

American Osteopathic Board of Internal Medicine

**Regulations, Requirements
and Procedures**

September 2017



**American Osteopathic Board of Internal Medicine
142 E. Ontario Street
Chicago, Illinois 60611**

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I. OVERVIEW OF THE BOARD

A. Name and History of the Board

The name of this organization is the American Osteopathic Board of Internal Medicine (AOBIM), hereafter referred to as the Board. The Board was established in 1942, upon approval by the Board of Trustees of the American Osteopathic Association (AOA). All Regulations and Requirements within this document have been approved by the American Osteopathic Association. This Board is a non-profit affiliate of the American Osteopathic Association and reports to the AOA Bureau of Osteopathic Specialists. The members of the Board are appointed for three-year terms by the AOA Board of Trustees. The Board members are nominated by the AOBIM after approval by the Board of Directors of the American College of Osteopathic Internists to the AOA Bureau of Osteopathic Specialists.

B. General Policies and Procedures

This document supersedes all previous publications of the Board concerning Regulations, Requirements and Procedures. When an applicant applies to this Board for the first time for a particular examination they must meet the requirements that are in effect when application is made regardless of when training was undertaken.

All candidates are admitted to examinations at the discretion of the Board. The Board reserves the right to cancel and reschedule examinations under unusual circumstances. The Board reserves the right to delete questions or portions of the examination.

The Board does not offer or endorse any specific publications or courses to prepare for any of its examinations.

The Board reserves the right to make changes in its fees and procedures at any time. It cannot assume responsibility for giving advance notice thereof.

The **provisions of this publication are not to be construed as a contract** between any candidate and the American Osteopathic Board of Internal Medicine.

C. Purposes of the Board

The purposes of this Board are to define the qualifications to be required of osteopathic physicians for certification and Osteopathic Continuous Certification in the field of internal medicine and of any other specialty field that may be assigned to this Board; determine the qualifications of osteopathic physicians as specialists for certification in the field of internal medicine and of any other specialty field that may be assigned to it; conduct examinations in conformity with the Policies and Procedures of this Board; issue certificates, subject to the recommendations of the Bureau of Osteopathic Specialists and to the approval of the Board of Trustees of the AOA, to those physicians who are found qualified; recommend revocation of certificates for cause; and use every means possible to maintain a high standard of practice in this specialty within the osteopathic profession. The actions of the Board are subject to the recommendations of the Bureau of Osteopathic Specialists and to the approval of the AOA Board of Trustees.

D. Duties of the Board

The duties of the Board include but are not limited to the following: Serve as an advisory body to all applicants for certification and OCC in the specialty of internal medicine and any subspecialty which may be assigned to its jurisdiction; determine the appropriate standards of education and the training held necessary for certification in the specialty of internal medicine and of any other subspecialty which may be assigned to its jurisdiction, subject to the recommendation of the Bureau and to the approval of the AOA Board of Trustees; establish detailed rules for conducting all examinations; file with the Bureau of Osteopathic Specialists, recommendations concerning each applicant for certification and OCC; provide and issue certificates in all fields assigned to this Board's jurisdiction; and levy and collect from applicants the funds necessary to finance the operation of this Board.

E. Meaning of Certification and Osteopathic Continuous Certification (Recertification)

The certification and Osteopathic Continuous Certification (OCC) program in Internal Medicine and of any other subspecialty is designed to recognize excellence among those individuals who provide care in the discipline of internal medicine. Certification by the Board is not a requirement to practice internal medicine. The Board does not intend either to interfere with or restrict professional activities of a licensed physician because the physician is not certified or not participating in OCC in a particular specialty or subspecialty of internal medicine.

F. Areas of Certification and Osteopathic Continuous Certification Offered

1. Specialty of Internal Medicine

The Board awards a Diplomate certificate in the specialty of internal medicine to physicians who have satisfactorily completed the requirements for certification and have passed the necessary certifying examination administered by this Board.

2. Subspecialties of Internal Medicine

Physicians who have been awarded a Diplomate certificate in internal medicine may seek certification in a subspecialty of internal medicine if they have completed the necessary requirements for a particular subspecialty area of internal medicine. In order to become certified in the subspecialty area, the Diplomate must pass the necessary examination administered by this Board. The Board offers examinations in the following subspecialties:

- Allergy/Immunology (Administered in conjunction with the AOB of Pediatrics)
- Cardiology
- Endocrinology
- Gastroenterology
- Hematology
- Infectious Disease
- Nephrology
- Oncology
- Pulmonary Diseases
- Rheumatology

3. Subspecialties previously termed Certificates of Added Qualifications

Diplomates in internal medicine and/or the subspecialties may seek subspecialty certification by meeting the requirements established by this Board and passing the necessary examination. Certificates of subspecialty are offered in the fields of:

Addiction Medicine (conjoint examination)
Correctional Medicine (conjoint examination)
Clinical Cardiac Electrophysiology
Critical Care Medicine
Geriatric Medicine
Hospice and Palliative Medicine (conjoint examination)
Interventional Cardiology
Pain Medicine (conjoint examination)
Sleep Medicine (conjoint examination)
Sports Medicine (conjoint examination)
Undersea and Hyperbaric Medicine (conjoint examination)

4. Osteopathic Continuous Certification (Recertification)

The Osteopathic Continuous Certification (OCC) program in Internal Medicine was instituted January 1, 2013 and replaces the previous program in Recertification. OCC is voluntary for all Diplomates who hold a certification certificate dated prior to January 1, 1993. All certificates issued by this Board after December 31, 1992, are time-limited to ten (10) years and OCC is required within the ten-year period in order to maintain a valid certificate. OCC in the subspecialties of internal medicine was initiated January 1, 2013. Current information on OCC can be found on this website and additional information can be found at www.osteopathic.org.

G. Board Eligibility

Board Eligibility is defined as that status granted candidates who: Have documented the satisfactory completion of an AOA-approved training program in internal medicine or its subspecialties; have met all the requirements as established by this Board; have applied to and have been accepted to sit for the certifying examination; and are and remain members in good standing of the AOA. To be registered as Board Eligible the candidate must complete the application process and be accepted for examination in the corresponding specialty or subspecialty.

A candidate who has applied for Board eligibility in internal medicine or its subspecialties and who meets all AOA and Board requirements shall be considered and listed as Board Eligible. Board eligibility shall be valid for the year of which the candidate has been accepted to sit for the certifying examination. Board eligibility will terminate on February 1st of the year following the Internal Medicine certifying examination and April 1 for the Subspecialty examinations unless the candidate reapplies.

A candidate may lose Board Eligibility status by failure to reapply for examination if examination failure occurs or failure to maintain AOA membership. For those candidates entering the examination process prior to July 1, 2009, there is no limit to the number of times a candidate may apply for reexamination and Board eligibility. The initial application for examination is valid

for a maximum of five years from the date of completion of the training requirements. For those applicants entering the examination process after July 1, 2009, Board Eligibility status will be limited to six years. When the six year Board Eligibility period expires candidates may petition the Board to extend eligibility for an additional two years.

Once final Board Eligibility status has been terminated a candidate may reapply for Board eligibility according to the Regulations and Requirements in Section H below.

H. Reentry into the Certification Process and Reestablishing Board Eligibility

Prior to July 1, 2009, for those entering the examination process five years after completion of the training requirement for examination, a candidate who has lost examination eligibility and who wishes to re-enter the certification process must submit a new application for examination and pay the examination fee. Candidates may reapply for examination each time their period of eligibility expires, as long as they sit for the examination at least once every three years. If a candidate withdraws from an examination, a withdrawal fee will be applied.

For those entering the examination process after July 1, 2009, candidates may petition the Board to extend eligibility two additional years once the six-year limit has expired.

Each candidate's application must contain the following requirements in order to reestablish Board Eligibility status:

Active licensure in all states in which an applicant holds a license;

Verification of satisfactory clinical competence by the applicant's local medical authorities;

Continuous AOA membership during the 12 month period of time prior to re-establishing Board Eligibility;

Maintain conformity to the standards set in the Code of Ethics of the AOA.

II. REQUIREMENTS FOR CERTIFICATION IN INTERNAL MEDICINE

A. Prerequisites

To be eligible to receive certification from the AOA through this Board the applicant must meet all of the following minimum requirements:

Be a graduate of an AOA-accredited college of osteopathic medicine.

Applicants who have been out of formal training one or more years must have an active license to practice in the state or territory where his/her practice is conducted.

Be a member in good standing of the AOA at the time of application and also at the time of examination and when certification becomes approved.

Be able to show evidence of conformity to the standards set in the Code of Ethics of the AOA if requested.

Demonstrate clinical competence in the practice of internal medicine documented by the candidate's program director in internal medicine by means of the Program Director's Report form.

Have satisfactorily completed one of the following AOA-approved postdoctoral training programs:

1. 12 months of a non-medicine track internship followed by 36 months of an internal medicine residency (not necessarily running 36 consecutive months). Candidates may receive advanced standing credit for training in the internship which has been granted by the ACOI, which may be applied towards the 36 months of internal medicine residency requirement.
2. 12 months of a medicine track internship followed by 24 months of an internal medicine residency or 36 months of an internal medicine residency.
3. 12 months of an AOA approved internship followed by 48 months of a combined emergency medicine/internal medicine residency training program. The residency training must contain 24 months of emergency medicine and 24 months of internal medicine and meet the basic requirements for training as approved by the AOA.
4. 12 months of an AOA approved internship followed by 48 months of a combined internal medicine/pediatrics residency training program. The residency training must contain a minimum of 24 months of internal medicine training and 18 months of pediatrics training and meet the basic requirements for training as approved by the AOA; or 12 months of an internal medicine/pediatrics track internship followed by 36 months of an AOA approved combined internal medicine/pediatric residency program.

B. The Certifying Examination in Internal Medicine

The Certifying Examination in Internal Medicine is a one-day computer-based multiple-choice examination of the "one best answer" type which is planned to evaluate an understanding of the scientific basis of the problems involved in the specialty of internal medicine, familiarity with the current advances in the specialty, the possession of sound judgment, and of a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of the specialty. Questions are designed to evaluate the candidate's ability to practice in inpatient, ambulatory, and critical care settings. The examination is designed to assure that the candidate has mastered the essential skills required for the practice of internal medicine, both as a primary care physician and as a consultant.

The Certifying Examination is administered annually at more than 200 sites nationwide. The next Certifying Examination in Internal Medicine is published on the website under AOBIM Information. Candidates are informed of the results of the examination within 12 weeks of its administration. Those who pass the examination are certified as Diplomates in the specialty of internal medicine and awarded a certificate indicating the duration of its validity.

III. REQUIREMENTS FOR CERTIFICATION IN A SUBSPECIALTY OF INTERNAL MEDICINE

A. Prerequisites

To be eligible to receive certification in a subspecialty from the AOA through this Board the

applicant must meet all of the following minimum requirements:

Be a Diplomate of the Board in internal medicine.

Have completed two (2) years of AOA-approved subspecialty training in the subspecialty area examined. Dual certification in hematology and medical oncology requires three (3) years of AOA-approved subspecialty training of which a minimum of 12 months of training must be in hematology and 12 months in oncology. Candidates will be eligible to be examined and become certified in hematology or oncology after completion of two years of training in a combined hematology/oncology subspecialty program. Applicants applying for the cardiology and gastroenterology subspecialty examinations must complete three (3) years of AOA-approved subspecialty training in the corresponding subspecialty. Candidates with two (2) years of subspecialty training will be eligible for examination if the training is completed prior to September 1, 1993 in cardiology and prior to September 1, 2002 in gastroenterology.

Must have an active license to practice in the state where his/her practice is conducted.

Be a member in good standing of the AOA for a continuous period of at least 12 months immediately prior to the date of certification.

Be able to show evidence of conformity to the standards set in the Code of Ethics of the AOA if requested.

Demonstrate clinical competence in the practice of the subspecialty documented by the program director in the subspecialty training program by means of the Program Director's Report form.

B. Subspecialty Examinations

Subspecialty examinations are a one-day computer-based examination of the multiple choice "one best answer" type and matching items. The general subject areas (blueprint) covered by a specific subspecialty examination are provided on the AOBIM website under Subspecialty Certification. Subspecialty examinations are offered on a yearly or alternate year basis, during the month of August at Prometric examination sites nationwide. The dates of the subspecialty examinations are published on the website under AOBIM Information. Candidates will be informed of the results of the examination within 12 weeks of administration. Those who pass a subspecialty examination are certified as Diplomates in the particular subspecialty and are awarded a certificate indicating the duration of its validity.

IV. REQUIREMENTS FOR CERTIFICATION IN THE SUBSPECIALTIES PREVIOUSLY TERMED ADDED QUALIFICATIONS

The Board offers examinations for subspecialty to Diplomates with additional training and/or experience in Clinical Cardiac Electrophysiology, Critical Care Medicine, Geriatric Medicine and Interventional Cardiology. Conjoint examinations in conjunction with other AOA certification Boards are offered in Addiction Medicine, Correctional Medicine, Hospice and Palliative Medicine, Pain Medicine, Sleep Medicine and Undersea and Hyperbaric Medicine.

A. Critical Care Medicine

To be eligible to be examined in this subspecialty field an applicant must meet the following minimum requirements:

The applicant must be a Diplomate of the Board in the specialty or subspecialty establishing their eligibility for critical care medicine examination as described below;

Must have satisfactorily completed one of the following combinations of AOA-approved training:

Four (4) years of training in combined emergency medicine/internal medicine or three (3) years of training in Cardiology or two (2) years of training in Pulmonary Diseases, Infectious Disease, or Nephrology followed by one (1) year of training in Critical Care Medicine; or three (3) years of a combined program in Pulmonary Diseases/Critical Care Medicine, Infectious Disease/Critical Care Medicine or Nephrology/Critical Care Medicine; or two (2) years of training in Critical Care Medicine. Candidates will be eligible for examination and become certified in the subspecialty after completion of the first two years of the combined program.

B. Geriatric Medicine

In order to be examined in this subspecialty field an applicant must meet the following minimum requirements:

The applicant must be a Diplomate of the Board.

Must have satisfactorily completed one of the following AOA-approved residency training tracks in geriatric medicine:

An academic track of two years of geriatric residency training which includes experience in clinical geriatrics across the healthcare continuum; or

A clinical track aimed at preparing geriatric clinicians requiring a minimum of one year of geriatric residency training which provides full-time experience in clinical geriatrics across the healthcare continuum.

C. Sports Medicine

To be eligible to be examined in this subspecialty field, an applicant must meet the following minimum requirements:

The applicant must be a Diplomate of the Board; and

Must have satisfactorily completed a 12-month AOA-approved training program in sports medicine.

D. Clinical Cardiac Electrophysiology

To be eligible to be examined in this subspecialty field, an applicant must meet the following

minimum requirements:

The applicant must be a Diplomate of the Board in Cardiology; and

Must have satisfactorily completed twelve (12) months of an AOA-approved training program in clinical cardiac electrophysiology.

E. Addiction Medicine

To be eligible to be examined in this subspecialty field, an applicant must meet the following minimum requirements:

The applicant must be a Diplomate of the board; and

Must have satisfactorily completed twelve (12) months of an AOA-approved training program in addiction medicine.

F. Interventional Cardiology

To be eligible to be examined in this subspecialty field, an applicant must meet the following requirements:

The applicant must be a Diplomate of the board in cardiology; and

Must have satisfactorily completed 12 months of an AOA-approved training program in interventional cardiology. This training must follow 36 months of training in cardiology and must occur in 1997 or later. During this training period the individual must have participated in a total case volume of a minimum of 300 cardiac interventional procedures and serve as the primary operator in a minimum of 200 of these cases.

G. Sleep Medicine

In order to be examined in this subspecialty field the candidate must meet the following minimum requirements:

The applicant must be a Diplomate of the board; and

Must have satisfactorily completed twelve (12) months of an AOA-approved training program in sleep medicine.

H. Hospice and Palliative Medicine

In order to be examined in this subspecialty field the candidate must meet the following minimum requirements:

The applicant must be a Diplomate of the board; and

Must have satisfactorily completed twelve (12) months of an AOA-approved training program in hospice and palliative medicine.

- I. **Correctional Medicine, Pain Medicine, and Undersea and Hyperbaric Medicine**
- II.

Please refer to the AOA website for information

V. COMBINED TRAINING LEADING TO CERTIFICATION BY TWO BOARDS

Candidates who satisfactorily complete an AOA-approved combined residency in either Emergency Medicine/Internal Medicine or Internal Medicine/Pediatrics will become eligible for certification by each Board.

Combined Emergency Medicine/Internal Medicine

To be eligible to receive certification from the AOA through this Board the applicant must meet all of the prerequisites listed under the section on internal medicine and in addition, satisfactorily complete the following AOA-approved postdoctoral training program:

Twelve (12) months of an AOA approved internship; and

Forty-eight (48) months of a combined EM/IM residency in which twenty-four (24) months are spent in each specialty.

The Board Eligibility period will follow the same regulations as described for the specialty of internal medicine.

Combined Internal Medicine/Pediatrics

To be eligible to receive certification from the AOA through this Board the applicant must meet all of the prerequisites listed under the section on internal medicine and in addition, satisfactorily complete the following AOA-approved postdoctoral training program:

Forty-eight (48) months of a combined Internal Medicine/Pediatrics residency in which a minimum of twenty four (24) months are spent in internal medicine and eighteen (18) months in pediatrics.

The Board Eligibility period will follow the same regulations as described for the specialty of internal medicine.

VI. OSTEOPATHIC CONTINUOUS CERTIFICATION PROCESS

The OCC program in internal medicine and its subspecialties is developed by the American Osteopathic Board of Internal Medicine for certified internists and subspecialists. The objectives of the program are to promote and verify academic and professional excellence over a Diplomate's lifetime of practice, to set standards of clinical competence for the practice of osteopathic internal medicine, and to improve the quality of patient care. Since the pool of candidates entering the OCC process are a select group who have previously demonstrated their scholarly excellence, it is anticipated that the design of the OCC program will assure that almost all of the Diplomates will be able to successfully revalidate their certificates. Certificates in internal medicine or a subspecialty issued prior to 1993 are not time-limited and therefore are valid for life. OCC is voluntary for Diplomates with lifetime certificates. Failure to pass the OCC secure

examination by Diplomates with lifetime certificates will have no effect on the Diplomate's existing certificate. Diplomates may apply for entry into the process of OCC at any time after initial certification or previous recertification. The only prerequisite is that the Diplomate must have been previously certified by the AOBIM in the area(s) in which they seek OCC and complete the required components of OCC based upon when their current certificate expires. The OCC program will allow Diplomates to complete OCC in several disciplines simultaneously, i.e., internal medicine, and subspecialty. OCC in the subspecialties listed in I.F.,2. do not require OCC in internal medicine, but OCC in Addiction Medicine, Correctional Medicine, Geriatric Medicine and Sports Medicine requires the Diplomate to possess a valid certificate in Internal Medicine. OCC in Critical Care Medicine, Hospice and Palliative Medicine, Pain Medicine, Sleep Medicine and Undersea and Hyperbaric Medicine requires OCC in the underlying discipline which established their initial eligibility for subspecialty certification. Certificates become invalid when the requirements for OCC are not met.

A. Requirements for OCC in Internal Medicine

Diplomates will need to complete the following requirements:

The applicant must have an active state medical licensure

The applicant must complete one-hundred and twenty (120) continuing medical education credits, fifty (50) credits must be specialty specific (CME) during the previous AOA CME cycle

The applicant must pass the OCC Cognitive Assessment at least once during the certification period. Diplomates may sit for the exam up to two years prior to the certification expiration date

Maintain current AOA membership

B. Requirements for OCC in Internal Medicine with a Focused Practice in Hospital Medicine

Diplomates will need to complete the following requirements:

The applicant must have an active state medical licensure

The applicant must have an ACLS certification.

The applicant must complete fifty (50) credits of specialty specific continuing medical education credits during all AOA CME cycles prior to the exam.

The applicant must have three (3) years of clinical practice in Hospital Medicine for a minimum of three (3) consecutive years prior to examination. Must demonstrate a minimum of 1000 in-patient encounters/year over the 3 years in general internal medicine or a total of 3000 encounters over the 3 year period. The encounters are limited to one encounter per patient per day. This must be verified by the Medical Director (or equivalent) of the hospital where the practice is maintained. If the diplomate is in an administrative hospital position they must have a minimum of 250 in-patient encounters/year over 3 consecutive years which must comprise 75% of the total clinical activity and at least 50% of the remaining non-clinical professional time must be involved in the improvement of the care of hospitalized

patients.

The applicant must pass the OCC Cognitive Assessment at least once during the certification period. Diplomates may sit for the exam up to two years prior to the certification expiration date

Maintain current AOA membership

C. OCC in a Subspecialty

Diplomates will need to complete the following requirements:

The applicant must have an active state medical licensure

The applicant must complete fifty (50) credits of specialty specific continuing medical education credits during all AOA CME cycles prior to the exam.

The applicant must pass the OCC Cognitive Assessment at least once during the certification period. Diplomates may sit for the exam up to two years prior to the certification expiration date

Maintain current AOA membership

D. Secure OCC Examination

The secure cognitive examination will be a computer-based one-day examination consisting of multiple-choice questions of the "one best answer" type. There will be a total of 150 items on the internal medicine computer-based examination and 100 or 150 items on the subspecialty examinations. The internal medicine examination will cover the broad aspects of internal medicine that practicing internists are expected to know. Most items will be constructed to be clinically relevant and germane to the actual practice of most diplomates. All areas of internal medicine will be covered as thoroughly as possible, i.e., allergic disorders, cardiovascular, endocrine disorders, electrolyte disorders, gastrointestinal, hematological, infectious diseases, neurological, oncological disorders, pulmonary diseases, renal diseases, dermatological manifestations of internal disease, clinical pharmacology, etc. Clinical situations involving diagnoses, cause, prognosis, and natural history of disease and treatment will be stressed in the above disorders. There will be clinically oriented questions with case history data included. In some of the clinical situations the candidate will be asked to interpret visual material such as physiological data, ECGs, urine sediments, peripheral smears, gastrointestinal imaging studies, chest radiographs, gram stains, dermatological lesions, and physical findings. The subtest distribution of items on the examinations will follow the blueprints published on the website for internal medicine and the corresponding subspecialties.

The OCC in Internal Medicine with a focused practice in hospital medicine examination will contain items common to the certification examination in Internal Medicine with additional content in the area of in-hospital medicine. A minimum of 25% of the examination will contain items relating to consultative co-management, patient safety, quality improvement, epidemiology, medical ethics, decision-making, systems based practice, and transitions to ambulatory medicine.

E. OCC in More Than One Area

For those individuals who are certified or previously recertified in a subspecialty, the opportunity will be given for simultaneous completion of OCC in multiple areas in which a Diplomate holds a certificate. The Diplomate who elects to complete the subspecialty components of OCC concurrently will complete the examinations on the same day and must complete all of the requirements listed above for each of the examinations. If a candidate is sitting for both internal medicine and subspecialty secure examination, the internal medicine examination will be offered on a different date than the subspecialty examination. If the candidate fails one examination but passes the other(s), the candidate will be required to sit for the entire examination that was failed at the next annual examination date. For all examinations, the AOBIM uses an absolute standard (which permits everyone to pass) for passing, and candidates must exceed a specific level of performance to obtain a passing score.

F. Reentry into the OCC Process

If a Diplomate allows their time-limited certificate to expire they may reenter the OCC process at any time thereafter. Once a certificate expires there is no time limit on reentering the OCC process. However during the period of time of the lapsed certification the Diplomate is listed as not certified until the OCC components are completed.

VII. PROCEDURES FOR APPLICATION

A. Responsibility of the Candidate

Although the Board publishes all application deadlines and examination schedules in various publications, it is the candidate's responsibility to be aware of all deadlines.

Candidates for all Certifying Examinations must have completed the required training by August 31 of the year of the scheduled examination for the Internal Medicine examination and by August 15 for all other examinations.

Candidates must submit an application for the examination through the online application system. Application deadlines and examination dates are published on a regular basis on www.aobim.org, in the American College of Osteopathic Internists' newsletter, the ACOI website (www.acoi.org), and the AOA website (www.osteopathic.org). Each year all internal medicine and subspecialty program directors for osteopathic programs are supplied with all examination and application deadlines.

B. Application Deadlines and Late Applications

1. Internal Medicine Certifying Examination

The completed application must be submitted online by June 1st of the year in which the applicant intends to appear for examination. All applications submitted between June 2nd and July 1st will be assessed a \$200 non-refundable late fee. No applications will be accepted after July 1st.

2. Subspecialty Examinations

All completed applications must be submitted online by June 1st of the year in which the applicant intends to appear for examination. All applications submitted between June 2nd and July 1st will be assessed a \$200 non-refundable late fee. No applications are accepted after July 1st.

3. Clinical Cardiac Electrophysiology, Critical Care Medicine, Geriatric Medicine, Interventional Cardiology and Sleep Medicine Examinations

All completed applications must be submitted online by June 1st of the year in which the applicant intends to appear for examination. All applications submitted between June 2nd and July 1st will be assessed a \$200 non-refundable late fee. No applications are accepted after July 1st.

4. Addiction Medicine, Correctional Medicine, Hospice and Palliative Medicine, Sleep Medicine, Pain Medicine, and Undersea and Hyperbaric Medicine.

Refer to the AOBIM or AOA website for deadlines, late application deadlines and fees for these examinations.

5. OCC Secure Cognitive Examinations

All completed applications must be submitted online by June 1st of the year in which the applicant intends to appear for examination. All applications submitted between June 2nd and July 1st will be assessed a \$100 non-refundable late fee.

C. Examination Fees

The fee for the Internal Medicine Certifying Examination is \$800. In order to be eligible to sit for the examination, the entire examination fee must be submitted with the application prior to June 1st. A \$200 non-refundable late fee is assessed for any application submitted between June 2nd and July 1st.

The subspecialty examination fee is \$800 and is due by June 1st. A \$200 non-refundable late fee is assessed for any application submitted between June 2nd and July 1st.

D. Examination Cancellations and Refunds

Cancellations for the Internal Medicine examinations must be submitted to the Board in writing, via email. The following cancellation fee will be assessed according to the below schedule:

Prior to June 1:	\$100
June 1 – July 1:	\$400
After July 1:	\$800

Late fees are non-refundable

Cancellations for the subspecialty examinations must be submitted to the Board in writing, via email. The following cancellation fee will be assessed according to the below schedule:

Prior to June 1:	\$100
June 1 - July 1:	\$400
After July 1:	\$800

Late fees are non-refundable

E. Rescoring of Examinations

On written request and payment of a fee of \$200 candidates may obtain a review of the computer scoring of the examination within one month of receiving the results. Candidates are not allowed to review specific items on the examination either before or after sitting for examination. The electronic examination data of candidates will be destroyed 24 months after administration of the examination.

F. Re-examination

Candidates who do not pass any certifying examination may apply for reexamination. The reexamination fee is identical to the examination fee.

VIII. TIME-LIMITED CERTIFICATES

A. Issuance

Certification certificates after receiving the approval of the Bureau of Osteopathic Specialists shall be issued by this Board. Each certificate shall be mailed by first class mail and addressed to the most recent address provided by the applicant. Candidates will be responsible for the cost of payment of a duplicate certificate which has been lost and not returned to the Board, in which the mailing address was not the current updated address of the applicant. It is the responsibility of the candidate to notify the Board office in writing of any change in address.

B. Time-limited Certification

Each certificate shall be numbered in sequence and registered by the secretary-treasurer of the Board. All certification certificates issued after 1992 will be valid for a period of ten (10) years from the date of issuance. The certificate will contain the year of issuance and the year of expiration. Certificates issued before 1993, with the exception of recertification certificates, will continue to be valid indefinitely. All previous recertification certificates and OCC certificates are time-limited for a period of ten (10) years from the date of issuance. In order for all time-limited certificates to remain valid the Diplomate must be registered for OCC and meet the requirements for OCC. If the OCC components are not maintained during the 10-year period certification becomes invalid but will be reinstated when the component requirements are met.

IX. MISCELLANEOUS POLICIES

A. Disclosure of Examination Results

Examination results are available online through the examination portal to each applicant. Under no circumstance will results be released by telephone, email or FAX. The Board will release group three and five year aggregate pass rate results to the Program Director of each training program and to the Council on Education and Evaluation of the American College of Osteopathic Internists. This information is provided in order to assist in the evaluation of the program's educational effectiveness. Individual results will only be released to the individual physician.

B. Irregular or Improper Behavior

All Board examination results are reviewed by Board members. Improper behavior, including but not limited to, giving or obtaining unauthorized information or aid, looking at the test material of others, taking notes, failing to comply with computer site staff instructions, talking or other disruptive behavior will be considered a possible subversion of the certification process. Candidates must not discuss the examination while the session is in progress. Candidates must not disclose the content of the examination to others or reproduce any portion of the examination in any manner including reconstruction through memorization, electronic means or dictation. Candidates will be asked to sign a statement of adherence to this policy on the application form and at the time of examination. All examinations of this Board are copyrighted and protected by Federal law. The above policies apply to all examination given by the AOBIM.

It is a Federal offense to copy or reproduce any portion of the certifying examinations. Irregular or improper behavior that is observed, that is made apparent by statistical analysis, or that is shown by other means, will constitute grounds for invalidation of the candidate's examination. Other sanctions, such as exclusion from future examinations for an indefinite period of time and informing licensing bodies or law enforcement agencies may be invoked at the Board's discretion.

C. Appeals

If a candidate feels that the actions of the Board with regard to any part of the examination constitute unequal application of the regulations and requirements or standards, unwarranted discrimination, prejudice, unfairness, or improper conduct of the examination, the applicant has the right to appeal to this Board.

An appeal to the Board must be in writing by the applicant stating the reasons for requesting an appeal. The request for appeal must be submitted within thirty (30) days of receipt of notification of examination results. If the candidate is not satisfied with the results of an appeal before this Board, the candidate has the right to further appeal to the Bureau of Osteopathic Specialists. If the candidate is not satisfied with the results of the appeal before the Bureau of Osteopathic Specialists, the candidate has the right to further appeal to the AOA Board of

Trustees. During any level of appeal the candidate or anyone representing the candidate will not be allowed to review any items on the examination.

During any level of appeal described above the candidate will not be allowed by this Board to review any previous examination items. Appeals cannot be made on the basis of examination content.

D. Revocation of Certificates

If a Diplomate with a non-time limited certificate no longer meets any one of the following requirements for maintaining certification status with the AOA, his/her certificate shall become inactive and removed from the certification register of the AOA:

Maintain membership in the AOA;

Pay the annual certification registration fee assessed by the AOA.

Maintain a minimum of 120 hours of approved and documented AOA CME credits within a three (3) year period of which at least 50 hours shall be in the primary specialty.

If a Diplomate with a time-limited certificate no longer meets the requirements for OCC their certificate becomes inactive until the requirements are subsequently met.

The Board may at its discretion revoke any certificate under the following circumstances:

The Diplomate was not in fact qualified to receive the certificate at the time it was issued, even if the certificate was issued as a result of a mistake on the part of the Board;

The Diplomate made any material misstatement of fact or admission of fact to the Board in connection with the Diplomate's application or otherwise; or the Diplomate's license to practice medicine has been revoked in any jurisdiction.

E. Candidates Requesting Special Accommodations

The Board will, when possible, offer the certifying examination in a place and manner that is accessible to individuals with disabilities and, when necessary, alternative accessible arrangements under comparable conditions to those provided for nondisabled individuals are offered to disabled individuals. Candidates who may need accommodation during the examination for a disability must provide a written request to the Board at the time of application for examination or prior to May 1st of the examination year. The candidate must provide details of accommodations previously provided by the NBOME or equivalent testing organization and related documentation in writing no later than five months prior to the date of the examination. An evaluation and assessment of the disability with a written report supplied to the Board by a credible body must have been completed within three years of the date of examination. For those requiring additional testing time, in no instance will more than double time be granted.

F. Policy Regarding Adverse Testing Conditions

The following policies apply in the event any adverse condition (e.g., unreasonable and

substantially distracting noise or other activity) occurs or is alleged to occur during the administration of any computer-based examination.

If a candidate believes that the testing conditions have or will substantially and adversely affect their performance on the examination, the candidate must immediately bring that circumstance to the attention of the test center staff. If the condition is not resolved to the satisfaction of the candidate at the test site, then the candidate may choose one of the two following options:

1. Continue examination. If the candidate elects to continue with the examination, the candidate will have been deemed to have accepted the conditions of the testing environment, and his or her examination will be scored and reported in the normal course and the candidate shall have no recourse against the AOBIM, its testing vendor or their employees, agents or representatives; or
2. Withdraw from examination. If the candidate chooses to withdraw from the examination prior to its completion then the examination shall be voided and not scored, and the following shall apply:
 - a. If the test center staff verifies to the AOBIM that the condition complained of did not exist or that it existed but did not or would not have substantially and adversely affected the candidate's performance on the examination, the candidate may not reschedule to take the examination until the next regularly scheduled examination, must pay a full examination fee, and may not elect to withdraw from any future AOBIM examination.
 - b. If the test center staff verifies to the AOBIM that the condition complained of did exist and that it did or would have substantially and adversely affected the candidate's performance of the examination, the candidate may reschedule the examination at the next regularly scheduled examination date and will not be assessed any additional fee. The examination to the extent completed will be voided and not reported.

If a candidate withdraws from the examination prior to completion of the examination because of any adverse testing condition, the candidate must provide to the AOBIM within ten days following the date of their withdrawal credible and verifiable written evidence of the adverse testing condition, in addition to immediately reporting such circumstance to the test center staff at the time of the examination. Failure to comply with this requirement, will result in the candidate waiving any objection to the testing conditions of the examination, and shall have no recourse against the AOBIM, its testing vendor or their employees, agents or representatives. Any and all findings and determinations of the AOBIM shall be final and conclusive.

X. INFORMATION AND INQUIRIES

All inquiries, requests for information, and correspondence of any manner that is directed to this Board must be addressed to:

American Osteopathic Board of Internal Medicine
142 E. Ontario Street
Chicago, IL 60611
or by e-mail to: aobim@osteopathic.org

**American Osteopathic Board
of Internal Medicine**

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