



AMERICAN OSTEOPATHIC ASSOCIATION

DIVISION OF CERTIFICATION

DEPARTMENT OF CERTIFYING BOARD SERVICES

142 EAST ONTARIO STREET, CHICAGO, ILLINOIS 60611-2864 888-626-9262

Resolution 56 Certification Eligibility for ABMS-Certified DOs

To be eligible for Resolution 56, Doctors of Osteopathic Medicine must meet the following requirements:

- Be certified by the ABMS and have completed residency training prior to submitting an application or where allowed by specific AOA specialty boards
 - ABMS-certified osteopathic physicians who participated in a clinical pathway (in lieu of completing a residency program) to achieve ABMS certification may be allowed to enter the certification process under the following conditions:
 - The pathway must have been completed prior to 1995 and
 - The candidate must meet any additional requirements set by the specialty board for certification
- Be an AOA member in good standing at the time of the application process
 - The applicant, if not a current AOA member, will pay the full dues amount at the time of application

(Please note: Membership in good standing is a requirement to maintain AOA certification. To update membership, please contact the AOA's Customer Resource Center at 888-626-9262)
- The physician applicant will not be required to have state or specialty college membership at the time of the application.
- Applicants may be subject to additional requirements set by the specialty board and specialty colleges.
- Applicants will be subject to fees as designated by the certifying boards

Email the completed application and release of information form to certification@osteopathic.org or mail to:

AOA Division of Certification
142 East Ontario St.
Chicago, IL 60611-2864



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APPLICATION FOR AOA CERTIFICATION ELIGIBILITY For Dos with ABMS Certification

Name of Applicant _____

Current Address _____

City, State Zip _____

Phone (_____) _____

Email address _____

College of Osteopathic Medicine _____

Year of Graduation _____

ACGME Training Program (Official Name) _____

Location of ACGME Program (City/State) _____

Training dates from: (mm/dd/yyyy) _____ to: (mm/dd/yyyy) _____

Specialty Certification Awarded by _____

Date of Certification (mm/dd/yyyy) _____

Subspecialty, if applicable _____

Date of Certification (mm/dd/yyyy) _____

AOA Specialty Certification Requested _____

State Licensed _____

State License Number _____

Questions: please call AOA Certification at 888-626-9262
or email certification@osteopathic.org



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VERIFICATION OF ACGME TRAINING

Residency Training Information Request and Release Form

Release of Information Authorization

(To be completed and signed by physician before submission.)

By signing below, I authorize the Director of Medical Education and/or Program Director of the named institution and program to release information related to my residency training to the AOA for purposes of seeking certification eligibility.

Name of Physician (please print): _____

Name of Institution: _____ **Specialty:** _____

Signature: _____ **Date:** _____

Release of Information Request

The above named physician is seeking to verify his/her ACGME-accredited residency training for certification eligibility through the AOA. As a requirement the AOA needs primary source verification of the following:

Minimum required information:

- . • The specialty of the residency
- . • The start and end dates of training (actual).

Please provide the requested information on training institution letterhead, signed by the Director of Medical Education or Program Director.

Please send all correspondence to certification@osteopathic.org or by mail to:
AOA Division of Certification
142 East Ontario Street
Chicago, IL 60611-2864