



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Handbook of the Bureau of Osteopathic Specialists (BOS)

Containing:

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

*Adopted in its entirety by the Board of Trustees: February 2023
13th Edition*

1 **Table of Contents**

2

3 BOS Mission Statement 3

4 Article I. Authority 3

5 Article II. Purpose 3

6 Article III. Duties 4

7 Article IV. Membership 4

8 Article V. Committees 6

9 Article VI. Meetings and Reports 12

10 Article VII. Petition to Establish a Specialty Certifying Board 13

11 Article VIII. Petition for Jurisdiction in a New Specialty Field or Change in Jurisdiction of an

12 Existing Specialty Field 14

13 Article IX. Petition Review Process 14

14 Article X. Retired Status, Relinquishing Jurisdiction, Noncompliance and Probation, and

15 Reactivation 16

16 Article XI. Appeal Committee Hearing Procedures 19

17 Article XII. Specialty Certifying Board Operating Procedures 22

18 Article XIII. Board Eligibility Status 29

19 Article XIV. Initial Certification 31

20 Article XV. Examination Policy 34

21 Article XVI. Examination Results 35

22 Article XVII. Certificates 36

23 Article XVIII. Osteopathic Continuous Certification 42

24 Article XIX. Non-Time-Limited Diplomates 49

25 Article XX. Conjoint Certification Examination Committee (CCEC) 50

26 Article XXI. Distinct Osteopathic Examination Committee (DOEC) 55

27 **Appendix A – Definitions and Terminology 59**

28 **Appendix B – Subspecialties that Require Active AOA Primary Certification . 61**

29 **Appendix C – Subspecialties that Do Not Require Active AOA Primary**

30 **Certification 63**

31

BOS Mission Statement

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

Following adoption by the BOS and approval by the AOA Board of Trustees in July 2010, the Handbook of the BOS underwent multiple iterations through 2021. The 13th Edition of the Handbook of the BOS was adopted by the BOS and approved by the AOA Board of Trustees in February 2023.

Article I. Authority

- A. The BOS will function under the auspices of the AOA Board of Trustees (BOT) 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, certificate of added qualification, and Osteopathic Continuous Certification (OCC) completion, subject to appeal, and report these actions to the BOT for information only. By BOS majority vote, amendments to the Handbook of the BOS or revisions to BOS policy and procedures will be submitted to the BOT for final action.
- 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.

Article II. Purpose

- A. The AOA, through the BOS, will:
 - 1. Monitor the processes for all certifications, including primary certification, continuous certification, and certificates of added qualification.
 - 2. Provide a mechanism to evaluate the validity and reliability of all certification and certificate examinations conducted by AOA specialty certifying boards.
 - 3. Assess examination scores and pass rates and ensure notification of appropriate examination information to the Accreditation Council for Graduate Medical Education (ACGME). Pass rates will be provided, as well as individual physician examination results (pass/fail), to physicians' training programs.

Article III. Duties

A. The BOS will:

1. Convene twice per year for an annual and a midyear meeting. The BOS Chair may convene a special meeting at their discretion with at least two (2) weeks' notice.
2. Advise specialty certifying boards with reference to defining and determining the scope of the specialty(s), subspecialty(s) and/or area(s) of added qualification coming under the certifying boards' jurisdiction.
3. Consider and act on amendments and/or revisions to processes submitted by the specialty certifying boards.
4. Stay up to date and informed of the activities of the specialty certifying boards to ascertain conformity to the standards and procedures adopted, and to advise them, where indicated, regarding corrections in their processes. If necessary, the BOS will make appropriate recommendations to the BOT when a specialty certifying board fails to conduct its affairs in an acceptable manner.
5. Provide recommendations to the BOT concerning the assignment or change in jurisdiction of a specialty, subspecialty, or area of added qualification.
6. Provide a mechanism to evaluate the validity and reliability of all certification and certificate examinations conducted by AOA boards.
7. Provide recommendations to the BOT regarding the development of a new certifying board.
8. Establish procedures to determine the qualifications of the applicants for certification, certificates of added qualification (CAQ), and Osteopathic Continuous Certification (OCC).
9. Review and approve candidates presented for certification, CAQ, and continuous certification by specialty certifying boards.

Article IV. Membership

The membership of the BOS will consist of the BOS Executive Committee and a representative from each of the active 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 BOS Executive Committee.

- 1 B. The Chair, Vice Chair, and Immediate Past Chair must have commitment to and experience
2 in postdoctoral training and certification, be AOA board certified, and fully participate in all
3 components of Osteopathic Continuous Certification (OCC).
4
- 5 C. The Chair, Vice Chair, and Immediate Past Chair terms will be for three (3) consecutive
6 non-renewable years.
7
- 8 D. The Chair cannot represent the same specialty as the Vice Chair or Immediate Past Chair.
9
- 10 E. On completion of a three (3) year term, the Vice Chair will serve as Chair.
11
- 12 F. On completion of a three (3) year term, the Chair will serve as Immediate Past Chair.
13
- 14 G. On completion of a three (3) year term, the Immediate Past Chair's service on the BOS will
15 conclude.
16
- 17 H. BOS term limit rules do not apply to the Chair, Vice Chair, and Immediate Past Chair
18 leadership track.
19
- 20 I. In the event of a vacancy in the office of Chair or Vice Chair, the Vice Chair or most senior
21 osteopathic physician member on the BOS Executive Committee will act as Chair or Vice
22 Chair until the next regular meeting.
23
- 24 J. The BOS Chair will assume temporary leadership of a specialty certifying board, with
25 restricted powers, to maintain its operating continuity until the next meeting of the BOS if
26 that board ceases to function for any reason. In this capacity the Chair will arrange for the
27 evaluation of candidates' credentials and for their examination but will not participate in the
28 evaluation or examination.
29

30 **Section 2. Representatives from Specialty Certifying Boards**

- 31
- 32 A. There will be one (1) representative and one (1) alternate representative elected by and from
33 the membership of each specialty certifying board. The results will be submitted within thirty
34 (30) days to the BOS Secretary. If the representative is unable to attend a BOS meeting, the
35 alternate representative will be empowered to act on their behalf but will not act in place of
36 the representative on a committee.
37
- 38 B. BOS representatives and alternate representatives must hold an active AOA board
39 certification and fully participate in all components of OCC.
40
- 41 C. BOS representative and alternate representative appointments are staggered and limited to
42 no more than four (4) 3-year terms (lifetime of twelve (12) years). When a BOS
43 representative or alternate representative has reached their term limit, they may not serve on
44 the BOS in any capacity. Boards demonstrating hardship may petition the BOS Executive
45 Committee for an exception to this policy.
46

1 D. BOS representative and alternate representative terms on the BOS commence on August 1
2 of the year of appointment.

3
4 E. BOS representative and alternate representative terms conclude on July 31 of the third year
5 of the term.

6 7 **Section 3. Secretary**

8
9 A. The BOS Secretary will be named by the AOA Chief Executive Officer.

10
11 B. The BOS Secretary will have the following responsibilities:

- 12
13 1. Keep a record of all meetings, transactions, and actions of the BOS and assist the Chair
14 in other duties as appropriate.
- 15
16 2. The policies and procedures as adopted by the BOS and approved by the AOA Board
17 of Trustees will be compiled and maintained as the *Handbook of the Bureau of Osteopathic*
18 *Specialists (BOS)*.
- 19
20 3. Maintain a file of current policies and procedures, including amendments, pertaining to
21 the BOS and its committees.
- 22
23 4. Maintain a file of current processes, including amendments, pertaining to the specialty
24 certifying boards.
- 25
26 5. Manage the standards review process cycle and distribute all psychometric reports to
27 the Standards Review Committee for review and approval.
- 28
29 6. Review and retain specialty certifying board submissions for candidates recommended
30 for certification, CAQ, and osteopathic continuous certification and notify the
31 appropriate specialty certifying board and the BOS Chair if there is an issue that could
32 defer certification, CAQ, or osteopathic continuous certification of a candidate.
- 33
34 7. Prepare the BOS meeting minutes and distribute them to the BOS members within ten
35 (10) business days from the conclusion of meetings.

36 37 **Article V. Committees**

38 39 **Section 1. Executive Committee**

40
41 A. Membership

- 42
43 1. The BOS Executive Committee will be comprised of four (4) members each from a
44 different specialty field, which will consist of the BOS Chair, the BOS Vice Chair, the
45 BOS Immediate Past Chair, and one (1) member selected by the AOA President
46 following consultation with the BOS Chair.

1 B. Terms
2

- 3 1. Members of this committee will serve a 3-year term that will commence on August 1 and
4 end on July 31 of the appropriate year.
5

6 C. Duties
7

- 8 1. Final authority on approval of osteopathic specialty certification, certificates of added
9 qualification (CAQ), and osteopathic continuous certification in between meetings of the
10 BOS. Such approval will indicate the approval of the AOA, and these actions will be
11 reported to the full BOS and to the BOT.
12
13 2. Final authority on denial of certification, CAQ, and osteopathic continuous certification
14 in between meetings of the BOS, subject to the appeal process of the BOT.
15
16 3. Consider and act on requests from BOS committees and specialty certifying boards in
17 between meetings of the BOS.
18
19 4. Provide a report of activities and actions to the BOS at its annual and midyear meetings.
20

21 D. Meetings
22

- 23 1. The Executive Committee will have authority to act for the BOS in between regularly
24 scheduled BOS meetings. Executive Committee meetings will be set on notice from the
25 BOS Secretary on behalf of the BOS Chair.
26
27 2. The Executive Committee may meet in conjunction with the BOS meetings (annual and
28 midyear) and as necessary to conduct the business of the committee on behalf of the
29 BOS.
30

31 E. Appeal Process
32

- 33 1. The specialty certifying board may appeal directly to the full BOS if the board does not
34 agree with the action(s) taken by the BOS Executive Committee.
35
36 2. The specialty certifying board may request an appeal of the decision to the BOT if the
37 full BOS concurs with the action(s) taken by the BOS Executive Committee.
38

39 **Section 2. Appeal Committee**
40

41 A. Membership
42

- 43 1. The Appeal Committee will be comprised of three (3) members and three (3) alternates,
44 appointed by the BOS Chair from the membership of the BOS, who do not serve on the
45 BOS Executive Committee or the Certification Compliance Review Committee and who
46 are of different specialties.
47

- 1 a. One (1) member will be designated as Chair of the Appeal Committee.
- 2
- 3 b. An alternate will serve as a regular member on the Appeal Committee if one of the
- 4 regular members is a representative of the specialty certifying board involved in the
- 5 appeal.
- 6
- 7 c. No member of the Appeal Committee may vote in any appeal where that member
- 8 has previously acted on the appellant’s case.
- 9

10 **B. Terms**

- 11
- 12 1. Members of this committee will serve a 3-year term that will commence on August 1 and
- 13 end on July 31 of the appropriate year.
- 14
- 15 2. A replacement committee member will be appointed by the BOS Chair if a member of
- 16 the committee does not retain their appointment to the BOS.
- 17

18 **C. Duties**

- 19
- 20 1. The Appeal Committee will provide adjudication of any charges by an applicant for
- 21 certification, subspecialty certification, certificate of added qualification, and osteopathic
- 22 continuous certification (OCC) that meet the requirements as stated in Article XI.
- 23
- 24 2. Provide a report of actions to the BOS at its annual and midyear meetings. Appellant
- 25 identifying information is confidential and will be withheld.
- 26

27 **D. Meetings**

- 28
- 29 1. The Appeal Committee may meet in conjunction with BOS Meetings (annual and
- 30 midyear) and as necessary to conduct the business of the committee. Appeal Committee
- 31 meetings will be set on notice from the BOS Secretary on behalf of the Appeal
- 32 Committee Chair.
- 33

34 **Section 3. Certification Compliance Review Committee (CCRC)**

35

36 **A. Membership**

- 37
- 38 1. The Certification Compliance Review Committee (CCRC) will be comprised of three (3)
- 39 members and two (2) alternates appointed by the BOS Chair from within the
- 40 membership of the BOS who do not serve on the BOS Executive Committee or the
- 41 BOS Appeal Committee and who are of different specialties. The Chair of the
- 42 committee will be designated by the Chair of the BOS.
- 43

44 **B. Terms**

- 45
- 46 1. Members of this committee will serve a 3-year term that will commence on August 1 and
- 47 end on July 31 of the appropriate year.

- 1
2 2. A replacement committee member will be appointed by the BOS Chair if a member of
3 the committee does not retain their appointment to the BOS.
4

5 C. Duties

- 6
7 1. Evaluate actions taken on licensure for compliance with certification and OCC
8 requirements.
9
10 2. Consider requests for waivers or special considerations related to Component 4 of OCC.
11
12 3. A request for an appeal may be submitted to the BOS Appeal Committee regarding
13 actions rendered by the CCRC.
14
15 4. Provide a report of actions to the BOS at its annual and midyear meetings. Diplomate
16 and candidate identifying information is confidential and will be withheld.
17

18 D. Meetings

- 19
20 1. The committee will meet by conference call and may meet face-to-face, if necessary,
21 when issues arise requiring committee action. CCRC meetings will be set on notice from
22 the BOS Secretary on behalf of the CCRC Chair.
23

24 **Section 4. Conjoint Certification Oversight Committee (CCOC)**

25
26 A. Membership

- 27
28 1. The Conjoint Certification Oversight Committee (CCOC) will be comprised as follows:
29
30 a. The BOS Vice Chair will serve as Chair of the committee.
31
32 b. One representative from each board participating in any conjoint subspecialty who
33 meets the following criteria:
34
35 i. The respective specialty certifying board will recommend a representative who
36 holds an active conjoint subspecialty certification to the BOS Chair for
37 appointment.
38
39 ii. CCOC members must be a member of their specialty certifying board but do not
40 have to be a BOS representative.
41
42 iii. The BOS representative may be appointed as that board’s representative to the
43 CCOC if no board member holds an active conjoint subspecialty certification.
44
45 iv. The BOS alternate representative may be appointed if the BOS representative
46 has a conflict which precludes them from serving.
47

1 B. Terms

- 2
- 3 1. Members of this committee will serve a 3-year term that will commence on August 1 and
 - 4 end on July 31 of the appropriate year.
 - 5
 - 6 2. A replacement committee member will be appointed by the BOS Chair if a member of
 - 7 the committee does not retain their appointment to the BOS.
 - 8

9 C. Duties

- 10
- 11 1. Have oversight of the conjoint certification examination committees, including
 - 12 processes. Recommendations will be submitted to the BOS for approval.
 - 13
 - 14 2. Provide a report of activities and actions to the BOS at its annual and midyear meetings.
 - 15

16 D. Meetings

- 17
- 18 1. The committee will meet by conference call and may meet face-to-face, if necessary,
 - 19 when issues arise requiring committee action. CCOC meetings will be set on notice from
 - 20 the BOS Secretary on behalf of the CCOC Chair.
 - 21

22 **Section 5. Jurisdiction Committee**

23

24 A. Membership

- 25
- 26 1. The Jurisdiction Committee will be comprised of three (3) members and two (2)
 - 27 alternates appointed by the BOS Chair from within the membership of the BOS. The
 - 28 Chair of the committee will be designated by the BOS Chair.
 - 29

30 B. Terms

- 31
- 32 1. Members of this committee will serve a 3-year term that will commence on August 1 and
 - 33 end on July 31 of the appropriate year.
 - 34
 - 35 2. A replacement committee member will be appointed by the BOS Chair if a member of
 - 36 the committee does not retain their appointment to the BOS.
 - 37

38 C. Duties

- 39
- 40 1. The Jurisdiction Committee will make recommendations to the BOS concerning
 - 41 petitions for the establishment of new specialty certifying boards, the assignment or
 - 42 transfer of jurisdiction, initiation of retired status of a specialty certifying board or
 - 43 examination, or the reactivation of a retired specialty, subspecialty, or area of added
 - 44 qualification examination.
 - 45
 - 46 2. Provide a report of activities and actions to the BOS at its annual and midyear meetings.
 - 47

1 D. Meetings
2

- 3 1. The Jurisdiction Committee will meet by conference call or may meet face-to-face, if
4 necessary, when a request for a new specialty certifying board or change in jurisdiction
5 request is received by the BOS Secretary.
6

7 **Section 6. Standards Review Committee (SRC)**
8

9 A. Membership
10

- 11 1. The Standards Review Committee will be comprised of seven (7) members and two (2)
12 alternates appointed by the BOS Chair from within the membership of the BOS, which
13 will include one (1) BOS Executive Committee member. The BOS Vice Chair will serve
14 as the Chair of the SRC.
15

16 B. Terms
17

- 18 1. Members of this committee will serve a 3-year term that will commence on August 1 and
19 end on July 31 of the appropriate year.
20
21 2. A replacement committee member will be appointed by the BOS Chair if a member of
22 the committee does not retain their appointment to the BOS.
23

24 C. Duties
25

- 26 1. Evaluate the validity and reliability of all certification and certificate examinations
27 conducted by AOA specialty certifying boards and assess board compliance with the
28 AOA certification and certificate examination standards. The SRC will report its finding
29 on specialty certifying board compliance and submit its recommendations regarding a
30 board's noncompliance with the standards to the BOS for action.
31
32 2. Evaluate the OCC processes of the specialty certifying boards to ensure they are aligned
33 with BOS policy.
34
35 3. Provide a report of activities and actions to the BOS at its annual and midyear meetings.
36

37 D. Meetings
38

- 39 1. The Standards Review Committee may meet in conjunction with BOS meetings (annual
40 and midyear) and as necessary to conduct the business of the committee. SRC meetings
41 will be set on notice from the BOS Secretary on behalf of the SRC Chair.
42

43 E. Subcommittee I & II
44

- 45 1. Membership
46

1 a. Each subcommittee will be Chaired by a BOS Representative from the SRC. There
2 will be seven (7) members on each subcommittee, including the Chair. An AOA
3 psychometrician will serve as secretary of each subcommittee.
4

5 2. Duties

6 a. Evaluation of technical reports.
7

8 b. Evaluate the quality of exams, correcting exam deficits.
9

10 c. Evaluate performance standards.
11

12 d. Report outcomes of the evaluations to the Standards Review Committee within sixty
13 (60) days.
14

15 **Article VI. Meetings and Reports**

16 **Section 1. Meetings**

17
18 A. The official call to meet for the annual and midyear meetings will be issued at least thirty (30)
19 days prior to the meeting date.
20

21 B. A majority of the designated membership will constitute a quorum at any session of a BOS
22 meeting or a BOS committee or subcommittee meeting.
23

24 C. Meetings of the BOS will be governed by the latest edition of *Robert's Rules of Order, Newly*
25 *Revised*, unless otherwise specified in these policies.
26

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

28
29 A. The BOS will provide a report to the AOA Board of Trustees at its annual and/or midyear
30 meeting(s), which may include the following information:
31

32 1. Number of diplomates awarded certification.
33

34 2. Number of diplomates awarded subspecialty certification.
35

36 3. Number of diplomates awarded certificates of added qualification.
37

38 4. Number of diplomates who have successfully completed the OCC process.
39

40 5. Appointments for membership on specialty certifying boards.
41

42 6. Amendments to the *BOS Handbook*.
43

44 7. Recommendations from the BOS or its Executive Committee, which require action by
45 the BOT.
46
47

Article VII. Petition to Establish a Specialty Certifying Board

The BOS may not waive any of the following protocols. All final determinations regarding petitions are the prerogative of the AOA Board of Trustees (BOT).

Section 1. Petition

- A. The BOS is charged by the BOT with providing recommendations concerning the creation of new specialty certifying boards and the assignment or change of specialty, subspecialty, and added qualification jurisdiction. The BOT is the final decision-making body concerning such questions.
- B. Petitions to consider the establishment of 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. Petitions must be submitted electronically to the BOS Secretary.
- C. To petition for the establishment of a new certifying board, an AOA approved practice affiliate must complete and submit an application for jurisdiction and include the following documentation:
 1. The name of the proposed board.
 2. A list of a minimum of twenty (20) physicians, osteopathic and/or non-osteopathic (MD or equivalent), interested in the establishment of the new board.
 3. A written study conducted by the petitioning group that justifies the need for the proposed specialty 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 ACGME-approved or proposed training requirements in each proposed specialty.
 6. A draft of the definition of each specialty and the requirements for examination in each specialty.

Section 2. Limitation

Submission of the required documentation does not guarantee the establishment of a new specialty certifying board.

Article VIII. Petition for Jurisdiction in a New Specialty Field or Change in Jurisdiction of an Existing Specialty Field

Section 1. Petition

A petition requesting jurisdiction over a new specialty, subspecialty, area of added qualification, or change in jurisdiction of an existing specialty field must first be submitted for study and recommendation by an existing AOA specialty certifying board. Petitions must follow a two-step process:

- A. Complete and submit the application for jurisdiction with the appropriate supporting documentation.
- B. Complete and submit the “Guidelines for AOA Certification Exam Standards Report” form with the appropriate supporting documentation.

Prior to developing an exam or examining candidates, the full BOS must recommend approval of both steps of the petition to the BOT. Approval by the BOT must be obtained before the board receives full jurisdiction or a change in jurisdiction.

Section 2. Limitation

Submission of the required documentation does not guarantee the granting or change of jurisdiction for a specialty, subspecialty, or area of added qualification.

Article IX. Petition Review Process

Section 1. First Step of the Petition Process

The first step of the petition process for the establishment of a specialty certifying board, granting of jurisdiction, or change in jurisdiction is submission of the application with the appropriate supporting documentation. The application and all supporting documentation must be submitted electronically to the BOS Secretary.

- A. First Step Petition Process Review
 1. The BOS Secretary will review petitions and supporting documentation to ensure proper completion. Completed petitions will be forwarded to the Jurisdiction Committee for initial assessment.
 2. The Jurisdiction Committee will report its recommendation to either deny the petition or proceed with the second stage of the first step review process to the BOS at the annual or midyear meeting.
 3. Petitions proceeding to the second stage of the first step review will be forwarded to all AOA approved specialty certifying boards with an established deadline by which all

boards are to respond. The boards will be granted a minimum of thirty (30) days from the date the petition is forwarded for review to determine if the proposed board or specialty field overlaps into other specialty fields and has an identifiable body of knowledge and training common to those specialty fields.

4. The Jurisdiction Committee will review the responses received and present its recommendations regarding next steps to the BOS at the annual or midyear meeting.
5. Consideration must be given to establishing a Conjoint Certification Examination Committee (CCEC) if it is determined that the proposed board, specialty, or subspecialty overlaps into other specialty fields. Jurisdiction of an area of added qualification is only granted to an individual specialty certifying board.
6. After the BOS approves the first step of the petition process, the board may begin the second step of the petition process.

Section 3. Second Step of the Petition Process

The second step of the petition process is submission of the “Guidelines for AOA Certification Exam Standards Report” form with the appropriate supporting documentation. The form and all supporting documentation must be submitted electronically to the BOS Secretary.

A. Second Step Petition Review

1. The BOS Secretary will review petitions and supporting documentation to ensure proper completion. Completed petitions will be forwarded to the Standards Review Committee (SRC) for initial assessment.
 - a. The SRC may request to meet with a representative of the specialty certifying board or the practice affiliate for further discussion of the petition.

B. The SRC findings will be forwarded to the Jurisdiction Committee.

1. The Jurisdiction Committee may request to attend the SRC meeting during the initial review of the petition.

C. The Jurisdiction Committee will review the submitted petition and findings of the SRC. The Jurisdiction Committee will present its recommendation to the BOS for action at the annual or midyear meeting.

Prior to developing a new specialty certifying board, examination, or examining candidates, the BOS must recommend approval of both steps of the petition to the BOT. Approval by the BOT must be obtained before full jurisdiction or change in jurisdiction is granted.

1 **Article X. Retired Status, Relinquishing Jurisdiction, Noncompliance and**
2 **Probation, and Reactivation**

3
4 **Section 1. Requesting Retired Status or Relinquishing Jurisdiction**

5
6 A request to place the initial examination process and/or specialty certifying board into retired status
7 or to relinquish jurisdiction of an examination must be submitted to the Jurisdiction Committee and
8 include the following information:

- 9
10 A. The examination or the specialty certifying board to be placed in retired status or for which
11 relinquishment of jurisdiction is requested.
12
13 B. Rationale for retired status or relinquishment of jurisdiction.
14
15 C. Description of the activity in the field resulting in the request, which must include:
16
17 1. The year in which original jurisdiction was granted.
18
19 2. The number of AOA approved and ACGME accredited training programs within the
20 last seven (7) years.
21
22 3. The number of residents or fellows in AOA approved and ACGME accredited training
23 programs within the last seven (7) years.
24
25 D. An explanation as to how retired status or relinquishment of jurisdiction may affect residents
26 currently in training programs in the specialty field.
27
28 E. Description of the current osteopathic continuous certification process for diplomates.
29
30 F. The number of physicians certified in the field, specified by time-limited and non-time-
31 limited diplomates.
32
33 G. The number of physicians that have taken the examination in the last five (5) years.
34
35 H. The number of physicians with active applications on file.
36
37 I. The proposed date for the start of retired status or for relinquishment of jurisdiction.
38
39 J. The plan for notifying constituents of the status change.

40
41 Review Process

- 42
43 K. The BOS Secretary will review requests and supporting documentation to ensure proper
44 completion. Completed requests will be forwarded to the Jurisdiction Committee for
45 assessment.
46

- 1 L. The Jurisdiction Committee may request OCC Component 3 status of the time-limited
2 diplomates and non-time-limited diplomates voluntarily participating in OCC.
3
- 4 M. The Jurisdiction Committee will request AOA Certifying Board Services (CBS) provide a
5 report on the financial implications of the request.
6
- 7 N. The Jurisdiction Committee will report its recommendation(s) to the BOS at the annual or
8 midyear meeting.
9
- 10 O. Following BOS approval, the recommendation of the BOS will be submitted to the AOA
11 Board of Trustees for final review and approval before the requested status is granted and
12 put into effect.
13
- 14 P. Relinquishment of jurisdiction is permanent.
15

16 **Section 2. Noncompliance and Probation**

17
18 A. Noncompliance
19

- 20 1. When specialty certifying boards are notified that examinations do not comply with the
21 standards review requirements, the board must submit a report to the SRC, along with
22 evidence indicating that all certification and examination activities comply with the
23 standards review requirements, within one (1) year. The board must submit its report at
24 least forty-five (45) days before the SRC convenes. Only areas identified as not in
25 compliance will be reviewed.
26

27 B. Review Process
28

- 29 1. The BOS Secretary will review the report and supporting documentation to ensure
30 proper completion prior to submission to the SRC for review.
31
- 32 2. The SRC may request to meet with a specialty certifying board representative(s) to clarify
33 any concerns. The SRC may make a recommendation to the BOS to place the
34 examination into a probationary status.
35

36 C. Probation
37

- 38 1. The BOS may impose a one (1) year probation period if the BOS finds an examination
39 does not comply with the standards review requirements. By the end of the probation
40 period, the specialty certifying board must demonstrate that the examination is in
41 compliance with the standards. The applicable specialty college will be notified of the
42 specialty certifying board's probationary status.
43

44 **Section 3. Mandatory Placement of an Examination into Retired Status**

45
46 An examination that is not in compliance with the standards requirements and has completed a
47 probationary period will be reviewed by the Standards Review Committee (SRC). The SRC may ask

1 the CBS Senior Vice President (SVP), to report on the financial status and technical resources of the
2 specialty certifying board for the purposes of reviewing whether placement of the examination in
3 retired status is necessary. The SRC may then recommend retired status for the examination to the
4 BOS.

5
6 On recommendation of the SRC, the BOS may mandate retired status for an examination that has
7 not met the minimum standards required for the examination. The BOS mandate of retired status
8 will be submitted to the AOA Board of Trustees for final review and approval before the status is
9 put into effect.

10
11 A. Review Process

- 12
13 1. The specialty certifying board will be required to complete a self-study, which consists of
14 submitting the “Guidelines for AOA Certification Exam Standards Report” form and
15 written evidence that the standards requirements have been met.
16
17 2. All documentation must be submitted electronically to the BOS Secretary, who will
18 ensure completion. Completed reports will be forwarded to the SRC for review.
19
20 3. The SRC will review the report to assess whether the specialty certifying board’s
21 examination activities comply with the standards requirements. A minimum of one (1)
22 specialty certifying board member must be available to address concerns raised by the
23 SRC during the review process.
24
25 4. The SRC will provide the specialty certifying board with a written evaluation. The SRC
26 may request supplemental information to verify compliance and will detail the activities
27 that are not in compliance with the standards requirements.
28

29 B. Specialty Certifying Board Response and Action Plan

- 30
31 1. The specialty certifying board has sixty (60) days from the date of the SRC written
32 evaluation to respond with comments on the evaluation and provide supplemental
33 information, if requested. The response must include a written action plan for
34 examination activities identified as not in compliance with the standards requirements.
35
36 2. The SRC will report its recommendation to the BOS at the annual or midyear meeting or
37 to the BOS Executive Committee at a regularly scheduled meeting.
38
39 3. Following BOS approval, the recommendation of the BOS will be submitted to the
40 BOT for final review and approval before mandatory retired status is put into effect.
41

42 **Section 4. Examination Reactivation**

43
44 Retired examinations may be reactivated. To reactivate an examination, the board must submit a
45 detailed rationale to include:
46

- 1 A. A listing of existing ACGME accredited training programs in the specialty field and the
2 number of physicians in each program within the last seven (7) years.
3
- 4 B. A listing of physicians who have requested to take the examination and have met the training
5 requirements.
6
- 7 C. Evidence that the board has the resources to create and maintain a valid certification
8 examination in the specialty field.
9
- 10 D. 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 member number or USMLE number (as applicable), certifications, including
13 proof of board certification in good standing, dates and locations of all training programs,
14 the percent of the physician's practice dedicated to the field, and a letter of commitment
15 from the physician to the examination committee.
16
- 17 E. The CBS SVP will be asked to provide a statement related to the expenses for the
18 development and administration associated with the examination.
19
- 20 F. The BOS Secretary will review reactivation requests and supporting documentation to
21 ensure proper completion. Completed requests will be forwarded to the SRC and CBS SVP
22 for the initial assessment.
23
- 24 G. The SRC will forward their recommendation to the Jurisdiction Committee who will
25 conduct the final review and report its recommendation to the BOS at the annual or midyear
26 meeting.
27
- 28 H. Following BOS approval, the recommendation of the BOS will be submitted to the AOA
29 Board of Trustees for final review and approval before reactivation of an examination is
30 granted.
31

32 **Section 5. Appeal Process for Specialty Certifying Boards Denied Retired Status and/or** 33 **Reactivation of a Retired Examination**

34
35 A specialty certifying board that has requested retired status and/or reactivation of a retired
36 examination may request an appeal of the decision to the AOA Board of Trustees.
37

38 **Article XI. Appeal Committee Hearing Procedures**

39 40 **Section 1. Scope of Possible Appeal**

- 41
42 A. An appeal hearing may be granted if the submitted appeal constitutes an unequal application
43 of the regulations and requirements or standards, discrimination, prejudice, unfairness or
44 improper conduct of all or any part of an examination conducted by a specialty certifying
45 board or action by the BOS Executive Committee or the Certification Compliance Review
46 Committee (CCRC).
47

- B. The Appeal Committee will not consider issues related to examination content and does not have authority to change a failing exam grade to a passing grade. Committee members that represent the specialty area at issue will not be present at the appeal hearing. Committee members are not expected to have subject matter expertise in the specialty area of the appeal.

Section 2. Procedures for Requesting an Appeal

- A. The appeal request must be submitted to the specialty certifying board appeal committee for consideration. Appeals that have not been initially reviewed by the specialty certifying board will be returned to the appellant. A request for an appeal must be submitted electronically within sixty (60) days of the date of the decision letter from the specialty certifying board’s appeal committee.
- B. The BOS Chair will determine whether sufficient grounds have been alleged, in accordance with Section 1 above. The BOS Secretary will notify the appellant, the specialty certifying board involved (or Executive Committee or Certification Compliance Review Committee), and the Appeal Committee Chair, as applicable, of the outcome of the request for an appeal hearing.

Section 3. Material in Support of Appeal

The appellant, the specialty certifying board (or BOS EC or CCRC) must provide:

- A. A position statement of no more than ten (10) pages in length that details their position on the appeal.
- B. All relevant documentation in support of their position on the appeal.
 - 1. Cross examination and presentation of third-party witness testimony is not allowed at the appeal hearing. Third party witness testimony should be presented in affidavit format and submitted with the initial appeal request.

The position statements and supporting documentation must be submitted to the BOS Secretary no later than ninety (90) days prior to the date scheduled for the appeal hearing. The BOS Secretary will provide the position statements and supporting documents to the committee members, the appellant, and the specialty certifying board.

Section 4. Attendance at Hearing

- A. Barring documented extraordinary circumstances, appellant(s) and one (1) representative of the specialty certifying board involved (or the BOS Executive Committee Chair or CCRC Chair or their designee) must be present at the hearing in the format that is agreed upon (in-person or virtual).

1 B. BOS Executive Committee members may attend the hearing at the discretion of the appeal
2 committee chair. With consent of the Appeal Committee Chair, BOS Executive Committee
3 members may ask questions of the appellant and specialty certifying board member(s).
4

5 C. The appellant may be represented at the hearing by legal counsel. The appellant must inform
6 the BOS Secretary by email, of the name and address of the attorney a minimum of thirty
7 (30) days in advance of the appeal hearing.
8

9 **Section 5. Conflicts of Interest**

10
11 A. Appeal Committee members will recuse themselves when a conflict of interest exists that
12 prevents them from objectively reviewing the appeal. Additionally, the specialty certifying
13 board and the appellant have the right to object to the participation of individual Committee
14 members. The Appeal Committee Chair will determine if an objection has merit and if a
15 committee member will be excluded from the appeal hearing as a result of the objection.
16

17 **Section 6. Record of Appeal**

18
19 A typed transcript of the appeal hearing will be maintained electronically in the permanent files of
20 the BOS. Transcripts are confidential but may be made available upon request to an authorized
21 representative of the appellant and specialty certifying board involved in the appeal (or CCRC),
22 Appeal Committee members, BOS Executive Committee members, or members of the AOA Board
23 of Trustees.
24

25 **Section 7. Appeal Hearing Procedure**

26
27 A. Appeal hearings are held in closed session and are approximately ninety (90) minutes. The
28 Appeal Committee Chair has discretionary authority to determine the format of the hearing;
29 however, hearings typically follow the format as described below:
30

- 31 1. Appellant presentation (not to exceed twenty (20) minutes).
- 32
- 33 2. Specialty certifying board presentation (not to exceed twenty (20) minutes).
- 34
- 35 3. Appellant rebuttal (not to exceed five (5) minutes).
- 36
- 37 4. Specialty certifying board rebuttal (not to exceed five (5) minutes).
- 38
- 39 5. Questions and answers (not to exceed twenty (20) minutes).
- 40
- 41 6. Specialty certifying board closing statement (not to exceed five (5) minutes).
- 42
- 43 7. Appellant closing statement (not to exceed five (5) minutes).
- 44

45 B. The Appeal Committee Chair has the discretion to modify the appeal hearing format to
46 consider the information provided by third party witnesses that has been submitted in
47 affidavit format with the initial request.

- C. Parties will then be excused from the hearing but will be requested to remain in the waiting area while the Appeal Committee deliberates in executive session. Following deliberations, all parties will be dismissed from the hearing.

Section 8. Notification of Outcome

Within thirty (30) days of the Appeal Committee rendering their decision, the appellant and the certifying board (or BOS Executive Committee or CCRC) will be notified of the outcome, which may include specific directions for the appellant or specialty certifying board. If applicable, appellants will be advised of the process regarding their right to request further appeal to the AOA Board of Trustees.

Section 9. Appeal Process for Specialty Certifying Boards

Specialty certifying boards’ appeal process must adhere to the appeal process as detailed in Article XI (Appeal Committee Hearing Procedures) in the Handbook of the BOS.

Article XII. Specialty Certifying Board Operating Procedures

Specialty certifying boards adhere to the directives of the BOS and the BOT as specified in the Handbook of the BOS. All actions of the specialty certifying boards relating to policy are subject to the approval of the BOS. Recommendations from specialty certifying boards or the BOS will be submitted by the BOS to the BOT for consideration prior to implementation.

Section 1. Duties

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

- A. Recommend to the BOS the standards of education and formal training and/or experience required for certification in a specialty, subspecialty, or certificate of added qualification (CAQ) assigned to the board’s jurisdiction.
- B. Make recommendations to the BOS concerning eligibility for initial certification and CAQ, as well as compliance with Osteopathic Continuous Certification (OCC) in the board’s respective specialty.
- C. Issue paper and electronic certificates in all specialty and subspecialty certifications and/or CAQs assigned to the board.
- D. Submit recommendations of certification and/or CAQ revocation to the Certification Compliance Review Committee (CCRC) for consideration.
- E. Appoint a qualified member from the board to serve as the BOS representative.

- 1 F. Appoint a qualified member from the board to serve as the BOS alternate representative.
2 The BOS alternate representative will be empowered to act for the BOS representative, if
3 they are unable to attend a BOS meeting.
4
- 5 G. Work with CBS team members to develop and implement specialty specific processes related
6 to each OCC component in accordance with BOS policy.
7
- 8 H. Provide recommendations of best practices for physician credentialing and certification to
9 the BOS.
10
- 11 I. Serve as ambassadors, marketing AOA board certification with program directors, residents,
12 diplomates, and other stakeholders.
13
- 14 J. Boards will accept all applicants who have met the entry requirements into the certification
15 process. Questions regarding an applicant’s eligibility into the certification process will be
16 submitted to the BOS for consideration.
17
- 18 K. Boards will establish criteria that must be met prior to granting entry into the re-entry
19 process or the final entry process (refer to Article XIII). The established criteria must be
20 approved by the Standards Review Committee.
21
- 22 L. Work with CBS team members to determine administration dates for each examination.
23
 - 24 1. Examination dates must be posted no less than six (6) months prior to the first day of
25 the exam administration, except in cases of individually arranged examinations.
26
- 27 M. Each board will submit the names and term dates of their officers upon appointment, to the
28 BOS for informational purposes and to be kept current annually.
29

30 Examination Development

- 31
- 32 N. Serve as subject matter experts for board examinations and item bank content.
33
- 34 O. Ensure the development and administration of psychometrically valid examinations for all
35 specialties, subspecialties, and areas of added qualification under the board's jurisdiction that
36 includes relevant and osteopathically distinct items in every examination, including processes
37 and methodologies.
38
- 39 P. Work with the AOA Psychometrics and Assessment team to:
40
 - 41 1. Develop and maintain items to produce psychometrically defensible and
42 osteopathically distinct examinations in the practice areas assigned to the board.
43
 - 44 2. Complete a job task analysis (JTA).
45
 - 46 3. Develop a table of specifications (TOS).
47

1 4. Review exam analytics and statistical information.
2

3 Q. Review the examination process as presented by the CBS and Finance Departments to assess
4 if the board is fiscally viable and appealing to target demographics.
5

6 R. Declare any real or perceived conflict of interest and maintain strict confidentiality of all
7 applicant information, test development, test content, and scoring methods.
8

9 S. Ensure all physicians participating in examination development and delivery are actively
10 engaged in clinical practice, teaching physicians, or serving in an administrative role.
11

12 **Section 2. Specialty Certifying Board Membership**

13 A. Membership

14 1. Specialty Certifying Board membership will consist of a minimum of five (5) members
15 and no more than eight (8) members.
16

17 a. An exception to the maximum number of board members may be requested for
18 boards that have more than eight subspecialties or those boards with
19 expanded/complex operational needs requiring additional physician leadership.
20 Boards requesting more than eight members must submit a proposal to the BOS
21 Executive Committee, which explains the rationale for the need of additional board
22 members.
23

24 2. The board will seek AOA-board certified nominees and must submit for approval one
25 (1) nomination, including CV to be maintained on file for the duration of the appointed
26 term, to the BOS for each open position on the board in the case of new appointments
27 or re-elections. If approved, the BOS will make a recommendation to the BOT, who will
28 make the final decision regarding appointments to the board. If not approved, a new
29 nomination, including CV, must be submitted.
30

31 a. Members of the board must be AOA board-certified and participating in the OCC
32 process in their specialty or subspecialty.
33

34 3. All members who serve on a specialty certifying board must be actively engaged in
35 clinical practice, teaching physicians, or serving in an administrative role.
36

37 a. Currently serving board members who retire during any of their first three terms,
38 may be nominated for re-appointment for one (1) additional term.
39

40 b. Board members serving in a retired status on a specialty certifying board must be
41 AOA board-certified and participating in the OCC process in their specialty or
42 subspecialty.
43

44 4. All members who serve on a specialty certifying board must have formal training in item-
45 writing. Board members must complete AOA or NBOME item-writing training within
46
47

1 one (1) year of being appointed or reappointed to the board or the member will not be
2 allowed to remain on the board.

3
4 B. Term of Office

- 5
6 1. Member terms are three (3) years in length and limited to four (4) full terms. Where
7 possible, terms will be staggered so that new members elected in any year will not
8 constitute a majority of the board.
9
10 2. Board members are restricted to a maximum of twelve (12) years of service on a
11 specialty certifying board. A waiver may be granted by the BOT in extraordinary
12 circumstances.
13
14 3. When an unexpected vacancy occurs on the board, a nominee will be submitted to the
15 BOS to fill the remaining term in accordance with the procedure for certifying board
16 membership (Section 2.).
17
18 4. All board member terms will commence on August 1 following approval by the BOT
19 and end on July 31 of the appropriate year.
20
21 5. Members of the board who have served three (3) or more terms on the board may be
22 given Emeritus status in recognition of their service. Emeritus members may attend
23 board meetings and events at their own expense unless they are examining candidates.
24

25 **Section 3. Officers**

26
27 A. Chair: the responsibilities of the Chair are as follows

- 28
29 1. Set schedule for meetings of the board in collaboration with the board director.
30
31 a. Meeting notices will be sent in advance by the board director on behalf of the board
32 chair.
33
34 2. Lead the meetings of the board.
35
36 a. Only vote if there is a tie or when the vote is conducted by electronic ballot.
37
38 3. Make appointments to all board committees.
39
40 4. Facilitate board discussions focused on the development and maintenance of best
41 practices for physician credentialing and certification.
42
43 5. Facilitate board involvement in the achievement of key quality indicators for
44 examination performance.
45

- 1 6. Collaborate with the board director and provide feedback and input on board specific
2 marketing plans and identify opportunities for the communication and marketing of
3 services.
- 4
- 5 7. Lead recruitment efforts and assist with training new board members, subject matter
6 experts, item writers, and examiners as appropriate.
- 7

8 B. Vice chair: the responsibilities of the Vice chair are as follows:

- 9
- 10 1. The Vice chair will assist the chair in the discharge of the duties as outlined above.
- 11
- 12 2. The Vice chair will preside at meetings of the board in the absence of the chair.
- 13
- 14 3. In the event of a vacancy in the chair position, the Vice chair will assume the duties of
15 the chair until a new chair is elected at the next scheduled board meeting.
- 16

17 **Section 4. Subcommittees**

- 18
- 19 A. Specialty certifying boards must maintain an appeal committee (refer to Article XI).
- 20
- 21 B. Specialty certifying board subcommittees must have a prescribed set of duties as determined
22 by the board and approved by the BOS.
- 23

24 **Section 5. Meetings**

- 25
- 26 A. Boards should conduct business via video or telephone conference but may hold in person
27 meetings in accordance with AOA meeting policy upon approval.
- 28
- 29 B. Board meetings must be scheduled at a time that does not conflict with the board's BOS
30 representative attendance at each BOS meeting.
- 31
- 32 C. Quorum
- 33
- 34 1. A majority of the approved membership will constitute a quorum at board meetings.
- 35
- 36 D. Governing Rules
- 37
- 38 1. Board meetings will be governed by the latest edition of *Robert's Rules of Order, Newly*
39 *Revised*, unless otherwise specified in these procedures.
- 40

41 **Section 6. Selection of On-Site Examination Locations**

42

43 Due to AOA insurance coverage restrictions, AOA specialty certifying boards will not administer
44 on-site examinations outside the United States. Selection of examination sites must be within the
45 continental US (board exams may be held in Alaska or Hawaii during the AOA annual convention if
46 held in either those two (2) states). All factors, including cost and accessibility to certification

1 candidates, must be taken into consideration when making the final selection for on-site examination
2 location. Final selection of the on-site examination location must be approved by the AOA.

3 4 **Section 7. Penalties for Noncompliance**

- 5
6 A. The BOS may recommend one or more of the following actions be taken by the BOT if a
7 specialty certifying board is noncompliant or fails to cooperate with the BOS and/or the
8 AOA:
9
- 10 1. Replacement of specialty certifying board officers.
 - 11 2. Replacement of all specialty certifying board members.
 - 12 3. Other measures, such as retraining of the board officers and members.
- 13
14 B. The specialty certifying board must notify the BOS chair and CBS Senior Vice President
15 (SVP) in writing prior to requesting a board member's resignation or removal.
- 16 1. The specialty certifying board and the board member in question may be asked to meet
17 with the BOS Executive Committee and CBS SVP to discuss the issues and propose
18 remediation.
- 19
20 C. On the recommendation of the BOS, the BOT has final approval on the removal of a
21 specialty certifying board member.
- 22 1. The specialty certifying board, in collaboration with the CBS SVP, must provide the
23 BOS with the rationale for the removal of the board member for submission to the
24 BOT.
 - 25 2. Final approval by the BOT must be obtained prior to the board member being notified
26 of removal from the board.
- 27
28
29
30
31
32

33 **Section 8. Statements of Requirements for Applicants**

34
35 Statements of the requirements made to applicants for examination and certification must be made
36 in writing and must be in conformity to the processes of the issuing specialty certifying board as
37 approved at that time. Additions to training and/or practice requirements will go into effect one (1)
38 year subsequent to the announcement of such change.
39

40 **Section 9. Certification Status Inquiries**

- 41
42 A. All inquiries regarding certification status from entities such as credentialers, hospitals, or
43 health plans will be referred to the American Osteopathic Information Association (AOIA).
44
- 45 B. All inquiries regarding certification status from patients will only include whether the
46 physician is certified and the specialty and/or subspecialty in which the physician is certified.
47

1 C. Inquiries regarding board eligibility status will be referred to and addressed by the individual
2 specialty certifying board.

- 3
4 1. Information provided will be limited to whether the physician is board eligible or
5 currently in the certification process, unless otherwise required by a valid subpoena or
6 court order or with the consent of the individual whose information is requested. All
7 other information is confidential.
8

9 **Section 10. Services that the Department of Certifying Board Services Must Provide**

10
11 To facilitate the specialty certifying boards in fulfilling the functions assigned to them, the AOA
12 Department of Certifying Board Services will provide and maintain the following:

- 13
14 A. Application forms.
15
16 B. Preservation of essential data for each applicant for certification and for diplomates of the
17 specialty certifying board as noted in the records retention policy.
18
19 C. Maintain an accurate register of board certifications and/or CAQs issued, including
20 diplomate name, certificate type and number, original and renewal issue date(s), and status.
21
22 D. Instructions for those serving as examiners describing the exact procedure for conducting
23 and reporting examinations.
24
25 E. Electronic stationery, email, and a direct telephone number for specialty certifying board
26 business communication.
27
28 F. An electronic file of past basic documents and current procedures and amendments
29 pertaining to the specialty certifying board as noted in the records retention policy.
30
31 G. Secure candidate records and examination and item bank information as noted in the records
32 retention policy.
33
34 H. Information for applicants detailing the requirements and processes for certification,
35 subspecialty certification, OCC, and certificate of added qualification, where applicable.
36
37 I. Maintain a website for each specialty certifying board, which includes the following
38 information:
39
40 1. Requirements for each certification type offered by the board.
41
42 2. Examination information.
43
44 3. Requirements for OCC for each certification type offered by the board.
45
46 4. All fees assessed by the specialty certifying board.
47

- 1 5. Appeal request and process information.
- 2
- 3 6. Board membership.
- 4
- 5 7. Specialty certifying board contact information.
- 6

7 **Article XIII. Board Eligibility Status**

8

9 **Section 1. Board Eligibility Status**

10

11 A. Definition:

12

13 The time frame between a physician’s completion of a residency or fellowship training

14 program in a specialty or subspecialty and when the physician achieves initial certification in

15 that specialty or subspecialty or when the physician’s board eligibility status expires.

16

17 B. Time Frame:

18

19 Board eligibility status commences upon the physician’s completion of a residency or

20 fellowship training program in a specialty or subspecialty. Board eligibility status terminates

21 when the physician achieves initial certification in that specialty or subspecialty or on

22 December 31st of the following sixth (6th) year.

23

24 C. Termination:

- 25
- 26 1. Board eligibility status will automatically be terminated and recorded by the appropriate
- 27 specialty certifying board:
- 28
- 29 a. At the end of the board eligibility status time frame.
 - 30
 - 31 b. Following resolution of an appeal.
 - 32
 - 33 i. The designation of board eligibility status will not terminate until an active appeal
 - 34 has been resolved, if a physician’s board eligibility status would have terminated
 - 35 as a result of expiration of the six (6) year time frame, but the physician has an
 - 36 active appeal.
 - 37
 - 38 c. Upon award of initial board certification in the specialty or subspecialty.
 - 39
- 40 2. Physicians may not use the designation of board eligibility status at any time after the
- 41 termination of board eligibility status.
- 42
- 43

Section 2. Certification Examination Process

A. Initial Entry Process

1. Approval of an application to take the specialty or subspecialty examination by specialty certifying board will initiate the initial entry process for a candidate.
2. Candidates must follow the specialty certifying board's certification examination process as outlined on the board's website. Candidates must complete the initial entry process by the conclusion of the six (6) year board eligibility status time frame.
3. Candidates who have not achieved board certification by the conclusion of the six (6) year board eligibility status time frame may petition the specialty certifying board as outlined in the post board eligibility process that follows.

B. Post Board Eligibility Process

1. Candidates who did not achieve board certification by the conclusion to the six (6) year board eligibility timeframe must apply for examination to the specialty certifying board to enter the post board eligibility certification process within three (3) years of termination of the board eligibility status timeframe.
2. Candidates must adhere to the process as outlined below:
 - a. Candidates must follow the specialty certifying board's certification examination application process as outlined on the board's website.
 - b. Candidates must participate in the first available administration of each exam.
 - c. Candidates will have four (4) attempts to pass each step of the examination process.
 - d. Candidates must participate in the next available examination administration if unsuccessful on an examination attempt.
 - i. Nonparticipation in the next available examination administration is considered a forfeiture and an unsuccessful examination attempt.
3. Candidates who do not achieve board certification through the post board eligibility process will have no further opportunity to obtain AOA board certification in the specialty or subspecialty.

Section 3. Specialty Certifying Board Requirements

- A. All specialty certifying boards are required to ensure that the applicants have complied with the certification examination process as outlined in Section 2. (Certification Examination Process).
- B. During the six (6) years of board eligibility status, a specialty certifying board may have more stringent requirements in the number of examination attempts a candidate may complete to achieve AOA board certification.
- C. Each specialty certifying board will post its board certification process on their website.

Article XIV. Initial Certification

Section 1. Pathways for Initial Primary Certification

- A. Candidates have the choice of two (2) initial certification pathways to become certified:
 1. Pathway 1: AOA Board Certification in (Specialty Name)
 2. Pathway 2: AOA Board Certification in (Specialty Name) with Osteopathic Manipulative Treatment (OMT)

Eligibility Criteria: To qualify for initial primary certification from the AOA through a specialty certifying board, the applicant must first meet one of the following minimum requirements:

- A. Physicians who graduated from a COCA accredited College of Osteopathic Medicine and an ACGME accredited residency program may qualify for Pathway 1 or Pathway 2.
- B. Physicians who graduated from a COCA accredited College of Osteopathic Medicine and an AOA accredited residency program may qualify for Pathway 1 or Pathway 2.
- C. Physicians who graduated from a medical school in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME) or have graduated from a medical school outside of the U.S. or Canada and hold a valid certificate, without expired examination dates, from the Educational Commission for Foreign Medical Graduates (ECFMG), and have completed an ACGME accredited residency program with osteopathic recognition may qualify for Pathway 1 or Pathway 2.
- D. Physicians who graduated from a medical school in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME) or have graduated from a medical school outside of the U.S. or Canada and hold a valid certificate, without expired examination dates, from the Educational Commission for Foreign Medical Graduates (ECFMG), and have completed an ACGME accredited residency program without osteopathic recognition may qualify for Pathway 1 only.

- 1 E. Physicians who graduated from a medical school in the U.S. or Canada accredited by the
2 Liaison Committee on Medical Education (LCME) or have graduated from a medical school
3 outside of the U.S. or Canada and hold a valid certificate, without expired examination dates,
4 from the Educational Commission for Foreign Medical Graduates (ECFMG), and have
5 completed an ACGME accredited residency program without osteopathic recognition, but
6 who have obtained AOA specialty board and BOS approved training in OMM may apply to
7 the certifying board for approval to enter Pathway 1 or Pathway 2.
8

9 **Section 2. Qualifications for Initial Primary or Subspecialty Certification**

10
11 To qualify for initial primary or subspecialty certification from the AOA through a specialty
12 certifying board, the applicant must meet the minimum requirements, which include:

- 13
14 A. Physicians must hold a valid, active license to practice medicine in one (1) of the fifty (50)
15 states, a U.S. territory, the District of Columbia, or Canada.
16
17 1. An applicant for certification holding a restricted license may petition the specialty
18 certifying board to enter the certification process. The physician can continue with the
19 certification process if the restriction does not prohibit the physician from actively
20 practicing their specialty with the action on their license.
21
22 2. The BOS has assigned the Certification Compliance Review Committee (CCRC) with
23 the responsibility to review and respond to all questions surrounding actions taken on
24 medical licensure.
25
26 B. Applicants must adhere to the standards set forth in the Code of Ethics of the AOA.
27
28 C. Applicants must meet the individual requirements for the number of years of AOA
29 approved training for each primary or subspecialty certification as established by the
30 specialty certifying board.
31
32 D. Following satisfactory compliance with the prescribed requirements for examination, the
33 applicant is required to pass the appropriate examination(s) planned to evaluate an
34 understanding of the scientific basis of the problems involved in the given specialty or
35 subspecialty; familiarity with the current advances in the given specialty or subspecialty; and
36 possession of sound judgment and of a high degree of skill in the diagnostic and therapeutic
37 procedures involved in the practice of the given specialty or subspecialty. Specialty certifying
38 boards will determine by examination the applicant's ability to use the osteopathic concepts
39 in the practice of the specialty or subspecialty.
40
41 1. Examinations will be conducted and required in the case of each applicant. The
42 method(s) and content of the examination procedure will be determined by the
43 individual board and will be subject to the approval of the AOA Board of Trustees.
44 Where applicable, the final portion of the examination will be conducted only after the
45 required years of practice have been completed.
46

- 1 2. Where applicable, a member of the specialty certifying board will personally supervise
2 the conduct of the oral examination.
3
- 4 3. Where applicable, the conduct of the clinical examination may be delegated to no fewer
5 than two (2) individuals qualified in the specialty or subspecialty.
6
- 7 4. A full description of the method of conducting the examination is provided by each
8 specialty certifying board.
9
- 10 E. Applications for board certification are provided on each specialty certifying board website
11 and include the qualifications for examination in the specialty or subspecialty.
12
- 13 F. Subject to the recommendation of the BOS and to the approval of the AOA Board of
14 Trustees, the board may require further training and/or practice in each of the fields coming
15 under its jurisdiction. Additional requirements for each field are specified on each specialty
16 certifying board website.
17
- 18 1. Changes to training and/or practice requirements will take affect a minimum of one (1)
19 year subsequent to the announcement of the change.
20
- 21 G. Applicants for board certification are not required to be a member of a specialty college or
22 state society.
23
- 24 H. Submitted applications and all supporting material provided by an applicant to a specialty
25 certifying board, will remain the property of the specialty certifying board.
26
- 27 I. Candidates must fulfill all requirements prior to board certification being conferred.
28

Section 3. Clinical Practice Definition and Pathway Eligibility

31 A candidate must meet the requirements established by the specialty certifying board or Conjoint
32 Certification Examination Committee (CCEC) for appropriate clinical practice experience if the
33 candidate is applying for board certification through a clinical practice pathway.
34

- 35 A. The term “clinical practice” refers to time spent as a physician actively treating patients in a
36 manner as defined by the specialty certifying board or CCEC.
37
- 38 B. Physicians engaged in full-time graduate medical education (GME) programs such as
39 fellowship or additional residencies, or who are working part-time as a physician outside of
40 the GME program, are not considered in “clinical practice” for the purposes of meeting the
41 requirements for the clinical practice pathway.
42
- 43 C. Applicants who are not graduates of a COCA accredited osteopathic medical school must
44 have documented education in osteopathic philosophy and techniques, as determined by the
45 BOS, including as a minimum:
46
- 47 1. Osteopathic philosophy, history, terminology, and code of ethics;

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

Section 4. Processing of Applications by AOA Specialty Certifying Boards

Specialty certifying boards will verify AOA approval of the completed residency of each candidate prior to submission of the candidate for certification. Verification must include:

- A. AOA Department of Certifying Board Services staff will receive and process all applications to verify credentials for entry into the AOA certification process. Where information submitted is clinical in nature, a physician credentialer may be asked to assist in this process.
- B. Verification of training complete status.
- C. Applicants are not required to have AOA, state, or specialty college membership at the time of the application.
- 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 board and approved by the BOS.

Article XV. Examination Policy

Section 1. Code of Conduct: Irregular or Improper Behavior

Because of the AOA's commitment to the high level of confidentiality and integrity of our certifying board examinations, board examination results and questions of improper conduct are reviewed by board members. Improper behavior, including but not limited to, giving, receiving, or otherwise obtaining unauthorized information or assistance, looking at or utilizing the test material of others, taking notes, failing to comply with computer site staff instructions, talking with other candidates or other disruptive behavior will be considered cause for review of conduct and a possible violation of the certification process. Candidates must not discuss the examination while the session is in progress. Candidates must not disclose the contents of the examination to others or reproduce the examination or any portion of the examination in any manner, including without limitation reconstruction through memorization, electronic means, or dictation. All AOA examinations are copyrighted and protected by federal law. The above policies apply to all examinations administered by any AOA specialty certifying board.

It is a criminal offense to copy or reproduce any portion of the certifying examinations. Each board will monitor examinations for irregular or improper behavior by direct observation, statistical

1 analysis, and by other means. Irregular or improper behavior will constitute grounds for invalidation
2 of the candidate's examination and each board reserves the right to invoke other sanctions, such as
3 exclusion from future examinations, revocation of board certification, and reporting misconduct to
4 licensing bodies or law enforcement agencies.

5 **Section 2. Compliance with Federal and State Regulations**

6
7
8 Each specialty certifying board will adhere to all applicable federal and state regulations, to ensure
9 the following:

10 11 A. Compliance with Americans with Disabilities Act (ADA)

- 12
13 1. A disability under the ADA is defined as a physical or mental impairment that
14 substantially limits one or more of the major life activities of the individual. An
15 individual is not substantially limited in a major life activity if the limitation does not
16 amount to a significant restriction when compared to the abilities of the average person.
17
- 18 2. All qualified candidates for board certification who suffer from a disability as defined by
19 the ADA, may apply to the specialty certifying board for accommodation of that
20 disability. Each specialty certifying board shall have the discretionary authority, subject to
21 review by the BOS Appeal Committee to determine if an accommodation is appropriate.
22
- 23 3. Each specialty certifying board has a mechanism in place on their website to address and
24 comply with ADA requirements related to the certification process.
25

26 B. Compliance with the Health Insurance Portability and Accountability Act (HIPAA)

- 27
28 1. Each specialty certifying board ensures that an individual's health information is properly
29 protected, while allowing the flow of health information to provide and promote high
30 quality health care.
31
- 32 2. All medical records submitted for review by candidates for board certification will be de-
33 identified by the candidate prior to submission, such that the remaining information
34 cannot be used to identify an individual patient.
35
- 36 3. Each specialty certifying board has a mechanism in place on their website to ensure that
37 board operations comply with HIPAA privacy regulations.
38

39 **Article XVI. Examination Results**

40 41 **Section 1. Notification**

- 42
43 A. Candidates will be notified of the results of their examination within sixty (60) days of the
44 final action of the specialty certifying board.
45
- 46 B. The BOS must be provided the list of candidates who have passed and completed the
47 certification process within three (3) weeks of candidate notification in the format specified

1 by the BOS. A complete list of candidates who have passed and completed the certification
2 process is provided to the BOS at each annual and midyear meeting.

3
4 **Section 2. Format of Notification**

5
6 Physicians who have passed all the prescribed examinations will receive a standardized letter, via
7 email indicating that passing the examination may not fulfill all the requirements necessary for board
8 certification or CAQ.

9
10 **Article XVII. Certificates**

11
12 **Section 1. Issuance**

- 13
14 A. Certificates are issued by the specialty certifying boards to diplomates who have fulfilled the
15 requirements for certification, certificate of added qualification (CAQ), and osteopathic
16 continuous certification (OCC). Specialty certifying boards will confirm that a candidate has
17 met all requirements for certification, CAQ, or OCC prior to submission to the BOS for
18 final processing.
- 19
20 B. Each certificate will be signed by the Chair of the AOA Bureau of Osteopathic Specialists,
21 the Chair of the specialty certifying board, and the Chief Executive Officer of the AOA. No
22 certificate is valid until it has been signed by the Chief Executive Officer of the AOA.
- 23
24 C. The issue date on primary and subspecialty certifications and CAQ will correspond with the
25 date on which verification of successful completion of all requirements established by the
26 respective specialty certifying board occurred.
- 27
28 D. Initial board certifications issued will be no greater than three (3) years for specialties and/or
29 subspecialties that have longitudinal assessment (refer to Article XVIII).
- 30
31 E. Initial board certifications issued will be no greater than ten (10) years for subspecialties that
32 have high stakes assessment (refer to Article XVIII).
- 33
34 F. Upon approval of candidates for certification and CAQ by the BOS, the BOS Secretary will
35 notify the candidate and the recommending specialty certifying board of the approval. Only
36 upon receipt of notification from the BOS will the specialty certifying board have the
37 certificate prepared and numbered. The certificate must be forwarded to the diplomate
38 within ninety (90) days from the date of notification of approval of certification or CAQ.
- 39
40 G. The specialty certifying board will notify the diplomate, in writing, of the requirements for
41 maintaining certification.
- 42
43 H. The term “certification” is to be used for certification in a specialty or subspecialty, and the
44 only other term used by the AOA and the BOS is certificate of added qualification.
- 45
46 I. Duplicate certificates will only be issued for certifications with an active status.
- 47

Section 2. Certificate Format (Specialty and Subspecialty)

The following standards for the format of certificates, including conjoint subspecialty certificates, which are issued by the diplomate's primary specialty certifying board, are listed below. Proposed changes to the standards must be submitted to the BOS for approval prior to implementation.

- A. Indication of certification by the AOA.
- B. Indication of the specialty certifying board recommending certification.
- C. Certification number (certifications are numbered consecutively by board).
- D. Indication of the specialty or subspecialty without abbreviation.
- E. Certification issue date as approved by the BOS and AOA.
- F. Appearance of the DO and/or MD credential (no other credentials will appear on AOA issued certificates).
- G. Physician name in format of: "John Smith, DO" or "John N. Smith, MD" or "John Name Doe-Smith, DO, MD".
- H. Seal of the AOA and the specialty certifying board.
- I. Signatures of AOA Chief Executive Officer, the BOS Chair, and the specialty certifying board Chair (original or electronic reproduction).
- J. Wording to indicate that the physician has pursued an accepted course of study and has satisfactorily completed all requirements for the specialty or subspecialty.
- K. Printed certificate size will be 11 x 14 on manilla colored paper.
- L. Electronic versions of certificates issued are identical to the printed certificate.
- M. Electronic certificates must be provided in a secure and verifiable format and digitally signed and encrypted.
- N. Electronic credentials cannot be printed and are only valid in electronic format.

Section 3. Certificate Format (Certificate of Added Qualification)

The standards for the format of issued certificates for CAQs are listed below. Proposed changes to the standards must be submitted to the BOS for approval prior to implementation.

- A. Indication of CAQ by the AOA.
- B. Indication of the specialty certifying board recommending CAQ.

- 1
2 C. Certificate number (certificate number corresponds with the primary board certification
3 number).
4
5 D. Indication of the CAQ without abbreviation.
6
7 E. Certificate issue date as approved by the BOS and AOA.
8
9 F. Appearance of the DO and/or MD credential (no other credentials will appear on AOA
10 issued certificates).
11
12 G. Physician name in format of: "John Smith, DO" or "John N. Smith, MD" or "John Name
13 Doe-Smith, DO, MD".
14
15 H. Seal of the AOA and the specialty certifying board.
16
17 I. Signatures of AOA Chief Executive Officer, the BOS Chair, and the specialty certifying
18 board Chair (original or electronic reproduction).
19
20 J. Wording to indicate that the physician has pursued an accepted course of study and has
21 satisfactorily completed all requirements for the CAQ.
22
23 K. Printed certificate size will be 8 x 12 on white paper.
24
25 L. Electronic versions of certificates issued are identical to the printed certificate.
26
27 M. Electronic certificates must be provided in a secure and verifiable format and digitally signed
28 and encrypted.
29
30 N. Electronic credentials cannot be printed and are only valid in electronic format.

31 **Section 4. Terminology**

32 The certificates issued by AOA specialty certifying boards will read as follows:
33

34 A. Primary Certification

35 1. Initial Certificate

36 (Name) Having Met the Requirements Prescribed by this Board, is Hereby Designated a
37 Diplomate and Awarded Certification in (Specialty)

38 Ongoing certification is contingent upon meeting the requirements of Osteopathic
39 Continuous Certification

40 2. OCC Time-Limited Certificate

1 (Name) Demonstrates Excellence through Compliance with all Requirements for
2 Osteopathic Continuous Certification for Certification in (Specialty)

3
4 Ongoing certification is contingent upon meeting the requirements of Osteopathic
5 Continuous Certification

6
7 3. OCC Non-Time-Limited Certificate (Voluntary)

8
9 (Name) Demonstrates Excellence through Voluntary Compliance with all Requirements
10 for Osteopathic Continuous Certification for Certification in (Specialty)

11
12 Ongoing certification is contingent upon meeting the requirements of Osteopathic
13 Continuous Certification

14
15 B. Subspecialty Certification

16
17 1. Initial Certificate

18
19 (Name) Having Met the Requirements Prescribed by this Board, is Hereby Awarded
20 Subspecialty Certification in (Subspecialty)

21
22 Ongoing certification is contingent upon meeting the requirements of Osteopathic
23 Continuous Certification

24
25 2. OCC Certificate

26
27 (Name) Demonstrates Excellence through Compliance with all Requirements for
28 Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)

29
30 Ongoing certification is contingent upon meeting the requirements of Osteopathic
31 Continuous Certification

32
33 C. Certificate of Added Qualification

34
35 1. Initial Certificate

36
37 (Name) Having Met the Approved Requirements as Defined by this Board, is Awarded a
38 Certificate of Added Qualification in (area of CAQ)

39
40 Continuous CAQ is contingent upon fulfilling the ongoing requirements

41
42 2. Continuous CAQ Certificate

43
44 (Name) Demonstrates Continued Compliance with all the Requirements for a Certificate
45 of Added Qualification in (area of CAQ)

46
47 Continuous CAQ is contingent fulfilling the ongoing requirements

1
2 **Section 5. Certification in More than One Field**
3

4 A physician may hold AOA board certification in more than one (1) specialty or subspecialty, either
5 under the same specialty certifying board or under different specialty certifying boards. Diplomates
6 that hold active AOA board certification in more than one (1) specialty or subspecialty must be
7 listed under each specialty and/or subspecialty in the roster of AOA board certified physicians.
8

9 **Section 6. Recording of Multiple Certifications**
10

11 The diplomate is assigned a certification number for life under each specialty certifying board.
12 Successive certifications issued to the same diplomate by the same specialty certifying board retain
13 the initial certification number assigned to the diplomate.
14

15 **Section 7. Clinically Inactive, Inactive, and Retired Diplomates**
16

17 A. Clinically Inactive Diplomates
18

- 19 1. Diplomates who are not involved in patient care, including academic physicians who do
20 not supervise residents and/or fellows providing patient care, and unemployed
21 physicians, must attest to and petition their specialty certifying board to place the
22 certification(s) into a clinically inactive status.
23
24 a. Clinically inactive diplomates who re-enter clinical practice must notify the specialty
25 certifying board within thirty (30) days following return to clinical practice.
26
27 2. Clinically inactive status is documented on the official physician profile available to
28 credentialers through the American Osteopathic Information Association (AOIA) and is
29 noted on the findado.osteopathic.org website.
30

31 B. Inactive Diplomates
32

- 33 1. Inactive diplomates may retain the possession of their certificate(s). Their certification(s)
34 and certificate(s) will continue to appear on the official physician profile with a
35 designation of inactive status. A diplomate's certification and certificate status will be
36 classified as inactive for the following reasons:
37
38 a. The diplomate has informed the BOS that they no longer practice in the specialty,
39 subspecialty, or area of added qualification.
40
41 b. The diplomate has not met the OCC requirements as stipulated by the BOS and
42 specialty certifying board.
43
44 c. The diplomate has voluntarily requested that a non-time-limited certification be
45 inactivated with the right to request reactivation at a future time. Remedial
46 requirements may be assessed by the diplomate's specialty certifying board as
47 approved by the BOS to reactivate certification.

1
2 C. Retired Diplomates
3

- 4 1. Certifications and certificates will be listed as “retired” when the diplomate is
5 permanently retired and not gainfully employed in any phase of professional activity.
6 Retired diplomates may retain the possession of their certificate(s). Their certification(s)
7 and certificate(s) will continue to appear on the official physician profile with a
8 designation of retired status.
9
- 10 2. A retired diplomate must re-enter the certification process in accordance with the
11 policies in Article XVIII, Section 10 of this Handbook if the retired diplomate holds a
12 time-limited certification and requests to return to active status after the certification has
13 expired.
14

15 **Section 8. Revocation of a Certification or Certificate**
16

- 17 A. The specialty certifying board may recommend to the BOS the review of the certification or
18 certificate of any diplomate for revocation whose certification or certificate was obtained by
19 fraud, misrepresentation, exploitation, violation of the AOA Code of Ethics, or is otherwise
20 disqualified.
21
- 22 B. The specialty certifying board may recommend to the BOS the review of the certification or
23 certificate of any diplomate for revocation concerning actions taken on medical licensure or
24 other questions surrounding licensure status.
25
- 26 C. Upon official revocation of a certification or certificate the BOS Secretary will notify the
27 diplomate, the Chair of the appropriate specialty certifying board, and AOA Physician
28 Profile Services.
29

30 **Section 9. Reinstatement and Reactivation**
31

- 32 A. Reactivation and/or reinstatement of a certification or certificate may require additional
33 remediation as specified by the specialty certifying board and approved by the BOS.
34
- 35 1. The process for reactivation of a certification or certificate that has expired or been
36 placed in an inactive status is detailed in Article XVIII, Section 10 of this Handbook.
37
- 38 2. The process to fulfill deficiencies for reinstatement of a certification or certificate that
39 has been revoked will be provided to the diplomate.
40
- 41 B. Reinstatement of a certification or certificate that was revoked will require fulfilling the BOS
42 and specialty certifying board requirements with final approval of reinstatement by the BOS.
43
- 44 C. The Certification Compliance Review Committee (CCRC) may recommend that a time-
45 limited certification is issued in lieu of a non-time-limited certification that has been
46 inactivated or revoked.
47

Section 10. Specialty Practice Requirement

The specialty certifying board will notify the BOS Secretary for presentation to the BOS, where appropriate action will be taken if it is determined by the specialty certifying board that a diplomate does not qualify as a practicing physician in the particular specialty or subspecialty under the regulations and requirements of that specialty certifying board.

Article XVIII. Osteopathic Continuous Certification

Section 1. Osteopathic Continuous Certification (OCC)

The Osteopathic Continuous Certification (OCC) process provides opportunities for continuous professional development centered on patient care, practice enhancement, and lifelong learning. The following components comprise the OCC process and are described more fully in the sections that follow:

- A. Component 1: Active Licensure
- B. Component 2: Lifelong Learning/Continuing Medical Education
- C. Component 3: Competency Assessment
- D. Component 4: Practice Performance Assessment and Improvement

Successful compliance of each OCC component will be documented and maintained in the AOA's Department of Certifying Board Services database as noted in the records retention policy.

Enforcement: Diplomates who fail to comply with the requirements of any of the components during an OCC cycle may have their board certification placed into an inactive status. Refer to Section 10 of this article for the certification reactivation process.

Section 2. OCC Cycle Length

- A. Three (3) Year OCC Cycle
 1. Specialty certifying boards that develop and administer a longitudinal assessment will maintain an OCC cycle as established by the BOS, which will be no greater than three (3) years in length.
 2. The OCC cycle must run concurrently with the certification CME cycle.
- B. Ten (10) Year OCC Cycle
 1. Specialty certifying boards that develop and administer a subspecialty certification or certificate of added qualification high stakes assessment will maintain an OCC cycle as established by the BOS, which will be no greater than ten (10) years for that subspecialty.

Section 3. OCC Component 1: Active Licensure

AOA board certified physicians must hold a valid, active license to practice medicine in one (1) of the fifty (50) states, a U.S. territory, the District of Columbia, or Canada. In addition, they are required to adhere to the AOA's Code of Ethics. Physicians with restrictions on their license will have their OCC file reviewed by the Certification Compliance Review Committee (CCRC). More information on the CCRC is found in Article V., Section 3. the Handbook of the BOS.

Physicians holding only an active license (or registration) to practice medicine outside the United States and Canada may be considered by the BOS for Component 1 compliance on a case-by-case basis.

- A. A diplomate holding a restricted medical license, where a state licensing board has taken action against the license that does not prohibit the diplomate from actively practicing their specialty with the action on their license, may remain board certified. The BOS has assigned the Certification Compliance Review Committee (CCRC) with the responsibility to review and respond to all questions surrounding actions taken on medical licensure.

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

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

1. Demonstrate your commitment to lifelong learning by fulfilling the required CME credits in your specialty area of certification during each certification CME cycle as specified on the CME policies and requirements webpage on the osteopathic.org website.
2. Diplomates holding a subspecialty certification must adhere to the certification CME requirements of the primary specialty area.

- B. Boards that require more than the BOS approved minimum (60 CME credits) in the specialty area of certification must:

1. Examine current CME standards and guidelines for their specialty.
2. Petition the SRC with justification of the need for variance.
3. Receive final approval from the BOS Executive Committee upon SRC recommendation.

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

1. The educational presentation must be presented by an AOA or ABMS board certified physician in the specialty topic being discussed.
 - a. Exceptions will be reviewed on a case-by-case basis by BOS leadership.

- 1
2 b. The educational presentation must cover topic(s) of concern to the physicians in that
3 specialty or subspecialty.
4
- 5 D. CME will be awarded for the completion of Component 4 activities (excluding quality
6 improvement activity attestations).
7
- 8 1. Credits for Component 4 activities may be designated by each specialty certifying board.
9
- 10 E. Limits to CME activity types for each certification CME cycle are on the CME policies and
11 requirements webpage on the osteopathic.org website.
12

13 **Section 5. OCC Component 3: Competency Assessment**

- 14
- 15 A. Assessment of diplomates participating in OCC will be as follows:
16
- 17 1. Diplomates holding a primary certification must demonstrate continuous, active
18 participation in the cognitive longitudinal assessment during each OCC cycle.
19
- 20 a. Diplomates must register for longitudinal assessment the year after obtaining initial
21 primary certification.
22
- 23 b. Diplomates must begin participation in longitudinal assessment in the year following
24 registration.
25
- 26 c. Using the “Goal and Methods for Longitudinal Assessment” document created and
27 maintained by the SRC, specialty certifying boards will develop longitudinal
28 assessment plans for approval by the SRC prior to implementation.
29
- 30 2. Diplomates holding a subspecialty certification and/or certificate of added qualification
31 (CAQ) where a longitudinal assessment has not been developed must successfully pass
32 one (1) (or more) psychometrically valid, high-stakes cognitive assessment during each
33 OCC cycle.
34
- 35 a. The assessment may be taken no more than three (3) years prior to the expiration of
36 the certification or certificate.
37
- 38 3. An oral, clinical, and/or performance examination may be required in addition to the
39 longitudinal or high stakes assessment, the format of which will be determined by the
40 specialty certifying board or CCEC and approved by the SRC.
41
- 42 4. The longitudinal or high stakes assessment must evaluate the diplomate’s knowledge and
43 skill in the given specialty, subspecialty, or CAQ.
44
- 45 5. Diplomates who do not successfully complete the longitudinal assessment process by the
46 end of the 3-year OCC cycle will be granted a six (6) month grace period prior to the
47 inactivation of their certification during which time they must successfully complete an

1 examination containing all longitudinal assessment items from the previous cycle. The
2 examination must be delivered in a secure format. Alternative or additional requirements
3 recommended by the specialty certifying board and approved by the BOS may apply.
4

5 **Section 6. OCC Component 4: Practice Performance Assessment and Improvement**

- 6
- 7 A. Diplomates must engage in continuous quality improvement by satisfying one (1) of the
8 following:
- 9
- 10 1. Attestation to or online submission of evidence of participation in quality improvement
11 activities.
- 12
- 13 2. Completion of practice performance assessment (PPA) modules developed by the
14 specialty certifying board and approved by the SRC.
- 15
- 16 3. Completion of verifiable, quality driven or clinically focused encounters that assess the
17 physician's clinical acumen.
- 18
- 19 B. All activities will include a comparison of personal practice performance as measured against
20 national benchmarks for the medical specialty.
- 21
- 22 C. All activities must demonstrate the diplomate's direct involvement in the activity.
- 23
- 24 D. For primary and subspecialty certification, each specialty board will establish the appropriate
25 number of required activities in each OCC cycle and submit these requirements to the SRC
26 for approval.
- 27
- 28 E. The CCEC with the approval of the CCOC establishes the appropriate number of required
29 activities in each OCC cycle for conjoint subspecialty certification(s) with approval from the
30 SRC.
- 31
- 32 F. Specialty certifying boards may audit a given percentage of diplomates' Component 4
33 activities; any data collected as part of the audit must be a retrievable activity from the
34 original source.
- 35
- 36 G. Diplomates with a clinically inactive certification status may propose a Component 4 activity
37 that is applicable to their current role in osteopathic medicine. The specialty certifying board
38 will determine the requirements for and acceptability of the proposed activity. All other
39 OCC component requirements must be satisfied.
- 40
- 41 H. Diplomates who verify and attest that 90% or more of their primary practice falls outside the
42 scope of their AOA board certification may propose a Component 4 activity outside of what
43 is offered by the specialty certifying board.
- 44
- 45 I. Diplomates who hold an AOA board certification and an ABMS board certification in the
46 same specialty, who participate in the Maintenance of Certification (MOC) process through
47 the ABMS member board may petition the AOA specialty certifying board to accept the

1 practice performance activities completed through MOC and apply them to the OCC
2 Component 4 requirement.

3
4 1. The AOA specialty certifying board may require completion of an osteopathic
5 component to suffice the Component 4 requirement.

6
7 J. Diplomates in fellowship training are exempt from the Component 4 requirement during the
8 training period only.

9
10 1. The Component 4 requirements may be prorated based on the fellowship training
11 completion date.

12 **Section 7. Entry into OCC by Physicians with Certification from an ABMS Member Board**

13
14
15 Physicians holding a current, valid certification from an American Board of Medical Specialties
16 (ABMS) member board may qualify for AOA initial board certification in the specialty or
17 subspecialty for which they hold ABMS certification without the requirement to sit for the initial
18 AOA board examination(s). Upon being awarded AOA board certification, the physician will enter
19 the AOA Osteopathic Continuous Certification (OCC) process.

20
21 The following eligibility criteria must be met prior to being awarded AOA board certification for all
22 applicable primary and subspecialty certifications for which the AOA offers certification:

23 Primary Specialty Certification

24
25
26 Physicians holding a current ABMS board certification may qualify to receive AOA board
27 certification in that specialty upon fulfilling the following criteria:

28
29 A. Be a graduate of a COCA accredited College of Osteopathic Medicine, an LCME accredited
30 medical school in the U.S. or Canada, or a medical school outside of the U.S. or Canada and
31 hold a valid certificate, without expired examination dates, from the ECFMG.

32
33 B. Must hold a valid, active license to practice medicine in one (1) of the fifty (50) states, a U.S.
34 territory, the District of Columbia, or Canada and are required to adhere to the AOA Code
35 of Ethics.

36
37 C. Completion of an ACGME accredited residency or fellowship in the specialty or
38 subspecialty of certification, or completion of an approved clinical pathway to certification.

39
40 D. Current, valid (including active participation in Maintenance of Certification [MOC] if
41 applicable), verifiable board certification through an ABMS member board in a specialty or
42 subspecialty for which there is an equivalent AOA certification with an active OCC process.

43
44 E. Submitting a completed application with all relevant materials and the required processing
45 fee.

46

- 1 F. After obtaining AOA primary certification through the process outlined in this section, the
2 diplomate may apply for subspecialty certification either through the process described
3 below or through the application process, as eligibility allows.
4

5 Subspecialty Certification

6
7 Physicians holding a current ABMS subspecialty certification may qualify to receive AOA board
8 certification in that subspecialty upon fulfilling the following criteria:
9

- 10 A. Subspecialties that require active AOA primary certification (refer to Appendix B for full
11 list):
12
- 13 1. Physicians who do not already hold an active AOA certification in the required primary
14 specialty must obtain an active AOA certification in the primary specialty as noted
15 above, prior to entry into the OCC process for the subspecialty.
16
 - 17 2. Physicians who hold an ABMS subspecialty certification that does not require
18 maintenance of a primary certification by the ABMS will be required to obtain and hold
19 an active AOA certification in the primary specialty.
20
- 21 B. Physicians who hold an ABMS subspecialty certification in a subspecialty where an active
22 AOA primary certification is not required; may apply for AOA subspecialty certification
23 without obtaining an AOA primary certification (refer to Appendix C for full list).
24
- 25 C. Be a graduate of a COCA accredited College of Osteopathic Medicine, an LCME accredited
26 medical school in the U.S. or Canada, or a medical school outside of the U.S. or Canada and
27 hold a valid certificate, without expired examination dates, from the ECFMG.
28
- 29 D. Must hold a valid, active license to practice medicine in one (1) of the fifty (50) states, a U.S.
30 territory, the District of Columbia, or Canada and are required to adhere to the AOA Code
31 of Ethics.
32
- 33 E. Completion of an ACGME accredited fellowship in the subspecialty of certification, or
34 completion of an approved clinical pathway to subspecialty certification.
35
- 36 F. Current, valid (including active participation in Maintenance of Certification [MOC] if
37 applicable), verifiable board certification through an ABMS member board in a subspecialty
38 for which there is an equivalent AOA subspecialty certification with an active OCC process.
39
- 40 G. Submitting a completed application with all relevant materials and the required processing
41 fee.
42

43 Certification Dates and Proration

- 44
45 A. The certification issue date will be the date on which all eligibility criteria has been validated.
46

- 1 B. Physicians will begin the specialty certifying board’s longitudinal assessment process or enter
2 the high stakes examination process upon notification that all eligibility criteria have been
3 validated.
4
- 5 1. The valid through date on AOA certifications issued to physicians who enter OCC
6 holding a certificate from an ABMS member board for a specialty certifying board that
7 administers longitudinal assessment will coincide with the end of the current OCC cycle.
8
- 9 a. The valid through date on AOA certifications issued to physicians who enter the
10 OCC process in the final year of the OCC cycle after the longitudinal assessment
11 registration deadline has passed will coincide with the end of the next OCC cycle.
12
- 13 2. The valid through date on AOA certifications issued to physicians who enter OCC
14 holding a certificate from an ABMS member board for a specialty certifying board that
15 administers high-stakes cognitive assessments will coincide with the expiration date on
16 the ABMS certificate.
17
- 18 a. The valid through date on AOA certifications issued to physicians who enter the
19 OCC process after the last high-stakes cognitive assessment has been administered
20 before the ABMS certification expiration date will be extended until December 31 of
21 the following year and must participate in the next available administration of the
22 high-stakes examination.
23
- 24 C. OCC Component 2 requirements will be prorated based on the certification issue date
25 according to the CME policies and requirements webpage on the osteopathic.org website.
26
- 27 D. OCC Component 3 requirements may be prorated based on the certification issue date.
28
- 29 E. OCC Component 4 requirements may be prorated based on the certification issue date.
30

31 **Section 8. Non-Time-Limited Diplomates Voluntarily Participating in OCC**

32
33 The OCC process for diplomates holding a non-time-limited certificate is voluntary. Non-time-
34 limited certificate holders who voluntarily participate in the OCC process will be issued an OCC
35 certification. Failure to comply with or meet OCC requirements may result in the loss of the OCC
36 certification but will not result in the loss of non-time-limited certification.
37

38 Diplomates holding a non-time-limited primary specialty certification and a time-limited subspecialty
39 certification must fully participate in the OCC process for the subspecialty certification to maintain
40 the subspecialty certification and be deemed compliant with OCC. The OCC process will remain
41 voluntary for the non-time-limited primary specialty certification.
42

43 **Section 9. Diplomates Certified Through Multiple AOA Specialty Certifying Boards**

- 44
45 A. Diplomates holding multiple primary certifications issued through two (2) or more AOA
46 specialty certifying boards must meet each of the specialty certifying board’s OCC
47 requirements.

- 1
2 B. CME credits earned will apply to each specialty certifying board's requirement, except for
3 specialty CME credits, which must be fulfilled according to each specialty certification.
4

5 **Section 10. Certification Reactivation Process**

6
7 Diplomates whose certification has expired or been placed in an inactive status for any reason may
8 petition the BOS to reactivate the certification.
9

- 10 A. Diplomates seeking to reactivate their certification three (3) years or less from the expiration
11 or inactivation of their certification must suffice all outstanding OCC requirements not
12 fulfilled prior to their certification expiration or inactivation.
13

- 14 1. The valid through date of certifications that have been placed in an inactive status will be
15 adjusted to reflect the date of inactivation.
16
17 2. Once reactivated, the issue date of certifications that have expired or been placed in an
18 inactive status will reflect the date that all requirements have been satisfied.
19

- 20 B. Diplomates seeking to reactivate their certification three (3) or more years following the
21 expiration or inactivation of their certification must take and pass at a minimum the primary
22 written certification examination. Specialty certifying boards may require additional
23 examination(s) and remedial activities as approved by the BOS, such as training or CME,
24 prior to certification reactivation.
25

- 26 1. The valid through date of certifications that have been placed in an inactive status will
27 adjusted to reflect the date of inactivation.
28
29 2. Once reactivated, the issue date of certifications that have expired or been placed in an
30 inactive status will reflect the date that all requirements have been satisfied.
31

32 **Article XIX. Non-Time-Limited Diplomates**

33
34 Non-time-limited diplomates must adhere to the following requirements to maintain an active, non-
35 time-limited certification:
36
37

38 **Section 1. Active Licensure**

39
40 Non-time-limited diplomates must hold a valid, active license to practice medicine in one (1) of the
41 fifty (50) states, a U.S. territory, the District of Columbia, or Canada and are required to adhere to
42 the AOA Code of Ethics. Physicians with restrictions on their license may have their file reviewed
43 by the Certification Compliance Review Committee (CCRC). Refer to Article V, Section 3 for more
44 information on the CCRC.
45

46 Physicians holding only an active license (or registration) to practice medicine outside the United
47 States and Canada may be considered by the BOS on a case-by-case basis.

Section 2. Continuing Medical Education

- A. Non-time-limited diplomates must demonstrate a commitment to lifelong learning by fulfilling the CME credit requirement in the specialty area of certification during each certification CME cycle as specified on the CME policies and requirements webpage on the osteopathic.org website.
- B. Boards that require more than the BOS approved minimum (120 CME credits) in the specialty area of certification must:
 1. Examine current CME standards and guidelines for their specialty.
 2. Petition the SRC with justification of the need for variance.
 3. Receive final approval from the BOS Executive Committee upon SRC recommendation.
- C. Requirements for in-person specialty specific CME programs are:
 1. The educational presentation must be presented by an AOA or ABMS board certified physician in the specialty topic being discussed.
 - a. Exceptions will be reviewed on a case-by-case basis by BOS leadership.
 - b. The educational presentation must cover topic(s) of concern to the physicians in that specialty or subspecialty.
- D. Limits to CME activity types for each certification CME cycle are on the CME policies and requirements webpage on the osteopathic.org website.

Section 3. Osteopathic Continuous Certification (OCC) Participation

- A. Non-time-limited diplomates who do not maintain their board certification may be required to petition the BOS for reactivation of certification through the certification reactivation process. Upon reactivation of the certification, a time-limited certification will be issued (refer to Article XVIII, Section 10).
- B. Non-time-limited diplomates who voluntarily participate in the OCC process should refer to Article XVIII Section 8 of this Handbook.

Article XX. Conjoint Certification Examination Committee (CCEC)

A Conjoint Certification Examination Committee (CCEC) is formed when a subspecialty overlaps into multiple specialty areas. CCECs develop the processes and procedures for subspecialty certifications issued in the respective subspecialty.

Processes and procedures developed by a CCEC must be submitted to the Conjoint Certification Oversight Committee (CCOC) for consideration. The CCOC will submit its recommended action to

1 the BOS for consideration. BOS approval must be obtained before the requested processes or
2 procedures are implemented.

3
4 CCECs do not have formal representation or voting privileges on the BOS and must adhere to the
5 directives as specified in the Handbook of the BOS.

6 7 **Section 1. Duties**

8
9 The CCEC is responsible for developing the processes and procedures of the committee, as well as
10 item writing, item banking, and other items relative to examination construction. Updates to
11 processes or procedures of the committee must be submitted to the CCOC. The CCOC will submit
12 its recommended action to the BOS for consideration. BOS approval must be obtained before the
13 requested process or procedure is implemented.

- 14
15 A. Periodical review of candidate eligibility and OCC requirements within the guidelines of the
16 BOS and make recommendations for updates, when appropriate, to the CCOC for
17 consideration.
18
19 B. Serve as the liaison between the CCEC and their respective specialty certifying board.
20
21 C. Review the list of applicants for examination for subspecialty certification by the CCEC.
22
23 D. Provide a list to the CCOC and specialty certifying board of candidates who meet all
24 requirements for certification in the practice areas assigned to the CCEC.
25
26 E. When considering an appeal, the CCEC will adhere to the appeal process (refer to Article
27 XI).
28
29 F. Declare any real or perceived conflict of interest and maintain strict confidentiality of all
30 applicant information, test development and content, and scoring methods.
31
32 G. CCECs may create ad hoc committees when necessary.

33 34 **Examination Development**

- 35
36 H. Complete an approved item-writing training program within one (1) year of appointment
37 and serve as an item writer for examinations and item bank content for the CCEC for which
38 they are a member.
39
40 I. Work with the AOA Psychometrics and Assessment team to:
41
42 1. Complete a job task analysis (JTA) and create and develop a table of specifications
43 (TOS) for CCOC consideration.
44
45 2. Develop and maintain items to produce psychometrically defensible and osteopathically
46 distinct examinations in the practice areas assigned to the CCEC.
47

- 1 3. Ensure the inclusion of relevant osteopathically distinct items in every certification
2 examination, including processes and methodologies.
- 3
- 4 4. Review exam analytics and statistical information.
- 5

6 **Section 2. CCEC Membership**

- 7
- 8 A. Each CCECs membership will consist of one (1) representative from each specialty
9 certifying board with diplomates that express intentions to obtain certification in that
10 subspecialty or with diplomates currently participating in the OCC process in that
11 subspecialty.
- 12
- 13 B. The specialty certifying board will nominate one (1) diplomate to each CCEC who meets the
14 following criteria:
 - 15
 - 16 1. Must hold an active certification in the subspecialty of the CCEC issued through the
17 nominating specialty certifying board.
 - 18
 - 19 2. Must actively participate in the OCC process for that subspecialty.
 - 20
 - 21 3. Must actively engage in clinical practice, teaching physicians, or serving in an
22 administrative role.
 - 23
 - 24 4. A board with diplomates that express intentions to obtain certification in a subspecialty
25 administered by a standing CCEC with no prior participation by diplomates certified
26 through that board will nominate a representative to the CCEC who holds an active
27 primary certification through that board and participates in OCC.
 - 28
 - 29 a. Compliance with the CCEC membership criteria to hold a subspecialty of the CCEC
30 issued through the board will be required at such time as there is a diplomate
31 certified in the subspecialty.
 - 32
- 33 C. The membership criteria may not be possible when developing a new CCEC. Boards must
34 nominate a diplomate who holds an active primary certification issued through that board
35 and who participates in OCC.
 - 36
 - 37 1. Compliance with the CCEC membership criteria to hold a subspecialty of the CCEC
38 issued through the board will be required at such time as there is a diplomate certified in
39 the subspecialty.
 - 40
- 41 D. The nomination, including the diplomate's CV, must be submitted to the CCOC for
42 consideration. The BOS will make a recommendation to the BOT for final approval of
43 appointments to the CCEC. CVs will be maintained on file for the duration of the appointed
44 term.
- 45
- 46 E. CCEC membership will consist of no less than four (4) members.
- 47

- 1 1. Where only two (2) or three (3) boards have diplomates who hold active certification
2 or express interest in the conjoint subspecialty, each board will nominate two (2)
3 diplomates to serve on the CCEC.
4

- 5 F. When an unexpected vacancy occurs on the CCEC, the respective specialty certifying board
6 will submit a nominee to fill the remaining term in accordance with the criteria for CCEC
7 membership.
8

9 Officers

- 10
11 A. Officers of the CCEC are the Chair and Vice chair. To promote equity for the participating
12 specialty certifying boards and their representatives on the CCEC, the officer positions will
13 rotate among the participating boards.
14

- 15 1. Officers of the CCEC will work with the AOA Psychometrics and Assessment team to
16 review items submitted by the subject matter experts for final approval or disapproval.
17
18 2. Each CCEC will submit the names and term dates of their officers upon appointment for
19 informational purposes to the BOS and kept current at least annually.
20

21 Terms

- 22
23 A. CCEC officer positions run concurrently with elections to occur every three (3) years. CCEC
24 officers are elected by the CCEC members for a three (3) year term.
25
26 B. Member terms are three (3) years in length and limited to four (4) full terms. Where possible,
27 terms will be staggered so that new members elected in any year will not constitute a
28 majority.
29
30 C. Members are restricted to a maximum of twelve (12) years of service on a CCEC.
31
32 D. All CCEC member terms, including terms for officer positions, will commence on August 1
33 following approval by the BOT and end on July 31 of the year the term is scheduled to end.
34

35 **Section 3. Meetings**

- 36
37 A. CCECs will hold at least one (1) annual meeting and should conduct business via video or
38 telephone conference. In-person meetings must be held in accordance with AOA meeting
39 policy upon approval.
40
41 B. A majority of the approved membership will constitute a quorum at CCEC meetings.
42
43 C. CCEC meetings will be governed by the latest edition of *Robert's Rules of Order, Newly Revised*,
44 unless otherwise specified in these procedures.
45
46

Section 4. Candidate Eligibility Requirements

AOA Department of Certifying Board Services (CBS) will post the eligibility requirements for all conjoint subspecialty certifications. To participate in a conjoint subspecialty examination, candidates must:

- A. Hold an active AOA primary board certification.
- B. The candidate must fulfill one of the following:
 1. Completed an AOA or ACGME approved training program.
 2. Completed all requirements for an open clinical pathway for the specified conjoint subspecialty certification examination.
 - a. Criterion for a clinical pathway is developed by the respective CCEC and submitted for final approval to the BOS.
 - b. As established by the BOS, a clinical pathway may remain open for a maximum of five (5) years. Once a clinical pathway has closed, candidates must have completed an AOA or ACGME approved training program to meet the training eligibility requirement.
- C. The CCEC may have additional eligibility requirements as approved by the BOS.

Most conjoint subspecialty certifications require diplomates to maintain an active primary board certification. When an active primary board certification is required to maintain the conjoint subspecialty certification, if the primary board certification is inactive, the conjoint subspecialty certification will be inactivated.

Section 5. Examination Code of Conduct and Appeal Process

Candidates must adhere to the code of conduct as detailed in Article XV (Examination Policy) in the Handbook of the BOS.

Candidates who oppose the outcome of an appeal from the CCEC may request an appeal through the CCOC. Appeals must adhere to the policy as detailed in Article XI (Appeal Committee Hearing Procedures) in the Handbook of the BOS.

Section 6. Certificate Issuance and OCC

- A. Certificates are issued and maintained by the specialty certifying boards on the recommendation of the CCEC to diplomates who have fulfilled the requirements for conjoint subspecialty certification and conjoint subspecialty osteopathic continuous certification (OCC).

- 1 B. The “valid through” date for initial subspecialty certifications will be December 31 of the
2 tenth year following the issuance of the certification.
3
- 4 C. The OCC process for conjoint subspecialty certification will be for a period of ten years
5 (refer to Article XVIII).
6

7 **Section 7. Re-Entry into the Certification Process**

8

9 Candidates who have not achieved subspecialty board certification by the conclusion of the sixth
10 (6th) year of the board eligibility status time frame may petition the CCEC as outlined in the re-entry
11 process (refer to Article XIII, Section 2).
12

13 **Article XXI. Distinct Osteopathic Examination Committee (DOEC)**

14

15 The DOEC develops the processes and procedures for the added designation of Osteopathic
16 Manipulative Treatment (OMT) to the primary certification in accordance with Pathway II
17 requirements (refer to Article XIV).
18

19 Processes and procedures developed by the DOEC must be submitted to the BOS for
20 consideration. BOS approval must be obtained before the requested processes or procedures are
21 implemented. When appropriate, the action may be submitted to the BOT for final approval.
22

23 The DOEC does not have formal representation or voting privileges on the BOS and must adhere
24 to the directives as specified in the Handbook of the BOS.
25

26 **Section 1. Duties**

27

28 The DOEC is responsible for developing the processes and procedures of the committee, as well as
29 item writing, item banking, and other items relative to examination construction for the OMT
30 written and practical examinations for obtaining the OMT designation. Updates to examination
31 processes or procedures of the committee must be approved by the BOS upon SRC
32 recommendation prior to implementation.
33

- 34 A. Periodical review of the candidate eligibility criteria and OCC requirements for the OMT
35 designation within the guidelines of the BOS and make recommendations for updates, when
36 appropriate, to the BOS for consideration.
37
- 38 B. Declare any real or perceived conflict of interest and maintain strict confidentiality of all
39 information, test development and content, and scoring methods.
40

41 **Examination Development**

42

- 43 C. Complete an approved item-writing training program within one (1) year of appointment
44 and serve as an item writer for examinations and item bank content for the DOEC.
45

- 46 1. Item writers must hold an active certification in their primary specialty by the respective
47 specialty certifying board with an OMT designation. During the initial formation of the

1 DOEC, item writers who do not hold an OMT designation must be considered subject
2 matter experts in their respective fields.

3
4 D. Work with the AOA Psychometrics and Assessment team to:

- 5
6 1. Complete a job task analysis (JTA) and create and develop a table of specifications
7 (TOS) for the DOEC examinations.
8
9 2. Develop and maintain items to produce psychometrically defensible and osteopathically
10 distinct examinations.
11
12 3. Ensure the inclusion of relevant osteopathically distinct items in every certification
13 examination, including processes and methodologies.
14
15 4. Review exam analytics and statistical information.
16

17 **Section 2. DOEC Membership**

- 18
19 A. DOEC membership will consist of one (1) representative from each specialty certifying
20 board with diplomates that express intentions to obtain or maintain a designation in OMT.
21
22 B. Specialty certifying boards will nominate one (1) diplomate who meets the following criteria:
23
24 1. Must hold an active primary certification with the OMT designation issued through the
25 nominating specialty certifying board.
26
27 2. Must actively participate in the OCC process for their primary specialty with the OMT
28 designation.
29
30 3. Must actively engage in clinical practice, teaching physicians, or serving in an
31 administrative role.
32
33 4. A board with diplomates that express intentions to obtain the OMT designation, which
34 has no diplomates that currently have the OMT designation attached to their primary
35 specialty, that board will nominate a representative who holds an active primary
36 certification through that board and participates in OCC.
37
38 a. Compliance with DOEC membership criteria will be required at such time as there is
39 a diplomate who has obtained the OMT designation attached to their primary
40 specialty.
41
42 C. The nomination, including the diplomate's CV, must be submitted to the BOS. The BOS
43 will make a recommendation to the BOT for final approval of appointments. CVs will be
44 maintained on file for the duration of the appointed term.
45
46 D. Membership will consist of no less than four (4) members.
47

- 1 1. Where only two (2) or three (3) boards have diplomates who hold an active primary
2 certification with the OMT designation or express interest in obtaining the OMT
3 designation, each board will nominate two (2) diplomates to serve on the DOEC.
4
- 5 2. When an unexpected vacancy occurs, the respective specialty certifying board will submit
6 a nominee to fill the remaining term in accordance with the membership criteria.
7

8 Officers

9

- 10 A. Officers of the DOEC are the Chair and Vice chair. To promote equity for the participating
11 specialty certifying boards and their representatives, the officer positions will rotate among
12 the participating boards.
13
- 14 1. Officers will work with the AOA Psychometrics and Assessment team to review items
15 submitted by the subject matter experts for final approval or disapproval.
16
- 17 B. The DOEC will submit the names and term dates of their officers upon appointment for
18 informational purposes to the BOS and kept current at least annually.
19

20 Terms

21

- 22 A. Officer positions run concurrently with elections to occur every three (3) years. DOEC
23 officers are elected by the DOEC members for a three (3) year term.
24
- 25 B. Member terms are three (3) years in length and limited to four (4) full terms. Where possible,
26 terms will be staggered so that new members elected in any year will not constitute a
27 majority.
28
- 29 C. Members are restricted to a maximum of twelve (12) years of service on the DOEC.
30
- 31 D. All member terms, including terms for officer positions, will commence on August 1
32 following approval by the BOT and end on July 31 of the year the term is scheduled to end.
33

34 **Section 3. Meetings**

35

- 36 A. The DOEC must hold one (1) annual meeting and additional meetings may be held as
37 necessary to conduct business. Meetings should be held via video or telephone conference.
38 In-person meetings must be held in accordance with AOA meeting policy upon approval.
39
- 40 B. A majority of the approved membership will constitute a quorum at DOEC meetings.
41
- 42 C. DOEC meetings will be governed by the latest edition of *Robert's Rules of Order, Newly Revised*,
43 unless otherwise specified in these procedures.
44

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Section 4. Subcommittees

There will be two (2) distinct subcommittees; one for the written assessment and one for the practical assessment.

Section 5. Candidate Eligibility Requirements

AOA Department of Certifying Board Services (CBS) will post the eligibility requirements for the OMT designation. Candidates must hold an active AOA primary board certification. Refer to Article XIV for training and additional eligibility requirements.

Section 6. Examination Code of Conduct and Appeal Process

Candidates must adhere to the code of conduct as detailed in Article XV (Examination Policy) in the Handbook of the BOS.

Candidates who oppose the outcome of an appeal may request an appeal through the BOS. Appeals must adhere to the policy as detailed in Article XI (Appeal Committee Hearing Procedures) in the Handbook of the BOS.

Section 7. Certificate Issuance

Primary specialty certificates with the addition of the OMT designation are issued and maintained by the specialty certifying boards to diplomates who have fulfilled the requirements.

Appendix A – Definitions and Terminology

1
2
3 A. Board certification issued by the AOA provides assurance to the public that a physician has
4 demonstrated high levels of clinical competence and is an indication of excellence. Certification
5 is issued upon successful completion of an AOA or ACGME accredited training program and
6 by passing the associated examination(s) administered by an AOA specialty certifying board.
7 Certification is issued by the AOA in the following categories:

8 9 1. Primary Certification

10
11 a. Primary certification indicates the diplomate's medical knowledge, professionalism, and
12 training in a specialty field of medical practice under the jurisdiction of a specialty
13 certifying board. It reflects completion of an AOA or ACGME accredited training
14 program and successfully passing the certifying examination(s) in the specialty field
15 administered by the AOA specialty certifying board. Primary certification represents a
16 distinct and well-defined field of osteopathic medical practice.

17 18 2. Subspecialty Certification

19
20 a. Subspecialty certification indicates the diplomate's medical knowledge, professionalism,
21 and training in a subspecialty field over and above that required for primary certification.
22 It designates additional abilities in limited areas of the primary specialty field represented
23 by that board. It constitutes a modification of a primary certification to reflect additional
24 training by an AOA or ACGME accredited training program of at least one (1) year in
25 length and successfully passing the certifying examination(s) in that subspecialty.

26
27 b. OCC completion in areas of subspecialty certification varies by subspecialty and may or
28 may not require maintenance of valid primary certification.

29
30 c. When the identifiable body of knowledge for subspecialty certification overlaps more
31 than one (1) specialty, a conjoint examination program may be developed by the
32 corresponding certifying boards.

33
34 d. Subspecialty certification requires prior attainment of primary certification. The
35 subspecialty certification is awarded by the diplomate's primary certifying board.

36
37 B. A certificate issued by the AOA indicates that a diplomate has successfully completed an
38 educational course in a specified field of study and has passed the associated examination(s)
39 administered by an AOA specialty certifying board.

40 41 1. Certificate of Added Qualification

42
43 a. A certificate of added qualification indicates the diplomate's advanced experience,
44 medical knowledge, and professionalism by demonstrating excellence in a specific
45 subject but not replaced through specialization. It signifies additional competencies
46 following an educational course of at least one (1) year in length and successfully passing
47 the certificate examination(s) within six (6) years of completing the training in that

1 subject. The training required for a certificate of added qualification must incorporate a
2 specific and identifiable body of knowledge related to the area of added qualification.
3

4 C. Pathways for Initial Certification Definitions (*Glossary of Osteopathic Terminology*):
5

6 1. Osteopathic Philosophy
7

8 A concept of health care supported by expanding scientific knowledge that embraces the
9 concept of the unity of the living organism's structure (anatomy) and function (physiology).
10 Osteopathic philosophy emphasizes the following principles:
11

- 12 a. The human being is a dynamic unit of function.
13
14 b. The body possesses self-regulatory mechanisms that are self-healing in nature.
15
16 c. Structure and function are interrelated at all levels.
17
18 d. Rational treatment is based on these principles.
19

20 2. Osteopathic Manipulative Medicine (OMM)
21

22 The application of osteopathic philosophy, structural diagnosis, and use of OMT in the
23 diagnosis and management of the patient.

Appendix B – Subspecialties that Require Active AOA Primary Certification

1			
2			
3			
4	Anesthesiology		
5	➤ Addiction Medicine	7	➤ Pain Management
6	➤ Critical Care Medicine	8	➤ Pediatric Anesthesiology
9			
10	Dermatology		
11	➤ Dermatopathology	13	➤ Pediatric Dermatology
12	➤ Mohs Micrographic Surgery		
14			
15	Emergency Medicine		
16	➤ Addiction Medicine	20	➤ Sports Medicine
17	➤ Emergency Medical Services	21	➤ Surgical Critical Care
18	➤ Hospice & Palliative Medicine	22	➤ Undersea & Hyperbaric Medicine
19	➤ Medical Toxicology	23	
24			
25	Family Practice		
26	➤ Addiction Medicine	30	➤ Pain Medicine
27	➤ Correctional Medicine	31	➤ Sleep Medicine
28	➤ Geriatric Medicine	32	➤ Sports Medicine
29	➤ Hospice & Palliative Medicine	33	➤ Undersea & Hyperbaric Medicine
34			
35	Internal Medicine		
36	➤ Addiction Medicine	43	➤ Hospice & Palliative Medicine
37	➤ Advance Heart Failure/Transplant	44	➤ Interventional Cardiology
38	Cardiology	45	➤ Pain Medicine
39	➤ Clinical Cardiac Electrophysiology	46	➤ Sleep Medicine
40	➤ Correctional Medicine	47	➤ Sports Medicine
41	➤ Critical Care Medicine	48	➤ Undersea & Hyperbaric Medicine
42	➤ Geriatric Medicine		
49			
50	Neuromusculoskeletal Medicine		
51	➤ Addiction Medicine	53	➤ Sports Medicine
52	➤ Pain Medicine		
54			
55	Neurology & Psychiatry		
56	➤ Addiction Medicine	59	➤ Neurophysiology
57	➤ Geriatric Psychiatry	60	➤ Pain Medicine
58	➤ Hospice & Palliative Medicine	61	➤ Sleep Medicine
62			
63	Ophthalmology & Otolaryngology		
64	➤ Otolaryngic Allergy	65	➤ Sleep Medicine
66			

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

3
 4
 5 **Orthopedic Surgery**

- 6 ➤ Hand Surgery 7 ➤ Orthopedic Sports Medicine

8
 9 **Pathology**

- 10 ➤ Dermatopathology

11
 12 **Pediatrics**

- 13 ➤ Sports Medicine

14
 15 **Physical Medicine & Rehabilitation**

- 16 ➤ Hospice & Palliative Medicine 18 ➤ Sports Medicine
 17 ➤ Pain Medicine

19
 20 **Preventive Medicine**

- 21 ➤ Addiction Medicine 23 ➤ Undersea & Hyperbaric Medicine
 22 ➤ Correctional Medicine

24
 25 **Radiology**

- 26 ➤ Neuroradiology 28 ➤ Vascular/Interventional Radiology
 27 ➤ Pediatric Radiology

29
 30 **Surgery**

- 31 ➤ Addiction Medicine 32 ➤ Surgical Critical Care

33
 34
 35 Continuous, active AOA primary certification is required for all certificates of added qualification.

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

Internal Medicine

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

Neurology & Psychiatry

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

Obstetrics & Gynecology

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

Pathology

- | | |
|----|----------------------|
| 30 | ➤ Forensic Pathology |
|----|----------------------|

Pediatrics

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