



AMERICAN OSTEOPATHIC BOARD OF SURGERY

PROTOCOL FOR CERTIFICATION

(2019)

REQUIREMENTS FOR CERTIFICATION

The American Osteopathic Board of Surgery (hereafter referred to as the "Board") will accept for examination for certification only osteopathic physicians who are specializing in Cardiothoracic Surgery, General Surgery, General Vascular Surgery, Neurological Surgery, Plastic and Reconstructive Surgery, Urological Surgery and certificate of added qualifications in Surgical Critical Care, or such other surgical specialty that may be assigned to this Board by the American Osteopathic Association (AOA) Board of Trustees.

Candidates for certification by the AOA through the American Osteopathic Board of Surgery must provide evidence of the following requirements (additional documents may be required):

1. The candidate must have graduated from an AOA-accredited College of Osteopathic Medicine.
2. The candidate must be licensed or credentialed to practice in the state or military jurisdiction where practice is conducted.
3. The candidate must conform to the standards set forth in the AOA Code of Ethics.
4. The candidate must have satisfactorily completed an AOA-approved OGME-1 residency training year.
5. **Effective July 1, 2017, new candidates must be within 90 days of completing all the prescribed years of an AOA-approved residency training program in their surgical specialties, under the jurisdiction of the board prior to sitting for the written qualifying examination. Candidates must submit a letter from their program director, confirming program status. Exam scores will not be recorded or reported until training complete status is confirmed through the specialty college and its Residency Evaluation and Standards Committee.**
6. Candidates who entered the certification process prior to July 1, 2009 must have evidence of satisfactory completion of previous years of an AOA-approved residency training program in the surgical specialties under the jurisdiction of the Board. Candidates must have all previous years of residency training reviewed and approved by the Specialty College and its Residency Evaluation and Standards Committee.
7. At least one (1) year (12 months) of the surgical specialty training program must encompass all aspects of the particular specialty including adequate training in the basic medical sciences, with emphasis on pathology, physiology and osteopathic principles as related to the specialty. The required number of years of residency training in each specialty are as follows:
 - a. **Cardiothoracic Surgery:**
 - i. Four (4) years (48 months) of training in General Surgery followed by two (2) years (24 months) of training in Cardiothoracic Surgery
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years (60 months) of training in General Surgery followed by two (2) years (24 months) of training in Cardiothoracic Surgery
 - b. **General Surgery:**
 - i. Four (4) years (48 months) of training in General Surgery
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years (60 months) of training in General Surgery
 - c. **General Vascular Surgery:**
 - i. Four (4) years (48 months) of training in General Surgery followed by two (2) years (24 months) of training in General Vascular Surgery
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years (60 months) of training in General Surgery followed by two (2) years (24 months) in General Vascular Surgery
 - iii. Candidates applying for board certification for the first time beginning in 2015 will be required to show proof of completion of the American Registry of Diagnostic Medical Sonography RPVI™ vascular interpretation credentialing exam.
 - d. **Neurological Surgery:**
 - i. One (1) year (12 months) of training in General Surgery followed by four (4) years (48 months) of training in Neurological Surgery

- ii. Five (5) years (60 months) in Neurological Surgery
 - iii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, six (6) years (72 months) of training in Neurological Surgery
- e. **Plastic and Reconstructive Surgery:**
- i. Three (3) years (36 months) of training in General Surgery followed by two (2) years (24 months) of training in Plastic and Reconstructive Surgery
 - ii. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, three (3) years (36 months) of training in General Surgery followed by two (2) years (24 months) of training in Plastic and Reconstructive Surgery
 - iii. An AOA-approved and completed residency program in Orthopedic Surgery
 - iv. An AOA-approved and completed residency program in Otolaryngology/Facial Plastic Surgery
- f. **Urological Surgery:**
- i. Two (2) years (24 months) of training in General Surgery followed by three (3) years (36 months) of training in Urological Surgery
 - ii. One (1) year (12 months) of training in General Surgery followed by four (4) years (48 months) of training in Urological Surgery
 - iii. Five (5) years (60 months) of training in Urological Surgery
 - iv. Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008, five (5) years (60 months) of training in Urological Surgery
8. Candidates who entered the process of certification prior to July 1, 2013 in Cardiothoracic Surgery and General Vascular Surgery are required to first pass the written and oral examinations in General Surgery. **Candidates who enter the process after July 1, 2013 are not required to first pass a qualifying and certifying (written and oral) examination in General Surgery. Note: Those candidates who wish to seek dual certification (example: General Surgery and General Vascular Surgery) will be required to take and pass the qualifying and certifying (written and oral) examinations in both specialties.**
9. Following satisfactory compliance with the prescribed requirements for examination, the candidate is required to pass written qualifying and oral certifying examinations which shall be designed, constructed and conducted so as to evaluate the candidate's understanding of the basic sciences, knowledge of surgical principles and the osteopathic philosophy of surgery as it applies to diagnosis and management of surgical diseases, familiarity with current advances in surgical philosophy and techniques, possession of valid surgical judgment and a high degree of skill in the diagnostic, operative and therapeutic procedures involved in the specialty practice.
10. For candidates entering the certification process for the first time after January 1, 2006, a qualifying and certifying (written and oral) examination are required. ***NOTE: In order to enter the final phase of certification, the candidate must have achieved program complete status from the Specialty College, and all the documentation requested at the time of original application submission MUST be in the candidate's file.***
11. The clinical examination for certification in General Surgery will be waived for those already certified by a three-part examination in Cardiothoracic Surgery, General Vascular Surgery, Neurological Surgery, Plastic and Reconstructive Surgery, and Urological Surgery provided that:
- a. Documentation from the American College of Osteopathic Surgeons or the AOA that verifies completion of training in a General Surgery residency is on file with the AOBS.
 - b. General Surgery written and oral examinations were successfully completed.
12. Candidates for examination for certification are required to file an application which shall set forth their qualifications for examination.
13. Candidates beginning the certification process for the first time in 1997 and thereafter will be issued a time-dated certificate for a ten (10) year period. All candidates who achieve certification will be automatically registered to enter the Osteopathic Continuous Certification (OCC) process (see Appendix D for additional information). The Board will make available, beginning in the eighth year of certification, the opportunity to take the renewal written examination (formerly referred to as recertification).

Subspecialty Certifications (formally known as Certification of Added Qualifications/CAQ)

A Subspecialty Certification constitutes a modification of a general certificate or certificate of special qualifications to reflect additional training of at least one (1) year (12 months) in length and satisfactory completion of a certifying examination in that field. The training required for added qualifications must incorporate a specific and identifiable body of knowledge within the broader practice of the general specialty. Certificates read, "Certification Subspecialty Certification in (added field)."

Surgical Critical Care - the candidate must be certified in General Surgery or a surgical specialty and must pass a Surgical Critical Care written examination after one (1) year (12 months) of ACOS- or AOA-approved training in Surgical Critical Care.

BOARD ELIGIBILITY

Definition: The time frame when upon completion of an AOA approved training program, osteopathic surgeons are eligible to begin the certification process and to declare their status as board eligible in their specialty.

Notification: All residents and fellows in AOA-approved programs shall be notified by the Board of the definition and deadline of board eligibility.

Time Frame: Board eligibility commences upon completion of the specialty training program and terminates on December 31 of the sixth year following completion of your training program.

1. Board eligibility status will automatically be terminated and so recorded by the AOA and the Board:
 - a. At the end of the board eligibility time frame, or
 - b. Following resolution of an appeal, or
 - c. Upon award of certification.
2. In view of a candidate's right to appeal the results of a failed examination, if board eligibility would have terminated as a result of lapse of the six (6)-year time frame, the designation of board eligible shall not terminate until the appeal has been resolved.
3. Candidates may not use the designation of board eligible at any time after the termination of board eligibility.

Certification Eligibility

1. Candidates are eligible to become certified at any time within the board eligibility time frame.
2. Candidates who have initiated the certification process in their specialty by sitting for an examination prior to July 1, 2009 may continue to pursue certification at any time (after the board eligibility time frame) based upon the Board's requirements prior to July 1, 2009.
3. Candidates who have not initiated the certification process by sitting for an examination in their specialty prior to July 1, 2009 may become certified only by successfully completing the certification examination pathway process.
4. Candidates who are not successful in becoming certified at the conclusion of the final pathway process are no longer eligible to become certified in their specialty.

Certification Examination Pathway Process

1. Initial Pathway

- a. Candidates will be automatically registered for the initial pathway upon completion of the Board's application process.
- b. The Board will accept all applicants who have met the entry requirements into the process.
- c. Upon acceptance into the process, the candidate must follow the pathway outlined below. Prior activity toward certification will not be recognized in the initial pathway process if applicable.
 - i. Candidates must enter at the beginning of the Board's certification process.
 - ii. Candidates must follow the process as outlined by the Board's requirements during the six (6) years of board eligibility.
 - iii. Candidates must complete certification during the six (6) year period of board eligibility.
 - iv. Candidates who have not completed certification during the six (6) year period of board eligibility, their ability to complete certification shall terminate and they then may reenter the certification process via the first reentry process.

2. First Re-Entry Process

- a. Candidates must petition the Board for re-entry into the certification process.
- b. Upon acceptance by the Board, the candidate must follow the following process:
 - i. The candidate must start at the beginning of the certification process. Prior activity toward certification will not be recognized in the first re-entry process.
 - ii. Candidates must participate in the first available administration of the qualifying examination.
 - iii. The candidate will have two (2) attempts to pass each step of the examination process.
 - iv. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.
 - v. Candidates who were not successful in becoming certified at the end of the first re-entry pathway process may pursue certification only by petitioning the certifying board for entry into the final pathway process.

3. Final Pathway

- a. Candidates must petition the Board for entry into the final pathway process.
- b. Upon completion of the requirements, the candidate must follow the pathway outlined below. Prior activity toward certification will not be recognized in the final pathway process.

- i. Candidates must enter at the beginning of the Board's certification process.
 - ii. Candidates must participate in the first available administration of the qualifying examination.
 - iii. The candidate will have two (2) attempts to pass each step of the examination process.
 - iv. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.
- c. Candidates who were not successful in becoming certified at the end of the final pathway have no further opportunity to become certified in their specialty.

APPLICATION FOR EXAMINATIONS

All applications submitted by a candidate shall remain the property of the Board.

The candidate shall:

1. Complete an AOBS online Application
2. Submit the required fee(s) with the application. No part of the application fee shall be returned without candidate's written request and Board approval. The Board may apply a cancellation fee if the candidate fails to notify the Board at least 30 days prior to a previously scheduled examination. All cancellations within 30 days the application fee is forfeited. An examination rate sheet is available on the AOBS website.
3. The candidate shall demonstrate eligibility for the examination in any other manner required by the Board.

Eligibility for the Written Qualifying Examination

1. **EFFECTIVE JULY 1, 2009, NEW CANDIDATES MUST HAVE COMPLETED ALL THE PRESCRIBED YEARS OF AN AOA-APPROVED RESIDENCY TRAINING PROGRAM IN THE SURGICAL SPECIALTIES UNDER THE JURISDICTION OF THE BOARD PRIOR TO REGISTERING FOR THE WRITTEN QUALIFYING EXAMINATION.**

Candidates who entered the certification process prior to July 1, 2009 must have evidence of satisfactory completion of previous years of an AOA-approved residency training program in the surgical specialties under the jurisdiction of the Board.

2. Candidates must have all previous years of residency training reviewed and approved by the Specialty College and its Residency Evaluation and Standards Committee.

	<i>Years of Training (examination)</i>
Cardiothoracic Surgery	4 th (general), 6 th (cardiothoracic)
General Surgery	4 th (general)
General Vascular Surgery	4 th (general), 6 th (general vascular)
Neurological Surgery	5 th (neurological)
Plastic and Reconstructive Surgery	5 th (plastic and reconstructive)
Urological Surgery	5 th (urological)

Candidates who began their residency training with the required OGME-1R internship year effective in the academic year 2008:

	<i>Years of Training (examination)</i>
Cardiothoracic Surgery	5 th (general, if applicable), 7 th (cardiothoracic)
General Surgery	5 th (general)
General Vascular Surgery	5 th (general if applicable), 7 th (general vascular)
Neurological Surgery	6 th (neurological)
Plastic and Reconstructive Surgery	5 th (plastic and reconstructive)
Urological Surgery	5 th (urological)

Eligibility for the Oral Certifying Examination

1. Candidates for the oral certifying examination must have satisfactorily completed the written qualifying examination.
2. Candidates must complete an online application to take the oral certifying examination. The online application is available on the Board's website at www.aobs.org. The examination fee must accompany the application.
 - Plastic and Reconstructive Surgery Applicants – Prior to Oral examination, must submit clinical logs for review and approval. See Clinical Exam preparation on the board's website for instructions.
3. Candidates shall demonstrate eligibility for the examination in any other manner required by the Board.
4. Candidates entering the certification process for the first time after January 1, 2006 ***must have completed all training PRIOR TO ENTERING THE FINAL PHASE OF CERTIFICATION.***

RULES FOR THE CONDUCT OF EXAMINATIONS

Candidates are expected to conduct themselves according to the honor system, respecting the integrity of the examination and protecting their fellow examinees. Under no circumstances should the candidate speak to other candidates about the examination questions or examination process. Failure to comply will result in invalidation of the examination, and the candidate will be called to appear before the Board. Failure to appear will prevent continuation of the candidate's examination process and constitutes a failure as well as an ethical violation, which will be stated on the candidate's official Board file and reported to the AOA.

No cell phones, PDAs, other electronic devices or watches are permitted in the examination room(s). No handbags, brief cases, backpacks, etc. are permitted in the examination room(s). **Please do not bring these materials with you to your exam.**

On the day of examination(s), candidates must register and show a government-issued, picture identification.

Written Qualifying Examination

The written qualifying examination may be taken by residents or fellows who are within 90 days of completing their required training. Questions on the examination are multiple-choice, based on factual information relating to the science of the particular surgical specialty. The examination is designed to evaluate academic knowledge.

In accordance with the AOA Bureau of Osteopathic Specialists Standards Review Committee, the written qualifying examination process is reviewed by a psychometrician who finds the examination process to be psychometrically sound and defensible, and who follows the rules of practice established in the APA/AERA National Standards for Education and Psychological Testing. Pass and fail decisions are based solely on the content mastery displayed by the candidate.

Oral Certifying Examination

For the oral certifying examination, examiners will provide candidates with patient cases. Cases include presenting problems and statements made by the patient, as well as laboratory reports and radiographic studies appropriate to the etiology of the condition. Candidates participate in the examination by offering initial/suspected possible diagnoses, interpretation of labs and imaging studies, differential diagnosis, proposed treatment options, case management and possible troubleshooting. The examination is designed to evaluate judgmental processes and ability to solve clinical problems.

In accordance with the AOA Bureau of Osteopathic Specialists Standards Review Committee, the oral certifying examination process is reviewed by a psychometrician who finds the examination process to be psychometrically sound and defensible, and who follows the rules of practice established in the APA/AERA National Standards for Education and Psychological Testing. Pass and fail decisions are based solely on the content mastery displayed by the candidate.

EXAMINATION GRADES

All examination records shall be submitted by the chairman of the Examination Committee to the Board, and the entire Board shall confirm the final grade of each portion of the examination.

The Board sets passing standards for the written qualifying and oral certifying examinations using an acceptable measurement model known as "criterion-referenced standard setting." Using this model, the Board specifies the particular content and level of content difficulty necessary to be considered a passing candidate. Board members, who are themselves all certified, come from both practice and academic settings. The standard represents the minimal knowledge specified to be considered a successful and excellent surgeon.

All examination results are reviewed and approved by the entire Board. Candidates will be notified **no later than 90 days** following the Board's decision. **CANDIDATES FAILING ANY PART OF THE EXAMINATION PROCESS WILL SUBSEQUENTLY RECEIVE A DEFICIENCY REPORT.**

A passing grade in each portion of the examination must be received for a candidate to be recommended for certification in their surgery specialty under the jurisdiction of the Board. After a candidate has met all requirements and successfully passed the examinations, the Board makes a recommendation to the AOA Bureau of Osteopathic Specialists for certification. The AOA will inform the candidate in writing of his/her certification and certificate number. The Board is notified at the same time, at which time the Board will order the certificate to be printed.

FAILURE OF AN EXAMINATION WITHIN THE CERTIFICATION ELIGIBILITY TIME FRAME

Written Qualifying and/or Oral Certifying Examinations

Following an initial or second failure in the written qualifying and/or oral certifying examination, the candidate may apply for reexamination and shall be required to pay an examination fee as determined by the Board. Candidates for reexamination shall be required to take the examination within a two (2) year period following the initial or second failure. If the candidate fails to take the examination within this period, the candidate's file shall be considered inactive. Any further application shall be considered as a new application at the discretion of the Board.

Following a third failure in the written qualifying and/or oral certifying examination, the candidate may apply for reexamination upon successful completion of board review course. Remediation does not guarantee passage of the examination process.

The applicant must provide documentation prior to retaking the written examination.

APPEAL MECHANISM

If the candidate believes that the action of the Board constitutes unequal application of regulations and requirements or standards, unwarranted discrimination, prejudice, unfairness or improper conduct of all or any part of an examination conducted by the Board, the candidate has the right to appeal to the Appeal Committee of the Board.

Appeal policy for examinations in Cardiothoracic Surgery, General Surgery, General Vascular Surgery, Plastic and Reconstructive Surgery, Neurological Surgery, Urological Surgery, and Surgical Critical Care:

1. Scope of Appeal
 - a. Appealable Issues: Candidates may appeal to the Board to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice of a member of an examination team or failure to follow established examination procedures).
 - b. Non-Appealable Issues: The Board will not consider appeals based on examination content, sufficiency or accuracy of answers given to examination questions, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score.
2. Procedure for Appeal
 - a. All appeals must be made in writing. In order to file an appeal concerning the examination, a candidate must set forth the basis for the appeal in writing and submit it to a member of the examination team. The appellant must submit the appeal request to the examination team within **two (2) hours** of completion of the examination.
 - b. Late Appeals: All appeals submitted after the two-hour deadline will be denied.
 - c. Evaluation of Appeal: Each appeal submitted within two hours of completion of the examination will be considered by the Boards Appeal Committee. A majority vote of the Committee will determine whether the Board accepts or denies the appeal.
 - d. Notification of Candidates: Candidates will be advised by the AOBS of the Appeal Committee's decision by certified mail.
3. Effect of Decision
 - a. Decision to Accept Appeal
 - i. No scoring or recording of examination: If the Appeal Committee accepts an appeal, then the candidate's examination will not be scored or recorded.
 - ii. Right to retake examination: A candidate whose appeal is accepted shall have the right to a new examination at the next scheduled examination date at no additional application or examination fee. All other fees incurred are the responsibility of the candidate. At that time, the examination will be conducted by a different examination team. The candidate's original log may be utilized to retake the clinical examination. Retake examinations will be conducted in accordance with the format of the current examination.
 - iii. Failure to retake the examination: If, for any reason, the candidate elects NOT to retake the examination on the next scheduled date, the appeal shall be considered null and void, and the candidate will be required to reapply for the certification examination. The application shall be considered in accordance with the criteria in effect at the time of the new application. Exceptions for good cause to this stipulation will be considered on an individual basis by the Executive Committee.
 - iv. Further Appeals: (a) Current examination: The candidate whose appeal is accepted shall NOT have the right to alter the original appeal of the current examination results, either within the Board or to the AOA, and (b) Subsequent examination: The candidate whose appeal is accepted shall NOT have the right to appeal the next scheduled examination to the Board under this policy. However, the candidate shall have the right to appeal to the AOA.
 - b. Decision to Deny Appeal: If an appeal is denied by the Board's Appeals Committee, the candidate shall retain the right to appeal to the AOA Bureau of Osteopathic Specialists (BOS). Candidates interested in appealing to the AOA should contact the American Osteopathic Association, , Division of Certification, 142 East Ontario Street, Chicago, IL 60611. If an appeal to the BOS is denied, the candidate shall retain the right to appeal to the AOA Board of Trustees.

CERTIFICATES

Certificates are issued by the Board to candidates who have met all requirements for certification and who have received the approval of the AOA Bureau of Osteopathic Specialists. Each certificate shall be signed by the chairman and secretary of the Board. No certificate is valid until it has been signed by the executive director of the AOA. Candidates beginning the certification process for the first time after January 1, 1997 will be issued a time-dated certificate which will be valid for ten (10) years.

Inactivation and Reinstatement: Diplomates whose time-limited certification has been deemed inactive for any reason may petition the AOA BOS Certification Compliance Review (CCR) Committee to reactivate the certification. Physicians reentering the certification process within three (3) years of the expiration of inactivation of their certification may reenter the process by remediating or completing any outstanding certification or OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied and valid for ten (10) years.

APPENDIX A

Disclaimers

Upon completion of the official registration process, each candidate for primary certificate and each diplomate for OCC agrees to:

- disqualification from examination and forfeiture of fee or from issuance of a certification of specialization or to the surrender of such certificate of specialization as directed by the American Osteopathic Association (AOA) in the event that any foregoing statements made by the diplomate are false, or in the event that any of the rules, regulations and requirements governing such examinations are violated, or in the event that the diplomate does not comply with any of the Bylaws and Rules and Regulations of the American Osteopathic Board of Surgery (AOBS).
- hold the AOA, the AOBS, its members, examiners, officers and agents free from any damages, expense, or complaint by reason of any action they or any one of them may take in connection with the application, or the failure of the AOBS to recommend issuance of such certification of specialization, or the revocation of any certificate of specialization issued pursuant to the application.
- abide by the Code of Ethics of the AOA, which has been formulated to guide its member physicians and surgeons in their professional lives. The standards presented are designed to address the osteopathic physician's and surgeon's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to the diplomate. The AOA has adopted the position that physicians and surgeons should play a major role in the development and instruction of medical ethics.
- pledge that, if recommended by the AOBS and if certified by the AOA, that the Constitution and Bylaws of the AOA will be upheld, and further pledge that if any violation of ethical conduct occurs, particularly as it relates to hospital procedure or surgical practices, this shall be deemed cause for revocation of certification by the AOBS and by the AOA.

APPENDIX B

Americans with Disabilities Act and Special Testing Accommodations

The American Osteopathic Board of Surgery is committed to a policy of compliance with federal, state and local laws and regulations. The AOBS, in compliance with the Americans with Disabilities Acts (ADA), has adopted the following policy. Physicians who are eligible for examination may submit a request for accommodation of a disability in writing.

Definition of Disability

Under the ADA, a disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of the individual. An individual is not substantially limited in a major life activity if the limitation does not amount to a significant restriction when compared with the abilities of the average person.

Policy Statement

All qualified diplomates for board certification who suffer from a disability as defined in the ADA may apply to a certifying board for accommodation of that disability. The AOBS shall have the discretionary authority, subject to review by the Appeal Committee of the Bureau of Osteopathic Specialists and the AOA Board of Trustees, to determine if an accommodation is appropriate.

Procedure for Applying for Accommodation of Disability

1. Requests for accommodation of a disability must be submitted in writing to the AOBS at least ninety (90) days prior to the examination date. The request must be supported by appropriate documentation of the diagnosis of disability and the need for accommodation, including the evaluation of

the diplomate by a qualified professional (see documentation requirements below).

2. Requests for accommodation must be complete and submitted on time. The AOBS will not delay scheduled administrations of examinations due to a diplomate's failure to submit a complete application.
3. The AOBS must complete its review of requests for accommodation in a timely fashion and advise the diplomate within thirty (30) days of its receipt of a request for accommodation: (a) the requested accommodation will be granted; (b) the requested accommodation will be granted in part; (c) additional information is required; or (d) the requested accommodation will be denied.
4. The AOBS may request additional information, including requiring an applicant to secure a second opinion from an outside expert or submitting the applicant's documentation to an outside expert. The cost of review by an outside expert will be paid by the AOBS.
5. In general, reapplication for special accommodation is not required for each examination administration. However, applicants seeking accommodation of a new disability or a different accommodation of the same disability must submit new applications.

Documentation Requirements

Requirements for accommodation must be supported by appropriate documentation of the disability and the need for the requested accommodation. At a minimum, the application should provide the certifying board with the following information and documentation, which is to be prepared and furnished at the applicant's expense:

- **Identification of the disability**
- **Identification of the requested accommodation(s)** for each identified disability
- **The name and current contact information** (address, telephone number, email address) of each professional providing a report(s) in support of the disability and/or requested accommodation
- **A verification and authorization form** signed by the certification diplomate
- **An education and examination history**, including the following information: (a) the name, location and dates of attendance for all schools the diplomate attended from elementary school to the present, (b) identify the schools which provided accommodations for the disability in examination settings and the nature of accommodations made for the disability, (c) identify standardized tests completed in the course of the diplomates education (e.g., ACT, SAT, MCAT, COMLEX/NBOME); (d) for each test identified, diplomate to indicate whether he/she received an accommodation for the stated disability and identify the nature of the accommodation; (e) if the diplomate sought an accommodation that has been denied, please explain the circumstances involved. If the diplomate has never received an accommodation, please provide a detailed explanation as part of the neuropsychological evaluation discussed below concerning the reasons no accommodation was given in the past and the reason one is needed now.
- **A comprehensive neuropsychological evaluation report for diplomates seeking accommodation of a learning disability** The report should be issued by a qualified professional (i.e., psychiatrist or licensed psychologist) who regularly practices neuropsychology. The report must be based upon examination of the applicant within the last five years. The report must be written on, or accompanied by a letter written on, the evaluating professional's letterhead. The requisite elements of a comprehensive evaluation are an intelligence test, an assessment of neuropsychological functions, an academic achievement test and psychiatric/psychological history. For diplomates seeking accommodations on the basis of attention deficit disorder or hyperactivity disorder, the evaluation must include a behavioral index. The requirements for the neuropsychosocial report are identified and described in greater detail in Appendix B.

Required Elements of the Neuropsychosocial Report

1. **Intelligence Tests.** *The Wechsler Adult Intelligence Scale-Revised is mandatory. The report may include other estimates of verbal and nonverbal intelligence deemed appropriate by the professional preparing the report, such as Peabody Picture Vocabulary Test, Raven's Progressive Matrices or Leiter International.*

2. **Assessment of Neuropsychological Functions, including:** (a) a complete, integrated neuropsychological battery, such as the Halstead-Reitan Neuropsychological Battery or the Luria Nebraska Neuropsychological Battery; (b) memory assessments that utilize an age-normed, standardized instrument assessing both verbal and nonverbal memory such as the Wechsler Memory Scale-Revised; and (c) assessments of the specific cognitive and perceptual processes affected by the disability. *Examples: in cases of auditory-verbal learning disabilities, include specific tests of phonemic processing. In cases of attention deficit disorder, include specific tests of sustained attentional resources, such as the Continuous Performance Test.*

3. **Academic Achievement Test Results.** *Standardized, comprehensive academic achievement test, appropriately normed for the diplomate's age group, including assessment of spelling, arithmetic and reading comprehension.*

4. **Psychological/Psychiatric History, including** (a) standardized psychometric assessment of personality and emotional functioning (MMPI-2 or MCMI-II); (b) standard diagnostic interview for presence of current psychiatric disorders; and (c) if the diplomate has undergone treatment for a psychological or psychiatric condition within the past three years, provide a report, including diagnosis, from the treating mental health professional.

5. **Behavioral Indices** (required only for diplomates seeking accommodations on the basis of attention deficit disorder or hyperactivity disorder) using standardized psychometric assessments of behavioral indices of attention deficit disorder, such as the Wender Scales or the Achenbach Scale.

The professional's report should address all appropriate elements relevant to the request for accommodation of disability. With respect to each element, the report should include the name of each test administered, its date, a description of the diplomate's performance in each of the areas of the test battery, a summary of test scores, and a complete diagnostic formulation in standard DSM-IV terminology utilizing all diagnostic axes. Diagnostic formulations should integrate current testing findings with academic and psychiatric histories. Raw test data should be available upon request.

Evaluation of Accommodation Requests

The AOBS will review requests for accommodation upon receipt of the information identified above. The review process will attempt to determine: (a) if a diplomate is disabled and the nature of a disability, (b) whether the disability interferes with the diplomate's ability to take the certifying examinations, (c) whether the requested accommodation is necessary to allow the diplomate to take the examinations, (d) whether a different accommodation would better serve the purpose of the certifying exam while still allowing the diplomate to take the examination.

Answers to these questions may not be clear from the documentation presented. Therefore, the certifying boards may request an opinion from an outside expert and either send the documentation submitted by the diplomate to the expert for review or ask the diplomate to be examined by an outside expert. Cost of consultation with an outside expert will be paid by the AOBS.

Based on the review of all documentation, the AOBS may decide to: (a) grant a request for accommodation, (b) grant a request for accommodation that is different than the requested accommodation, or (c) deny the request for accommodation. The AOBS will notify the diplomate in writing of its decision. If the AOBS decides not to grant a requested accommodation because a requested accommodation is a fundamental alteration or an undue burden, the Board shall notify the diplomate of any alternative methods of accommodation suggested by the expert which are acceptable to it or, if no such alternatives have been suggested, the AOBS shall inform the diplomate and invite the diplomate to suggest alternative accommodations.

Appeals

If a request for accommodation has not been granted, a diplomate may request that the Board reconsider its decision or appeal the Board's decision to the Appeal Committee of the AOA Bureau of Osteopathic Specialists. Any appeal must be

submitted to the secretary of the BOS president within sixty (60) days of the date of the AOBS written decision concerning the request for accommodation.

Procedures for Examination Administration

Where possible, examinations for disabled persons will be proctored and will be given on the same day as other examinations. The location of the examination administration will be determined by the Board on the basis of feasibility of providing necessary services and convenience to the diplomate. Where appropriate, to reduce the effect of the diplomate's disability on his or her performance on the examination, the following accommodations may be provided: (a) disabled persons may be tested separately, (b) disabled persons may be given assistance in reading or recording answers, (c) auxiliary aids and services can be offered, but only if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test, and they would not result in an undue burden to the Board; and/or (d) time extensions may be granted to accommodate disabled diplomates. Other accommodations will be made upon presentation of appropriate information and documentation supporting the requested documentation.

APPENDIX C

WHAT IS OCC?

Osteopathic Continuous Certification (OCC) is the process by which board-certified DOs will maintain current status and demonstrate competency in their specialty area. The goals for OCC are to provide certified physicians and surgeons with a process to continually assess and improve their skills and to assure patients and the public that certified physicians and surgeons are being assessed through reliable and valid measures.

OCC PROCESS

The OCC process is composed of four (4) documentation components, described below:

- 1: Active state/jurisdictional military licensure
- 2: Lifelong learning (continuing medical education)
- 3: Cognitive assessment (written examination)
- 4: Practice performance assessment (clinical and surgical assessment, self-evaluation and demonstration of surgical practice improvement)

The OCC process will be required to be completed over a ten (10) year cycle and will be repeated every ten (10) years, beginning January 1, 2013.

Who is required to participate in OCC? All diplomates with time-limited certification will be required to participate in OCC.

How may I meet the OCC requirements if I am not providing patient care?

Diplomates with time-limited certification who are in an academic or administrative position and who are not clinically caring for patients may request a clinically inactive status, which allows diplomates to propose Component 4 activities that are applicable to their current role in osteopathic medicine. The Board must review and approve proposed Component 4 activities. All other OCC components must be satisfied, including the examination. The clinically inactive status applies to unemployed physicians and academic physicians who do not supervise residents providing patient care.

Should the diplomate decide to return to practice (part-time or full-time), he or she must submit proof of 25 hours of 1A CME in the specialty in the first year and take the written examination within the first twelve (12) months upon returning to practice.

Requests for an inactive status must be submitted in writing to the AOBS at the time of application to the OCC process. Documentation is required from an institution or company officer verifying the academic or administrative position. Once the inactive status has been granted, it becomes the responsibility of the diplomate to notify the AOBS within thirty (30) days following return to patient care.

How may I meet the Component 4 requirement if I am not currently practicing in my field of certification?

Diplomates who are in an academic or administrative position and who are not clinically caring for patients will be required to complete non-patient care modules such as Communications, Ethics and/or Professionalism. Non-patient care modules will demonstrate that the diplomate is still maintaining knowledge of the basic competencies. Also, the Component 4 Attestation is an additional option.

Will I remain certified if I don't participate in OCC? By choosing not to participate in OCC, as a diplomate of the AOBS with a time-limited certificate you are voluntarily suspending the rights to your board certification as mandated by the American Osteopathic Association and Bureau of Osteopathic Specialists.

Who has the option of participating? If you have a non-time-limited certification, participation in OCC is voluntary at this time; however, the AOBS strongly encourages your participation. The Federation of State Medical Boards (FSMB) has agreed to accept OCC for Maintenance of Licensure (MOL). If you do not participate in OCC, you may have additional requirements for MOL as prescribed by the state(s) in which you are licensed. If a diplomate with a non-time-dated certification is required by a state licensing board or an outside entity (i.e., insurance provider) to participate in maintenance of certification/OCC, the diplomate will be required to complete all components of the OCC process.

Diplomates with non-time-limited certificates will still be required to maintain their license to practice, which also includes meeting all CME requirements as outlined by the AOA.

Diplomates who have non-time-limited primary specialty certifications and time-limited CAQ(s) must fully participate in the OCC process for the specialty area of the CAQ in order to maintain the CAQ and be deemed compliant with OCC. The OCC process remains voluntary for the primary specialty certification.

APPLICATION FOR OCC

An official OCC application will be required from each diplomate at the beginning of each OCC cycle. The application is required to ensure that the AOBS has the most current contact information for the diplomate. The OCC application will be available on the AOBS website at www.aobs.org.

All OCC application and documentation materials will remain on file with and shall remain the property of the AOBS.

How do I start OCC for my specialty? Official letters of announcement will be sent to all diplomates who are required to participate in OCC. The AOBS will provide an OCC registration process for all diplomates with a time-limited certificate, as well as those diplomates with a non-time-limited certificate who wish to participate voluntarily.

How can I track my progress regarding the continuous certification requirements? The AOA is developing an online platform that will be accessed through www.osteopathic.org in order to track the progress through an OCC cycle.

Fellowship Exemption: AOA board-certified physicians who begin fellowship training are exempt from participation in OCC during the training period only.

OCC COMPONENTS

Component 1: Active State/Jurisdictional Military Licensure

Each diplomate will be required to maintain a valid and Active state license to practice medicine in one of the 50 states or Canada, or a valid and Active jurisdictional military license. In addition, diplomates are required to adhere to the AOA Code of Ethics. The AOBS will require that the diplomate provide proof of valid and unrestricted license annually. The AOBS will conduct, at least once every other year, random verifications of 25% of the diplomates in the OCC process. If, at the time of licensure verification, a diplomate has a restricted license (as defined by the AOA), the diplomate must submit an update every six (6) months until the restriction has been lifted.

What happens to my AOA board certification if I have a restricted license?

The Certification Compliance Review (CCR) Committee, a sub-committee of the AOA Bureau of Osteopathic Specialists (BOS) will review all OCC files with license restrictions and monitor these suspensions on a case-by-case basis with the input of the individual certifying board.

Component 2: Lifelong Learning

During each three (3) year continuing medical education (CME) cycle, each diplomate must fulfill the AOA-required 60 hours, of which must be Category 1 or 2 primary specialty credit hours as defined by the AOBS. Diplomates holding one or more certificates of added qualifications (CAQs) must earn a minimum of 13 specialty credits in each subspecialty area of certification.

A list of AOBS-approved specialty courses will be posted on the AOBS website at www.aobs.org. The AOBS strongly recommends that each diplomate attend at least one (1) ACOS Annual Clinical Assembly in every three (3) year CME period.

The AOBS will require that the diplomate submit a copy of the AOA CME report at least once during every three (3) year CME cycle. Diplomates who do not fulfill the CME requirements as outlined above will be required to submit in writing a corrective action plan, and they will be expected to fulfill the requirement within the first five (5) months of the next CME cycle as described in the AOA CME Guide.

Component 3: Cognitive Assessment

Each diplomate will be required to take and pass a written examination before the expiration of the time-limited certificate. Components 1 must be verified prior to taking an examination.

When will the examinations be offered? The written examinations will be offered twice a year (spring and fall). Diplomates may begin taking the examination three (3) years prior to the expiration date of their certification, allowing six (6) opportunities to pass the examination.

Eligibility examples: If a diplomate's original certificate was issued in April 2005 and expires in April 2015, the diplomate's eligibility for the written examination would begin with the spring of 2012 and end with the fall of 2014. If a diplomate's original certificate was issued in September 2005 and expires in September 2015, eligibility for the written examination would begin with the fall of 2012 and end with the spring of 2015. Add additional extension of expiration – December 31st for all.

If the diplomate passes the written examination in a year prior to the year in which the certificate expires, the passing grade will be held and reported to the AOA in the year of expiration, thus maintaining the 10-year time period of certification. The new certificate will be valid for ten (10) years from the date of the expiring certificate.

Upon failure of the first examination, the diplomate must provide documentation of 15 hours of current* CME in the discipline prior to retaking the written examination.

** Current CME hour's means continuing medical education accumulated since the most recent failure and prior to reexamination. Completion of additional and current continuing medical education does not guarantee passage of the written examination.*

Upon failure of the second examination, the diplomate must provide documentation of 20 hours of current CME in the discipline prior to retaking the written examination.

Upon failure of the third examination, the diplomate must provide documentation of 25 hours of current CME in the discipline prior to retaking the written examination.

Upon failure of the fourth examination, the diplomate must provide documentation of 30 hours of current CME in the discipline prior to retaking the written examination.

Upon failure of the fifth examination, the diplomate must provide documentation of 35 hours of current CME in the discipline prior to retaking the written examination.

Upon failure of the sixth examination, and subsequent expiration of the diplomate's certification, the AOA will be notified, and the certification will be inactivated.

OCC Reentry Process: Diplomates whose time-limited certification has been deemed inactive for any reason may petition the AOA BOS Certification Compliance Review (CCR) Committee to reactivate the certification. This process also applies to non-clinical and academic physicians reentering clinical practice and to former non-time-limited certificate holders who did not maintain their board certification as required.

1. Physicians reentering the certification process within three (3) years of the expiration of inactivation of their certification may reenter the process by fulfilling a remedial plan provided by the AOBS or completing any outstanding OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied and valid for ten (10) years.
2. Physicians wishing to reenter the certification process more than three (3) years following the expiration or inactivation of their certification must take the Component 3 cognitive assessment examination at the next available administration and immediately begin the OCC process through participation in a Component 4 activity. Additional remedial

activities such as training or continuing medical education may also be required.

Component 4: Practice Performance Assessment (PPA)

Each diplomate will be required to participate in a practice performance assessment (PPA) process. The goal of the practice performance assessment is to demonstrate performance improvement in surgical knowledge and surgical skills, including assessment activities of AOA-specific core competencies. Diplomates will be asked to demonstrate that they can assess the quality of surgical care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that surgical care using follow-up assessments. Diplomates found to be deficient in the PPA process will be required to provide documentation of appropriate remediation of the deficiencies.

The AOBS is currently finalizing the PPA process for each specialty, which will be case specific modules from a list of surgical procedures most common to the various specialties. Complete details with specifics should be available mid-June 2013. A minimum of two (2) PPA modules will be required once every three (3) years in the ten (10) year OCC cycle and must be completed by the end of each three (3) year cycle. Each three (3) year PPA cycle, diplomates must select different PPA modules so that, at the end of the ten (10) year OCC cycle, each diplomate will have submitted data on a minimum of six (6) different case types. An attestation form signed by the diplomate will be required for each three (3) year PPA cycle.

PPA Module Collection Information: Diplomates will be required to collect data from a minimum of ten (10) consecutive patient records extracted for a designated condition, disease or procedure. Data collected from the patient records must be from patients treated by the diplomate and not by other physicians in a group practice. The AOBS will provide samples of the PPA modules with instructions. Once the PPA data has been collected and the diplomate is ready to begin entering the data into the online platform, the PPA project must be completed within 30 days of the start date. PPA data is confidential. The AOBS reserves the right to audit PPA activities; therefore, it is the responsibility of the diplomate to maintain the patient records in a format that is retrievable in the event of an audit.

The diplomate's data will be compared to accepted national benchmarks or established consensus guidelines. The Board will provide findings and comments to the diplomate. If the diplomate does not meet national benchmarks or established consensus guidelines, a remediation plan will be developed and presented to the diplomate. Remediation must be completed, and appropriate evidence must be submitted, within the time frame established by the Board. After a specified time (6-12 months), the diplomate will again extract patient data from a minimum of ten (10) new consecutive charts. An analysis of improvement or maintenance of national benchmarks or established consensus guidelines will be performed.

The online PPA module will be available online. Once a diplomate begins entering the required data, the diplomate will have no longer than 30 days to complete the PPA module. The AOBS PPA online module is designed:

- a. To create an osteopathic and specialty-specific modules for the collection of data.
- b. To make the entering and collection of data as straightforward and uncomplicated as possible.
- c. To provide an online platform for the review of data entered by OCC participants.
- d. To provide accessible data in order to create osteopathic surgical benchmarks.
- e. To provide a confidential approach to a standardized platform for data to be analyzed.

Limited Scope: Diplomates who verify that 90% or more of their primary practice does not currently fall within the scope of their primary specialty board certification may propose an alternate Component 4 PPA project outside of those currently offered by the AOBS. Projects must meet the requirements for Component 4 as outlined in the BOS Handbook (Article XII, Section 5).

Dually-Certified Osteopathic Physicians (Two or More AOA Specialty Certifying Boards): Because of the unique nature of each specialty, diplomates holding two or more surgical certifications administered through the AOA must meet all criteria for each specialty certifying boards' OCC processes. However, CME earned will apply to each specialty certifying boards, with the exception of the special CME requirements for each specialty and/or subspecialty certification.

Dually-Certified Osteopathic Physicians (AOA and ABMS Certification):

Diplomates participating in the Maintenance of Certification (MOC) process through one or more of the ABMS-recognized certifying boards may petition to submit their practice performance assessment activities completed through MOC and apply them to their OCC Component 4 requirements. However, the specialty certifying board may also require an osteopathic component.

What if I miss a step and don't complete all of the requirements by the deadlines? The objective of the AOBS is to stay in contact with all diplomates while they are in the OCC process, with the expectation that no one will miss a step. Ultimately, it is the responsibility of each diplomate in the OCC process to stay informed and up to date with all of the OCC requirements (see OCC Reentry Process on Page 4).

EXAMINATION GRADES

All examination records shall be submitted by the chairman of the Examination Committee to the Board, and the Board of Directors shall determine the final results of the written examination.

The Board sets passing standards for the written examination using an acceptable measurement model known as "criterion-referenced standard setting." The board uses psychiatric analysis graded by a psychometrician. Following this model, the Board specifies the particular content and level of content difficulty necessary for an examinee to be considered a passing diplomate. Board members, who are themselves all certified, come from both practice and academic settings. The standard represents the minimal knowledge specified to be considered a certified surgeon.

All examination results are reviewed and approved by the Board of Directors. Diplomates will be notified **no later than 90 days** following the Board's decision. Diplomates failing the written examination will subsequently receive a deficiency report.

CERTIFICATES

Certificates are issued by the Board to diplomates who have met all requirements of board certification and OCC and who have been reviewed and approved by the AOA Bureau of Osteopathic Specialists.

REVOCATION AND REINSTATEMENT

Immediately following official notification that a diplomate no longer meets any one of the OCC component requirements, the AOA will be notified, and the certificate will be inactivated according to procedures developed by the AOA Bureau of Osteopathic Specialists.

OCC Reentry Process: Diplomates whose time-limited certification has been deemed inactive for any reason may petition the AOA BOS Certification Compliance Review (CCR) Committee to reactivate the certification. This process also applies to non-clinical and academic physicians reentering clinical practice and to former non-time-limited certificate holders who did not maintain their board certification as required.

1. Physicians reentering the certification process within three (3) years of the expiration of inactivation of their certification may reenter the process by fulfilling a remedial plan provided by the AOBS or completing any outstanding OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied and valid for ten (10) years.
2. Physicians wishing to reenter the certification process three (3) years or more following the expiration or inactivation of their certification must take the Component 3 cognitive assessment at the next available administration and immediately begin the OCC process through participation in a Component 4 activity. Additional remedial activities such as training or continuing medical education may also be required.

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