorders
- 37 14.0 Renal Disorders/Urogenital Disorders
- 38 15.0 Thoracic-Respiratory Disorders
- 39 16.0 Toxicologic Disorders/Clinical Pharmacology
- 40 17.0 Traumatic Disorders
- 41 18.0 Administrative Aspects of Emergency Medicine/EMS
- 42 19.0 Disaster Medicine
- 43 20.0 Procedures/Skills
- 44

45 B. Format of the written examination: The written examination shall be administered as a
46 computer-based test. The computer-based test shall be administered in its entirety during a set

1 testing window at various computerized testing centers located throughout the country. The
2 examination will reflect clinical and practical aspects of the core content areas.

- 3
4 C. Any irregularity noted before, during, or following the administration of the computer-based
5 exam (Part I), and directly related to the examination; shall be reported to the AOBEM **within**
6 **24 hours** for appropriate action.

7
8 Section 2. Oral Examination

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

- 11
12 A. Content: The purpose of the oral examination is to evaluate the candidate’s clinical ability and
13 skill in diagnosing and treating emergency medicine cases in a timely manner. The evaluation
14 includes the candidate’s ability to interpret diagnostic studies, recognize disease presentations,
15 describe emergency procedures, and the interpersonal skills necessary to be an effective
16 practitioner.
17
18 B. Format of the Oral Examination: The format of the oral examination will be clinical
19 presentations, either involving specific data related to emergency medicine cases, or in simulated
20 patient encounter stations involving emergency medicine cases. Candidates will be evaluated
21 regarding their ability to use osteopathic concepts in clinical situations. Additionally, the
22 candidate’s ability to recognize visual representations of various clinical presentations will be
23 tested.
24
25 C. AOBEM Video Recording Policy: The AOBEM shall arrange for the oral examination stations
26 for Part II of the primary certification examination to be recorded (video and audio). Only video
27 from the time the examinee enters the room and until they leave is permitted to be viewed
28 and/or retained. The recordings are to be used solely for purposes of quality assurance. This
29 quality assurance process guards against unfair grading and unprofessional behavior. The quality
30 assurance function may include (without limitation) the following: examiner evaluation, assessing
31 consistency across multiple examiners, examiner training, or investigation of allegations of
32 unprofessional behavior by examiners or examinees. Recordings will be reviewed within twenty-
33 four (24) hours of any examination (if they are reviewed at all). All videos not in review shall be
34 erased within forty-eight (48) hours of the examination by designated personnel.

35
36 In matters where an examinee files an appeal within 24 hours of the oral examination, the
37 examinee’s recordings may be saved until the appeal is resolved. The only persons authorized to
38 review recordings are AOA officials/officers, BOT members, BOS members when requested
39 for an appeal, and AOBEM members/ representatives. Video recordings shall be stored at
40 AOBEM offices or at designated equipment storage sites.

41
42 Certification candidates shall be given the option of taking the examination without recording.
43 In the event an examinee does not wish to be video recorded, they must declare this thirty (30)
44 days or more prior to the examination. In these cases, all stations will have two examiners who
45 will both grade the examinee and sign the grading sheet. Due to the nature of the examination
46 process and numbers of examiners and examinees, this may require the examination to occur

1 after the end of the regular testing session and/or day. Examinees declaring their desire to not
2 be video recorded less than 30 days in advance will be rescheduled for the next exam cycle.

3 Section 3. Clinical or Practical Examination

4 This examination is not part of the initial certification process for those candidates who submitted their
5 first application for entry into the certification process after September 01, 2013. Eligible candidates for
6 the clinical examination shall be notified by the Board to submit appropriate documents and
7 information to the Board for its review by the specified deadline. The purpose of this examination is to
8 evaluate the candidate's competence in rendering care in the emergency department setting.
9

10 A. Content: Upon notification of the Board, candidates will submit the following documents and
11 information:

- 12
- 13 1. Twenty (20) charts, covering a minimum of five (5) dates within the past year, of patients
14 treated by the candidate reflecting emergency care intervention as specified by the board.
 - 15
 - 16 2. Copies of emergency department physician's schedules for the previous six (6) months for
17 the emergency department(s) tended by the candidate, with a breakdown for specification of
18 the candidate's clinical practice time.
 - 19
 - 20 3. Copy of the candidate's current AOA continuing medical education (CME) printout report
21 verifying candidate's compliance with required emergency medicine hours. An average of 50
22 hours of continuing medical education is required (150 hours per 3 year cycle). No more
23 than 30% may be from home study and no more than 40% may be from preceptor ship.
 - 24
 - 25 4. Copy of the candidate's valid unrestricted license to practice in the state or territory where
26 his/her practice is conducted.
 - 27
 - 28 5. The applicant must show satisfactory competence in clinical practice of emergency medicine
29 satisfied by a letter to the board from the candidate's medical staff office verifying current
30 privileges and good standing at the candidate's institution(s) in emergency medicine.
31

32 B. Format of the Clinical Examination: The information requested by the Board will be reviewed
33 by a Board-designated examiner, and a recommendation provided to the Board addressing the
34 proficiency of the candidate, as documented in materials reviewed.
35

36 C. The board reserves the right to verify a candidate's clinical competence by performing an on-site
37 clinical examination in the candidate's emergency facility.
38

39 Section 4. Cognitive Assessment

- A. 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 at various computerized testing centers located throughout the country. The examination will reflect clinical and practical aspects of the core content areas.
- B. An exam construction committee member may not participate in the written cognitive assessment for a minimum of two years after participation in the exam construction.

Section 5. Notification of Results of Examinations

The Secretary of the Board shall, within ninety (90) days of the final action of the AOBEM, notify the 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. Certificates

Section 1. Process

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

Section 2. Certificate Dates – Primary Certification

The date carried by primary certification certificates shall correspond with the date on which successful completion of all Board requirements is confirmed by the Board. All primary certifications issued after

1 2001 shall be time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year
2 following issuance of the certificate. Non-time-limited certificates issued prior to this date without a
3 time limit, will remain in effect.
4

5 Section 3. Certificate Dates –Subspecialty Certifications

6 The date carried by subspecialty certificates shall correspond with the date on which successful
7 completion of all Board requirements is confirmed by the Board. All subspecialty certificates issued after
8 2000 shall be time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year
9 following issuance of the certificate. Lifetime certificates which were issued prior to this date without a
10 time limit will remain in effect.
11

12 Section 4. Certificate Dates – Recertification Certificates

13 The date carried by recertification certificates shall correspond with the date on which successful
14 completion of all Board requirements is confirmed by the Board. All recertification certificates shall be
15 time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year following
16 issuance of the certificate.
17

18 Section 5. - Inactivation, Revocation, Reinstatement, and Reactivation

19 The AOBEM will follow the procedures regarding certificate inactivation, revocation, reinstatement and
20 reactivation in accordance with Article XI of the *Policies and Procedures of the BOS*.
21
22

23 **Article IX. Appeals**
24

25 Section 1. Right of Appeal

26 If a candidate feels that the actions of the AOBEM, with regard to any part of the examination,
27 constitute unequal application of the policies and procedures or standards, unwarranted discrimination,
28 prejudice, unfairness or improper conduct of the examination, the candidate has the right to appeal to
29 the AOBEM.
30

31 Section 2. Appeal Timeframe

32 Any irregularity noted before, during, or following the administration of the computer based and/or oral
33 examination and directly related to the examination, shall be reported to the AOBEM **within 24 hours**
34 for appropriate action.
35

36 Section 3. Levels of Appeal

37 If the candidate is not satisfied with the results of an appeal before this Specialty Certifying Board, the
38 candidate has the right to further appeal to the BOS and the AOA Board of Trustees.
39

40 Section 4. Limitation

41 Appeals disputing the content of any written or oral exam are not permitted and will not be accepted.
42

43 Section 5. AOBEM Appeals Policy

44 The American Osteopathic Board of Emergency Medicine is committed to assuring that aggrieved
45 candidates for certification have access to an appeal process to address concerns regarding all
46 certification and recertification examinations and other decisions of the AOBEM. In accordance with

1 the policies of the American Osteopathic Association (AOA), candidates for certification may appeal
2 decisions of the AOBEM to the AOA Bureau of Osteopathic Specialists (BOS). Thereafter, where
3 necessary, candidates may appeal the decision of the BOS to the Board of Trustees. Before pursuing an
4 appeal with the AOA, candidates for certification from the AOBEM shall first appeal decisions related
5 to any examination to the AOBEM as set forth in the following policy.

6
7 I. Scope of Appeal

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

11
12 B. Non-Appealable Issues. The AOBEM will not consider appeals based on examination content,
13 sufficiency or accuracy of answers given to examination questions, scoring of the examination,
14 scoring of answers to individual questions, and/or the determination of the minimum passing
15 score.

16
17 II. Procedure for Appeal

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

24
25 B. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered by
26 AOBEM.

27
28 C. Decision to Deny Appeal. If the initial appeal is denied by the AOBEM, the candidate shall have
29 the right to appeal to the AOA. Candidates interested in appealing the AOA should contact the
30 Bureau of Osteopathic Specialists Secretary, at 142 East Ontario Street, Chicago, IL 60611.

31
32
33 **Article X. Compliance with Federal and State Regulations**

34
35 The AOBEM complies with all applicable federal and state regulations.

36
37 Section 1. Compliance with Americans with Disabilities Act (ADA)

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

45
46 Section 2. Compliance with the Health Insurance Portability and Accountability Act (HIPAA)

- 1
- 2
- 3 A. In compliance with the HIPAA Act of 1996, and any subsequent modifications to the Act, the
- 4 AOBEM will assure that individuals' health information is properly protected, while allowing the
- 5 flow of health information to provide and promote high quality of health care and well being.
- 6
- 7 B. All medical records submitted for review by candidates for certification in osteopathic
- 8 emergency medicine will be de-identified by the candidate prior to submission, such that the
- 9 remaining information cannot be used to identify an individual patient.

10

11 **Article XI. Inquiries Regarding Status of a Physician**

12

13 The AOBEM will process inquiries regarding a physician's application and certification status as

14 outlined in Article XIII, Section 13, of the *Policies and Procedures of the BOS*.

15

16

17 **Article XII. AOBEM CME Requirement**

18

19 The requirement for the 2019-2021 CME cycle is 150 credits. In the past, AOA specialty certifying

20 boards have required specialty-specific CME. AOA specialty certifying boards will not require

21 diplomates to obtain specialty-specific CME during the 2019-2021 CME cycle. For the 2019-2021 CME

22 cycle, all non-time-limited diplomates will be required to complete 120 total CME regardless of specialty.

23

24

25 **Article XIV. Amendments**

26

27 Amendments to the Policies and Procedures of the AOBEM may be adopted for submission to the

28 BOS for approval by a two-thirds (2/3) vote of the total membership of the Board at any meeting.

29

30

31

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 non-time-limited certificates, 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 as listed below. Further notification from the AOBEM of references and areas of study suitable for each COLA module will be provided.

1
2 Modules are listed below by core content area in a repeating eight year cycle:
3

Year COLA	Core Content Areas Covered
2016	Procedures & skills integral to the practice of emergency medicine; environmental disorders
2017	Cardiovascular disorders; hematologic disorders
2018	Abdominal and gastrointestinal disorders; obstetrics and disorders of pregnancy; administrative aspects of EM; EMS / disaster medicine
2019	HEENT disorders; endocrine, metabolic, and nutritional disorders; renal and urogenital disorders
2020	Thoracic / respiratory disorders; immune system disorders; musculoskeletal (non-traumatic) disorders
2021	nervous system disorders; toxicologic disorders
2022	traumatic disorders; cutaneous disorders
2023	Psycho-behavioral disorders; systemic infectious disease; pediatric disorders; clinical pharmacology

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

10
11 D. Component 4: Practice Performance Assessment and Improvement.

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

21
22
23 Section 4. OCC Pathway For Non-Time-Limited Certified Physicians

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

1 OCC process. They will not, however, be given documentation of OCC certification unless they
2 successfully participate in the entire process.

3 Section 5. Notification of Deadlines

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

6

7 Section 6. Recertification Application Requirements

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

10

11

12