



Resolution 56 Certification Eligibility for ABMS-Certified DOs

To be eligible for Resolution 56, Doctors of Osteopathic Medicine must be certified by a member board of the American Board of Medical Specialties (ABMS) and have completed residency training prior to submitting an application.

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

Applicants may be subject to additional requirements and fees as designated by the certifying board.

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

AOA
Certifying Board Services
142 East Ontario St.
Chicago, IL 60611-2864



**APPLICATION FOR AOA CERTIFICATION ELIGIBILITY
For DOs with ABMS Certification**

Name: _____ AOA Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

ACGME Training Program Name: _____

Training Program City/State: _____

Training dates from: (m/d/yyyy) _____ to: (m/d/yyyy) _____

ABMS Certification Board: _____

ABMS Certification Specialty: _____

ABMS Certification Subspecialty (if applicable): _____

AOA Certification Requested: _____

State Licensed: _____ License Number: _____

Questions: please call AOA Certifying Board Services at 888.626.9262
or email certification@osteopathic.org



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 or fellowship 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 or fellowship training for certification eligibility through the AOA. As a requirement the AOA needs primary source verification of the following:

Minimum required information:

- Residency or fellowship specialty
- Start and end dates of training

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

Please email all correspondence to certification@osteopathic.org or mail to:

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Certifying Board Services
142 East Ontario St.
Chicago, IL 60611-2864