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Handbook of the Bureau of Osteopathic Specialists (BOS)

Certifying Osteopathic Excellence Since 1939



Containing:

**Policies and Procedures of the BOS
and AOA Specialty Certifying Boards**

*Adopted in entirety by the Board of Trustees: July 2010
Revised August 2020*

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Certifying Osteopathic Excellence Since 1939



AMERICAN OSTEOPATHIC ASSOCIATION

Policies and Procedures of the Bureau of Osteopathic Specialists

Policies and Procedures of the Bureau of Osteopathic Specialists

Mission Statement

The AOA Bureau of Osteopathic Specialists (BOS) is the Certifying Body for the approved specialty boards of the American Osteopathic Association (AOA) and is dedicated to establishing and maintaining high standards for certification of osteopathic and allopathic physicians. The BOS seeks to ensure that the osteopathic and allopathic physicians it certifies demonstrate expertise and competence in their respective areas of specialization. The BOS is deeply committed to delivery of quality healthcare to all patients by working with all its approved specialty certifying boards in the enhancement and continuous improvement of its certification process.

Adopted and Approved by the BOS (April 2010) and AOA Board of Trustees (July 2010), and amended July 2012, March 2013, July 2014, July 2015, February 2017, July 2018, July 2020, and August 2020.

Article I. Authority

- A. The BOS will function under the auspices of the AOA Board of Trustees for which it serves as an action and advisory body and from which it receives its purpose.
- B. The BOS will take final action on specialty certifying board recommendations for certification, subspecialty certification and Osteopathic Continuous Certification (OCC) completion, subject to appeal, and report these actions to the Board of Trustees for information only. (B-02/94) Recommendations on policy revisions will be reported to the Board of Trustees for final action. (B-07/93)
- C. The BOS has procedural safeguards in place to assure that each pathway to osteopathic specialty certifying board certification results in recognition of a terminal level of educational achievement for the respective specialty. (B-02/99)

Article II. Purpose

The AOA, through the BOS, will:

- A. Monitor the certification and continuous certification processes for all certifications, including primary certification and subspecialty certification.

- 1
- 2 B. Provide a mechanism to evaluate the validity and reliability of all certification examinations
- 3 conducted by AOA specialty certifying boards.
- 4
- 5 C. Assess examination scores and pass rates and ensure notification of appropriate
- 6 examination information to the Accreditation Council for Graduate Medical Education
- 7 (ACGME), osteopathic specialty college residency Education and Evaluation Committees
- 8 (EECs), and Osteopathic Postdoctoral Training Institutions (OPTI) using summary data by
- 9 program of graduation and report the pass rates on the AOA Opportunities website as
- 10 required by the AOA Board of Trustees. Provide pass rates as well as individual physician
- 11 examination results (pass/fail) to physicians' programs of graduation.
- 12

13

14 **Article III. Duties (B-02/09)**

15

16

17 The BOS will:

18

- 19 A. Advise specialty certifying boards with reference to defining and determining the scope of
- 20 the specialty(s), subspecialty(s) and/or area of added qualifications coming under the
- 21 certifying boards' jurisdiction.
- 22
- 23 B. Receive from and act on specialty certifying boards' amendments to their policies and
- 24 procedures.
- 25
- 26 C. Maintain contact with the activities of the specialty certifying boards to ascertain conformity
- 27 to the standards and procedures adopted, and to advise them, where indicated, regarding
- 28 corrections in their procedures. If necessary, the BOS will make appropriate
- 29 recommendations to the AOA Board of Trustees when any specialty certifying board fails to
- 30 conduct its affairs in an acceptable manner.
- 31
- 32 D. Provide recommendations to the AOA Board of Trustees concerning the assignment or
- 33 change in jurisdiction of a specialty or subspecialty.
- 34
- 35 E. Provide a mechanism to evaluate the validity and reliability of all certification examinations
- 36 conducted by AOA boards.
- 37
- 38 F. Provide recommendations to the Board of Trustees concerning the creation of new
- 39 certifying boards.
- 40
- 41 G. Establish procedures to determine the qualifications of the applicants for certification and
- 42 Osteopathic Continuous Certification (OCC).
- 43
- 44 H. Review and approve candidates presented for certification and continuous certification by
- 45 specialty certifying boards.

- I. Report action recommendations dealing with resident training programs to the Bureau of Osteopathic Education through its appointed representative. (B-03/91; B-07/12)
- J. Keep a record of all meetings, transactions, and actions of the BOS.
- K. Send the Chair or a designated representative to the AOA House of Delegates (HOD) and Board of Trustees (BOT) meetings, who will provide a report back to the BOS.

Article IV. Membership (B-03/13)

The membership of the BOS will consist of the Chair, the Vice Chair, the Immediate Past Chair, the Public Member, and a representative from each of the specialty certifying boards.

Section 1. Officers

- A. The AOA President, with approval of the AOA Board of Trustees, will appoint a Vice Chair as a member-at-large from the membership of the Executive Committee.
- B. The Chair, Vice Chair and Immediate Past Chair must have commitment to and experience in postdoctoral training and certification, be AOA board certified, and fully participate in all components of Osteopathic Continuous Certification (OCC).
- C. The Chair, Vice Chair and Immediate Past Chair terms will be for three (3) non-renewable years.
- D. The Chair cannot represent the same specialty as the Vice Chair or Immediate Past Chair.
- E. On completion of his or her three (3) year term, the Vice Chair will serve as Chair.
- F. On completion of his or her three (3) year term, the Chair will serve as Immediate Past Chair.
- G. On completion of his or her three (3) year term, the Immediate Past Chair’s service on the BOS will conclude.
- H. BOS term limit rules do not apply to the Chair, Vice Chair and Immediate Past Chair leadership track.

- I. In the event of a vacancy in the office of Chair or Vice Chair, the most senior osteopathic physician member on the Executive Committee of the BOS will act as Chair or Vice Chair until the next regular meeting. (B-07/93)
- J. If for any reason a specialty certifying board ceases to function, the Chair will assume temporary chairmanship of that specialty certifying board, with restricted powers, to maintain its operating continuity until the next meeting of the BOS. In this capacity he/she will arrange for the evaluation of candidates' credentials and for their examination but will not him/herself evaluate or examine. (B-12/57)

Section 2. Public Member

One (1) public member will be appointed for a three (3) year term by the AOA President. (B-02/97) The public member is automatically a member of the Executive Committee and the Standards Review Committee (SRC). There is no limit to the number of terms for which a public member may be appointed.

Section 3. Representatives from Specialty Certifying Boards

- A. There will be one (1) representative and one (1) alternate representative elected by and from the membership of each specialty certifying board. These recommendations will be made during the annual meeting of the specialty certifying board and submitted as soon as possible to the Secretary of the BOS. The alternate representative will be empowered to act for the regular representative, if he/she is unable to attend (B-01/63), but not in place of the regular representative's service on a subcommittee.
- B. BOS representatives must hold AOA board certification, active and in good standing, and fully participate in all components of OCC.
- C. BOS representative appointments are staggered and limited to no more than four (4) 3-year terms (lifetime of twelve (12) years). (B-03/93; B-02/94) Once BOS representatives have exhausted their respective term on the BOS, they may not serve on the BOS in any capacity, excepting AOA presidential appointment as Vice Chair. Boards demonstrating hardship may petition the BOS Executive Committee for exceptions to this policy. (B-07/14)
- D. A representative's term on the BOS commences on August 1 of the year of appointment to the BOS.
- E. A representative of the BOS will serve until July 31 of the year of the expiration of his/her term on the BOS.

Section 4. Secretary

- 1
2 A. The Secretary of the BOS will be named by the AOA Chief Executive Officer.
3
4 B. The Secretary will have the following responsibilities:
5
6 1. Keep a record of all meetings, transactions and actions of the BOS and assist the Chair
7 in such other duties as are appropriate to this office. (B-07/58)
8
9 2. Maintain and revise the *Handbook of the Bureau of Osteopathic Specialists (BOS): Policies and*
10 *Procedures of the BOS and Specialty Certifying Boards*, upon changes being approved by the
11 AOA Board of Trustees.
12
13 3. Maintain a file of all current policies and procedures and amendments pertaining to the
14 specialty certifying boards and the BOS.
15
16 4. Coordinate the standards review process cycle (working closely with the Standards
17 Review Committee advisor in collecting all Standards Review Committee reports, rating
18 information and distributing them to Standards Review Committee members;
19 maintaining records of all Standards Review Committee proceedings, decisions and
20 deadlines mandated by the BOS upon recommendation of the Standards Review
21 Committee; and notifying all boards of their compliance status).
22
23 5. Maintain the pages relating to specialty board certification on the AOA website.
24
25 6. Check specialty certifying board submissions for candidates recommended for
26 certification and continuous certification and notify the appropriate specialty certifying
27 board and the Chair of the Executive Committee if there is a problem that would defer
28 certification and continuous certification of a candidate. (B-07/92; B-07/12)
29
30 7. Retain all electronic submissions related to candidates for certification and Osteopathic
31 Continuous Certification (OCC).
32
33 8. Prepare the minutes of each meeting of the BOS and distribute to its members and the
34 Secretaries of the specialty certifying boards within six (6) weeks of the meetings.
35
36 9. Transmit board certification examination pass rates to the specialty colleges and
37 Osteopathic Postdoctoral Training Institutions (OPTIs) every twelve (12) months as
38 required by the AOA Council on Postdoctoral Training (COPT). Such pass rates are
39 necessary for enhancement and improvement of graduate medical education.
40
41

Article V. Committees (B-02/09)

Section 1. Executive Committee

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A. Membership

1. The BOS Executive Committee will be comprised of five (5) members. The five (5) members will include: the BOS Chair, the BOS Vice Chair, the BOS Immediate Past Chair, the BOS Public Member, and one (1) member selected by the AOA President-Elect following consultation with the BOS Chair.

B. Terms

1. Members of this committee will serve 3-year terms that commence on August 1 and end on July 31 of the appropriate year.
2. If a member of the Executive Committee is not reappointed to the BOS, a replacement will be chosen as described in Letter A., above.

C. Duties

1. Have final authority to approve osteopathic specialty certification and continuous certification. Such approval will indicate the approval of the AOA, and these actions will be reported to the full BOS and to the AOA Board of Trustees.
2. Have final authority on denial of certification and continuous certification, subject to the appeal process to the AOA Board of Trustees.
3. Review or cause to be reviewed the summaries of candidates being presented for certification and continuous certification. (B-07/85; B-07/92)
4. Review and mediation of administrative problems when there is no apparent resolution of ongoing administrative problems and a lack of compliance with the BOS' administrative requirements, including those directly affecting candidates for certification and administrative operations at the specialty certifying board and AOA levels. The Executive Committee, with the assistance of the AOA Department of Certifying Board Services (CBS), will review such concerns and take necessary action to resolve the problem and provide monitoring when necessary.
5. Respond to requests from the Standards Review Committee regarding specific specialty certifying boards that have exhausted all avenues to comply with the standards review process for specific examinations at the end of the probationary period. The Executive Committee, with the assistance of CBS, will determine whether those specialty certifying boards have technical resources and will make its findings known to the SRC for purposes of placing examinations in dormant status where necessary. The SRC then, as outlined in the policies and procedures of the BOS, may mandate dormant status for examinations that have not met Standards Review Committee standards.

- 1 6. Review and evaluate requests from specialty certifying boards for assistance from the
2 AOA Dale Dodson Educational Fund and submit the BOS' evaluation and
3 recommendations to the Dale Dodson Educational Fund for its evaluation and
4 determination.
5

6 D. Meetings

- 7
8 1. The Executive Committee will meet in conjunction with the BOS meetings (Midyear and
9 Annual) and as necessary to conduct the business of the committee.
10
11 2. The Executive Committee will have authority to act for the BOS between meetings, such
12 meetings of the Executive Committee to be set on notice from the Chair. (B-07/64; B-
13 07/93)
14

15 E. Appeal Process

- 16
17 1. Where a specific specialty certifying board does not agree with the actions taken by the
18 BOS Executive Committee the specialty certifying board will have an opportunity to
19 appeal directly to the full BOS. In the event the full BOS concurs with actions taken by
20 the Executive Committee, the specialty certifying board will have the opportunity to
21 appeal the decision to the AOA Board of Trustees.
22

23 **Section 2. Appeal Committee**

24
25 A. Membership

- 26
27 1. The Appeal Committee will be comprised of three (3) members and three (3) alternates,
28 appointed by the BOS Chair from within the membership of the BOS, who are not on
29 the Executive Committee and who are of different specialties. (B-07/04)
30
31 a. One (1) member will be designated as Chair of the Appeal Committee.
32
33 b. An alternate will serve as a regular member on the Appeal Committee if one of the
34 regular members is a representative of the specialty certifying board involved in the
35 appeal.
36
37 c. No member of the Appeal Committee may vote in any appeal where that member
38 has previously acted on the appellant's case.
39

40 B. Terms

- 41
42 1. Members of this committee will serve 3-year terms that commence on August 1 and end
43 on July 31 of the appropriate year.
44

- 1 2. If a member of this committee does not retain his/her appointment to the BOS, a
2 replacement committee member will be appointed by the BOS Chair in accordance with
3 BOS procedures.
4

5 C. Duties
6

- 7 1. The Appeal Committee will provide adjudication of any charges by an applicant for
8 certification, subspecialty certification and Osteopathic Continuous Certification (OCC)
9 that meet the requirements in Article IV of the policies and procedures, which in general
10 would consist of allegations of unfairness, discrimination or improper conduct of the
11 affairs of the Executive Committee of the BOS or the conduct of affairs, including the
12 examination, of any specialty certifying board.
13

14 D. Meetings
15

- 16 1. The Appeal Committee will meet in conjunction with the BOS Meetings (Midyear and
17 Annual) and as necessary to conduct the business of the committee.
18
19

20 **Section 3. Jurisdiction Committee**
21

22 A. Membership
23

- 24 1. The Jurisdiction Committee will be comprised of three (3) members appointed by the
25 BOS Chair. The Chair of the committee will be designated by the Chair of the BOS.
26

27 B. Terms
28

- 29 1. Members of this committee will serve 3-year terms that commence on August 1 and end
30 on July 31 of the appropriate year.
31
32 2. If a member of this committee does not retain his/her appointment to the BOS, a
33 replacement committee member will be appointed by the BOS Chair in accordance with
34 BOS procedures.
35

36 C. Duties
37

- 38 1. The Jurisdiction Committee will make recommendations to the BOS concerning any
39 petitions for the establishment of new specialty certifying boards or for the assignment
40 or transfer of jurisdiction over a specialty and/or subspecialty. (B-03/88)
41

42 D. Meetings
43

- 44 1. The Jurisdiction Committee will meet by conference call or face-to-face as necessary
45 whenever a request for a new certifying board or change in jurisdiction request is
46 received by the BOS Secretary.

1
2
3 **Section 4. Standards Review Committee (SRC)**
4

5 A. Membership
6

- 7 1. The Standards Review Committee will be comprised of six (6) members appointed by
8 the BOS Chair from within the membership of the BOS, the BOS' Public Member and
9 two (2) alternate members appointed by the BOS Chair. The AOA Psychometric
10 Consultant will serve as a non-voting member of the committee. The Chair of the
11 committee will be designated by the Chair of the BOS. (B-03/01)
12

13 B. Terms
14

- 15 1. Members of this committee will serve 3-year terms that commence on August 1 and end
16 on July 31 of the appropriate year.
17
18 2. If a member of this committee does not retain his/her appointment to the BOS, a
19 replacement committee member will be appointed by the BOS Chair in accordance with
20 BOS procedures. (B-07/98; B-03/01)
21

22 C. Duties
23

- 24 1. Maintain contact with the activities of the specialty certifying boards to ascertain
25 conformity to the standards and procedures adopted and to advise them, where
26 indicated, regarding corrections in their procedures.
27
28 2. Provide a mechanism to evaluate the validity and reliability of all certification
29 examinations conducted by the AOA specialty certifying boards and assess board
30 compliance with the AOA certification examination standards. The BOS, upon
31 recommendation by the committee and subject to appeal, will take final action on a
32 specialty certifying board's compliance with the standards. These actions will be reported
33 to the AOA Board of Trustees.
34
35 3. Oversee the policies of the BOS and its specialty certifying boards related to OCC.
36

37 D. Meetings
38

- 39 1. The Standards Review Committee will meet in conjunction with the BOS Meetings
40 (Midyear and Annual) and as necessary to conduct the business of the committee.
41

42 E. Subsections I & II
43

- 44 1. Membership
45

- 1 a. Each Subsection will be Chaired by a BOS Representative from the SRC and Co-
2 Chaired by a psychometrician. There will be seven (7) members on each Subsection,
3 including the Chair and Co-Chair.
4

5 2. Duties
6

- 7 a. Monthly review of technical reports
8
9 b. Review quality of exams, correcting exam deficits
10
11 c. Evaluate performance standards
12
13 d. Report findings to monthly Standards Review Committee Meetings
14
15

16 **Section 5. Innovations Committee**
17

18 A. Membership
19

- 20 1. The Innovations Committee will be comprised of seven (7) members. The Chair of the
21 Innovations Committee will be the Vice Chair of the BOS. The members will include
22 three (3) bureau members with less than two (2) years tenure and less than five (5) years
23 in practice, one (1) OMS student member, two (2) resident members, and one (1)
24 consultant psychometrician.
25

26 B. Duties
27

- 28 1. Monitor and evaluate emerging trends in physician assessment and quality initiatives in
29 clinical practice
30
31 2. Evaluate and recommend technology platforms for delivery of OCC components
32
33 3. Facilitate adoption by BOS through advocacy
34
35 4. Facilitate customer capture and use of technology by GME programs, diplomates and
36 applicants
37
38

39 **Section 6. Certification Compliance Review Committee (CCRC) (B-03/13)**
40

41 A. Membership
42

- 43 1. The Certification Compliance Review Committee (CCRC) will be comprised of three (3)
44 members appointed by the BOS Chair. The Chair of the committee will be designated by
45 the Chair of the BOS.

- 1
2 2. No members of the CCRC will simultaneously serve on the BOS Appeal Committee. A
3 member with a conflict of interest or potential conflict of interest will recuse him/herself
4 from any review or deliberation of a file.
5

6 B. Terms

- 7
8 1. Members of this committee will serve 3-year terms that commence on August 1 and end
9 on July 31 of the appropriate year.
10
11 2. If a member of this committee does not retain his/her appointment to the BOS, a
12 replacement committee member will be appointed by the BOS Chair in accordance with
13 BOS procedures.
14

15 C. Duties

- 16
17 1. The CCRC will review and make initial determinations on:
18
19 a. Licensure review for certification and compliance with OCC
20
21 b. Requests for waivers or special considerations related to Component 4 compliance
22 with OCC
23
24 2. Actions of the CCRC may be appealed to the BOS Appeal Committee. No members of
25 the BOS Appeal Committee will have served on the CCRC at the time the original
26 decision was rendered.
27

28 D. Meetings

- 29
30 1. The committee will meet by conference call or face-to-face as necessary whenever issues
31 arise requiring committee action.
32
33

34 **Section 7. Conjoint Certification Oversight Committee (CCOC)**

35
36 A. Membership

- 37
38 1. The Conjoint Certification Oversight Committee will be comprised as follows:
39
40 a. The BOS Vice Chair, who will serve as Chair of the committee
41
42 b. The BOS Public Member
43
44 c. One representative from each board participating in any conjoint subspecialty/CAQ.
45

- i. The representative recommended by the respective certifying board will be the individual appointed by the BOS Chair.
- ii. This individual must be a member of their certifying board but does not have to be the board's BOS representative or alternate.

B. Terms

1. Members of this committee will serve 3-year terms that commence on August 1 and end on July 31 of the appropriate year.
2. If a member of this committee does not retain his/her appointment to the BOS, a replacement committee member will be appointed by the BOS Chair in accordance with BOS procedures.

C. Duties

1. Have oversight of the conjoint certification process of the conjoint examination committees and make recommendations to the BOS for approval.
2. Provide a report to the BOS at its annual and midyear meetings.
3. Make recommendations to the BOS for certification of all conjoint certification candidates.

D. Meetings

1. The committee will meet semi-annually and as necessary to conduct business.

E. Certificates

1. All conjoint certificates will be signed by the diplomate's primary certifying board Chair, Secretary, and the AOA CEO.

Article VI. Basic Documents (B-02/09)

Section 1. Specialty Certifying Boards

- A. The basic documents of the specialty certifying boards will be the policies and procedures, compiled and issued by each specialty certifying board in accordance with AOA requirements as approved by the BOS.

Section 2. Bureau of Osteopathic Specialists

- 1
2
3 A. The procedures and directives, as adopted by the BOS and the AOA Board of Trustees, will
4 be compiled, and issued as the *BOS Handbook*.
5
6 B. The *BOS Handbook* will be maintained by the Secretary of the BOS and revised regularly in
7 consultation with the Committee on Basic Documents and Operations of Affiliated
8 Organizations, after approval by the BOS and the AOA Board of Trustees.
9

Section 3. Requirements for Certification and Continuous Certification

- 10
11
12
13 A. The requirements for certification and continuous certification will be published on the
14 specialty certifying boards' websites after changes have been approved. (B-07/92)
15
16 B. The requirements for certification and continuous certification will be updated annually by
17 the Secretary of the BOS. (B-07/92)
18
19 C. The requirements for certification and continuous certification will be made available on the
20 AOA website as well as the individual specialty certifying board websites. (B-01/93; B-
21 03/13)
22
23

Article VII. Meetings and Reports**Section 1. Meetings**

- 24
25
26
27
28 A. There will be a midyear and an annual meeting of the BOS.
29
30 B. The Executive Committee, at its discretion, may meet as needed.
31
32
33 C. The official call of each BOS meeting will be issued not fewer than thirty (30) days prior to
34 the opening session.
35
36 D. A quorum at any session of any regular BOS meeting will consist of a majority of the
37 designated membership of the BOS.
38
39 E. *Robert's Rules of Order, Newly Revised* will be followed except where they conflict with these
40 rules of procedure. (B-07/64)
41
42 F. A quorum at any session of any regular Executive Committee meeting will consist of a
43 majority of the designated membership of the Executive Committee.
44
45

1 **Section 2. Reports to the AOA Board of Trustees**

- 2
- 3 A. The midyear report of the BOS to the AOA Board of Trustees will contain the following
- 4 information:
- 5
- 6 1. Number of candidates awarded certification or who have completed the OCC process.
- 7
- 8 2. Number of candidates awarded subspecialty certification. (B-03/93; B-02/98)
- 9
- 10 3. Any other recommendations from the BOS and/or its Executive Committee that require
- 11 action of the AOA Board of Trustees.
- 12
- 13 B. The annual report of the BOS to the AOA Board of Trustees will contain the following
- 14 information:
- 15
- 16 1. Candidates awarded certification or who have completed the OCC process.
- 17
- 18 2. Candidates awarded subspecialty certification.
- 19
- 20 3. Appointments for membership on specialty certifying boards.
- 21
- 22 4. Amendments to the *BOS Handbook*.
- 23
- 24 5. Any other recommendations from the BOS and/or its Executive Committee, which
- 25 require action of the AOA Board of Trustees. (B-07/76)
- 26
- 27

28 **Article VIII. Amendments (B-02/09)**

29

30

31 Amendments to these policies and procedures may be adopted for submission to the AOA Board of

32 Trustees for approval, by the vote of a majority of the members of the BOS registered with the

33 Secretary as present at the annual or midyear meeting, provided the proposed amendments have

34 been submitted in print or electronic format to each member present. (B-07/64)

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Certifying Osteopathic Excellence Since 1939



Policies and Procedures of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards

Policies and Procedures of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards

Article 1. Protocol for Establishing Specialty Certifying Boards

Section 1. Petitions

- A. The BOS is charged by the AOA Board of Trustees (BOT) with providing recommendations concerning the creation of new specialty certifying boards and the assignment or change of specialty, subspecialty and/or added qualifications jurisdiction. The AOA Board of Trustees is the final decision-making body concerning such questions.
- B. Petitions to establish a new certifying board with jurisdiction in a newly defined specialty may only be submitted by AOA approved practice affiliates to the BOS for study and recommendation. To be accepted as a certifiable field, the specialty(s) must meet the requirements for certification as defined by the BOS. Such petitions must be submitted electronically to the Secretary of the BOS a minimum of sixty (60) days prior to the date of the BOS meeting.
- C. Petitions to establish new certifying boards must conform to the forms found in the Appendices of this document and include the following documentation:
 - 1. The name of the proposed board.
 - 2. A list of a minimum of twenty (20) physicians, who are members of both the AOA and the petitioning affiliate, interested in the establishment of the new board.
 - 3. A written study conducted by the petitioning group that justifies the need for the proposed new board and its interrelations with established boards.
 - 4. A list of the specialty(s) over which the new board is seeking jurisdiction.
 - 5. A copy of the AOA approved or proposed basic standards for residency training in the newly defined specialty.
 - 6. A draft of the proposed policies and procedures for the new board, including the definition of each specialty and the requirements for certification in each specialty.
- D. Notification of the submission of a petition for establishing a new specialty certifying board and/or requesting an assignment or change of jurisdiction will be sent to each AOA

1 specialty college and specialty certifying board by the Secretary of the BOS prior to
2 consideration and recommendation by the BOS.

- 3
4 E. The BOS may not waive any of the following protocols. All final determinations regarding
5 such petitions are the prerogative of the AOA Board of Trustees.
6

7
8 **Section 2. Petition Review**
9

- 10 A. The Secretary of the BOS will review the documentation for completeness and then submit
11 it to the Jurisdiction Committee for its assessment.
12
13 B. The Jurisdiction Committee will report its recommendations to the full BOS.
14
15 C. The Secretary of the BOS will provide a copy of the petition to all member specialty
16 certifying boards and establish a deadline by which all boards are to respond, with a
17 minimum of sixty (60) days from the date provided to the member specialty certifying
18 boards. This process is to provide the specialty certifying boards an opportunity to
19 determine if the new specialty field would overlap into other specialty fields and has an
20 identifiable body of knowledge and training common to those specialty fields.
21
22 D. The Jurisdiction Committee will review those responses and present its recommendations to
23 the full BOS at its next scheduled meeting.
24
25

26 **Section 3. Limitation**
27

28 Submission of the required documentation does not necessarily guarantee the establishment of a
29 new specialty certifying board and/or the granting of jurisdiction or the establishment of a conjoint
30 certification program with jurisdiction in a certification of added qualifications area. (B-07/85; B-
31 07/89)
32
33

34 **Article II. Specialty Certifying Boards Requesting Jurisdiction in a New**
35 **Specialty Field**
36
37

38 **Section 1. Petition Process**
39

40 Petitions requesting jurisdiction over a new specialty or subspecialty field must first be submitted for
41 study and recommendation by an existing certifying board of the BOS. Petitions must follow a two-
42 step process:
43

- 44 A. Definition of the new field, demonstrating the necessity of the new field and demonstrating
45 that the board has the appropriate resources to create and maintain a valid exam.

1
2 B. Submission of a full, completed standards report form. (Appendix I)
3

4 Both steps of the petition must be approved by the full BOS before the board receives full
5 jurisdiction in the new specialty or subspecialty field and can examine candidates. The first step and
6 second step of the petition cannot be submitted concurrently.
7

8 9 **Section 2. First Step Petition**

10
11 First step petitions must be submitted to the Secretary of the BOS a minimum of sixty (60) days
12 prior to the date of the next BOS meeting. These petitions requesting assignment of jurisdiction
13 must utilize the form found in the Appendix of this document and must include the following:
14

15 A. Definition of the new specialty/subspecialty field.

- 16 1. List of the specialty(s)/subspecialty(s) and/or area(s) of added qualifications over which
17 the board has current jurisdiction and the transfer of jurisdiction being requested.
18
- 19 2. Definition of the tentative specialty field and rationale for examination.
20
- 21 3. Detailed plan for completing a job task analysis to further define the examination.
22

23
24 B. Demonstration of the necessity for the new specialty field. The petition must include:
25

- 26 1. Evidence of potential AOA approved residency sites.
27
- 28 2. List of osteopathic and allopathic physicians who have training in the new specialty field.
29 The list must include the physician's name, AOA number, certifications currently held,
30 and dates and locations of all residencies in the new specialty.
31
- 32 3. List of osteopathic and allopathic physicians who have requested to take the exam that
33 do not have AOA approved or ACGME training in the new specialty field. The list must
34 include the physician's name, AOA number, certifications currently held, and dates and
35 locations of all residencies, and the percent of each physician's practice spent working in
36 the new specialty field.
37
- 38 4. The AOA approved or proposed basic standards for residency training in the new
39 specialty field.
40
- 41 5. Requirements for certification in the new specialty field being considered and any
42 proposed changes in other basic documents of the board.
43
- 44 6. If a clinical pathway is proposed, the petition must state an expiration date for the
45 pathway, which must be a maximum of five (5) years following the award of jurisdiction.

1
2 C. Demonstration that the board has the resources to create and maintain a valid certification
3 exam.

4
5 1. Subject Matter Experts

6
7 Include a listing of at least five (5) qualified subject matter experts in the new specialty
8 field that have committed to serving on the exam committee for this new area of
9 jurisdiction. Include their name, AOA number, and certifications as well as the dates and
10 locations of all their residencies. Also include the percent of the physician's practice that
11 is spent working in this new specialty field. A letter of commitment from each subject
12 matter expert must be submitted.

13
14 2. Financial Resources

15
16 The board must include a business plan that details how it will fund the development
17 and administration of the exam. Costs and demonstration of funds should be detailed
18 for the following major exam development areas: job task analysis/table of
19 specifications; item writing; exam scoring; and standard setting. Costs and demonstration
20 of funds should be detailed for the following major exam administration areas: item
21 collection/item banking; exam creation/printing; and exam proctoring. (B-07/03)

22
23 D. First Step Petition Review

- 24
25 1. The Secretary of the BOS will review the documentation for completeness and then
26 submit it to the Jurisdiction Committee for its assessment.
27
28 2. The Jurisdiction Committee will report its recommendations to the full BOS.
29
30 3. The Secretary of the BOS will provide a copy of the petition to all member specialty
31 certifying boards and establish a deadline by which all boards are to respond, with a
32 minimum of sixty (60) days from the date provided to the member specialty certifying
33 boards. This process is to provide the specialty certifying boards an opportunity to
34 determine if the new specialty field would overlap into other specialty fields and has an
35 identifiable body of knowledge and training common to those specialty fields.
36
37 4. The Jurisdiction Committee will review those responses and present its
38 recommendations to the BOS at its next scheduled meeting.
39
40 5. If determined that the new specialty, subspecialty and/or area of added qualifications
41 overlaps into other specialty fields, consideration must be given to establishing a
42 Conjoint Certification Examination Committee (CCEC), the process for which is
43 published in Article XIII of this document.
44

- 6. If the full BOS approves the first step of the petition, the board receives preliminary jurisdiction and may begin to develop its second step petition.

Section 3. Second Step Petition

Second step petitions must be submitted to the Secretary of the BOS a minimum of sixty (60) days prior to the date of the next scheduled BOS meeting. These petitions must include a completed standard report form for each new specialty field (Appendix I of this document). The process for second step petition includes the following:

- A. The Standards Review Committee (SRC) will first evaluate the standards report form.
- B. The SRC may request to meet with the specialty certifying board representatives for further description of the proposed exam.
- C. The SRC will make a recommendation for the Jurisdiction Committee on the exam’s compliance with the AOA certification standards.
- D. The Jurisdiction Committee will review the second step petition, and recommendation for approval or denial will be forwarded to the full BOS for action at the next scheduled meeting. (B-07/03)

Article III. Dormancy and Relinquishing Jurisdiction for Examinations (B-02/09)

Section 1. Placing Examinations into Dormant Status or Relinquishing Jurisdiction (B-07/03; B-02/09)

A request to place an examination into dormant status or to relinquish jurisdiction must be submitted to the BOS for review and recommendation. The specialty certifying board must submit the following information with its request:

- A. Rationale for placing the examination into dormant status or for relinquishing jurisdiction.
- B. Description of the lack of activity in the specialty field, to ensure that any residents in those programs are not negatively affected by the dormancy of the examination, which must include:
 - 1. The year in which original jurisdiction was granted.
 - 2. The number of osteopathic and allopathic residency programs existing in the last seven (7) years.

- 1
- 2 3. The number of residents in osteopathic and allopathic programs within the last seven (7)
- 3 years.
- 4
- 5 C. If applicable, description of the continuous certification mechanism for all diplomates.
- 6
- 7 D. If applicable, the number of osteopathic and allopathic physicians certified in the specialty,
- 8 broken down by time-limited and non-time-limited diplomates.
- 9
- 10 E. If applicable, the number of physicians that have taken the examination in the last five (5)
- 11 years and the number of physicians with active applications on file.
- 12
- 13 F. The proposed date for the placement of the examination into dormant status or for
- 14 discontinuation of the examination.
- 15
- 16 G. The plan for notifying constituents of the status change.
- 17
- 18

19 **Section 2. Review Process**

- 20
- 21 A. If there are active certificants, the Jurisdiction Committee will request a recommendation
- 22 from the SRC as to the status of the OCC Component 3 Cognitive Assessment required for
- 23 the existing certificants.
- 24
- 25 B. If there are active certificants, the Jurisdiction Committee will request the Vice President,
- 26 AOA Certifying Board Services (CBS), to report on any financial implications of the
- 27 dormancy request.
- 28
- 29 C. After a full review, the Jurisdiction Committee will make its recommendation to the full
- 30 BOS.
- 31
- 32

33 **Section 3. Mandatory Placement of an Examination into Dormant Status**

34

35 At its discretion, the BOS, on the recommendation of the SRC, may mandate dormant status for an

36 examination that has not met the SRC standards. (B-02/04)

37

38

39 **Section 4. Reactivating Examinations (B-07/03; B-02/09)**

- 40
- 41 A. Dormant examinations may be reactivated. To reactivate an examination, the board must
- 42 submit a detailed rationale for reactivation, to include:
- 43
- 44 1. A listing of existing residency programs in the specialty field and the number of residents
- 45 in each program. The listing must describe whether the program is an AOA approved

1 program and the total number of osteopathic and allopathic physicians who have
2 completed training in this specialty field within the last seven (7) years.

- 3
- 4 2. A listing of osteopathic and allopathic physicians who have requested to take the
5 examination and have met the AOA criteria for certification.
- 6
- 7 3. A demonstration that the board has the resources to create and maintain a valid
8 certification examination.
- 9
- 10 4. A list of a minimum of five (5) qualified subject matter experts in the specialty field
11 committed to serve on the examination committee. The list must include the physician's
12 name, AOA number, certifications, dates and locations of all residencies, the percent of
13 the physician's practice dedicated to this specialty and a letter of commitment to the
14 examination committee.
- 15
- 16 5. A business plan that details how the board will fund the development and administration
17 of the examination. Costs and demonstration of funds should be detailed for the
18 following major examination development areas: job task analysis/table of specifications;
19 item writing; examination scoring; standard setting; item collection/item banking;
20 examination creation/printing; and examination proctoring.
- 21
- 22 B. To reactivate an examination from dormancy, the SRC with the assistance of the Vice
23 President, AOA CBS, will review all the information and make a recommendation for
24 approval or denial to the Jurisdiction Committee. The Jurisdiction Committee will conduct
25 the final review before submitting its recommendation to the full BOS.
- 26
- 27 C. Relinquishment of jurisdiction is permanent.
- 28
- 29

30 **Section 5. Appeal Process for Specialty Certifying Boards Denied Dormancy and/or**
31 **Reactivation of a Dormant Examination (B-07/03; B-02/09)**

32

- 33 A. Specialty boards declined dormancy and/or reactivation of a dormant examination may
34 appeal to the BOS.
- 35
- 36 B. The specialty certifying board must submit a detailed rationale for its appeal at least ninety
37 (90) days prior to the next business meeting of the BOS.
- 38
- 39 C. A specialty certifying board representative must be available to answer questions on the day
40 of the appeal.
- 41
- 42 D. Following the BOS review, the specialty certifying board may appeal to the AOA Board of
43 Trustees by submitting a detailed rationale for its appeal at least ninety (90) days prior to the
44 next business meeting of the AOA Board of Trustees.
- 45

Section 6. BOS Standards Review Committee Review – Dormancy of Examinations

Where specific specialty certifying boards have exhausted all avenues to comply with the standards review process for specific examinations at the end of a probationary period, the SRC may ask the Vice President, AOA CBS, to determine whether those specialty certifying boards have sufficient financial funds and technical resources. The Vice President, AOA CBS, after review of financial and other board resources, will make his/her findings known to the SRC for purposes of placing examinations in dormant status where necessary. The SRC may then mandate dormant status for examinations that have not met SRC standards.

- A. The format of the review will be self-study with completion of a standards review report. The report will be completed by the specialty certifying board and submitted to the SRC for review and action. The Committee will ask the specialty certifying board to provide written evidence that it has met the requirements set forth in the standards. (B-03/01)

The SRC will review the report from each specialty certifying board to assess whether the specialty certifying board's examination activities are in compliance with the standards. After review and discussion with the SRC, the SRC will meet in person with the specialty certifying board representative to clarify any issues. Representatives from the specialty certifying boards, including at least one physician board member, being reviewed must make themselves available for the SRC meeting. (B-03/01; B-07/03)

After SRC review and discussion, the SRC must either:

1. Recommend to the BOS that the specialty certifying board is in compliance with the standards. If a recommendation of compliance is made, the BOS may then take action on that recommendation. (B-03/01; B-07/03)
2. Defer making any recommendation to the BOS regarding compliance.
3. Recommend to the BOS that an examination jurisdiction be placed into a dormant status. (B-07/03)

Within thirty (30) days of this SRC meeting, the SRC will send the specialty certifying board a written evaluation. This evaluation will relate the SRC findings, may request supplemental information to verify compliance, and will report activities that are not in compliance with the standards. Examination activities found not in compliance with the standards will be clearly described to the specialty certifying board. (B-03/01)

- B. Submission of the Specialty Certifying Board Response and Action Plans

Once the written evaluation is received by the specialty certifying board, it will have sixty (60) days in which to respond to the evaluation in writing. The response should include any specialty certifying board comments regarding the evaluation and any supplemental information requested from the SRC. If any examination activities are not in compliance, the

1 response must also include a written action plan. At the next SRC meeting after submission
2 of the response, the board’s supplemental information and the action plan will be examined.
3 Once the SRC approves the submitted action plan, a letter of acceptance is sent to the
4 specialty certifying board. (B-07/15)

5
6 **C. Non-Compliance**

7
8 If any examination activities were found not in compliance with the standards, the specialty
9 certifying board must submit an updated report. The specialty certifying board must submit
10 an updated report to the SRC, along with acceptable evidence that shows that all the
11 certification and examination activities are in compliance with the standards, within one (1)
12 year of review. Only areas designated as not in compliance from this evaluation will be
13 reviewed. The specialty certifying board must submit its updated report at least forty-five
14 (45) days before the SRC meets. (B-07/03; B-07/15)

15
16 **D. Updated Reports**

17
18 At the next SRC meeting after submission of the updated report, the committee will review
19 the updated report and may request to meet in person with the specialty certifying board
20 representative(s) to clarify any issues. The SRC must make a recommendation to the BOS
21 for action and may recommend that the board is in compliance or is not in compliance with
22 the standards. (B-03/01) The SRC may also recommend to the BOS that an examination
23 jurisdiction be placed in dormant status. (B-07/03)

24
25 **E. Probation**

26
27 If the BOS finds the specialty certifying board not in compliance, the BOS may impose a
28 one (1) year probation period. By the end of the probation period, the specialty certifying
29 board must demonstrate compliance with the standards. The applicable specialty college will
30 also be notified of the specialty certifying board’s probationary status. Specialty certifying
31 board failure to comply with the standards will result in a BOS notification to the AOA
32 Board of Trustees that the specialty certifying board is not in compliance and to forward a
33 recommendation for further action to the AOA Board of Trustees. (B-07/03)

34
35 **F. Appeals**

36
37 Specialty certifying boards may appeal the decision of the BOS to the AOA Board of
38 Trustees.

39
40
41 **Article IV. BOS Appeal Committee and Hearing Procedures**

42
43
44 **Section 1. Scope of Possible Appeal**

1 An appeal hearing will be granted to determine the facts, which, if the prospective appellant’s
2 allegations are found to be true, would constitute unequal application of the regulations and
3 requirements or standards, or unwarranted discrimination, prejudice, unfairness or improper
4 conduct of all or any part of an examination conducted by any specialty certifying board or action by
5 the Executive Committee or the Certification Compliance Review Committee of the BOS.

6
7 The Appeal Committee will not consider issues related to examination content. The Appeal
8 Committee members at the hearing are all from outside the specialty area at issue and are not
9 expected to have subject matter expertise as to the specialty practice area at issue. (B-07/76)

10
11
12 **Section 2. Procedures for Requesting an Appeal to the BOS Appeal Committee**

13
14 All requests for an appeal will be filed with the Chair of the BOS within one (1) year of the decision
15 by the certifying board’s appeal committee and no later than two (2) years after the alleged
16 incident(s) from which the grievance arises. Prior to seeking reviews by the BOS Appeal Committee,
17 appellants must first appeal to the certifying boards. Appeals that have not been reviewed by the
18 certifying board may be returned to the appellant with instruction to seek review from the certifying
19 board before submitting the appeal to the BOS Appeal Committee. The Chair of the BOS will
20 determine whether sufficient grounds have been alleged, in accordance with Section 1 above, and if
21 so he/she will notify the prospective appellant, the specialty certifying board involved (or Executive
22 Committee or Certification Compliance Review Committee), and the Chair of the Appeal
23 Committee that the appeal will be heard. Appeals will be scheduled in conjunction with one (1) of
24 the regular meetings of the BOS. Special hearings may be called by the Chair of the Appeal
25 Committee. (B-03/93)

26
27
28 **Section 3. Material in Support of Appeal**

29
30 The appellant will be asked to prepare a position statement of no more than twenty (20) pages in
31 length that explains the basis for the appeal. In addition to the position statement, the appellant
32 should submit any documentation in support of the appeal. The specialty certifying board will be
33 asked to submit a position statement of no more than twenty (20) pages in length as well as any
34 documentation in support of the board’s position. The appellant, specialty certifying board involved,
35 and BOS Chair will be advised that all position statements and documentary material necessary for
36 proper adjudication of the case will be submitted to the Chair of the Appeal Committee no later
37 than sixty (60) days prior to the date scheduled for the hearing. The BOS Appeal Committee’s
38 Secretary will provide the position statements and supporting documents to the committee
39 members, the appellant and the specialty certifying board.

40
41
42 **Section 4. Attendance at Hearing**

43
44 Barring documented extraordinary circumstances, appellants must be present at the hearing. One (1)
45 representative of the specialty certifying board involved (or the Chair of the Executive Committee or
46 his/her designee) must also be present at the hearing to present the position of the specialty

1 certifying board. Appellants may be represented at the hearing by legal counsel, provided that the
2 appellant provides the Appeal Committee Secretary with at least thirty (30) days prior notice as to
3 the use of legal counsel and the name and address of the attorney.
4

5
6 **Section 5. Conflicts of Interest**
7

8 Appeal Committee members will recuse themselves if there is a conflict of interest that prevents
9 them from objectively reviewing the appeal. Additionally, the specialty certifying board and the
10 appellant will also have the right to object to the participation of particular members of the Appeal
11 Committee. The Chair will decide if such objections have merit and if such members will be
12 excluded as a result thereof.
13

14
15 **Section 6. Record of Appeal**
16

17 Steno typed transcripts of the appeal hearings will be made. The transcripts will be confidential but
18 may be made available to authorized representatives of the appellant and specialty certifying board
19 or Executive Committee, members of the Appeal Committee, and/or members of the AOA Board
20 of Trustees. The transcripts will be kept in the permanent files of the Secretary of the BOS.
21

22
23 **Section 7. Attendance at Appeal**
24

25 The Appeal Committee will meet in closed session. In addition to the appellant, specialty certifying
26 board representative(s) and committee members, the BOS Chair, Vice Chair and Public Member
27 may attend the hearing and, with consent of the Appeal Committee Chair, may ask questions of the
28 appellant and certifying board member(s).
29

30
31 **Section 8. Appeal Hearing Procedure**
32

33 Appeal hearings should take approximately ninety (90) minutes. The Chair has discretionary
34 authority to determine the format of the hearing. In general, however, hearings should follow the
35 format below:
36

- 37 A. Appellant’s presentation (approximately twenty (20) minutes).
- 38 B. Specialty Certifying Board’s presentation (approximately twenty (20) minutes).
- 39 C. Appellant’s rebuttal (approximately five (5) minutes).
- 40 D. Specialty Certifying Board’s rebuttal (approximately five (5) minutes).
- 41 E. Questions and answers (approximately twenty (20) minutes).
- 42
- 43
- 44
- 45

1
2 F. Specialty Certifying Board’s closing statement (approximately five (5) minutes).
3

4 G. Appellant’s closing statement (approximately five (5) minutes).
5

6 The Appeal Committee will deliberate in executive session. The parties will then be excused but will
7 be advised to remain for further questions if necessary. (B-07/76)
8
9

10 **Section 9. Presentations**
11

12 Cross examination and presentation of third-party witness testimony is not allowed. Third party
13 witness testimony should be presented in affidavit format and submitted with documentation.
14 However, the Chair will have the discretion to permit modification of the format, if necessary, to
15 consider the merits of the allegations contained in the petition. (B-07/76)
16
17

18 **Section 10. Deliberations and Decisions**
19

20 After hearing and considering the presentation of the appellant and the response of the specialty
21 certifying board, the BOS may vote to uphold or overturn the decision of the specialty certifying
22 board or request additional information. The Appeal Committee may include specific directions for
23 the specialty certifying board (e.g., special examination procedures), but will not have authority to
24 change a failing exam grade to a passing grade. The Appeal Committee will report its decision and
25 recommendation to the BOS, which will in turn report the decision to the AOA Board of Trustees.
26

27 Within thirty (30) days of the Appeal Committee’s decision, the appellant and the certifying board
28 will be notified of the decision. The parties will be advised that they have the right to appeal the
29 action of the Appeal Committee to the AOA Board of Trustees and advised of the process to
30 request further appeal to and a hearing before the AOA Board of Trustees. (B-07/76; B-03/93)
31
32

33 **Section 11. Appeal Process for Specialty Certifying Boards**
34

35 For appeals filed at the specialty certifying board level, boards will follow the hearing procedures
36 outlined above.
37
38

39 **Article V. Specialty Certifying Board Operating Procedures**
40

41
42 **Section 1. Duties**
43

44 The duties of an American Osteopathic Association (AOA) specialty certifying board (hereinafter
45 referred to as “Board”) are to:

- 1
- 2 A. Serve as an advisory body for all applicants for certification in a specialty(ies) and
- 3 subspecialty(ies) and/or certification(s) of added qualifications which may be assigned to its
- 4 jurisdiction.
- 5
- 6 B. Recommend to the BOS and the AOA Board of Trustees (AOA-BOT) the standards of
- 7 education and formal training and/or experience required for certification in a specialty(ies)
- 8 and any other subspecialty(ies) and/or certification(s) of added qualifications which may be
- 9 assigned to its jurisdiction.
- 10
- 11 C. Make recommendations to the BOS concerning each applicant’s eligibility for initial
- 12 certification as well as compliance with Osteopathic Continuous Certification (OCC).
- 13
- 14 D. Issue certificates in all specialties, subspecialties and/or certification of added qualifications
- 15 assigned to the board.
- 16
- 17 E. In conjunction with the Certification Compliance Review Committee (CCRC), recommend
- 18 revocation of a certification.
- 19
- 20 F. Appoint a qualified member of the board to serve as a BOS representative and appoint an
- 21 alternate representative.
- 22
- 23 G. In collaboration with the Senior Vice President of Certifying Board Services (SVP-CBS),
- 24 establish processes whereby diplomates may maintain certification (OCC) in accordance with
- 25 AOA policy.
- 26
- 27 H. In collaboration with the SVP-CBS, develop and maintain best practices for physician
- 28 credentialing AND certification.
- 29
- 30 I. Ensure the delivery of relevant and osteopathically distinct examination processes and
- 31 methodologies.
- 32
- 33 J. Serve as ambassadors marketing AOA board certification with program directors, residents,
- 34 diplomates and other stakeholders.
- 35
- 36 K. Develop and maintain items to produce psychometrically defensible and osteopathically
- 37 distinct examinations in the practice areas assigned to the board.
- 38
- 39 L. Collaborate with the SVP-CBS, and other AOA team members to ensure the examination
- 40 process of the board is fiscally viable and appeals to the target demographic.
- 41
- 42 M. Maintain strict confidentiality of all applicant information, test content, and scoring methods.
- 43

- 1 N. Ensure all physicians participating in examination development and delivery must be actively
2 engaged in clinical practice, teaching physicians, or serving in an administrative role.
3
4

5 **Section 2. Certifying Board Membership**

6 A. Membership

- 7
8
9 1. Membership on a board should have a minimum of five (5) members and no more than
10 eight (8) members. An exception to the maximum number of board members may be
11 made for boards that have more than eight subspecialties or those boards with
12 expanded/complex operational needs requiring additional physician leadership. Boards
13 requesting more than eight members must submit a proposal to the BOS Executive
14 Committee, which explains the rationale as to why they require additional board
15 members.
16
17 2. The board will seek AOA-board certified nominees and must submit for approval one
18 (1) nomination, including CV, to the BOS for each open position on the board in the
19 case of new appointments or re-election. If approved, the BOS will make a
20 recommendation to the AOA-BOT, who will make the final decision regarding
21 appointments to the board. If not approved, a new nomination, including CV, must be
22 submitted.
23
24 a. Members of the board must be AOA board-certified and participating in the OCC
25 process in their specialty or subspecialty.
26
27 3. All members who serve on a specialty certifying boards must be actively engaged in
28 clinical practice, teaching physicians, or serving in an administrative role.
29
30 4. Have formal training in item-writing. If the selected individual has not had item-writing
31 training, training must be obtained within one (1) year of being appointed to the board
32 or he/she will not be eligible to remain on the board.
33
34 5. The certifying board will maintain the nominee's curriculum vitae (CV) and supporting
35 documentation in its files for five (5) years following completion of service on the board.
36

37 B. Term of Office

- 38
39 1. Members will be elected for terms of three (3) years. Where possible, terms will be
40 staggered so that new members elected in any year will not constitute a majority of the
41 board.
42
43 2. Boards will institute a maximum terms limit of four (4) consecutive three (3) year terms
44 or a total of twelve (12) years lifetime. A waiver may be granted by the AOA-BOT in
45 extraordinary circumstances.

- 1
- 2 3. Whenever an unexpected vacancy occurs on the board, a nominee will be submitted to
- 3 the BOS to fill the remaining term in accordance with the procedure for certifying board
- 4 membership (Section 2, A, 2).
- 5
- 6 4. All board members' terms will commence on August 1 following approval by the AOA-
- 7 BOT and end of July 31 of the year their term is scheduled to end.
- 8
- 9 5. Members of the board who have faithfully served three (3) or more terms on the board
- 10 may be given Emeritus status in recognition of their service. Emeritus members may
- 11 attend board meetings and events at their own expense unless they are examining
- 12 candidates.
- 13
- 14

15 **Section 3. Officers**

16 A. Chair and Vice Chair

- 17 1. The Chair will make appointments to all board committees and will preside at all
- 18 meetings of the board.
- 19
- 20 a. The Chair of the board only casts a vote in cases where there is a tie.
- 21
- 22
- 23 2. The Vice Chair will preside at all meetings of the board in the absence of the Chair and
- 24 assist the Chair in the discharge of the duties of that office, which are outlined below:
- 25
- 26 a. Develop and maintain best practices for physician credentialing and certification.
- 27
- 28 b. Ensure the delivery of relevant and osteopathically distinct examination processes and
- 29 methodologies.
- 30
- 31 c. Facilitate board involvement in the achievement of key quality indicators for board
- 32 performance and communicate progress against goals with AOA leadership, the BOS,
- 33 and board members.
- 34
- 35 d. Serve as ambassadors, marketing and preparing candidates for AOA board certification
- 36 with program directors, residents, diplomates, and other stakeholders.
- 37
- 38 e. Collaborate with the board director and provide feedback and input on board specific
- 39 marketing plans and identify opportunities for the communication and marketing of
- 40 services.
- 41
- 42 f. Collaborate with the board director to track diplomate performance and track
- 43 compliance in meeting OCC requirements.
- 44

- 1 g. Serve as a subject matter expert for board level exam and item bank content.
- 2
- 3 h. Recruit and develop new board members, subject matter experts, item writers, and
- 4 other examiners as appropriate.
- 5
- 6 i. Collaborate with the SVP-CBS and other AOA team members to ensure the
- 7 examination process advocated by the board is fiscally viable, appeals to the target
- 8 demographic, and maintains high standards of defensibility.
- 9

10 B. Secretary

11
12 The Secretary of the board will perform the duties as follows:

- 13
- 14 1. Coordinate with the board director in issuing certificates and notifying the AOA and
- 15 BOS of any changes in a physician’s certification status.
- 16
- 17 2. Coordinate with the board director in reporting any change in board membership to the
- 18 Secretary of the BOS.
- 19
- 20 3. Coordinate with the board director in recommending dates of all examinations.
- 21 Examinations will be scheduled early enough so that the dates may be published no later
- 22 than nine (9) months prior to the examination date, except in the case of individually
- 23 arranged clinical examinations.
- 24
- 25 4. Coordinate with the board director to produce required reports to the BOS, including,
- 26 but not limited to the board’s candidate pass rate report.
- 27
- 28 5. Coordinate with the board director to prepare the required documentation for
- 29 candidates who have completed requirements for certification.
- 30

31
32 **Section 4. Subcommittees**

33
34 Each board level subcommittee must have a prescribed set of duties and functions as determined by

35 the board.

36

37
38 **Section 5. Meetings**

- 39 A. Boards should conduct business via video or telephone conference as much as possible.
- 40
- 41 B. Special Meetings
- 42
- 43
- 44 1. Special meetings of the board that are deemed necessary for the transaction of business
- 45 may be called by the chair.

1
2 C. Quorum
3

- 4 1. For the transaction of business at any meeting of the board, a majority of the members
5 of the board shall constitute a quorum.
6

7 D. Governing Rules
8

- 9 1. Meetings of the board shall be governed by the latest edition of *Robert's Rules of Order,*
10 *Newly Revised*, unless otherwise specified in these procedures.
11
12

13 **Article VI. Board Eligibility (B-07/10)**
14
15

16 **Section 1. Board Eligibility**
17

18 A. Definition:
19

20 The time frame between a physician's completion of a residency training program in a
21 specialty or subspecialty and achievement of initial certification in that specialty or
22 subspecialty. See the explanatory statement regarding completion of residency in paragraph
23 D, below.
24

25 B. Notification:
26

27 All residents and fellows in AOA or ACGME accredited training programs will be notified
28 by the AOA of the definition and deadline of board eligibility. Such notification will be
29 included with the AOA annual report form sent to residents and fellows.
30

31 C. Time Frame:
32

33 Board eligibility commences upon the physician's completion of residency training program
34 in a specialty or subspecialty and terminates on December 31st of the following sixth (6th)
35 year. See the explanatory statement in paragraph D, below.
36

37 D. Explanatory statement
38

39 Completion of residency means completion of active residency training and specifically does
40 not include academic non-clinical training related issues.
41

42 E. Termination:
43

- 44 1. Board eligibility status will automatically be terminated and so recorded by the AOA and
45 the appropriate specialty certifying board:

- 1
- 2 a. At the end of the board eligibility time frame, or
- 3
- 4 b. Following resolution of an appeal, or
- 5
- 6 c. Upon award of certification.
- 7
- 8 2. In view of a candidate's right to appeal certain issues related to certification
- 9 examinations, if board eligibility would have terminated as a result of lapse of the six (6)
- 10 year time frame, the designation of board eligible will not terminate until the appeal has
- 11 been resolved.
- 12
- 13 3. Candidates may not use the designation of board eligible at any time after the
- 14 termination of board eligibility.
- 15
- 16

17 **Section 2. Certification Eligibility**

- 18
- 19 A. Candidates are eligible to become certified at any time within the board eligibility time frame.
- 20
- 21 B. Candidates who have initiated the certification process in the specialty or subspecialty by
- 22 sitting for an examination prior to July 1, 2009 may continue to pursue certification at any
- 23 time (after the board eligibility time frame) based upon their board's requirements prior to
- 24 July 1, 2009.
- 25
- 26 C. Candidates who have not initiated the certification process by sitting for an examination in
- 27 the specialty or subspecialty prior to July 1, 2009 may become certified only by successfully
- 28 completing the certification examination pathway process.
- 29
- 30 D. Candidates who are not successful in becoming certified at the conclusion of the final
- 31 pathway process are no longer eligible to become certified in the specialty or subspecialty.
- 32

33 **Section 3. Certification Examination Pathway Process**

- 34
- 35
- 36 A. Initial Pathway
- 37
- 38 1. Candidates must petition the specialty certifying board for entry into the initial pathway
- 39 process.
- 40
- 41 2. The specialty certifying board will accept all applicants who have met the entry
- 42 requirements into the process.
- 43

- 1 3. Upon acceptance into the process, the candidate must follow the pathway outlined
2 below. Prior activity toward certification will not be recognized in the initial pathway
3 process.
4
5 a. Candidates must enter at the beginning of the board's certification process.
6
7 b. Candidates must follow the process as outlined by their boards' requirements during
8 the six (6) years of board eligibility.
9
10 c. Candidates must complete certification during the period of board eligibility.
11
12 d. Candidates who have not completed certification during the time frame of board
13 eligibility, their ability to complete certification will terminate and they then may re-
14 enter the certification process via the first re-entry process.
15

16 B. First Re-Entry Process

- 17
18 1. Candidates must petition the specialty certifying board for entry into the certification
19 process.
20
- 21 2. Upon acceptance by the specialty certifying board, the candidate must follow the process
22 below:
23
24 a. The candidate must start at the beginning of the certification process. Prior activity
25 toward certification will not be recognized in the first re-entry process.
26
27 b. Candidates must participate in the first available administration of the exam.
28
29 c. The candidate will have two (2) attempts to pass each step of the examination
30 process.
31
32 d. If unsuccessful on a given administration, the candidate must participate in the next
33 available examination administration.
34
35 e. Candidates who were not successful in becoming certified at the end of the first re-
36 entry pathway process may pursue certification only by petitioning the certifying
37 board for entry into the final pathway process.
38

39 C. Final Pathway

- 40
41 1. Candidates must petition the specialty certifying board for entry into the final pathway
42 process.
43
- 44 2. The specialty certifying board is required to establish criteria that must be met prior to
45 granting entry into the final pathway process.

- 1
- 2 a. These criteria must be approved by the Standards Review Committee (SRC) of the
- 3 BOS.
- 4
- 5 b. Upon notification of the criteria, the candidate must display efforts to conform and
- 6 satisfy the requirements without delay.
- 7
- 8 3. Upon completion of the requirements, the candidate must follow the pathway outlined
- 9 below. Prior activity toward certification will not be recognized in the final pathway
- 10 process.
- 11
- 12 a. Candidates must enter at the beginning of the board’s certification process.
- 13
- 14 b. Candidates must participate in the first available administration of the exam.
- 15
- 16 c. The candidate will have two (2) attempts to pass each step of the examination
- 17 process.
- 18
- 19 d. If unsuccessful on a given administration, the candidate must participate in the next
- 20 available examination administration.
- 21
- 22 4. Candidates who were not successful in becoming certified at the end of the final pathway
- 23 have no further opportunity to become certified in the specialty or subspecialty.
- 24

25
26 **Section 4. Specialty Certifying Board Requirements**

- 27
- 28 A. All certifying boards are required to comply with the process as outlined above.
- 29
- 30 B. During the six (6) years of established board eligibility, a specialty certifying board may have
- 31 more stringent requirements in the limitation of time in which a candidate for certification
- 32 must complete the entire certification process.
- 33
- 34 C. The process to certification will be published in the policies and procedures of each specialty
- 35 certifying board.
- 36

37
38 **Article VII. Certification**

39
40
41 **Section 1. Pathways for Initial Certification (Not Previously Certified by AOA or ABMS)**

42
43 To be eligible to receive certification from the AOA through member specialty certifying boards, the

44 applicant must meet the following minimum requirements:

45

1 A. Candidates have the choice of two (2) initial certification pathways to become certified:

- 2
3 1. Pathway 1: AOA Board Certification in (Specialty Name)
4
5 2. Pathway 2: AOA Board Certification in (Specialty Name) with Osteopathic Manipulative
6 Medicine (OMM)
7

8 Eligibility Criteria:
9

- 10 a. Physicians who graduated from a COCA accredited College of Osteopathic Medicine
11 and an ACGME accredited program are eligible for both Pathway 1 and Pathway 2.
12
13 b. Physicians who graduated from a COCA accredited College of Osteopathic Medicine
14 and an AOA accredited program are eligible for both Pathway 1 and Pathway 2.
15
16 c. Physicians who graduated from a medical school in the U.S. or Canada accredited by
17 the Liaison Committee on Medical Education (LCME) or have graduated from a
18 medical school outside of the U.S. or Canada and hold a valid certificate, without
19 expired examination dates, from the Educational Commission for Foreign Medical
20 Graduates (ECFMG), and have completed an ACGME accredited program with
21 osteopathic recognition are eligible for both Pathway 1 and Pathway 2.
22
23 d. Physicians who graduated from a medical school in the U.S. or Canada accredited by
24 the Liaison Committee on Medical Education (LCME) or have graduated from a
25 medical school outside of the U.S. or Canada and hold a valid certificate, without
26 expired examination dates, from the Educational Commission for Foreign Medical
27 Graduates (ECFMG), and have completed an ACGME accredited program without
28 osteopathic recognition are eligible for Pathway 1 only.
29
30 e. Physicians who graduated from a medical school in the U.S. or Canada accredited by
31 the Liaison Committee on Medical Education (LCME) or have graduated from a
32 medical school outside of the U.S. or Canada and hold a valid certificate, without
33 expired examination dates, from the Educational Commission for Foreign Medical
34 Graduates (ECFMG), and have completed an ACGME accredited program without
35 osteopathic recognition, but who have obtained AOA specialty board and BOS
36 approved training in OMM may apply to the certifying board for approval to enter
37 Pathway 1 or Pathway 2.
38

39 B. The applicant must hold an active license to practice in a state or territory. An applicant for
40 initial certification holding a restricted license may petition the specialty certifying board for
41 the ability to enter the certification process based upon review of the reason for licensure
42 restriction. (B-02/08; B-07/16)
43

1 1. In cases where a state licensing board had taken action against a physician's license and
2 allows the physician in question to continue to practice with that action on their license,
3 then the physician can continue with the certification process. The BOS has assigned the
4 Certification Compliance Review Committee (CCRC) with the responsibility to review
5 and respond to all licensure questions. (B-07/16)

6
7 C. The applicant must be able to show evidence of conformity to the standards set forth in the
8 Code of Ethics of the AOA.

9
10 D. Each specialty certifying board will establish its individual requirements for years of AOA
11 approved training for each primary or subspecialty certification. (B-02/09) Specialty
12 certifying boards will send all recommendations, complaints, or comments regarding resident
13 training programs to the COPT. The responsibility of making recommendations and
14 requirements relative to training programs designated as approved residencies as defined by
15 the AOA Board of Trustees is, and will be, that of the COPT. (B-12/48)

16
17 E. Each specialty certifying board and CCEC will establish its individual eligibility requirements
18 for examination for certification. Practice within each field under each board will be defined
19 in the policies and procedures of each specialty certifying board. (B-02/09)

20
21 F. Following satisfactory compliance with the prescribed requirements for examination, the
22 applicant is required to pass appropriate examination(s) planned to evaluate an
23 understanding of the scientific basis of the problems involved in the given
24 specialty/subspecialty; familiarity with the current advances in the given specialty; and
25 possession of sound judgment and of a high degree of skill in the diagnostic and therapeutic
26 procedures involved in the practice of the given specialty, subspecialty, and/or added
27 qualifications. (B-02/09) Specialty certifying boards will determine by examination the
28 applicant's ability to use the osteopathic concepts in the practice of his/her specialty or
29 subspecialty. (B-12/48; B-02/09)

30
31 1. Examinations will be conducted and required in the case of each applicant. The
32 method(s) and content of the examination procedure will be determined by the
33 individual board and will be subject to the approval of the AOA Board of Trustees.
34 Where applicable, the final portion of the examination will be conducted only after the
35 required years of practice have been completed. (B-07/86)

36
37 2. Where applicable, a member of the specialty certifying board will personally supervise
38 the conduct of the oral examination. (B-07/86; B-07/10)

39
40 3. Where applicable, the conduct of the clinical examination may be delegated to
41 committees of not fewer than two (2) individuals qualified in the specialty or subspecialty.
42 (B-07/71; B-02/86; B-07/10)

43
44 4. A full description of the method of conducting the examination is to be provided in each
45 specialty certifying board's policies and procedures.

- 1
- 2 G. Applicants for certification are required to file an application provided by each specialty
- 3 certifying board, which will set forth their qualifications for examination as stated in
- 4 Paragraphs A through F of this Article. The procedure for filing applications is set forth in
- 5 the policies and procedures of each specialty certifying board. (B-02/09)
- 6
- 7 H. Subject to the recommendation of the BOS and to the approval of the AOA Board of
- 8 Trustees, the board may require such further training and/or practice in each of the fields
- 9 coming under its jurisdiction as, in its judgment, such field may require, provided that the
- 10 additional requirement for each field is clearly set forth in the policies and procedures of
- 11 each specialty certifying board.
- 12
- 13 I. Any changes to training and/or practice requirements will go into effect a minimum of one
- 14 (1) year subsequent to the announcement of such change.
- 15
- 16 J. The applicant for certification or continuous certification will not be required to be a
- 17 member of a specialty college or other similar society. (B-07/53; B-02/09)
- 18
- 19 K. Signed applications and all material submitted by an applicant to a specialty certifying board,
- 20 even though the applicant may withdraw as an applicant for certification, will remain the
- 21 property of the specialty certifying board. (B-07/53)
- 22
- 23 L. Candidates must fulfill all requirements prior to certification.
- 24

25

26 **Section 2. Clinical Practice Pathway Definition and Eligibility**

27

28 If applying for certification through a clinical practice pathway, candidates must meet the

29 requirements established by the individual specialty certifying boards or Conjoint Certification

30 Examination Committees for appropriate clinical practice experience.

31

- 32 A. The term “clinical practice” refers to time spent as a physician actively treating patients in a
- 33 manner as defined by the specialty certifying board or Conjoint Certification Examination
- 34 Committee.
- 35
- 36 B. Physicians engaged in full-time graduate medical education programs such as fellowship or
- 37 additional residencies are not considered in “clinical practice” for the purposes of meeting
- 38 the requirements for the clinical practice pathway. Even when working part-time as a
- 39 physician outside of the graduate medical education program.
- 40
- 41 C. Applicants who are not graduates of a COCA accredited osteopathic medical school must
- 42 have documented education in osteopathic philosophy and techniques, as determined by the
- 43 BOS, including as a minimum:
- 44
- 45 1. Osteopathic philosophy, history, terminology, and code of ethics;

- 1
- 2 2. Anatomy and physiology related to osteopathic medicine;
- 3
- 4 3. Indications, contraindications, and safety issues associated with the use of osteopathic
- 5 manipulative treatment; and
- 6
- 7 4. Palpatory diagnosis, osteopathic structural examination, and osteopathic manipulative
- 8 treatment
- 9

10 **Section 3. Processing of Applications by AOA Specialty Certifying Boards**

- 11
- 12
- 13 A. Specialty certifying boards will verify AOA approval of the completed residency of each
- 14 candidate prior to submission of the candidate for certification. Verification must include:
- 15
- 16 1. For Osteopathic Residents
- 17
- 18 a. A statement from the Evaluating Committee of the appropriate specialty college that
- 19 the program has been approved as being complete and that this information has
- 20 been officially registered with the AOA central office.
- 21
- 22 b. AOA Department of Certifying Board Services staff will receive and process all
- 23 applications to verify credentials for entry into the AOA certification process. Where
- 24 information submitted is clinical in nature, a physician credentialer may be asked to
- 25 assist in this process.
- 26
- 27 2. For Accreditation Council for Graduate Medical Education (ACGME) Residents
- 28
- 29 a. AOA verification of training complete status will suffice.
- 30
- 31 b. The COPT, with the AOA, will monitor the ACGME basic standards for residency
- 32 training. (B-07/04)
- 33
- 34 3. For graduates of non-COCA accredited schools of medicine, the pathway must have
- 35 been completed prior to 1995; and
- 36
- 37 a. AOA Department of Certifying Board Services staff will receive and process all
- 38 applications to verify credentials for entry into the AOA certification process.
- 39
- 40 b. The AOA will notify the appropriate specialty certifying board of this approval.
- 41
- 42 c. The physician applicant will not be required to have state or specialty college
- 43 membership at the time of the application.
- 44
- 45 d. Applicants will be subject to fees as designated by the specialty certifying board.

- e. Applicants may be subject to additional requirements set by the specialty certifying boards.

Article VIII. Examination Results

Section 1. Notification

The Secretary of each specialty certifying board will, within ninety (90) days of the final action of the specialty certifying board, notify the applicant examined for certification of the results of his/her examination. For candidates who have completed the certification process, the AOA must be provided the list of successful candidates within three (3) weeks of candidate notification, in the format specified by the AOA. (B-07/10)

Section 2. Format of Notification

For those physicians who have passed all of the prescribed examinations, a form letter will be used (See Appendix D), in conformity to the direction of the AOA Board of Trustees, so that the applicant will understand that the passing of the examination does not necessarily complete the requirements for certification.

Article IX. Certificates

Section 1. Issuance

- A. Certificates are issued by the specialty certifying boards to applicants who have conformed to all requirements for certification and continuous certification.
- B. Each certificate will be signed by the Chair and the Secretary of the specialty certifying board. No certificate is valid until it has been signed by the Chief Executive Officer of the AOA, individually or electronically.
- C. The date carried by primary certification will correspond with the date on which verification of successful completion of all board requirements by the respective specialty certifying board occurred. Non-time-limited general certifications, which were issued prior to the board's established date without a time limit, will remain in effect. (B-02/00)

The date carried by subspecialty certification certificates (and for Certification of Added Qualifications (CAQ) certificates for the American Osteopathic Board of Family Physicians (AOBFP) and the American Osteopathic Board of Preventive Medicine (AOBPM)) will

1 correspond with the date on which verification of successful completion of all board
2 requirements by the respective specialty certifying board occurred. (B-02/00)

- 3
- 4 D. Specialty certifying boards will make every effort to ensure that a candidate has met all
5 requirements for certification or successfully completed all OCC requirements prior to
6 submission to the AOA for final processing, including that training has been deemed
7 complete and that the candidate has met the time requirements for training indicated in the
8 specialty certifying board's policies and procedures.
- 9
- 10 E. The Secretary of the BOS, upon notification of approval of candidates to the BOS, will
11 notify the candidate and the recommending specialty certifying board of the approval of
12 certification. Only upon receipt of notification from the BOS will the Secretary of the
13 specialty certifying board have the certificate prepared and numbered. The certificate must
14 be forwarded to the diplomate within ninety (90) days from the date of notification of
15 approval of certification.
- 16
- 17 F. The Secretary of the specialty certifying board will prepare and send a "receipt of certificate
18 of certification" to accompany the certificate sent to each diplomate. The diplomate will be
19 advised by the specialty certifying board to sign the receipt and return it to the specialty
20 certifying board.
- 21
- 22 G. The specialty certifying board will notify the diplomate, in writing, of the requirements for
23 maintaining certification.
- 24
- 25 H. The term "certification" is to be used for certification in a specialty or subspecialty, and the
26 only other term used by the AOA and the BOS is "certification of added qualifications" used
27 by the American Osteopathic Board of Family Physicians and the American Osteopathic
28 Board of Preventive Medicine. (B-07/91; B-07/92; B-02/98; B-07/15)

31 **Section 2. Certificate Format**

32
33 The following are minimum standards for the format of specialty certifying board certificates of
34 certification. Proposed changes to the verbiage of the certificate must be submitted to the BOS for
35 approval.

- 36
- 37 A. Indication of certification by the AOA.
- 38
- 39 B. Date of approval by the AOA.
- 40
- 41 C. Physician name in format of: "John Smith, DO" or "John Smith, MD".
- 42
- 43 D. Seal of the specialty certifying board.
- 44

- 1 E. Signatures of specialty certifying board Chair and Secretary (original or electronic
2 reproduction).
3
- 4 F. Signature of AOA Chief Executive Officer (original or electronic reproduction).
5
- 6 G. Aesthetically acceptable.
7
- 8 H. Wording to indicate that the physician has pursued an accepted course of study and has
9 satisfactorily completed the required examinations.
10
- 11 I. Certificates should be consecutively numbered.
12
- 13 J. No abbreviations.
14
- 15 K. Criteria should be developed for the issuance of duplicate certificates.
16
- 17 L. Start date for which the certificate is issued. (B-07/96)
18
19

20 **Section 3. Terminology**

21
22 Specialty certifying boards will issue certificates that read as applicable:
23

24 A. Primary Certification

25
26 1. Initial Certificate

27
28 Certification in (Specialty)
29

30 2. OCC Time-Limited Certificate Holders

31
32 Demonstrates Excellence through Compliance with all Requirements for Osteopathic
33 Continuous Certification for Certification in (Specialty)
34

35 3. OCC Non-Time-Limited Certificate Holders

36
37 Demonstrates Excellence through Voluntary Compliance with all Requirements for
38 Osteopathic Continuous Certification for Certification in (Specialty)
39

40 B. Subspecialty Certification

- 41
42 1. Offered by all AOA specialty certifying boards with the exception of the American
43 Osteopathic Board of Family Physicians (AOBFP).
44

- 1 2. Initial Certificate
- 2
- 3 Subspecialty Certification in (Subspecialty)
- 4
- 5 3. OCC Time-Limited Certificate Holders
- 6
- 7 Demonstrates Excellence through Compliance with all Requirements for Osteopathic
- 8 Continuous Certification for Subspecialty Certification in (Subspecialty)
- 9
- 10 4. OCC Non-Time-Limited Certificate Holders
- 11
- 12 Demonstrates Excellence through Voluntary Compliance with all Requirements for
- 13 Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)
- 14
- 15 C. Certification of Added Qualifications
- 16
- 17 1. Only offered by the American Osteopathic Board of Family Physicians (AOBFP) and
- 18 the American Osteopathic Board of Preventive Medicine (AOBPM)
- 19
- 20 2. Initial Certificate
- 21
- 22 Certification of Added Qualifications in (CAQ)
- 23
- 24 3. OCC Time-Limited Certificate Holders
- 25
- 26 Demonstrates Excellence through Compliance with all Requirements for Osteopathic
- 27 Continuous Certification for Certification of Added Qualifications in (CAQ)
- 28
- 29 4. OCC Non-Time-Limited Certificate Holders
- 30
- 31 Demonstrates Excellence through Voluntary Compliance with all Requirements for
- 32 Osteopathic Continuous Certification for Certification of Added Qualifications in
- 33 (CAQ)
- 34
- 35

Section 4. Certification in More than One (1) Field

38 An osteopathic or allopathic physician may hold certification in more than one (1) specialty or
39 subspecialty, either under the same specialty certifying board or under different specialty certifying
40 boards. In such a case, the physician is to be listed under each of the specialties or subspecialties in
41 the roster of certified physicians. (B-07/91; B-02/98)

Section 5. Recording of Multiple Certificates

- 1 A. The diplomate is assigned a number for life under each specialty certifying board. Successive
2 certificates issued to the same diplomate by the same specialty certifying board retain the
3 initial certificate number assigned to the diplomate.
4
- 5 B. The diplomate is billed according to each number.
6
- 7 C. Successive certificates are listed on the record after the diplomate's name by date of their
8 approval.
9
- 10 D. The diplomate retains certificates as acquired for his/her archives and personal satisfaction.
11
- 12 E. The diplomate is listed or known to the specialty certifying board as being certified in each
13 category.
14
- 15 F. The diplomate must maintain general certification, based on subspecialty certification
16 requirements. (B-07/92)
17
18

19 **Section 6. Inactive and Retired Certificates**

20 21 A. Inactive Diplomates 22

23 Inactive diplomates may retain the possession of their certificate(s) and their names will
24 appear in the official registry of certified physicians with a designation of inactive status. A
25 diplomate will be classified as inactive for one of the following reasons:
26

- 27 1. The diplomate is unable to practice the specialty, subspecialty, and/or certification of
28 added qualifications in which he/she is certified because of health or age.
29
- 30 2. The diplomate has voluntarily requested that a non-time-limited certification be
31 inactivated with the right to request reactivation at a future time. Remedial requirements
32 may be assessed by the diplomate's specialty certifying board in order to reactivate the
33 certification. (B-02/00; B-07/15)
34

35 B. Retired Members 36

- 37 1. Certifications will be listed as "retired" when the diplomate is permanently retired and
38 not gainfully employed in any phase of professional activity, and when his/her practice
39 status designation so indicates. Retired diplomates may retain the possession of their
40 certificate(s) and their names will appear in the official registry of certified physicians
41 with a designation of retired status. All certification information will be retained and
42 shown on the AOA Physician Profile when the certification status is retired. (B-03/01)
43
- 44 2. If a retired diplomate holds a time-limited certification and chooses to become "active"
45 after his/her certification has expired, he/she must re-enter the certification process in

1 accordance with the policies and procedures of his/her respective specialty certifying
2 board. (B-03/01)

3 4 5 **Section 7. Inactivation, Reinstatement and Reactivation (B-02/02)**

- 6
7 A. Immediately following official notification that a diplomate no longer meets any one of the
8 requirements for maintaining certification status with the AOA, his/her certificate will be
9 inactivated according to procedures developed by the BOS and the AOA Department of
10 Client and Member Services. The procedures will give the diplomate ample opportunity and
11 notice to comply with any requirement deficiencies for maintaining AOA certification. (B-
12 02/02)
- 13
14 B. Reactivation of a non-time-limited certification, which has been voluntarily inactivated by
15 request, will require compliance with the requirements of Paragraph A., above, as well as
16 approval of the appropriate specialty certifying board and the BOS. Reactivation will also
17 require any other remedial requirements required by the specialty certifying board.
- 18
19 C. Depending on the circumstances for inactivation of a non-time-limited certification, the
20 Certification Compliance Review Committee may award a time-limited certification in lieu of
21 the non-time-limited certification. Such action by the Certification Compliance Review
22 Committee may be appealed to the BOS Appeal Committee and, if necessary, the AOA
23 Board of Trustees, (B-02/00; B-02/02; B-07/11; B-03/13)

24 25 26 **Section 8. Revocation of a Certificate**

- 27
28 A. The specialty certifying board will have the power to recommend to the BOS the revocation
29 of the certificate of any diplomate whose certificate was obtained by fraud or
30 misrepresentation, who exploits the certificate, violates the AOA Code of Ethics, or is
31 otherwise disqualified. (B-01/71; B-02/02)
- 32
33 B. Upon official action revoking a certification, a diplomate's name will be removed from the
34 certification register of the AOA. The Secretary of the BOS will notify the diplomate and the
35 Secretary of the appropriate specialty certifying board of any such revocation. (B-02/02)
- 36
37 C. Reinstatement of a certificate that was revoked will require compliance with the
38 requirements of the BOS and approval of the specialty certifying board and the BOS. (B-
39 02/02)

40 41 42 **Section 9. Specialty Practice Requirement**

43
44 A diplomate is not eligible for annual certification registration of his/her certificate if it is
45 determined by the specialty certifying board involved that the diplomate does not qualify within

1 reason as a practicing physician in the particular specialty or subspecialty under the regulations and
2 requirements of that specialty certifying board. The specialty certifying board will notify the
3 Secretary of the BOS of any such disqualified diplomate so that appropriate action may be taken. (B-
4 07/53; B-02/98)

7 **Article X. Osteopathic Continuous Certification (B-03/13)**

10 **Section 1. Osteopathic Continuous Certification (OCC)**

11
12 Effective January 1, 2013, all AOA specialty certifying boards implemented a continuous
13 certification process for osteopathic physicians, called “Osteopathic Continuous Certification
14 (OCC)”, and are required to publish the requirements for OCC in their basic documents. The OCC
15 process replaced the specialty certifying boards’ former recertification processes. The OCC process
16 will be valid for no greater than ten (10) years. Upon commencement of the Longitudinal
17 Assessment Process (LAP), the OCC process will be valid for no greater than three (3) years in
18 length consistent with the CME cycle. (B-07/76; B-07/02; B-07/14)

19
20 The following components comprise the OCC process and are described more fully in the sections
21 that follow:

22
23 C. Component 1: Active Licensure

24
25 D. Component 2: Lifelong Learning/Continuing Medical Education

26
27 E. Component 3: Cognitive Assessment

28
29 F. Component 4: Practice Performance Assessment and Improvement

30 31 32 **Section 2. OCC Component 1: Active Licensure**

33
34 AOA board certified physicians must hold a valid, active license to practice medicine in one (1) of
35 the fifty (50) states or Canada. In addition, they are required to adhere to the AOA’s Code of Ethics.
36 Physicians with restrictions on their license will have their OCC file reviewed by the Certification
37 Compliance Review Committee (CCRC). More information on the CCRC is found in Article V.,
38 Section 6. of the policies and procedures of the BOS.

39
40 Physicians holding only an active license (or registration) to practice medicine outside the United
41 States and Canada may be considered for OCC on a case-by-case basis.

42
43 A. In cases where a state licensing board had taken action against a physician’s license and
44 allows the physician in question to continue to practice with that action on their license, then
45 the physician can remain certified. The BOS has assigned the Certification Compliance

1 Review Committee (CCRC) with the responsibility to review and respond to all licensure
2 questions.

3 4 5 **Section 3. OCC Component 2: Lifelong Learning/Continuing Medical Education**

6
7 A. Continuing Medical Education (CME) requirements for diplomates participating in OCC are
8 as follows:

9
10 1. Demonstrate your commitment to lifelong learning by fulfilling the required CME
11 credits in your specialty area of certification during each specialty board's CME cycle as
12 set forth in the CME Guide, as may be amended from time to time.

13
14 B. Specialty boards wishing to require more than the BOS approved minimum (currently 60
15 CME credits) in the specialty area of certification must:

- 16
17 1. Examine current CME standards and guidelines for their specialty
18
19 2. Petition the SRC with justification of the need for variance
20
21 3. Following approval from the SRC, receive final approval from the BOS Executive
22 Committee

23
24 C. Requirements for in-person specialty CME programs are:

25
26 1. The educational presentation must be presented by an AOA or ABMS board certified
27 physician in the specialty topic being discussed.

28
29 a. Exceptions will be reviewed on a case-by-case basis by the Vice President of
30 Certifying Board Services.

31
32 b. The educational presentation must cover topic(s) of concern to osteopathic or
33 allopathic physicians in that specialty or subspecialty.

34
35 D. CME will be awarded for the completion of Component 4 activities (excluding quality
36 improvement activity attestations).

37
38 E. Credits for self-assessment activities may be designated by each specialty certifying board.

39
40 F. Limits to particular types of CME which can be applied during each specialty board's CME
41 cycle can be found in the "CME Guide for Osteopathic Physicians".

42 43 44 **Section 4. OCC Component 3: Cognitive Assessment**

- 1 A. Cognitive Assessment of diplomates participating in OCC will be as follows:
2
- 3 1. Diplomates must sit for/complete and pass one (1) (or more) psychometrically valid, on-
4 going assessments during each OCC cycle.
- 5
- 6 2. The assessment must evaluate the diplomate’s knowledge and skill in the given specialty
7 or subspecialty.
- 8
- 9 B. The format will be determined by each specialty certifying board (or CCEC for
10 subspecialty/CAQ) and approved by the SRC of the BOS.
- 11
- 12 C. The assessment may be taken/completed a maximum of three (3) years prior to the
13 expiration of the certification.
- 14
- 15 1. Each specialty certifying board (or CCEC for subspecialty/CAQ) will determine a
16 diplomate’s eligibility to sit for/begin the assessment.
- 17
- 18 D. Longitudinal Component 3 OCC Assessment Models Transition Process
19
- 20 1. Diplomates with certifications time-limited to ten (10) years or less, whose specialty
21 certifying boards have transitioned to a longitudinal assessment process are required to
22 begin the process during the cutoff year, as established by the specialty certifying board
23 in collaboration with CBS.
- 24
- 25 a. Cutoff year will be defined as the year in which diplomates will not need to take their
26 specialty board’s traditional high stakes examination. On January 1 following the
27 cutoff year, all diplomates will need to begin participating in the longitudinal
28 assessment process. Cutoff years will vary amongst specialty boards and will depend
29 on when that particular board is transitioning from the traditional high stakes
30 assessment to the longitudinal model.
- 31
- 32 2. After initial certification, the calendar year diplomates will transition into the longitudinal
33 occ assessment process will be designated by each specialty board.
- 34
- 35 a. Example: A specialty board that previously had a ten (10) year certification cycle may
36 require physicians to enter longitudinal OCC assessment on their ten (10) year
37 recertification date or earlier, as the specialty board determines.

38 Enforcement

39 Certification will be inactivated for diplomates who fail to meet their longitudinal assessment model
40 requirements as defined by the specialty board and approved by the BOS. The OCC re-entry
41 process defined in the BOS Handbook will apply.

42
43
44 Section 5. OCC Component 4: Practice Performance Assessment and Improvement

- A. Diplomates must engage in continuous quality improvement by satisfying one (1) of the following:
 - 1. Attestation to or online submission of evidence of participation in quality improvement activities.
 - 2. Completion of Practice Performance Assessment Modules (PPA) developed by specialty boards and approved by the SRC of the BOS.
 - 3. Completion of verifiable, quality driven or clinically focused encounters that assess the physician’s clinical acumen.
- B. All activities will include a comparison of personal practice performance as measured against national benchmarks for the medical specialty.
- C. All activities must demonstrate the diplomate’s direct involvement in the activity
- D. For primary certification, each specialty board will establish the appropriate number of required activities for each OCC cycle and submit these requirements to the SRC for approval.
- E. For subspecialty/CAQ OCC, the CCEC with the approval of the CCOC will establish the appropriate number of required activities for each OCC cycle and submit these requirements to the SRC for approval.
- F. Specialty certifying boards may audit a given percentage of diplomates’ Component 4 activities; any data collected as part of each activity must be retrievable in the event of an audit.

Section 6. Entry into OCC by Physicians with Certification from an ABMS Board

Physicians holding a current, valid certification from an American Board of Medical Specialties (ABMS) member board are eligible for AOA board certification and to enter the AOA Osteopathic Continuous Certification (OCC) process in the specialty for which they have ABMS certification. For all applicable primary and subspecialty certifications for which the AOA offers certification, eligibility criteria are as follows:

Eligibility Criteria for Entering Traditional, High-stakes OCC

Primary Specialty Certification

Physicians holding a current ABMS board certification are eligible for AOA board certification and will be granted reciprocity of their certification upon fulfilling the following criteria:

- 1
2 A. Be a graduate of a COCA accredited College of Osteopathic Medicine, an LCME accredited
3 medical school in the U.S. or Canada, or a medical school outside of the U.S. or Canada and
4 hold a valid certificate, without expired examination dates, from the ECFMG.
5
6 B. Current, valid licensure within the U.S. States or the U.S. Territories, or the District of
7 Columbia, or Canada.
8
9 C. Completion of an ACGME accredited residency or fellowship in the specialty or
10 subspecialty of certification, or completion of an approved clinical pathway to certification.
11
12 D. Current, valid (including active participation in Maintenance of Certification (MOC) if
13 applicable), verifiable board certification through an ABMS member board in a specialty or
14 subspecialty for which there is an equivalent AOA certification with an active OCC process.
15
16 E. Submitting a completed application with all relevant materials and the required processing
17 fee.
18

19 Subspecialty Certification

20
21 Physicians holding a current ABMS subspecialty certification are eligible for AOA subspecialty
22 board certification upon fulfilling the following criteria:
23

- 24 A. Subspecialties that currently require active AOA primary certification (see Appendix L for
25 full list):
26
27 1. Physicians who do not already hold an active AOA certification in the required primary
28 specialty must obtain an active AOA certification in the primary specialty as noted
29 above, before applying for entry into the OCC process.
30
31 a. Example: A physician must hold active AOA Psychiatry certification to apply to
32 AOA subspecialty certification for Geriatric Psychiatry.
33
34 2. If the ABMS board does not require primary certification to maintain certification in the
35 subspecialty, but the AOA does require primary certification in order to maintain
36 subspecialty certification, the physician will still be required to hold active AOA
37 certification in the primary specialty. The same process as previously described will
38 apply.
39
40 a. Example: A physician with current subspecialty certification in Sports Medicine
41 through the American Board of Internal Medicine (ABIM) must still obtain a
42 primary certification through the American Osteopathic Board of Internal Medicine
43 (AOBIM) prior to entry into the AOBIM'S OCC process.
44

- 1 B. Subspecialties that do not require active AOA primary certification (see Appendix M for full
2 list)
3
- 4 1. Physicians may apply for AOA subspecialty certification without holding active AOA
5 primary certification.
6
- 7 a. Example: A physician may become AOA board certified in Gastroenterology
8 without holding active AOA primary certification.
9
- 10 C. Be a graduate of a COCA accredited College of Osteopathic Medicine, an LCME accredited
11 medical school in the U.S. or Canada, or a medical school outside of the U.S. or Canada and
12 hold a valid certificate, without expired examination dates, from the ECFMG.
13
- 14 D. Current, valid licensure within the U.S. States or the U.S. Territories, or the District of
15 Columbia, or Canada.
16
- 17 E. Completion of an ACGME accredited residency or fellowship in the specialty or
18 subspecialty of certification, or completion of an approved clinical pathway to certification.
19
- 20 F. Current, valid (including active participation in Maintenance of Certification (MOC) if
21 applicable), verifiable board certification through an ABMS member board in a specialty or
22 subspecialty for which there is an equivalent AOA certification with an active OCC process.
23
- 24 G. Submitting a completed application with all relevant materials and the required processing
25 fee.
26

27 Certification Dates and Proration

28 Specialty Boards with Traditional Component 3 OCC Examinations:

- 29 A. The certification issue date will be the date on which the physician has passed their
30 examination and all eligibility criteria has been validated.
31
- 32 B. If the physician's ABMS certification has an expiration date, their AOA certification will be
33 valid through that expiration date.
34
- 35 1. If a physician is approved to enter the OCC process past the registration deadline for the
36 last OCC component 3 exam administration, their certification will be extended until the
37 next available OCC component 3 exam administration.
38
- 39 a. If a physician is unable to sit for the next available OCC component 3 exam
40 administration, a written request for an additional extension must be submitted to
41 the BOS for review and consideration.
42

- 1 C. If the physician is certified by an ABMS board that no longer issues expiration dates, the
2 certification will be valid through the end of the year as determined by each specialty board.
3 OCC component 2 requirements will be prorated as defined in the AOA CME Guide.
4
- 5 D. OCC component 4 requirements may be prorated according to rules determined by each
6 specialty board.

7 Eligibility Criteria for Entering Longitudinal Component 3 OCC*

- 8 A. The certification issue date will be the date on which the physician was approved for entry
9 into the OCC process.
10
- 11 B. Physicians will begin the longitudinal component 3 assessment process as soon as they are
12 approved for entry into the OCC process.
13
- 14 C. OCC component 2 and component 3 requirements will be prorated based on the date the
15 physician begins the longitudinal component 3 assessment process according to the rules in
16 the AOA CME Guide for Osteopathic Physicians and the BOS Handbook.
17
- 18 D. Note that this pathway transitions away from the traditional high-stakes proctored exam.

19 *Longitudinal assessment models include online question and clinical case review formats, self-
20 assessment modules and open book cognitive assessments.
21
22

23 **Section 7. Non-Time-Limited Certificate Holders**

24
25 The OCC process for the osteopathic physician holding a non-time-limited certificate (non-expiring,
26 non-dated) is voluntary. Failure in the OCC process will in no way result in the loss of certification
27 for physicians holding non-time-limited certification.
28 Physicians holding a non-time-limited general specialty certification and time-limited subspecialty
29 certifications must fully participate in the OCC process for the specialty area of the subspecialty
30 certification in order to maintain the subspecialty certification and be deemed compliant with OCC.
31 The OCC process remains voluntary for the general specialty certification.
32
33

34 **Section 8. Time-Limited Certificate Holders**

35
36 For physicians holding time-limited certification, failure to successfully complete the OCC process
37 will result in the loss of certification at such time as the current time-limited certificate expires.
38
39

40 **Section 9. Clinically Inactive Physicians**

- 41
42 A. Those physicians who treat no patients (no patient care) may apply for clinically inactive
43 certification status, which allows diplomates to propose Component 4 activities that are

1 applicable to their current role in osteopathic medicine. Each specialty certifying board will
2 determine the requirements for and acceptability of the proposed activities. All other OCC
3 Component requirements must be satisfied, including the examination.

4
5 B. Physicians must attest to their clinically inactive status through petition to their specialty
6 certifying board. This status may also apply to academic physicians who do not supervise
7 residents providing patient care and unemployed physicians.

8
9 C. Upon re-entry to clinical practice, physicians must notify their specialty certifying board
10 within thirty (30) days following return to patient care.

11
12 D. The AOA will report clinically inactive status to the public and any credentialers through the
13 profile service of the American Osteopathic Information Association (AOIA) and the
14 website www.aoaprofiles.org.

15 16 17 **Section 10. Limited Scope Osteopathic and Allopathic Physicians**

18
19 Physicians participating in OCC who verify that 90% or more of their primary practice does not
20 currently fall within the scope of their AOA board certification may propose a Component 4:
21 Practice Performance Assessment and Improvement project outside of those currently offered by
22 their specialty certifying board. Projects must meet the requirements for Component 4 as outlined in
23 Section 5., above.

24 25 26 **Section 11. Dually Certified Osteopathic and Allopathic Physicians (Two (2) or More AOA 27 Specialty Certifying Boards)**

28
29 Because of the unique nature of each specialty, physicians holding two (2) or more general
30 certifications administered through the AOA must meet all criteria for both specialty certifying
31 boards' OCC processes. However, CME earned will apply to both specialty certifying boards, with
32 the exception of the specialty CME requirements for each specialty and/or subspecialty certification.

33 34 35 **Section 12. Dually Certified Osteopathic and Allopathic Physicians (AOA and ABMS 36 Certifications)**

37
38 Physicians participating in the Maintenance of Certification (MOC) process through one (1) or more
39 of the ABMS recognized certifying boards may petition to submit their practice performance
40 assessment activities completed through MOC and apply them to their OCC Component 4
41 requirements. However, the specialty certifying board may also require an osteopathic component
42 suffice Component 4 requirements.

43 44 45 **Section 13. Fellowship Exemption**

1 AOA board certified physicians who begin fellowship training are exempt from participation in
2 Component 4 of OCC during the training period only. Each specialty certifying board will make
3 determinations on the OCC requirements for each diplomate for whom this situation applies upon
4 re-entering full participation in OCC.

5 6 7 **Section 14. OCC Re-Entry Process**

8
9 Physicians whose time-limited certification has been deemed inactive for any reason may petition the
10 Certification Compliance Review Committee to reactivate the certification. This process also applies
11 to non-clinical and academic physicians re-entering clinical practice and to former non-time-limited
12 certificate holders who did not maintain their board certification as required.

- 13
14 A. Physicians re-entering the certification process within three (3) years of expiration or
15 inactivation of their certification may re-enter the process by sufficing any outstanding OCC
16 requirements not fulfilled when the certification became inactive. The date of certification
17 will be effective on the date that all requirements have been satisfied.
- 18
19 B. Physicians wishing to re-enter the certification process three (3) or more years following the
20 expiration or inactivation of their certification must take and pass at a minimum the primary
21 written certification examination or other applicable examination(s) as determined by the
22 respective board and immediately begin the OCC process through participation in a
23 Component 4 activity. Specialty certifying boards may also require additional examination
24 and remedial activities such as training or CME.

25 26 27 **Section 15. Recording of Successful Compliance with OCC**

28
29 The parts and results of each component of the OCC process will be recorded in the AOA central
30 office (B-07/76; B-07/02)

31 32 33 **Article XI. General Procedures of AOA Specialty Certifying Boards**

34 35 36 **Section 1. Bureau Reviews Prior to AOA Board of Trustees**

37
38 All recommendations concerning specialty certifying boards or the BOS must be presented to the
39 BOS before being presented to the AOA Board of Trustees for approval.

40 41 42 **Section 2. Certification Recommendation Approval**

43
44 All actions of the specialty certifying boards relating to governance are subject to the
45 recommendation of the BOS and approval of the AOA Board of Trustees. Certification

1 recommendations of the specialty certifying boards are subject to the final approval of the Executive
2 Committee of the BOS. (B-03/93) All changes to the policies and procedures of the specialty
3 certifying boards are subject to the approval of the BOS.
4

5
6 **Section 3. Penalties for Non-Compliance**
7

8 Failure of any specialty certifying board to cooperate, to a reasonable degree, with the BOS and the
9 AOA in the prescribed manner may be cause for the BOS to recommend to the AOA Board of
10 Trustees one (1) of the following actions: (B-07/64)
11

12 A. Replacement of board officers.
13

14 B. Replacement of full board.
15
16

17 **Section 4. Services that Certifying Board Services Must Provide**
18

19 To enable specialty certifying boards and their officers to fulfill the several functions assigned to
20 them, each specialty certifying board will promptly adopt, provide, and maintain the following:
21

22 A. Application forms.
23

24 B. A system of recording permanently the proceedings, transactions, and rulings of the specialty
25 certifying board.
26

27 C. A filing system designed to preserve adequately all essential data regarding each applicant for
28 certification (statement of credentials, board eligibility status, record of examination and
29 results) and diplomates of the specialty certifying board (issuance of certificates).
30

31 D. An accurate register of certificates issued, showing their numbers, date of issuance,
32 diplomate's name, and names of the officers signing.
33

34 E. A brochure of information for applicants setting forth the requirements and procedures for
35 certification, subspecialty certification and OCC.
36

37 F. Instructions for those serving as examiners describing the exact procedure for conducting
38 and reporting examinations.
39

40 G. Certificates, the wording and form of which are approved by the BOS and the AOA Board
41 of Trustees.
42

43 H. Appropriate specialty certifying board stationery (that includes the specialty certifying board
44 logo) for the specialty certifying board's business correspondence, and which states that the
45 specialty certifying board operates under the authority of the AOA.

- 1
- 2 I. A file of all old and current basic documents and amendments pertaining to the specialty
- 3 certifying board and the BOS.
- 4
- 5 J. Adequate staffing to forward application materials and respond to applicant questions,
- 6 letters and emails within commonly acceptable standards of customer service (Seven (7)
- 7 working days). (B-02/04)
- 8
- 9 K. Process all specialty certifying board/BOS reports within stipulated deadlines. (B-02/04)
- 10
- 11 L. Each board must implement standards for security of candidates' records and
- 12 examination/item bank information acceptable to the BOS and reported in the annual
- 13 report to the BOS. (B-02/04)
- 14
- 15 M. Each specialty certifying board will provide telephone and electronic methods for the public
- 16 to communicate with certifying board staff.
- 17
- 18 N. Each specialty certifying board will develop and maintain a website for the public which
- 19 provides the following information at a minimum:
- 20
- 21 1. Requirements for certification.
- 22
- 23 2. Examination information.
- 24
- 25 3. Requirements for OCC
- 26
- 27 4. Appeal process information.
- 28
- 29 5. All fees which may be assessed by the specialty certifying board.
- 30
- 31 6. Mission of the board.
- 32
- 33 7. Board leadership.
- 34
- 35 8. Contact information for the specialty certifying board.
- 36
- 37

Section 5. Submission Deadline for Bureau Meetings

Specialty certifying boards will submit any amendments or revisions of their basic documents or new documents to the Secretary of the BOS within the time period specified by the BOS.

Section 6. Required Compliance with this Document

1
2 Specialty certifying boards will conform to all directives from the BOS and the AOA Board of
3 Trustees.

4 5 6 **Section 7. Dates of Approval Required on Documents, Revisions**

7
8 All basic documents, their revisions or amendments, application blanks and bulletins of information
9 will bear upon them the date of their approval and issuance. (B-07/53)

10 11 12 **Section 8. Amendments to Basic Documents**

13
14 Specialty certifying boards must submit amendments to their basic documents to the Secretary of
15 the BOS when necessary to conform to amendments to the policies and procedures of the BOS
16 approved by the AOA Board of Trustees.

17 18 19 **Section 9. Statements of Requirements for Applicants**

20
21 Statements of the requirements made to applicants for examination and certification must be made
22 in writing and must be in conformity to the policies and procedures of the issuing specialty certifying
23 board as approved at that time. Additions to training and/or practice requirements will go into
24 effect one (1) year subsequent to the announcement of such change. (B-07/64)

25 26 27 **Section 10. Distribution List for Official Correspondence**

28
29 Distribution of official correspondence by board staff will be determined by the elected Secretary
30 and Chair of each specialty certifying board.

31 32 33 **Section 11. Scheduling of Meetings**

34
35 Specialty certifying board meetings will be scheduled at a time that will not interfere with the full
36 attendance of the specialty certifying board's representative at all BOS meetings. (B-12/48)

37 38 39 **Section 12. Queries about Certification Status**

- 40
41 A. All inquiries regarding certification status will be referred to the American Osteopathic
42 Information Association (AOIA) so that an AOA Physician Profile can be generated. (B-
43 07/04) If the individual inquiring is a prospective patient and not a credentialer, hospital or
44 health plan, the only information that will be divulged at that time will be whether or not an
45 individual is certified and the specialty or specialties in which the individual is certified. (B-
46 03/01)

- 1
2 B. Inquiries regarding board eligibility status will be referred to the individual specialty
3 certifying board. The only information that will be divulged at that time will be whether or
4 not an individual is board eligible or currently in the certification process. The inquirer will
5 be told that all other information is confidential. Requests or demands for further
6 information will be referred to the AOA legal counsel and further information will only be
7 divulged upon counsel being satisfied that the individual does not object, and that there is no
8 possible liability that may be imposed upon the AOA, its members, and particularly the
9 members and personnel of the affected specialty certifying board. (B-07/76)

10 11 12 **Section 13. Compliance with Federal and State Regulations**

13
14 Every specialty certifying board will comply with all applicable federal and state regulations, to
15 ensure the following:

- 16
17 A. Compliance with Americans with Disabilities Act (ADA):
18 All specialty certifying boards will have a mechanism and policy in place to address and
19 comply with ADA requirements related to the certification process.
20
21 B. Compliance with the Health Insurance Portability and Accountability Act (HIPAA):
22 All specialty certifying boards will have a mechanism and policy in place to ensure that board
23 operations are in compliance with HIPAA privacy regulations.
24
25

26 **Section 14. Selection of Exam Meeting Sites**

27
28 Due to AOA insurance coverage restrictions, AOA specialty certifying boards will not hold exams
29 outside the United States. Selection of exam sites must be within the continental USA (board exams
30 may be held in Hawaii and Alaska if the AOA holds its annual convention in those two (2) states).
31 All factors, including cost and accessibility to certification candidates, must be taken into
32 consideration when making final site selections.
33
34

35 **Article XII. Subspecialty/CAQ Conjoint Certification Procedures**

36 37 38 **Section 1. General Procedures**

- 39
40 A. The purpose of a Conjoint Certification Examination Committee (CCEC) is to establish
41 procedures for the issuance of a subspecialty certification in conjunction with other
42 respective specialty certifying boards.
43
44 B. The Conjoint Certification Examination Committee will comply with all applicable
45 provisions noted under rules of procedures as outlined in this handbook.

- C. All policies and procedures developed by any CCEC must be approved by the Conjoint Certification Oversight Committee (CCOC) before submission to the full BOS for approval.
- D. The Conjoint Certification Examination Committee does not have formal representation or voting privileges on the BOS.

Section 2. Conjoint Certification Examination Committee (CCEC)

A. Membership

- 1. Specialty certifying boards are responsible for recommending for appointment one (1) representative to serve as a member on each CCEC of which they have diplomates desiring to achieve or maintain a certification in that subspecialty/CAQ.
- 2. The participating specialty certifying board’s representative must be certified by their respective specialty certifying board and hold a current certification in the respective conjoint subspecialty/CAQ.
 - a. In cases of a newly developing CCEC, this subspecialty certification membership requirement may not be feasible.
 - b. Compliance will be required at such time as there is a diplomate certified in said subspecialty/CAQ.
- 3. A specialty certifying board may appoint an individual who is not a member of the board to a CCEC provided they hold the relevant subspecialty/CAQ certification.
- 4. The minimum number of members will be four (4).
 - a. If there are only two (2) or three (3) participating boards, then each board will have two (2) members appointed.
- 5. All CCEC representatives must have completed an item-writing training program within one (1) year of being appointed to the CCEC.
- 6. If a member of the Conjoint Certification Examination Committee resigns, it is the responsibility of the member’s specialty certifying board to recommend for appointment a new representative to complete the term on the CCEC.

B. Officers

- 1. Officers of the Conjoint Certification Examination Committee will include a Chair and Vice Chair. In order to promote equity for the participating specialty certifying boards

1 and their representatives on the Conjoint Certification Examination Committee, the
2 leadership will be rotated amongst the participating specialty certifying boards. In cases
3 where there are fewer represented participating specialty certifying boards than
4 leadership positions, then a rotating schedule for the chair will be followed.

5
6 2. Terms of Officers

7
8 CCEC officers will be elected by the respective CCEC members for a three (3) year term
9 with elections occurring every three (3) years.

10
11 C. Terms

12
13 The length of membership is nine (9) years. The term of membership may be extended upon
14 approval of the respective specialty certifying board, the CCOC and the BOS.

15
16 D. Duties

17
18 The CCEC is responsible for the management of the committee, policy decisions,
19 procedures, as well as item writing, item banking and other items relative to the examination
20 construction. All decisions are subject to the approval of the CCOC and the BOS.

21
22 1. Serve as item writers

23
24 a. Item writers must be certified by their respective specialty certifying board and must
25 hold a subspecialty certification in the subspecialty being managed by the CCEC. In
26 the case of a newly developing conjoint subspecialty certification examination, where
27 item writers do not hold a subspecialty certification in the subspecialty being
28 managed by the Conjoint Certification Examination Committee they must be
29 considered to be subject matter experts in their respective fields. The officers of the
30 CCEC have the authority to approve/disapprove all materials submitted by these
31 subject matter experts.

32
33 b. The length of time that must elapse before an item writer/reviewer can sit for
34 examination will be determined by the Conjoint Certification Examination
35 Committee in conjunction with the respective participating specialty certifying
36 boards and approved by the CCOC. An item writer will receive a "pass" for taking
37 the conjoint OCC cognitive assessment examination if he/she is writing examination
38 questions during his/her period of service on the CCEC.

39
40 2. It is the responsibility of each CCEC, in conjunction with the CCOC to determine and
41 periodically review the requirements within the BOS guidelines for candidate eligibility
42 and certification maintenance.

43
44 3. Each CCEC will recommend to the CCOC, candidates meeting all requirements for
45 certification in the respective subspecialty/CAQ.

- 1
- 2 4. The participating members on the CCEC will serve as liaisons between the CCEC and
- 3 his/her respective specialty certifying board. Their responsibilities include:
- 4
- 5 a. Verification that all certification requirements have been met
- 6
- 7 b. Communicating candidates' status to their primary board
- 8
- 9 c. Recommendation for approval of candidates to the CCOC
- 10
- 11 5. Tasks for exam preparation include:
- 12
- 13 a. Completion of a Job Task Analysis (JTA)
- 14
- 15 b. Approval of a Table of Specifications (TOS)
- 16
- 17 c. Review and approval of test items
- 18
- 19 d. Review of exam statistics
- 20
- 21 e. All other items relative to the exam construction
- 22
- 23

24 **Section 3. Meetings**

25 A. Annual Meeting

26 Each CCEC will hold at least one (1) annual meeting and additional meetings as necessary to

27 transact business.

28

29 B. Special Meetings

30 Special meetings deemed necessary for the transaction of business of a CCEC may be called

31 by the Chair of the CCEC or by a majority vote of the total membership of the CCEC.

32 Notice of the meeting will be mailed (electronically or postal) to each member of the CCEC

33 by the AOA Department of Certifying Board Services not less than thirty (30) days prior to

34 the proposed meeting date.

35

36 C. Quorum

37 For the transaction of business at any meeting of the CCEC, a simple majority of

38 participating boards will constitute a quorum.

39

40 D. Governing Rules

1 Meetings of the CCEC will be governed by *Robert's Rules of Order, Newly Revised*, unless
2 otherwise specified.

3 4 5 **Section 4. Ad Hoc Committees**

- 6
7 A. The CCEC may create ad hoc committees as necessary for its efficient and satisfactory
8 operation and function.

9 10 11 **Section 5. Funding and Business Plan**

- 12
13 A. All financial and personnel issues related to the creation and maintenance of conjoint
14 examinations will be managed by the Department of Certifying Board Services in
15 coordination with the CCOC and the respective Conjoint Certification Examination
16 Committee.

- 17
18 B. Examination Fees

19
20 All examination fees, payments and elapsed-time restrictions will be determined by the
21 Executive Committee of the BOS in conjunction with the Department of Certifying Board
22 Services in coordination with the CCOC and the respective CCEC.

23 24 25 **Section 6. Published Requirements to Receive Certification**

- 26
27 A. The AOA CBS will publish the minimum requirements for a candidate to receive
28 certification from the AOA. These will include all the requirements noted under Section 7.
29 of this Article plus the following:

- 30
31 1. Successful completion of the appropriate certification examination(s).
32
33 2. Any additional requirements approved by the Conjoint Certification Examination
34 Committee, the CCOC and the BOS. These requirements may include years of specialty
35 practice, case records, scientific paper(s), published article(s), etc.

- 36
37 B. Applications for certification in a subspecialty/CAQ will be submitted using the AOA
38 approved application system.

- 39
40 1. The certification director of the respective CCEC will provide notification (via the AOA
41 approved application system), to the certification director of each participating board
42 and that board's representative, of any submitted applications for further review and
43 approval by that board.

44

- 1 2. The result of that review (deficiencies, approvals, comments) is recorded in the AOA
2 approved application system to be further reviewed by the director of the respective
3 CCEC.
4
5

6 **Section 7. Candidate Eligibility Requirements**

7

8 At a minimum, the eligibility requirements for candidates to sit for any conjoint examination will be
9 as follows:

- 10
11 A. Primary AOA specialty certifying board certification.
12
13 B. Training program requirements. The candidate must have satisfied one of the following:
14
15 1. Completed an AOA or ACGME approved training program.
16
17 2. Satisfied the requirements for a clinical pathway (if this pathway exists) for the given
18 conjoint certification subspecialty examination.
19
20 a. The criteria for the pathway are established by the specific Conjoint Certification
21 Examination Committee in conjunction with the participating specialty/CAQ
22 certifying boards. Such criteria must be approved by the BOS in conjunction with the
23 AOA. The clinical pathway may include CME requirements, previous certifications,
24 training approval, sufficient clinical experience, etc.
25
26 b. Clinical pathways will close after a maximum of five (5) years, as established by the
27 Conjoint Certification Oversight Committee. Following the clinical pathway period,
28 candidates will not be eligible to receive the subspecialty certification without entrance
29 into and completion of an AOA approved fellowship training program.
30
31

32 **Section 8. Rules for the Conduct of Examinations**

33

34 A. Examination Components

35

36 Components of the examination include when, where, how, and by whom the exam will be
37 conducted; subjects to be covered; the definition of a passing score; average (if applicable);
38 reexamination conditions; further study requirements; and notification to candidates. The
39 respective conjoint certification examination committee, in conjunction with the
40 participating specialty certifying boards, will determine these components, which must be in
41 compliance with BOS requirements and regulations.
42

43 B. Appeal Process

44

- 1 1. If a candidate feels that actions of the CCEC, with regard to any part of the examination,
2 constitute unequal application of the standards, regulations and requirements,
3 unwarranted discrimination, prejudice, unfairness or improper conduct of the
4 examination, he/she has the right to appeal to the CCOC.
5
- 6 2. Attempts will be made to resolve the misunderstanding by this knowledgeable,
7 multidisciplinary committee. However, if the candidate is not satisfied with the results of
8 an appeal before the CCOC, he/she has the right to further appeal to the BOS and the
9 AOA Board of Trustees (BOT).

10
11
12 **Section 9. Certificates**

13
14 A. Issuance of Certificates

15
16 The participating specialty certifying board, in conjunction with the Conjoint Certification
17 Examination Committee, will issue and maintain certificates.
18

19 B. Issuance of Certificates – Boards Which Have Withdrawn

20
21 For candidates who had initiated the certification process prior to a specialty certifying
22 board’s withdrawal from a CCEC, the applicable primary specialty certifying board will issue
23 certificates of certification and OCC completion, to be reimbursed by the CCEC.
24

25 C. Revocation

26
27 If a diplomate loses his/her primary specialty board certification by revocation or expiration,
28 his/her subspecialty certification will also be revoked if maintenance of primary certification
29 is required for maintenance of the subspecialty certification.
30

31 D. Osteopathic Continuous Certification

32
33 The completion of the Osteopathic Continuous Certification (OCC) process will occur
34 within a minimum of five (5) years, but not to exceed ten (10) years, of issuance of the initial
35 subspecialty certification. One (1) practice performance assessment module will be required
36 for the period of the certification cycle. Other OCC requirements will be determined by the
37 Conjoint Certification Examination Committee.
38

39 E. Terminology

- 40
41 1. Certificates will be issued through the participating specialty certifying boards with
42 terminology that reads:
43
44 a. Physicians holding primary certification through the American Osteopathic Board of
45 Family Physicians (AOBFP)
46

- 1 i. Certification of Added Qualifications in (CAQ)
- 2
- 3 ii. Demonstrates Excellence Through Compliance with all Requirements for
- 4 Osteopathic Continuous Certification for Certification of Added Qualifications in
- 5 (CAQ)
- 6
- 7 b. For physicians holding primary certification through all other AOA specialty
- 8 certifying boards:
- 9
- 10 i. Subspecialty Certification in (Subspecialty)
- 11
- 12 ii. Demonstrates Excellence Through Compliance with all Requirements for
- 13 Osteopathic Continuous Certification for Subspecialty Certification in
- 14 (Subspecialty)
- 15
- 16

17 **Section 10. Re-Entry into the Certification Process**

18

19 A candidate whose subspecialty certification eligibility status has been terminated cannot re-register

20 for board eligibility status but may be eligible to petition the CCEC for re-entry into the certification

21 process as outlined within the *BOS Handbook*.

22

23

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Appendix A – AOA Specialty Certification Terminology

Certificates of certification in the following categories may be issued by certifying boards approved by the Board of Trustees of the AOA:

1. Primary Certification

The primary certification conferred on diplomates who meet the requirements in a specified field of medical practice under the jurisdiction of a certifying board. Primary certification represents a distinct and well-defined field of osteopathic medical practice. Certificates read, “Certified in (Primary field)”.

2. Subspecialty Certification

Subspecialty certification conferred by a certifying board in a specific subspecialty area of the field to which that board certifies. It requires prior attainment of general certification. Certificates read, “Subspecialty Certification in (Subspecialty)”.

Subspecialty certification indicates the possession of knowledge, skill, training, and successful examination in a subspecialty field over and above that required for general certification, designating additional abilities in limited areas of the general specialty field represented by that board, OCC completion in areas of subspecialty certification varies by subspecialty and may or may not require maintenance of valid general certification.

When the identifiable body of knowledge for subspecialty certification overlaps more than one (1) specialty or subspecialty area, a conjoint examination program may be developed by the corresponding certifying boards.

3. Certification of Added Qualifications

CAQs are only offered through the American Osteopathic Board of Family Physicians (AOBFP) and the American Osteopathic Board of Preventive Medicine (AOBPM). Constitutes a modification of a general certificate to reflect additional training of at least one (1) year 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. For example, a physician can hold general certification in Family Medicine/OMT, with added qualifications in Geriatric Medicine.

When participating in conjoint subspecialty examination processes, the AOBFP and AOBPM will offer a Certification of Added Qualifications (CAQ) in that subspecialty.

Appendix B – List of Specialty Certifying Boards of the BOS

Anesthesiology

Dermatology

Emergency Medicine

Family Physicians

Internal Medicine

Neurology and Psychiatry

Neuromusculoskeletal Medicine

Nuclear Medicine*

Obstetrics and Gynecology

Ophthalmology and Otolaryngology – Head and Neck Surgery

Orthopedic Surgery

Pathology

Pediatrics

Physical Medicine and Rehabilitation

Preventive Medicine

Proctology*

Radiology

Surgery

*Denotes boards in or transitioning to dormant status

Appendix C – Records Retention Policy (B-07/10)

The goal of this policy is to conform to all legal recordkeeping requirements of the American Osteopathic Association (AOA) and ensure that good business practices are followed in the retention of relevant documentation. These guidelines are applicable for the Bureau of Osteopathic Specialists (BOS) and the individual specialty certifying boards of the AOA.

Vital Records

The following vital records are permanently maintained in the business offices:

- A. Bylaws
- B. Policies and Procedures
- C. Minutes of Meetings
- D. Annual Corporate Reports
- E. IRS Exemption Letters
- F. Registered Agent Filings

Legal Records

- A. Contracts, Leases and Rental Agreements (including independent contractor agreements and agency agreements) – Ten (10) years following the expiration of all obligations under the contract or other legal instrument
- B. Insurance Policies – Retained for ten (10) years
- C. Trademarks, Copyrights, Service Marks (including filings, registrations and renewals, and materials related thereto) – Permanently retained

Fiscal Records

- A. Accounts Payable – Seven (7) years
- B. Accounts Receivable – Seven (7) years
- C. Bank Statements/Cancelled Checks – Seven (7) years
- D. Employee Classification and Time Records (including exempt and non-exempt status determinations, pay period time records) – Three (3) years

- 1 E Equipment Capitalization Records – Three (3) years after the disposition of the property
- 2
- 3 F General Ledgers – Seven (7) years
- 4
- 5 G Investment Reports and Records (including investment related decisions, investment
- 6 management agreements, investment policy statements, investment directions, investment
- 7 advisor reports and agreements) – Ten (10) years
- 8

9 **Personnel Records**

- 10
- 11 A. Employee Policy and Procedure Manuals – Seven (7) years after each revision
- 12
- 13 B. Individual Personnel Files – Seven (7) years following the termination of employment
- 14
- 15 C. Job Descriptions – Three (3) years after each revision
- 16

17 **Policy Records**

18

19 All policy records will be permanently retained. The following are considered policy records:

20

- 21 A. Meeting Books and Supporting Materials
- 22
- 23 B. Application and Guide Forms
- 24
- 25 C. Brochures
- 26
- 27 D. Bylaws
- 28
- 29 E. Policies and Procedures
- 30
- 31 F. Manuals
- 32
- 33 G. Minutes of all Meetings
- 34
- 35 H. Newsletters
- 36
- 37 I. Renewal Application Forms
- 38
- 39 J. Reports of Task Forces and Special Committees
- 40

41 **Certification Records**

42

- 43 A. Applicant information – Retained for lifetime of applicant

- 1
2 B. Application – Ten (10) years from date of candidate’s certification (or until the certificant
3 recertifies) or five (5) years after loss of eligibility for those who do not achieve certification
4
- 5 C. Supporting documentation to application and/or examination (including case logs) –
6 Minimum of six (6) months from the date of candidate’s certification or five (5) years after
7 loss of eligibility for those who do not achieve certification
8
- 9 D. Certificant information – Retained for lifetime of certificant
10
- 11 E. Recertification application/Osteopathic Continuous Certification (OCC) enrollment form –
12 Ten (10) years from date of recertification (or until certificant completes all OCC
13 requirements)
14
- 15 F. Supporting documentation to recertification application, OCC enrollment form and/or
16 examination (including case logs) – Minimum of six (6) months from date of candidate’s
17 recertification/OCC completion or five (5) years after loss of eligibility for those who do not
18 achieve certification
19
- 20 G. Examination booklets – At least two (2) sets of examination books for each administration
21 retained for ten (10) years following examination administration
22
- 23 H. Examination items – Scoreable items retained during life of item. When an item is deleted
24 from examination item pool it will be retained for two (2) years following last use on
25 examination.
26
- 27 I. Examination score reports – Retained for ten (10) years following examination
28
- 29 J. General correspondence and correspondence related to examination eligibility
30 (correspondence that restricts, denies, or delineates examination eligibility of an individual
31 candidate) – Retained with application files
32
- 33 K. Test specifications – Retained for twenty (20) years following the date of the last
34 examination for that blueprint
35

Other Records

- 36
37
- 38 A. Injury and property damage reports – Five (5) years from date of incident
39
- 40 Including reports of personal injuries sustained by employees, volunteers and other third
41 parties at company employment locations or company sponsored events (e.g., test sites) or in
42 the course of employment or carrying out the duties of employment or pursuant to service
43 contracts reports of property damage in connection with any of the foregoing
44

**Appendix D – Model Form: Notification Sent to Candidates by Specialty
Certifying Boards When They Have Successfully Completed Examination**

Dear Doctor (insert name here):

We are pleased to inform you that you have successfully completed and passed the examination for certification in (insert designation of specialty, subspecialty and/or added qualifications).

Your credentials will be (or have been) transmitted to the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA) with the recommendation for its approval of your certification.

After approval of your certification is received from the Bureau of Osteopathic Specialists, your certificates will be printed and registered here and in the AOA Central Office. You should then receive your certificate within approximately ninety (90) days.

Sincerely yours,

Secretary
Certifying Board

Appendix E – Appeal Petition

To: American Osteopathic Association
Bureau of Osteopathic Specialists
C/O Department of Certifying Board Services
142 E Ontario Street
Chicago, IL 60611

I have been advised that an appeal hearing in the matter of my application for certification has been scheduled for _____ (am/pm), 20____, at (state address here).

I hereby acknowledge that this Appeal Petition form sets forth the following rules with regard to the conduct of the hearing:

- A. An appeal hearing is granted to determine the facts, which, if the appellant’s allegations are found to be true, would constitute unequal application of regulations and requirements or standards, unwarranted discrimination, prejudice, unfairness, or improper conduct of all or any part of the examination in question.
- B. Both appellant and a representative of the certifying board must be present.
- C. Appellant has the right to be accompanied by counsel; if appellant contemplates, at this time, that counsel will be present, counsel’s name and address is:
- D. Otherwise, the Bureau of Osteopathic Specialists must be notified no later than thirty (30) days prior to the date of the hearing that counsel will attend and counsel’s name and address.
- E. All documentary material necessary for adjudication of the appeal must be forwarded to the Chair of the Appeal Committee not later than sixty (60) days prior to the hearing.
- F. The hearing will be conducted by first allowing the appellant or appellant’s representative a reasonable period of time (twenty (20) minutes unless there are compelling reasons for a longer period) to make appellant’s presentation. The specialty certifying board representative will have a like period of time. Each party will then be allowed a brief period for rebuttal. The Appeal Committee may examine documentary material and will have the opportunity to address questions to the parties and their respective representatives.
- G. Guidelines for the conduct of and appeal are attached hereto.
- H. It is entirely within the discretion of the Appeal Committee whether to call for and review patient charts in response to fact allegations contained herein. Such review would take place in executive session.

1 I. The calling of witnesses other than the appellant and the representative of the specialty
2 certifying board is solely within the discretion of the Appeal Committee. It is also within the
3 discretion of the Appeal Committee as to whether the parties may examine witnesses or if
4 such examination will be conducted by the Appeal Committee alone.
5

6 J. If the appellant is contemplating calling a witness(es), the name(s) must be submitted to the
7 Secretary of the Bureau of Osteopathic Specialists, along with a general statement as to the
8 anticipated testimony, no later than thirty (30) days prior to the date of the hearing.
9

10 My petition is based on the following facts:
11
12
13
14

15 _____
16 Appellant's Signature Date
17

18
19
20 _____
21 Appellant's Printed Name
22
23
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Appendix F – Model Resolution Verbiage

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For the Establishment of a New Specialty Certifying Board:

RESOLVED, that the petition of the (Specialty College) for the establishment of an American Osteopathic Board of _____ with jurisdiction over the examination for certification in (specialty/subspecialty and/or added qualifications) be approved.

RESOLVED, that the proposed Policies and Procedures for the proposed American Osteopathic Board of _____, submitted by the (Specialty College), be approved.

For Requesting Assignment of Jurisdiction by an Existing Specialty Certifying Board:

RESOLVED, that the request of the American Osteopathic Board of _____ for jurisdiction over the examination for certification in (specialty/subspecialty and/or added qualifications) be approved.

For Requesting the Transfer of Jurisdiction Over a Recognized Specialty/Subspecialty:

RESOLVED, that the request of the American Osteopathic Board of _____ for the transfer of jurisdiction over the examination for certification in (specialty/subspecialty and/or added qualifications), currently under the jurisdiction of the American Osteopathic Board of _____, be approved.

Appendix G – Applicant Statement

1
2
3 I hereby make application to the American Osteopathic Board of _____
4 (AOB__) for examination leading to (Primary, Subspecialty, Certification of Added Qualifications,
5 completion of OCC Requirements) certification in _____. This action is made in
6 accordance with and subject to the AOA Bylaws and Policies and Procedures of the AOB__ and the
7 American Osteopathic Association (AOA).

8
9 I understand that the certifying examination is a proprietary document of the AOB__ and the AOA
10 and that I do not and will not have the right to review the examination or any examination questions
11 at any time prior to or following the administration of the examination. I also understand that my
12 examination score, subscale scores, and performance information will be the property of the AOA
13 and the AOB__ and understand they may provide aggregated examination information on a
14 confidential basis to (Specialty College) for purposes of improving postdoctoral education programs.

15
16 I agree to disqualification from examination or from issuance of certification or to the surrender of
17 such certification as directed by the AOB__ and/or the AOA in the event that any of the statements
18 made by me in this application are false or in the event that any of the AOA bylaws, policies and/or
19 procedures governing such examinations are violated by me or in the event that I did not comply
20 with any of the provisions of the AOA Bylaws or Policies and Procedures of the AOB__ and/or the
21 AOA.

22
23 I agree that my professional qualifications, including my moral and ethical standing in the
24 osteopathic medical profession and my competence in clinical skills, will be evaluated by the AOB__
25 and that the AOB__ may make inquiry of the persons named in my application and of other
26 persons, such as authorities of licensing bodies, hospitals, program directors or other institutions, as
27 the board may deem appropriate with respect to such matters.

28
29 I agree that the sources and all information furnished to the AOB__ in connection with its inquiry
30 will be confidential and not subject to disclosure, through legal process or otherwise, to me or to any
31 person acting on my behalf. I agree that the AOB__ and the AOA will be the sole judge of my
32 credentials and qualifications for admission to the examination and for certification.

33
34 I hereby release, discharge, exonerate, and agree to hold harmless the AOA, the AOB__, their
35 members, examiners, trustees, officers, representatives, and agents and free from any action, suit,
36 obligation, damage, expense, claim, demand, or complaint by reason of any action they or any one of
37 them may take in connection with this application, such certifying examinations, the grade or grades
38 given with respect to any certifying examination, and/or the failure of the AOB__ to recommend
39 issuance to me of such certification, or the revocation of any certification issued pursuant to this
40 application.

41
42 It is understood that the decision as to whether my performance on any certification examination
43 qualifies me for certification rests solely and exclusively with the AOB__ and the AOA and that
44 their decision is final. I also agree that the extent of any liability arising out of errors or omissions or

1 other misconduct of the AOB__ or the AOA will be limited to the amount of fees paid to the
2 AOB__ and AOA in connection with the board certification process.

3
4 In the event that any dispute that will arise concerning the certifying examination’s content and/or
5 administration, or any other issue relating to the certification process, I understand that the AOA
6 has an administrative appeal process available and I agree to first pursue all available administrative
7 appeals and internal reviews before pursuing any other forms of relief.

8
9 I further agree that Illinois law, without regard to its provisions concerning conflict of laws, will
10 apply to the resolution of any dispute that I may have with the AOB__ of the AOA.

11
12 I have this day carefully read and agreed to full compliance with the foregoing.

13
14 I have hereunto set my hands this _____ day of _____, 20____.

15
16
17
18 _____
19 Signature

Print

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Appendix H – Application for Jurisdiction

PURPOSE

This application should be used by AOA approved specialty certifying boards requesting jurisdiction over new specialties, subspecialties, or areas of added qualifications.

GENERAL REQUIREMENTS AND DEADLINES FOR SUBMISSION

Petitions requesting jurisdiction over new specialty, subspecialty or area of added qualifications must first be submitted by an existing certifying board of the BOS for study and recommendation. An electronic petition must be submitted to the Secretary of the Bureau of Osteopathic Specialists (BOS) a minimum of sixty (60) days prior to the date of the BOS meeting. Petitions requesting assignment of jurisdiction must include the complete information outlined below.

Date of application submission: _____
AOA board requesting jurisdiction: American Osteopathic Board of _____
Area of jurisdiction being requested: _____

Please circle the appropriate classification of the jurisdiction request:

- A. Primary Certification
B. Subspecialty Certification
C. Certification of Added Qualifications

I. A list of the specialty(s), subspecialty(s), and area(s) of added qualifications over which the board has current jurisdiction. Additional sheets may be attached if space below is not sufficient.

Table with 3 columns: Primary Certification, SUBSPECIALTY CERTIFICATION, Certification of Added Qualifications

II. Provide a definition of the specialty area being considered. A separate sheet may be attached to this application.

1
 2 III. Provide a list, supplied by the certifying board(s), of the physicians currently practicing in the
 3 specialty area being considered, who by virtue of education, training, and experience would
 4 qualify for the certification being considered. A separate listing may be attached to this
 5 application.
 6

7
 8
 9 IV. Please attach a copy of the AOA approved or proposed basic standards for residency training in
 10 the specialty area being considered. Please note that a jurisdiction request can be approved with
 11 proposed standards but that in order to give the exam, proposed residency standards must first
 12 be approved by the AOA Council on Postdoctoral Training (COPT). The proposed standards
 13 must be submitted by the corresponding specialty college directly to COPT for review.
 14 Questions regarding approval of standards should be referred to the AOA Postdoctoral Training
 15 Division.
 16

17
 18 Please circle the appropriate selection:

19
 20 A. Proposed Residency Standards Attached

21
 22 B. Approved Residency Standards Attached
 23

24
 25 V. Please provide the proposed requirements for certification in the specialty area being considered
 26 and any proposed changes in other basic documents of the board. The board's other
 27 requirements for certification can be used as an example on how to structure the proposed
 28 requirements. A separate sheet of paper can be attached to this application.
 29

30 _____
 31 _____
 32 _____
 33

34
 35 VI. Please provide information related to the board's plan for completing a job task analysis to
 36 further define the examination. A separate sheet of paper can be attached to this application.
 37

38 _____

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VII. Please provide any additional comments the board feels will contribute to the evaluation of the jurisdiction request. Additional sheets may be attached.

VIII. Include a listing of at least five (5) qualified subject matter experts in the new specialty area that have committed to serving on the exam committee for this new area of jurisdiction. Please include their name, AOA number and certifications, as well as the dates and locations of all their residencies. Also include the percent of the physician’s practice that is spent working in this new specialty area. A letter of commitment from each subject matter expert must be submitted with this application.

IX. Please include a detailed business plan detailing how the board will fund the development and administration of the exam. Costs and demonstration of funds should be detailed for the following major exam development areas: job analysis/table of specifications; item writing; exam scoring; and standard setting. Costs and demonstration of funds should be detailed for the following major exam administration areas: items collection/item banking; exam creation/printing/and exam proctoring.

Contact the BOS Secretary

FOR OFFICE USE ONLY

Date that the copy was sent to all boards: _____

Date due back from boards: _____

On _____ (date due back), there were (choose one) [] no boards objecting; [] were boards objecting, specify _____

Date received by AOA office: _____

- A. Listing of areas of jurisdiction provided
- B. Definition of proposed area of jurisdiction provided
- C. Listing of physicians practicing the area of jurisdiction being requested
- D. Documentation of subject matter experts for test construction
- E. Copy of proposed or approved residency standards
- F. Proposal for requirements for certification provided
- G. Business plan

Date of initial review of application by BOS Jurisdiction Committee: _____

Additional dates: _____

Final disposition of request: _____

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Appendix I – Guidelines for AOA Certification Exam Standards Report Form

GENERAL QUESTIONS

Name of board _____

Name of Exam _____

Type of certification:

- A. Primary
- B. Subspecialty (May stand alone after attainment)
- C. Subspecialty (Primary certification must be maintained)
- D. OCC Cognitive Assessment

Candidate Fees: _____

For how many years is the certificate time-dated? _____

How often is the exam administered? _____ What is the usual month(s) administered? _____

How many sat/will sit for this exam last year? _____ This year? _____ Expected next year? _____

Section I. Planning the Exam – Table of Test Specifications

A. Learning Outcomes

- 1. Have the learning outcomes of the exam been defined and documented? Please attach a listing of your learning outcomes.

B. Content Areas

- 1. Has specialty training program criteria/curriculum been compiled and reviewed?

C. Table of Specifications

- 1. Has a job analysis been completed and fully documented? Please attach a summary report of the job analysis.
- 2. Does each item have a recorded learning objective?

3. Please attach your table of test specifications (exam blueprint/outline). If you have separate tables for each exam part (written, oral, clinical) please attach all portions.
4. What other types of data or information have been utilized in the development of the table?
5. What is the rationale for the exam?

Section II. Writing, Harvesting and Reviewing of Exam Items

A. Item Writing

1. Please attach the item writing rules/guidelines that are distributed to your item writers.
2. What percent of these item types are on each part (written, oral, clinical) of your exam?

<u>Written</u>	<u>Oral</u>	<u>Clinical</u>
MC _____ %	MC _____ %	MC _____ %
T-F _____ %	T-F _____ %	T-F _____ %
Matching _____ %	Matching _____ %	Matching _____ %
Short Answer _____ %	Short Answer _____ %	Short Answer <u>100%*</u>
Essay _____ %	Essay _____ %	Essay _____ %
Other _____ %	Other _____ %	Other _____ %

* Answers are based upon physician viewing a set of medical picture slides and answering questions related to those slides.

B. Item Harvesting

1. Describe your formal item writer training program.
2. Has each of your item writers or reviewers completed this training?
3. Describe your systematic process for collecting new items.
4. Is your item banking program computerized? If yes, what's the name of the item banking program?
5. Does your item banking program record the item text and item statistics?
6. Describe your item collection and review process, including the qualifications of each item writer or reviewer.

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- 7. Do you pretest/pilot-test new exam items?
- 8. What percentage of items is used from the previous exams?
- 9. Please check which variables are recorded for each item in your item bank.

- Specific learning outcome
- Learning outcome classification (from table)
- Content area classification (from table)
- Reference source
- Author
- Difficulty
- Discrimination or fit
- Point-biserial
- Standard error or single item reliability

Section III. Proctoring the Exam

A. Proctor

- 1. Is at least one (1) board member always present during the exam administration?

B. Security

- 1. What process is followed to ensure proper candidate identification for written, oral and/or clinical examinations?
- 2. What procedure is followed to ensure security of the exam items for written, oral and/or clinical examinations

Section IV. Computerized Exam Scoring

A. Data Cleaning

- 1 1. Are the exam answer sheets hand scored or computer scored? Is the data file examined
2 for entry errors?
3

4 B. Key validation
5

- 6 1. Do you complete a computerized key validation or preliminary item analysis?
7
8 2. What is the name of your item analysis program?
9

10 C. Item Analysis
11

- 12 1. Do you complete a computerized final item analysis (after changes or corrections in the
13 key)? Please attach a sample page from your item analysis tables.
14
15 2. Which statistics are examined by the board/exam committee from the item analysis?
16
17 3. Are subscales analyzed and their statistics (difficulty, reliability, correlation coefficients)
18 reviewed by the board?
19
20

21 **Section V. The Pass/Fail Decision**
22

23 A. Standard Setting Method
24

- 25 1. What method (Angoff, contrasting groups, etc.) is used to arrive at the cut score decision
26 for each exam part (written, oral, clinical)?
27
28 2. Describe in detail how the written, oral, and clinical cut scores are determined. Also,
29 please attach summary reports of your standard setting procedure.
30
31 3. Please describe the equating method that is used to ensure decision stability across
32 administrations. If no method is used, please describe why.
33
34 4. Is the pass/fail decision for each exam part (written, oral, clinical) separate?
35
36 5. If the scores from the parts are combined, describe in detail how the scores are
37 combined to arrive at the overall pass or fail decision.
38
39

40 **Section VI. Reporting to Candidates**
41

- 42 A. In what form are final scores reported to examinees (pass/fail, raw, % right, percentile, etc.)?
43 Please attach a sample candidate score report.
44
45 B. In what form do you regularly report subscale (content area) scores?

- C. Upon a candidate’s special requests, what other information will be provided about their performance?
- D. If a candidate requests a rescoring of their exam describe your procedure and charge for this review.
- E. From the date of administration, approximately how long does it take for candidates to receive notice of their pass/fail decisions?

Section VII. Ongoing Evaluation/Validity Studies

- A. Please list the evaluation/validity studies or internal reports that your board has completed, as well as studies that are planned in the near future. Include the name of the study, the year(s) and primary investigator(s) and the source where they can be obtained. Please attach published papers, final reports or summaries of the studies.

ORAL EXAM

Do you conduct an oral exam?

If so, please describe in detail the procedures used for conducting the oral exam (Is it unstructured? Have a formal script? Have a form to record scores? # of questions, # of examiners, length of exam, etc.) Please attach the scripts, forms and/or scoring criteria used.

Can your board document the qualifications of all the experts or examiners utilized in the oral exam?

CLINICAL EXAM

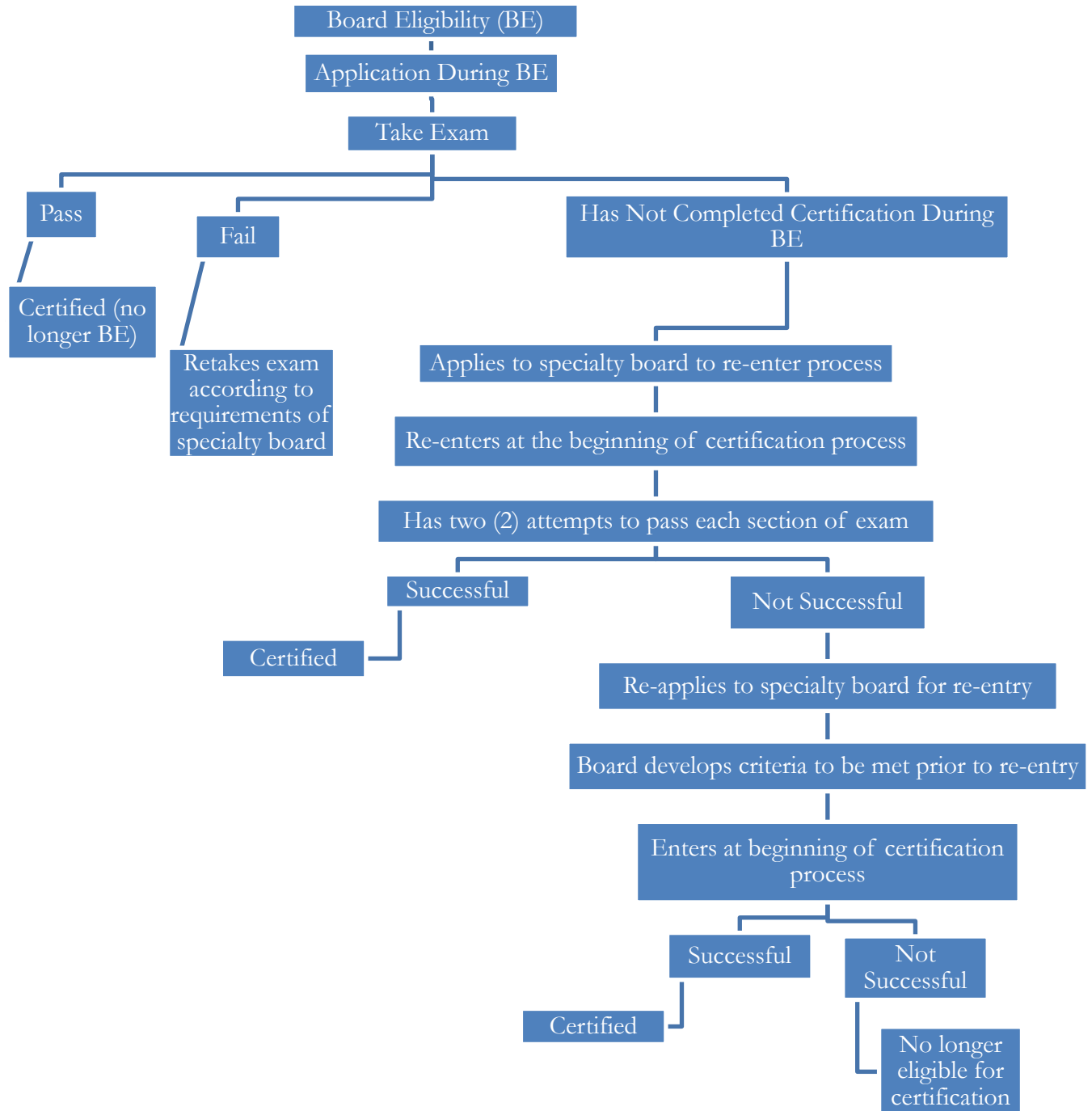
Do you conduct a clinical exam?

If so, please describe in detail the procedures used for conducting the clinical exam. Please attach the scripts, forms and/or scoring criteria used.

Can your board document the qualifications of all the experts or examiners utilized in the clinical exam?

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Appendix J – Board Eligibility Process



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1 **Appendix K – Pathways for Initial Certification Definitions**
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3 **Glossary of Osteopathic Terminology:**

4 **Osteopathic Philosophy:** A concept of health care supported by expanding scientific knowledge
5 that embraces the concept of the unity of the living organism’s structure (anatomy) and function
6 (physiology). Osteopathic philosophy emphasizes the following principles: 1. The human being is a
7 dynamic unit of function. 2. THE body possesses self-regulatory mechanisms that are self-healing in
8 nature. 3. Structure and function are interrelated at all levels. 4. Rational treatment is based on these
9 principles.

10 **Osteopathic Manipulative Medicine (OMM):** The application of osteopathic philosophy,
11 structural diagnosis and use of OMT in the diagnosis and management of the patient.

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Appendix L – Subspecialties that Require Active AOA Primary Certification

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Anesthesiology

- Addiction Medicine
- Critical Care Medicine
- Pain Management
- Pediatric Anesthesiology

Dermatology

- Dermatopathology
- MOHS Micrographic Surgery
- Pediatric Dermatology

Emergency Medicine

- Addiction Medicine
- Emergency Medical Services
- Hospice & Palliative Medicine
- Medical Toxicology
- Sports Medicine
- Surgical Critical Care
- Undersea & Hyperbaric Medicine

Family Practice

- Addiction Medicine
- Correctional Medicine
- Geriatric Medicine
- Hospice & Palliative Medicine
- Pain Medicine
- Sleep Medicine
- Sports Medicine
- Undersea & Hyperbaric Medicine

1 **Appendix L – Subspecialties that Require Active AOA Primary Certification**
 2 **(cont.)**

3

4 **Internal Medicine**

- | | | | |
|----|--------------------------------------|----|----------------------------------|
| 5 | ➤ Addiction Medicine | 12 | ➤ Hospice & Palliative Medicine |
| 6 | ➤ Advance Heart Failure/Transplant | 13 | ➤ Interventional Cardiology |
| 7 | Cardiology | 14 | ➤ Pain Medicine |
| 8 | ➤ Clinical Cardiac Electrophysiology | 15 | ➤ Sleep Medicine |
| 9 | ➤ Correctional Medicine | 16 | ➤ Sports Medicine |
| 10 | ➤ Critical Care Medicine | 17 | ➤ Undersea & Hyperbaric Medicine |
| 11 | ➤ Geriatric Medicine | | |

18

19 **Neuromusculoskeletal Medicine**

- | | | | |
|----|----------------------|----|-------------------|
| 20 | ➤ Addiction Medicine | 22 | ➤ Sports Medicine |
| 21 | ➤ Pain Medicine | | |

23

24 **Neurology & Psychiatry**

- | | | | |
|----|---------------------------------|----|-------------------|
| 25 | ➤ Addiction Medicine | 28 | ➤ Neurophysiology |
| 26 | ➤ Geriatric Psychiatry | 29 | ➤ Pain Medicine |
| 27 | ➤ Hospice & Palliative Medicine | 30 | ➤ Sleep Medicine |

31

32 **Ophthalmology & Otolaryngology**

- | | | | |
|----|-----------------------|----|------------------|
| 33 | ➤ Otolaryngic Allergy | 34 | ➤ Sleep Medicine |
|----|-----------------------|----|------------------|

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36 **Pathology**

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| 37 | ➤ Dermatopathology |
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**Appendix L – Subspecialties that Require Active AOA Primary Certification
(cont.)**

Pediatrics

- Sports Medicine

Physical Medicine & Rehabilitation

- Hospice & Palliative Medicine
- Pain Medicine
- Sports Medicine

Preventive Medicine

- Addiction Medicine
- Correctional Medicine
- Occupational Medicine
- Undersea & Hyperbaric Medicine

Radiology

- Neurology
- Pediatric Radiology
- Vascular/Interventional Radiology

Surgery

- Addiction Medicine
- Surgical Critical Care

Appendix M – Subspecialties that Do Not Require Active AOA Primary Certification

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5 Internal Medicine

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|----|------------------------|----|-----------------------|
| 6 | ➤ Allergy & Immunology | 11 | ➤ Infectious Diseases |
| 7 | ➤ Cardiology | 12 | ➤ Nephrology |
| 8 | ➤ Endocrinology | 13 | ➤ Oncology |
| 9 | ➤ Gastroenterology | 14 | ➤ Pulmonary Diseases |
| 10 | ➤ Hematology | 15 | ➤ Rheumatology |

16

17 Neurology & Psychiatry

- | | | | |
|----|------------------------------|----|-------------------------------|
| 18 | ➤ Child/Adolescent Neurology | 19 | ➤ Child/Adolescent Psychiatry |
|----|------------------------------|----|-------------------------------|

20

21 Obstetrics & Gynecology

- | | | | |
|----|----------------------------|----|--------------------------------|
| 22 | ➤ Female Pelvic Medicine & | 25 | ➤ Maternal & Fetal Medicine |
| 23 | Reconstructive Surgery | 26 | ➤ Reproductive Endocrinology & |
| 24 | ➤ Gynecologic Oncology | 27 | Infertility |

28

29 Pathology

- 30 ➤ Forensic Pathology

31

32 Pediatrics

- | | | | |
|----|------------------------|----|---------------|
| 33 | ➤ Allergy & Immunology | 34 | ➤ Neonatology |
|----|------------------------|----|---------------|

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