

$2022~\rm WAIVER-ADDENDUM\\ DISCLAIMER~\rm and~AGREEMENT~regarding~the~EXAMINATION~RESULTS$

I	(Printed Name) understand,
acknowledge, and	accept without exception, that the results of the May 2022 AOBP General
Pediatrics Exam	ination shall be made known to me until such time as I have completed
submission of all	required documentation (as deemed required by the AOBP and AOA in their
sole discretion) ar	nd so stated, item by item, in any and all forms of notification, including any
letters of deficience	cy. Furthermore, I acknowledge and agree that it is my responsibility to
maintain and give	notice to AOBP and AOA of changes in a specific physical mailing address
and phone numbe	r for delivery of such letters now, and in the future until having completed the
application proces	ss required for achieving board certification in this specialty. Specifically, in
that the usual prer	requisite documentation for examination may have not been fully met, the
following covenar	nts and restrictions shall forever apply to the results of any or all Examinations
administered by the	ne AOBP, including without limitation the May 2022 examination remotely
proctored in the U	nited States.
	teopathic Board of Pediatrics (AOBP) has agreed to let me participate in the
•	Certification Examination with the expressed understanding that the results,
	or fail, shall NOT be made known, released, or allowed to apply toward the
	lment requirement for certification in General Pediatrics until such time as all
	on file with the AOBP and the American Osteopathic Association (AOA), and ntities according to their usual and customary protocols, regardless of whether
•	ds beyond the actual examination dates.
mai process exten	ds beyond the actual examination dates.
Print Full Name:	
AOD ID:	
Signature:	
Date:	