



American Osteopathic Board of Nuclear Medicine

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8227 - Fax (312) 202-8525 - aobnm@osteopathic.org

“Operating under the Authority of the American Osteopathic Association”

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Marana, AZ

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Clinton, MO

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Cherry Hill, NJ

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Somers Point, NJ

Certification Manager

Jennifer Hausman, MPA
Chicago, IL

Dear Doctor:

Enclosed is an application and information pertaining to the American Osteopathic Board of Nuclear Medicine Maintenance of Certification examination.

The AOBNM Maintenance of Certification Exam will be administered on all of the following days at any Pearson-VUE Learning Center in the U.S.:

Monday, October 6, 2014
Tuesday, October 7, 2014
Wednesday, October 8, 2014
Thursday, October 9, 2014
Friday, October 10, 2014
Saturday, October 11, 2014

You must select one (1) of these days to take the examination. Visit www.vue.com to locate a testing center in your area. You must schedule the exam through AOBNM's procedures.

The AOBNM has partnered with the American Board of Nuclear Medicine for use of their Maintenance of Certification exam. Please note that successful completion of the ABNM Maintenance of Certification examination is strictly for the purpose of AOBNM Maintenance of Certification. Please see the “Addendum to Applicant Release Statement” for more information.

Voluntary Maintenance of Certification

Nuclear Medicine Maintenance of Certification is a **voluntary** exam process for Nuclear Medicine certified prior to January 1995. A Maintenance of Certification certificate notating an expiration date ten years thereafter will be awarded to successful candidates upon AOA approval. Once this process is started, it is recommended that successive examinations be completed every ten years; a certificate will be awarded after each of those examinations. Reexamination for unsuccessful candidates is offered at the next available administration.

Mandatory Maintenance of Certification

Maintenance of Certification is a **mandatory** exam process for Nuclear Medicine with a certificate dated in January 1995 or thereafter. Successful candidates will receive a certificate upon the expiration of their original certificate notating an expiration date eight years thereafter. Reexamination for unsuccessful candidates is offered at the next available administration.

Maintenance of Certification

AOA membership must remain in good standing for a continuous period with the documentation of at least 120 CME hours per three-year AOA cycle. A minimum of 50 hours must be obtained in the primary specialty area.



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Eligibility Requirements

- Primary, active certification in Nuclear Medicine
- Current practice in Nuclear Medicine
- AOA member in good standing
- Hold a full, unrestricted current medical license in state where practice is conducted

Examination Fee

The applicable examination fee, based on the postmark deadline, is payable with the application and supporting documents. Additional fees apply for cancellations and rescheduling.

The fee for the 2014 examination is **\$2200.00**. (This includes a \$600 non-refundable processing fee) Make check payable to AOBNM.

Preparing for the Exam/Exam Content

The AOBNM does not recommend specific materials for the Maintenance of Certification exam preparation, but encourages participation in review courses.

Submission of Application

To apply for examination, submit all of the following **in one mailing** to AOBNM no later than a postmark of **Tuesday, May 5, 2014**.

- Completed, signed and dated application.
- Copy of 2010-2012 AOA CME Activity Report and 2013-2015.
- Copy of medical license reflecting expiration date.
- One recent, original passport-size photo (no smaller than 2” square).
- Written verification from the AOA confirming membership in good standing status; contact AOA Membership Services Dept. (800) 621-1773 to request this document.
- **Check or money order payable to AOBNM or**
- **Credit Card (Visa, MasterCard, American Express or Discover)**

Credit Card Type: _____

Name on Credit Card _____

Account Number: _____

Expiration Date: _____

Security Code (3 numbers found on the back of your card): _____



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RELEASE OF INFORMATION

Candidates will receive the results of their examinations (pass/fail letter) within three months after the examination.

ALLOW AT LEAST THREE WEEKS FOR AOBNM PROCESSING OF YOUR APPLICATION MATERIALS. CONFIRMATION OF RECEIPT AND ELIGIBILITY WILL BE AVAILABLE AFTER THAT TIME. PRIORITY MAIL WITH SIGNATURE CONFIRMATION IS RECOMMENDED FOR YOUR IMMEDIATE CONFIRMATION BY POSTAL SERVICE OF RECEIPT IN AOBNM OFFICE.

Scheduling will be confirmed in writing from AOBNM. Travel arrangements should not be made until you are confirmed by this office for examination.



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AMERICAN OSTEOPATHIC BOARD OF NUCLEAR MEDICINE APPLICATION FOR MAINTENANCE OF CERTIFICATION EXAMINATION

Please Print Legibly or Type

DATE _____

Examinee Name: Last Name / First Middle / Initial

Home Address: Street / City / State / Zip Code / Phone Number

Cell Phone Number: _____

Office Address: Street / City / State / Zip Code / Phone Number / Fax Number

Where do you prefer to receive mail? Use Home _____ or Office _____

E-Mail Address (any postal correspondence will be copied to this address)

AOA Membership Number: _____

AOBNM Certificate Number. _____ Date of Certification _____ Exp. Date _____

Certified in other specialties?

- Yes
- No

If you answered “yes,” please list additional certification areas, numbers & dates:



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DATE OF EXAMINATION (circle one):

Monday, October 6, 2014

Tuesday, October 7, 2014

Wednesday, October 8, 2014

Thursday, October 9, 2014

Friday, October 10, 2014

Saturday, October 11, 2014

Have you located a Pearson-VUE Testing Center in your area of choice?

- Yes (Indicate Location: _____)
 No

(If you answered “no,” please indicate why. If a Pearson-VUE testing center is not located in your area, please contact AOBNM immediately. Otherwise, please visit www.vue.com to locate a testing center)

Are you also Board Certified by the ABNM (American Board of Nuclear Medicine)?

- Yes
 No

(If you answered “yes,” please provide certification number, date of certification and maintenance of certification)

EDUCATION

Osteopathic College: Name, Location, Year of Graduation

Residency: Site, Location, Start Date, End Date

PROFESSIONAL MEMBERSHIPS

American Osteopathic Association _____ No _____ Yes – Since (yr) _____ to _____

Other Professional Memberships:

LICENSURE STATUS

Do you hold a full, unrestricted medical license in the state in which your practice is conducted?

- Yes
 No

STATE LICENSES (indicate state of issue, license number and date of issue)



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Please answer each of the following questions. If the answer to any is yes, please append full details to this application.

	Yes	No
Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended?		
Have you been the subject of any disciplinary action by any medical society or staff within the past five years?		
Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted within the past five years?		
Have you ever been convicted of a crime other than a minor traffic violation?		
Have you ever been involved in a proceeding in which professional malpractice on your part was alleged?		
Have you ever been subject to disciplinary action for substance abuse?		



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APPLICANT RELEASE STATEMENT

The following statement of release is required of each applicant by the AOA.

I hereby make application to the American Osteopathic Board of Nuclear Medicine for examination leading to maintenance of certification in Nuclear Medicine. This action is made in accordance with and subject to the Constitution, Bylaws, Regulation and Requirements of the AOBNM and the American Osteopathic Association (AOA). I understand that the maintenance of certification examination is a proprietary document of the AOBNM and the AOA and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of maintenance of certification or to the surrender of such maintenance of certification as directed by the AOBNM and/or the AOA in the event that any of the Bylaws, Rules, Regulations and Requirements governing such examinations are violated by me or in the event that I did not comply with any of the provisions of the Constitution, Bylaws, Regulations and Requirements of the AOBNM and/or the AOA.

I agree that my professional qualifications, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills, will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals, program directors or other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any person acting on my behalf. I agree that the Board and the American Osteopathic Association shall be the sole judges of my credentials and qualifications for admission to the examination and for maintenance of certification.

I hereby authorize the AOBNM to release my grade or grades given with respect to any certifying examination in accordance with the guidelines as set forth within the Handbook of the AOA Bureau of Osteopathic Specialists.

I hereby release, discharge, exonerate and agree to hold harmless the American Osteopathic Association, the American Osteopathic Board of Nuclear Medicine, their members, examiners, trustees, officers, representatives and agents and free from any action, suit, obligation, damage, expense, claim, demand or complaint by reason of any action they or any one of them may take in connection with this application, such maintenance of certification examinations, the grade or grades given with respect to any maintenance of certification examination and/or the failure of the AOBNM to recommend issuance to me of such maintenance of certification, or the revocation of any maintenance of certification issued pursuant to this application. It is understood that the decision as to whether my performance on any maintenance of certification examination qualifies me for maintenance of certification rests solely and exclusively with the AOBNM and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the maintenance of certification examination's content and/or administration, or any other issue relating to the maintenance of certification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief. I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBNM or the AOA. I have this day carefully read and agreed to full compliance with the foregoing.

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

Name (Printed)



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Signature

SEND ALL APPLICATION MATERIALS AND APPLICABLE EXAM FEE BY ONE OF THE APPLICABLE POSTMARK DEADLINE DATES, BUT NO LATER THAN a postmark of Monday, May 5, 2014 TO:

American Osteopathic Board of Nuclear Medicine
142 East Ontario Street, 4th floor
Chicago, IL 60611

APPLICATION CHECKLIST:

- Completed, signed and dated application.
- One recent, original passport-size photo (no smaller than 2” square).
- Copy of state medical license with expiration date.
- Copy of AOA Activity Report for 2010-2012 and 2013-2015.
- Written verification from the AOA confirming membership in good standing status; contact AOA Membership Services Department (800) 621-1773 and they will forward directly to the AOBNM.
- Check or money order payable to AOBNM or credit card information.

POSTMARK DEADLINES AND EXAM FEES:

Monday, May 5, 2014

Fee Schedule: 2014 Maintenance of Certification Exam Fee is **\$2200.00**. (This includes a non-refundable \$600 processing fee)

QUESTIONS?

Please contact the AOBNM if we can assist further:

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Chicago, IL 60611
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Fax: 312-202-8402
Email: aobnm@osteopathic.org