



AMERICAN OSTEOPATHIC ASSOCIATION

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# Handbook of the Bureau of Osteopathic Specialists (BOS)

Certifying Osteopathic Excellence Since 1939



## *Containing:*

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

*Adopted in entirety by the BOT: July 2010*  
*Revised July 2015*

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Certifying Osteopathic Excellence Since 1939



AMERICAN OSTEOPATHIC ASSOCIATION

# Bylaws of the Bureau of Osteopathic Specialists

# Bylaws of the Bureau of Osteopathic Specialists

## Mission Statement

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

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

## Article I. Authority

- A. The BOS shall function under the auspices of the AOA Board of Trustees FOR which it serves as an action and advisory body and from which it receives its purposes.
- B. The BOS shall take final action on specialty certifying board recommendations for certification, subspecialty certification and Osteopathic Continuous Certification (OCC) completion, subject to appeal, and report these actions to the Board of Trustees for information only. (B-2/94) Recommendations on policy revisions shall be reported to the Board of Trustees for final action. (B-7/93)
- C. The BOS has procedural safeguards in place to assure that each pathway to osteopathic specialty certifying board certification results in recognition of a terminal level of educational achievement for the respective specialty. (B-2/99)

## Article II. Purpose

The AOA, through the BOS, will:

- A. Monitor the certification and continuous certification processes for all certifications, including primary certification and subspecialty certification.
- B. Provide a mechanism to evaluate the validity and reliability of all certification examinations conducted by AOA specialty certifying boards.
- C. Assess examination failure rates and ensure notification to specialty college residency evaluation committees (EECs) of failure rates using summary data by program of graduation, and report the pass rates on the AOA Opportunities website as required by the AOA Board of Trustees. Individual physician examination results will remain confidential to the certifying board only.

- D. Provide a mechanism through which all specialty certifying boards will, upon request from candidates, make available examination results to the corresponding specialty college, so that the specialty college may, at its option and upon request of the candidate, recommend a remedial course of study. (B-7/92; B-2/98). Applicants must sign an appropriate waiver/consent to release their scores. Specialty colleges may require that candidates execute a release/hold harmless agreement as a condition of their preparation of a suggested program of remediation. (B-02/07)

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

The BOS shall:

- A. Advise specialty certifying boards with reference to defining and determining the scope of the specialty(s), subspecialty(s) and/or area of added qualification(s) coming under the certifying boards' jurisdiction.
- B. Establish procedures to determine the qualifications of the applicants for certification and continuous certification.
- C. Receive from specialty certifying. Transmit recommendations for bylaw amendments to the AOA Board of Trustees.
- D. Review and approve candidates presented for certification and continuous certification by specialty certifying boards.
- E. Maintain contact with 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 procedures. If necessary, the BOS shall make appropriate recommendations to the AOA Board of Trustees when any specialty certifying board fails to conduct its affairs in an acceptable manner.
- F. Keep a record of all meetings, transactions, and actions of the BOS.
- G. Report action recommendations dealing with resident training programs to the Bureau of Osteopathic Education through its appointed representative. (B-3/91, 7/12)
- H. Provide recommendations to the AOA Board of Trustees concerning the assignment or change jurisdiction of specialty OR, subspecialty.
- I. Provide recommendations to the Board of Trustees concerning the creation of new certifying boards.
- J. Provide a mechanism to evaluate the validity and reliability of all certification examinations conducted by AOA Boards.

**Article IV. Membership (B-03/13)**

The membership of the BOS shall consist of the Chair, the Vice Chair, the Immediate Past Chair, the public member and a representative from each of the specialty certifying boards.

**Section 1. Officers**

- A. The AOA President, with the approval of the AOA Board of Trustees, will appoint a Vice Chair as a member-at-large from the membership of the Executive Committee.
- B. The Chair, Vice Chair, and Immediate Past Chair must have commitment to and experience in postdoctoral training and certification, be AOA board-certified, and fully participate in all components of Osteopathic Continuous Certification (OCC).
- C. The Chair, Vice Chair and Immediate Past Chair terms shall be for three (3) non-renewable years.
- D. The Chair cannot represent the same specialty as the Vice Chair or the Immediate Past Chair.
- E. On completion of his or her three (3) year term, the Vice Chair will serve as Chair.
- F. On completion of his or her three (3) year term, the Chair will serve as Immediate Past Chair.
- G. On completion of his or her three (3) year term, the Immediate Past Chair's service on the BOS will conclude.
- H. BOS term limit rules do not apply to the Chair, Vice Chair and Immediate Past Chair leadership track.
- I. In the event of a vacancy in the office of Chair or Vice Chair, the most senior osteopathic physician member on the Executive Committee of the BOS shall act as Chair or Vice Chair until the next regular meeting. (B-07/93)
- J. If for any reason a specialty certifying board ceases to function, the Chair shall assume temporary chairmanship of that specialty certifying board, with restricted powers, to maintain its operating continuity until the next meeting of the BOS. In this capacity he/she shall arrange for the evaluation of candidates' credentials and for their examination, but shall not himself/herself evaluate or examine. (B-12/57)

**Section 2. Public Member**

One public member shall be appointed for a three-year term by the AOA President (B-2/97). The public member is automatically a member of the Executive Committee and the Standards Review Committee. There is no limit to the number of terms for which a public member may be appointed.

### Section 3. Representatives from Specialty Certifying Boards

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

### Section 4. Secretary

- A. The Secretary of the BOS shall be named by the AOA Executive Director.
- B. The Secretary shall have the following responsibilities:
  1. Keep a record of all meetings, transactions, and actions of the BOS and assist the Chair in such other duties as are appropriate to this office. (B-07/58)
  2. Maintain a file of all current bylaws and policies and procedures and amendments pertaining to the specialty certifying boards and the BOS.
  3. Check specialty certifying board submissions for candidates recommended for certification and continuous certification and notify the appropriate specialty certifying board and the Chair of the Executive Committee if there is a problem that would defer certification and continuous certification of a candidate. (B-07/92, 7/12)
  4. Serve as consultant to and assist the Committee on Basic Documents and Certificates in forwarding all requests for change to the committee members prior to each BOS meeting.
  5. Retain all electronic submissions related to candidates for certification and continuous certification.
  6. Maintain and revise the *BOS Handbook: Bylaws and Policies and Procedures of the Bureau of Osteopathic Specialists*, upon changes being approved by the AOA Board of Trustees.
  7. Maintain the pages relating to specialty board certification on the AOA website.
  8. Prepare the minutes of each meeting of the BOS and distribute to its members and the Secretaries of the Specialty Certifying Boards within six (6) weeks of the meetings.
  9. Coordinate the standards review process cycle (working closely with the Standards



1 Review Committee advisor in collecting all Standards Review Committee reports, rating  
2 information, and distributing them to Standards Review Committee members;  
3 maintaining records of all Standards Review Committee proceedings, decisions, and  
4 deadlines mandated by the BOS upon recommendation of the Standards Review  
5 Committee; and notifying all Boards of their compliance status).

## 6 7 8 **Article V. Committees (B-02/09)**

### 9 10 Section 1. Executive Committee

- 11
- 12 A. The BOS Executive Committee shall be comprised of nine (9) members who are drawn from  
13 the membership of the full BOS and who (where possible) have served at least two years on the  
14 BOS. The nine members shall include: the BOS Chair; the BOS Vice Chair; the immediate past  
15 chair; the public member; two members selected by the AOA President-Elect following  
16 consultation with the BOS Chair; and three members selected by ballot of the BOS based on  
17 recommendations of a nominating committee consisting of the BOS Chair, Vice Chair and  
18 public member.
- 19
- 20 B. Members of the BOS Executive Committee shall serve terms corresponding to their terms on  
21 the BOS, but not to exceed three years in length. If a member of the Executive Committee is  
22 not re-appointed to the BOS, a replacement shall be chosen as described in Section A, above.
- 23
- 24 C. The Executive Committee shall have final authority to approve osteopathic specialty  
25 certification and continuous certification. Such approval will indicate the approval of the AOA,  
26 and these actions will be reported to the full BOS and to the AOA Board of Trustees.
- 27
- 28 D. The Executive Committee shall have final authority on denial of certification and continuous  
29 certification, subject to the appeal process to the AOA Board of Trustees. The Executive  
30 Committee shall act for the BOS between meetings on the call of the Chair. (B-07/64; 07/93)
- 31
- 32 E. The Executive Committee shall review or cause to be reviewed the summaries of candidates  
33 being presented for certification and continuous certification. (B-07/85, 07/92)
- 34

### 35 Section 2. Appeal Committee

- 36
- 37 A. The Appeal Committee shall be composed of three (3) members and three (3) alternates,  
38 appointed by the BOS Chair from within the membership of the BOS, who are not on the  
39 Executive Committee and who are of different specialties. (B-07/04)
- 40
- 41 1. One member shall be designated as Chair of the Appeal Committee.
- 42 2. An alternate shall serve as a regular member on the Appeal Committee if one of the  
43 regular members is a representative of the Specialty Certifying Board involved in the  
44 appeal.
- 45 3. No member of the Appeal Committee may vote in any appeal where that member has  
46 previously acted on the appellant's case.
- 47
- 48 B. The Appeal Committee will provide adjudication of any charges by an applicant for  
49 certification, subspecialty certification and Osteopathic Continuous Certification (OCC) that

1 meet the requirements in Article IV of the *Policies and Procedures*, which in general would consist  
2 of allegations of unfairness, discrimination or improper conduct of the affairs of the Executive  
3 Committee of the BOS or the conduct of affairs, including the examination, of any Specialty  
4 Certifying Board.

### 5 6 Section 3. Committee on Basic Documents and Certificates

- 7
- 8 A. The Committee on Basic Documents shall consist of a minimum of three (3) members  
9 appointed by the BOS Chair. The Chair of the Committee shall be designated by the Chair of  
10 the BOS.
- 11
- 12 B. The duties of the Committee shall be the following:
- 13
- 14 1. Review proposed amendments to the basic documents of the specialty certifying boards  
15 to establish conformity with the requirements set forth by the AOA and the BOS as  
16 published in the *BOS Handbook: Policies and Procedures of the Bureau of Osteopathic Specialists*  
17 *and AOA Specialty Certifying Boards* ("BOS Handbook"), and forward its recommendations  
18 to the BOS.
- 19 2. Review the policies and procedures as approved by the BOS and/or the AOA Board of  
20 Trustees and, where required, submit recommendations and/or amendments to the  
21 BOS, in accordance with the *BOS Handbook*.
- 22
- 23 C. For purposes of this Committee, "basic documents" shall be defined as the bylaws and policies  
24 and procedures of each of the specialty certifying boards, and the *BOS Handbook*.
- 25
- 26 D. The Secretary of the BOS shall serve as a consultant to the Committee. Upon receipt of:  
27 amendments to the basic documents of specialty certifying boards or the *BOS Handbook*; revised  
28 documents; or new documents, the Secretary of the BOS shall research and include all pertinent  
29 data (current procedures and policies) on each item and forward this to members of the  
30 Committee for review prior to the meeting of the BOS. (B-07/76)

### 31 32 Section 4. Jurisdiction Committee

- 33
- 34 A. The Jurisdiction Committee shall be composed of three (3) members, one of whom one will be  
35 appointed as Chair by the BOS Chair.
- 36
- 37 B. The Jurisdiction Committee shall make recommendations to the BOS concerning any petitions  
38 for the establishment of new Specialty Certifying Boards or for the assignment or transfer of  
39 jurisdiction over a specialty and/or subspecialty. (B-03/88)
- 40

### 41 Section 5. Committee on Administrative and Boards' Financial Matters

- 42
- 43 A. The Committee on Administrative and Boards' Financial Matters shall act as follows:
- 44
- 45 1. Monitor and oversee compliance with the BOS' administrative and financial functions  
46 as required of all AOA specialty certifying boards.
- 47 2. Serve as a venue to recommend and/or implement standardization of administrative  
48 and financial procedures that will safeguard both the AOA as the certification body and  
49 the AOA specialty certifying boards as agents of the AOA in the certification process.

- 1           3. Be helpful in assisting/guiding specialty certifying boards to comply with what is  
2           required of them and to protect the AOA certification process.
- 3           4. Be empowered to make recommendations to the BOS and its Executive Committee to  
4           take any action deemed necessary to bring specialty certifying boards into compliance  
5           with BOS' administrative and financial responsibilities.
- 6
- 7   B. Committee membership: The Committee shall be composed of at least three (3) members  
8           appointed by the BOS Chair from the regular BOS membership. One of the members will be  
9           designated as Chair. Two alternates will be designated by the BOS Chair.
- 10
- 11   C. Committee meetings: The Committee shall meet quarterly as needed. (Face-to-face meetings  
12           during the midyear and annual meetings of the BOS and via conference call in the interim)
- 13
- 14   D. Main responsibilities of the Committee:
- 15
- 16           1. The Committee shall review and approve annual reports submitted by AOA specialty  
17           certifying boards. Reports will be reviewed for completeness and accuracy of  
18           information submitted.
- 19           2. The Committee shall monitor and enforce that board certification examination pass  
20           rates are transmitted by the BOS secretary to the specialty colleges and osteopathic  
21           postdoctoral training institutions (OPTIs) every twelve (12) months as required by the  
22           AOA Council on Postdoctoral Training (COPT). Such pass rates are necessary for  
23           enhancement and improvement of graduate medical education.
- 24           3. The Committee shall conduct administrative audits of each of the specialty certifying  
25           boards on a predetermined schedule to ensure compliance with BOS' administrative  
26           requirements. The committee will develop and utilize an audit template to assess areas  
27           of compliance with administrative requirements and apply remedial requirements as  
28           necessary.
- 29
- 30   E. Review and mediation of administrative problems: Where there is no apparent resolution of  
31           ongoing administrative problems and a lack of compliance with the BOS' administrative  
32           requirements, including those directly affecting candidates for certification and administrative  
33           operations at the specialty certifying board and AOA levels, the Committee will review such  
34           concerns and will make necessary recommendations and monitor progress to resolution of  
35           problem.
- 36

37           Where administrative and/or financial problems have not been resolved through mediation and  
38           recommendations of this Committee and pose a legal and/or financial threat to both the AOA  
39           and the Specialty Certifying Board, the Committee can recommend to the BOS Executive  
40           Committee that an onsite inspection of specialty certifying board offices and operations be  
41           authorized through the AOA Board of Trustees and, in extreme cases, may request possible  
42           replacement of specialty certifying board officers and/or staff.

43

1 F. Financial:

- 2
- 3 1. As requested by the AOA department of finance, the Committee shall review quarterly
- 4 financial statements from each of the specialty certifying.
- 5 2. The Committee shall review such financial statements for determination of potential
- 6 financial problems or insolvency by AOA specialty certifying boards (boards at risk) or
- 7 whether they are marginally close to being at risk.
- 8 3. The Committee shall review and evaluate requests from specialty certifying boards for
- 9 assistance from the AOA Dale Dodson Educational Fund and shall submit its
- 10 recommendations and evaluation to the Dale Dodson Educational Fund for its
- 11 evaluation and determination.
- 12 4. The Committee will report and make recommendations to the BOS' Executive
- 13 Committee on what steps can be taken to ensure specialty certifying board viability.
- 14

15 G. Relationship to the AOA Standards Review Committee and dormancy of examinations: Where  
16 specific specialty certifying boards have exhausted all avenues to comply with the standards  
17 review process for specific examinations at the end of the probationary period, the Standards  
18 Review Committee may ask that the Committee on Administrative and Board Financial Matters  
19 determine whether those specialty certifying boards have sufficient financial funds and technical  
20 resources. The Committee on Administrative and Board Financial Matters, after review of  
21 financial and other board resources, will make its findings known to the Standards Review  
22 Committee for purposes of placing examinations in dormant status where necessary. The  
23 Standards Review Committee then, as outlined in the *Policies and Procedures of the BOS*, may  
24 mandate dormant status for examinations that have not met Standards Review Committee  
25 Standards.

26  
27 H. Appeal process: Where a specific specialty certifying board does not agree with the actions  
28 taken by the Committee on Administrative and Boards' Financial Matters, the Specialty  
29 Certifying Board will have an opportunity to appeal directly to the BOS Executive Committee  
30 and the full BOS. In the event the BOS Executive Committee and the full BOS concur with  
31 actions taken by this Committee, the specialty certifying board will have the opportunity to  
32 appeal the decision to the AOA Board of Trustees.

33  
34 Section 6. Standards Review Committee

35  
36 A. Committee Membership: The Standards Review Committee shall be composed of six (6)  
37 members appointed by the BOS Chair from within the membership of the BOS, the BOS'  
38 public member, and two alternate members appointed by the BOS Chair. The AOA  
39 psychometric consultant will serve as a non-voting member of the Committee. The Chair of the  
40 Committee shall be designated by the Chair of the BOS. (B-03/01)

41  
42 B. Terms: Members of the Standards Review Committee shall serve three-year terms  
43 corresponding to their terms on the BOS. If a member of the Standards Review Committee  
44 does not retain his/her appointment to the BOS, replacement Committee member shall be  
45 appointed by the BOS Chairman accordance with BOS procedures. (B-07/98, B-03/01)

46  
47 C. Duties: The duties of the Standards Review Committee shall be as follows:

- 48 1. Assess examination failure rates and ensure notification to specialty college residency
- 49

1 evaluation committees of failure rates using summary data by program of graduation.  
2 Individual physician examination results will remain confidential to the specialty  
3 certifying board. (B-02/98, B-07/98)

- 4 2. Maintain contact with the activities of the specialty certifying boards to ascertain  
5 conformity to the standards and procedures adopted, and to advise them, where  
6 indicated, regarding corrections in their procedures.
- 7 3. Provide a mechanism to evaluate the validity and reliability of all certification  
8 examinations conducted by AOA specialty certifying boards and assess board  
9 compliance with the AOA certification examination standards. The BOS, upon  
10 recommendation by the Committee and subject to appeal, shall take final action on a  
11 specialty certifying board's compliance with the standards. These actions will be  
12 reported to the AOA Board of Trustees.
- 13 4. Oversee the policies of the BOS and its specialty certifying boards related to OCC.  
14

- 15 D. Meetings: The Standards Review Committee will meet in conjunction with the BOS meetings  
16 (midyear and annual) and as necessary to conduct the business of the committee.  
17

#### 18 Section 7. Certification Compliance Review Committee (B-03/13)

- 19 A. The Certification Compliance Review Committee (CCR Committee) shall be composed of three  
20 (3) members, one of whom one will be appointed as Chair by the BOS Chair.  
21  
22
- 23 B. No members of the CCR Committee will simultaneously serve on the BOS Appeal Committee.  
24 A member with a conflict of interest or potential conflict of interest will recuse him or herself  
25 from any review or deliberation of a file.  
26
- 27 C. The CCR Committee shall review and make initial determinations on:  
28
  - 29 a. Licensure review for certification and compliance with OCC
  - 30 b. Requests for waivers or special considerations related to Component 4 compliance with  
31 OCC  
32
- 33 D. Actions of the CCR Committee may be appealed to the BOS Appeal Committee. No members  
34 of the BOS Appeal Committee will have served on the CCR at the time the original decision  
35 was rendered.  
36  
37

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

#### 39 Section 1. Specialty Certifying Boards

- 40 A. The basic documents of the specialty certifying boards shall be the bylaws and the policies and  
41 procedures, compiled and issued by each specialty certifying board in accordance with AOA  
42 requirements as approved by the BOS and the AOA Board of Trustees.  
43  
44  
45

- 1 B. The AOA Committee on Basic Documents and Operations of Affiliated Organizations shall  
2 review all recommendations concerning the Bylaws of specialty certifying boards and, on  
3 approval by the BOS, report its recommendations to the AOA Board of Trustees. Final action  
4 by the AOA Board of Trustees will be reported to the specialty certifying boards and the BOS.  
5 (B-07/79)  
6
- 7 C. The BOS Committee on Basic Documents and Certificates shall review all recommendations  
8 concerning the policies and procedures of specialty certifying boards and report its  
9 recommendations to the BOS for final approval.

## 10 Section 2. Bureau of Osteopathic Specialists

- 11
- 12
- 13 A. The procedures and directives, as adopted by the BOS and the AOA Board of Trustees, shall  
14 be compiled and issued as the *BOS Handbook*.  
15
- 16 B. The *BOS Handbook* shall be maintained by the Secretary of the BOS and revised regularly in  
17 consultation with the Committee on Basic Documents and Operations of Affiliated  
18 Organizations, after approval by the BOS and the AOA Board of Trustees.  
19

## 20 Section 3. Requirements for Certification and Continuous Certification

- 21
- 22 A. The requirements for certification and continuous certification shall be published on the AOA  
23 website after changes have been approved. The fees charged by the specialty certifying boards  
24 shall be omitted. (B-07/92)  
25
- 26 B. The requirements for certification and continuous certification shall be updated annually by the  
27 Secretary of the BOS. (B-07/92)  
28
- 29 C. The requirements for certification and continuous certification shall be made available on the  
30 AOA website as well as the individual specialty certifying board websites. (B-01/93, B-03/13)  
31  
32

## 33 **Article VII. Meetings and Reports**

### 34 Section 1. Meetings

- 35
- 36 A. There shall be a midyear and an annual meeting of the BOS.  
37
- 38 B. The Executive Committee, at its discretion, may meet as needed.  
39
- 40 C. The official call of each BOS meeting shall be issued not fewer than thirty (30) days prior to the  
41 opening session.  
42
- 43 D. A quorum at any session of any regular BOS meeting shall consist of a majority of the  
44 designated membership of the BOS.  
45
- 46 E. *Robert's Rules of Order, Newly Revised* shall be followed except where they conflict with these rules  
47 of procedure. (B-07/64)  
48  
49

- F. A quorum at any session of any regular Executive Committee meeting shall consist of a majority of the designated membership of the Executive Committee.

Section 2. Reports to the AOA Board of Trustees

- A. The midyear report of the BOS to the AOA Board of Trustees shall contain the following information:

- 1. Number of candidates awarded certification or who have completed the OCC process.
- 2. Number of candidates awarded subspecialty certification. (B-03/93; 02/98)
- 3. Amendments to the bylaws of specialty certifying boards.
- 4. Any other recommendations from the BOS and/or its Executive Committee that require action of the AOA Board of Trustees.

- B. The annual report of the BOS to the AOA Board of Trustees shall contain the following information:

- 1. Candidates awarded certification or who have completed the OCC process.
- 2. Candidates awarded subspecialty certification.
- 3. Nominations for membership on Specialty Certifying Boards.
- 4. Amendments to the Bylaws of Specialty Certifying Boards.
- 5. Amendments to the *BOS Handbook*.
- 6. Any other recommendations from the BOS and/or its Executive Committee, which require action of the Board of Trustees (B-07/76).

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

Amendments to these Bylaws may be adopted for submission to the AOA Board of Trustees for approval, by the vote of a majority of the members of the BOS registered with the Secretary as present at the annual or midyear meeting, provided the proposed amendments have been submitted in print or electronic format to each member present, and that they have been considered by the Committee on Basic Documents and Certificates. (B-07/64)

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Certifying Osteopathic Excellence Since 1939



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



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

## Article I. Protocol for Establishing Specialty Certifying Boards

### Section 1. Petitions

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

- D. The BOS may not waive any of the following protocols. All final determinations regarding such petitions are the prerogative of the AOA Board of Trustees.

Section 2. Petition Review

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

Section 3. Limitation

Submission of the required documentation does not necessarily guarantee the establishment of a new specialty certifying board and/or the granting of jurisdiction or the establishment of a conjoint certification program with jurisdiction in a certification of added qualifications area. (B-7/85; 7/89)

**Article II. Specialty Certifying Boards Requesting Jurisdiction in a New Specialty Field**

Section 1. Petition Process

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

- A. Definition of the new field, demonstrating the necessity of the new field and demonstrating that the Board has the appropriate resources to create and maintain a valid exam.
- B. Submission of a full, completed standards report form. (Appendix J)

Both steps of the petition must be approved by the full BOS before the Board receives full jurisdiction in the new specialty field and can examine candidates. The first step and second steps of the petition cannot be submitted concurrently.

1 Section 2. First-Step Petition

2 First-step petitions must be submitted to the Secretary of the BOS a minimum of sixty (60) days prior  
3 to the date of the next BOS meeting. These petitions requesting assignment of jurisdiction must utilize  
4 the form found in the Appendix of this document and must include the following.  
5

6 A. Definition of the new specialty field.  
7

- 8 1. List of the specialty(s)/subspecialty(s) and/or areas of added qualification(s) over which the  
9 Board has current jurisdiction and the transfer of jurisdiction being requested.  
10 2. Definition of the tentative specialty field and rationale for examination.  
11 3. Detailed plan for completing a job analysis to further define the examination.  
12

13 B. Demonstration of the necessity for the new specialty field. The petition must include:  
14

- 15 1. Evidence of potential AOA-approved residency sites.  
16 2. List of osteopathic physicians who have training in the new specialty field. The list must  
17 include the physician's name, AOA number, certifications currently held, and dates and  
18 locations of all residencies in the new specialty.  
19 3. List of osteopathic physicians who have requested to take the exam that do not have AOA-  
20 approved or ACGME training in the new specialty field. The list must include the  
21 physician's name, AOA number, certifications currently held, the dates and locations of all  
22 residencies, and the percent of each physician's practice spent working in the new specialty  
23 field.  
24 4. The AOA-approved or proposed basic standards for residency training in the new specialty  
25 field.  
26 5. Requirements for certification in the new specialty field being considered and any proposed  
27 changes in other basic documents of the Board.  
28 6. If a clinical practice pathway is proposed, the petition must state an expiration date for the  
29 pathway, which must be a maximum of five (5) years following the award of jurisdiction.  
30

31 C. Demonstration that the board has the resources to create and maintain a valid certification  
32 exam.  
33

- 34 1. Subject-matter experts. Include a listing of at least five qualified subject matter experts in  
35 the new specialty field that have committed to serving on the exam committee for this new  
36 area of jurisdiction. Include their name, AOA number, and certifications as well as the dates  
37 and locations of all their residencies. Also include the percent of the physician's practice  
38 that is spent working in this new specialty field. A letter of commitment from each subject  
39 matter expert must be submitted.  
40

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

#### D. First-Step Petition Review

1. The Secretary to the BOS will review the documentation for completeness and then submit it to the Jurisdiction Committee for its assessment.
2. The Jurisdiction Committee will report its recommendations to the full BOS.
3. The Secretary to the BOS will provide a copy of the petition to all member Specialty Certifying Boards and establish a deadline by which all Boards are to respond, with a minimum of sixty (60) days from the date provided to the member specialty certifying boards. This process is to provide the specialty certifying boards an opportunity to determine if the new specialty field would overlap into other specialty fields and has an identifiable body of knowledge and training common to those specialty fields.
4. The Jurisdiction Committee will review those responses and present its recommendations to the BOS at its next scheduled meeting.
5. If determined that the new specialty, subspecialty and/or area of added qualification overlaps into other specialty fields, consideration must be given to establishing a Conjoint Certification Examination Committee, the process for which is published by the document entitled, *“Process and Procedures for AOA Conjoint Certification Examination Committees”* (B-03/09) and included as Appendix D of this document.
6. If the full BOS approves the first-step of the petition, the Board receives preliminary jurisdiction and may begin to develop its second-step petition.

#### Section 3. Second-Step Petition

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

- A. The Standards Review Committee (SRC) will first evaluate the standards report form.
- B. The SRC may request to meet with specialty certifying board representatives for further description of the proposed exam.
- C. The SRC will make a recommendation to the Jurisdiction Committee on the exam’s compliance with the AOA certification standards.

- 1 D. The Jurisdiction Committee will review the second-step petition, and recommendation for  
2 approval or denial will be forwarded to the full BOS for action at the next scheduled meeting.  
3 (B-07/03)  
4

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

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

7 A request to place an examination into dormant status or to relinquish jurisdiction must be submitted  
8 to the BOS for review and recommendation. The specialty certifying board must submit the following  
9 information with its request:  
10

- 11
- 12 A. Rationale for placing the examination into dormant status or for relinquishing jurisdiction.
- 13
- 14 B. Description of the lack of activity in the specialty field, to ensure that any residents in those  
15 programs are not negatively affected by the “dormancy” of the examination, which must  
16 include:  
17
- 18 1. The year in which original jurisdiction was granted
  - 19 2. The number of osteopathic residency programs existing in the last seven years
  - 20 3. The number of residents in osteopathic programs within the last seven years
- 21
- 22 C. If applicable, description of the continuous certification mechanism for all diplomates.
- 23
- 24 D. If applicable, the number of osteopathic physicians certified in the specialty, broken down by  
25 time-limited and non-time-limited diplomates.
- 26
- 27 E. If applicable, the number of physicians that have taken the examination in the last five years  
28 and the number of physicians with active applications on file.
- 29
- 30 F. The proposed date for the placement of the examination into dormant status or for  
31 discontinuation of the examination.
- 32
- 33 G. The plan for notifying constituents of the status change.
- 34

#### 35 Section 2. Review Process

- 36
- 37 A. If there are active certificants, the Jurisdiction Committee will request a recommendation from  
38 the SRC as to the status of the OCC Component 3 cognitive assessment required for the  
39 existing certificants.
- 40
- 41 B. If there are active certificants, the Jurisdiction Committee will request the Committee on  
42 Administrative and Boards’ Financial Matters to report on any financial implications of the  
43 dormancy request.  
44

1 C. After a full review, the Jurisdiction Committee will make its recommendation to the full BOS.

2  
3 Section 3. Mandatory Placement of an Examination into Dormant Status

4 At its discretion, the BOS, on the recommendation of the SRC, may mandate dormant status for an  
5 examination that has not met the SRC standards (B-02/04).

6  
7 Section 4. Reactivating Examinations (B-07/03; 02/09)

8  
9 A. Dormant examinations may be reactivated. To reactivate an examination, the Board must  
10 submit a detailed rationale for reactivation, to include:

- 11  
12 1. A listing of existing residency programs in the specialty field and the number of residents in  
13 each program. The listing must describe whether the program is an AOA-approved  
14 program and the total number of osteopathic physicians who have completed training in  
15 this specialty field within the last seven years.
- 16 2. A listing of osteopathic physicians who have requested to take the examination and have  
17 met AOA criteria for certification
- 18 3. A demonstration that the board has the resources to create and maintain a valid  
19 certification examination
- 20 4. A list of a minimum of five qualified subject matter experts in the specialty field committed  
21 to serve on the examination committee. The list must include the physician's name, AOA  
22 number, certifications, dates and locations of all residencies, the percent of the physician's  
23 practice dedicated to this specialty and a letter of commitment to the Examination  
24 Committee.
- 25 5. A business plan that details how the board will fund the development and administration of  
26 the examination. Costs and demonstration of funds should be detailed for the following  
27 major examination development areas: job analysis/table of specifications; item writing;  
28 examination scoring; standard setting; item collection/item banking; examination  
29 creation/printing; and examination proctoring.

30  
31 B. To reactivate an examination from dormancy, the SRC and the Committee on Administrative  
32 and Boards' Financial Matters will review all the information and make a recommendation for  
33 approval or denial to the Jurisdiction Committee. The Jurisdiction Committee will conduct the  
34 final review before submitting its recommendation to the full BOS.

35  
36 C. Relinquishment of jurisdiction is permanent.

37  
38 Section 5. Appeal Process for Specialty Certifying Boards Denied Dormancy and/or Reactivation of a  
39 Dormant Examination (B-07/03; 02/09)

40  
41 A. Specialty boards declined dormancy and/or reactivation of a dormant examination may appeal  
42 to the BOS.

- 1 B. The specialty certifying board must submit a detailed rationale for its appeal at least ninety (90)  
2 days prior to the next business meeting of the BOS.  
3
- 4 C. A specialty certifying board representative must be available to answer questions on the day of  
5 the appeal.  
6
- 7 D. Following the BOS review, the specialty certifying board may appeal to the AOA Board of  
8 Trustees by submitting a detailed rationale for its appeal at least ninety (90) days prior to the  
9 next business meeting of the AOA Board of Trustees.  
10

11 Section 6. Withdrawal from a Conjoint Certification Examination Committee (B-02/98)

12 If a specialty certifying board wishes to withdraw from a conjoint certification examination committee,  
13 it must follow the procedures established in the *Process and Procedures for AOA Conjoint Certification*  
14 *Examination Committees (Appendix D)*. In addition, if the specialty certifying board wishes to  
15 independently administer a certification of added qualification similar to the former conjoint  
16 examination, it must apply to the Jurisdiction Committee using the full protocol described in this  
17 document.  
18

19 Section 7. BOS Standards Review Committee Review - Dormancy of Examinations

20 Where specific specialty certifying boards have exhausted all avenues to comply with the standards  
21 review process for specific examinations at the end of a probationary period, the SRC may ask that the  
22 Committee on Administrative and Boards' Financial Matters determine whether those specialty  
23 certifying boards have sufficient financial funds and technical resources. The Committee on  
24 Administrative and Board Financial Matters, after review of financial and other board resources, will  
25 make its findings known to the SRC for purposes of placing examinations in dormant status where  
26 necessary. The SRC may then mandate dormant status for examinations that have not met SRC  
27 standards.  
28

- 29 A. The format of the review will be self-study with completion of a standards review report. The  
30 report will be completed by the specialty certifying board and submitted to the SRC for review  
31 and action. The Committee will ask the specialty certifying board to provide written evidence  
32 that it has met the requirements set forth in the standards. (B-03/01)  
33

34 The SRC will review the report from each specialty certifying board to assess whether the  
35 specialty certifying board's examination activities are in compliance with the standards. After  
36 review and discussion within the SRC, the SRC will meet in person with the Specialty Certifying  
37 Board representative to clarify any issues. Representatives from the specialty certifying boards  
38 (including at least one physician board member) being reviewed must make themselves available  
39 for the SRC meeting. (B-03/01, B-07/03)  
40

41 After SRC review and discussion, the SRC must either:

- 42
- 43 1. Recommend to the BOS that the specialty certifying board is in compliance with the  
44 standards. If a recommendation of compliance is made, the BOS may then take action on

1 that recommendation. (B-03/01, B-07/03)

2 2. Defer making any recommendations to the BOS regarding compliance.

3 3. Recommend to the BOS that an examination jurisdiction be placed into a “dormant”  
4 status. (B-07/03)

5  
6 Within thirty (30) days of this SRC meeting, the SRC will send the specialty certifying board a  
7 written evaluation. This evaluation will relate the SRC findings, may request supplemental  
8 information to verify compliance, and will report activities that are not in compliance with the  
9 standards. Examination activities found not in compliance with the standards will be clearly  
10 described to the specialty certifying board. (B-03/01)

11  
12 B. Submission of the Specialty Certifying Board Response and Action Plans: Once the written  
13 evaluation is received by the specialty certifying board, it will have sixty (60) days in which to  
14 respond to the evaluation in writing. The response should include any specialty certifying board  
15 comments regarding the evaluation and any supplemental information requested from the SRC.  
16 If any examination activities are not in compliance, the response must also include a written  
17 action plan. At the next SRC meeting after submission of the response, the board’s  
18 supplemental information and the action plan will be examined. Once the SRC approves the  
19 submitted action plan, a letter of acceptance is sent to the specialty certifying board. (B07 /15)

20  
21 C. Non-Compliance: If any examination activities were found not in compliance with the  
22 standards, the specialty certifying board must submit an updated report. The specialty certifying  
23 board must submit an updated report to the SRC, along with acceptable evidence that shows  
24 that all the certification and examination activities are in compliance with the standards, within  
25 one year of the review. Only areas designated as not in compliance from this evaluation will be  
26 reviewed. The specialty certifying board must submit its updated report at least forty-five (45)  
27 days before the SRC meets. (B-07/03) (B-07 /15) .

28  
29 D. Updated Reports: At the next SRC meeting after submission of the updated report, the  
30 Committee will review the updated report and may request to meet in person with the specialty  
31 certifying board representative(s) to clarify any issues. The SRC must make a recommendation  
32 to the BOS for action and may recommend board is in compliance or is not in compliance with  
33 the standards. (B-03/01) The SRC may also recommend to the BOS that an examination  
34 jurisdiction be placed in “dormant” status. (B-07/03)

35  
36 E. Probation: If the BOS finds the specialty certifying board not in compliance, the BOS may  
37 impose a one-year probation period. By the end of the probation period, the specialty certifying  
38 board must demonstrate compliance with the standards. The applicable specialty college will  
39 also be notified of the Specialty Certifying Board’s probationary status. Specialty certifying  
40 board failure to comply with the standards will result in a BOS notification to the AOA Board  
41 of Trustees that the specialty certifying board is not in compliance and to forward a  
42 recommendation for further action to the AOA Board of Trustees. (B-07/03)

43  
44



- F. Appeals: Specialty certifying boards may appeal the decision of the BOS to the AOA Board of Trustees.

## Article IV. BOS Appeal Committee and Hearing Procedures

### Section 1. Composition

The Appeal Committee of the BOS shall be composed of three (3) members and three (3) alternates, appointed by the BOS Chair from within the membership of the BOS. Appeal Committee members may not be on the Executive Committee and must represent different specialties. (B-07/04)

- A. The BOS Chair shall designate one member as Chair of the Appeal Committee.
- B. An alternate will serve as a regular member on the Appeal Committee if one of the regular members is a representative of the specialty certifying board involved in the appeal, has another conflict of interest that precludes participation or is otherwise unable to attend the hearing.
- C. Members of the Appeal Committee will recuse themselves from participation in any appeal where that member has previously acted on the appellant's case.

### Section 2. Responsibility.

The Appeal Committee is responsible for adjudicating any charges by an applicant for certification and continuous certification that meet the requirements set forth by the specialty certifying board and the BOS.

### Section 3. Scope of Possible Appeal.

An appeal hearing shall be granted to determine the facts, which, if the prospective appellant's allegations are found to be true, would constitute unequal application of the regulations and requirements or standards, or unwarranted discrimination, prejudice, unfairness or improper conduct of all or any part of an examination conducted by any Specialty Certifying Board or action by the Executive Committee or the Certification Compliance Review Committee of the BOS.

1 The Appeal Committee will not consider issues related to examination content. The Appeal Committee  
2 members at the hearing are all from outside the specialty area at issue and are not expected to have  
3 subject matter expertise as to the specialty practice area at issue. (B-07/76)  
4

5 Section 4. Procedure for Requesting an Appeal to the BOS Appeal Committee.

6 All requests for an appeal shall be filed with the Chair of the BOS within one year of the decision by  
7 the certifying board's appeal committee and no later than two years after the alleged incident(s) from  
8 which the grievance arises. Prior to seeking review by the BOS Appeal Committee, appellants must first  
9 appeal to the certifying boards. Appeals that have not been reviewed by the certifying board may be  
10 returned to the appellant with instruction to seek review from the certifying board before submitting  
11 the appeal to the BOS Appeal Committee. The Chair of the BOS shall determine whether sufficient  
12 grounds have been alleged, in accordance with Section 3 above, and if so he/she shall notify the  
13 prospective appellant, the Specialty Certifying Board involved (or Executive or Certification  
14 Compliance Review Committee), and the Chair of the Appeal Committee that the appeal will be heard.  
15 Appeals will be scheduled in conjunction with one of the regular meetings of the BOS. Special hearings  
16 may be called by the Chair of the Appeal Committee. (B-03/93)  
17

18 Section 5. Material in Support of Appeal.

19 The appellant shall be asked to prepare a position statement of no more than 20 pages in length that  
20 explains the basis for appeal. In addition to the position statement, the appellant should also submit any  
21 documentation in support of the appeal. The specialty certifying board shall be asked to submit a  
22 position statement of no more than 20 pages in length as well as any documentation in support of the  
23 board's position. The appellant, Specialty Certifying Board involved, and BOS Chair shall be advised  
24 that all position statements and documentary material necessary for proper adjudication of the case  
25 shall be submitted to the Chair of the Appeal Committee no later than sixty (60) days prior to the date  
26 scheduled for the hearing. The BOS Appeal Committee's Secretary shall provide the position  
27 statements and supporting documentation to the Committee members, the appellant and the Specialty  
28 Certifying Board.  
29

30 Section 6. Attendance at Hearing.

31 Barring documented extraordinary circumstances, appellants must be present at the hearing. One  
32 representative of the specialty certifying board involved (or the Chair of the Executive Committee, or  
33 his/her designee) must also be present at the hearing to present the position of the Specialty Certifying  
34 Board. Appellants may be represented at the hearing by legal counsel, provided that the appellant  
35 provides the Appeal Committee Secretary with at least thirty (30) days prior notice as to the use of legal  
36 counsel and the name and address of the attorney.  
37

38 Section 7. Conflicts of Interest.

39 Appeal Committee members will recuse themselves if there is a conflict of interest that prevents them  
40 from objectively reviewing the appeal. Additionally, the Specialty Certifying Board and the Appellant  
41 shall also have the right to object to the participation of particular members of the Appeal Committee.  
42 The Chair shall decide if such objections have merit and if such members shall be excluded as a result  
43 thereof.  
44

1 Section 8. Record of Appeal.

2 Steno typed transcripts of the appeal hearings shall be made. The transcripts shall be confidential, but  
3 may be made available to authorized representatives of the appellant and the specialty certifying board  
4 or Executive Committee, members of the Appeal Committee, and/or members of the AOA Board of  
5 Trustees. The transcripts shall be kept in the permanent files of the Secretary of the BOS. (B-07/76)  
6

7 Section 9. Attendance at Appeal.

8 The Appeal Committee shall meet in closed session. In addition to the appellant, specialty certifying  
9 board representative(s) and Committee members, the BOS Chair, Vice Chair and public member may  
10 attend the hearing and, with the consent of the Appeal Committee Chair, may ask questions of the  
11 appellant and certifying board member.  
12

13 Section 10. Appeal Hearing Procedure.

14 Appeal hearings should take approximately ninety (90) minutes. The Chair has discretionary authority  
15 to determine the format hearing. In general, however, hearings should follow the following format:  
16

- 17 A. Appellant's presentation (approximately 20 minutes)
- 18
- 19 B. Specialty Certifying Board's presentation (approximately 20 minutes).
- 20
- 21 C. Appellant's rebuttal (approximately 5 minutes)
- 22
- 23 D. Specialty Certifying Board's rebuttal (approximately 5 minutes)
- 24
- 25 E. Questions and Answers (approximately 20 minutes)
- 26
- 27 F. Specialty Certifying Board's closing statement (approximately 5 minutes)
- 28
- 29 G. Appellant's closing statement (approximately 5 minutes)
- 30

31 The Appeal Committee shall deliberate in executive session. The parties shall then be excused, but shall  
32 be advised to remain for further questions if necessary. (B-07/76)  
33

34 Section 11. Presentations.

35 Cross examination and presentation of third-party witness testimony is not allowed. Third-party witness  
36 testimony should be presented in affidavit format and submitted with documentation. However, the  
37 Chair shall have the discretion to permit modification of the format if necessary to consider the merits  
38 of the allegations contained in the petition. (B-07/76)  
39

40 Section 12. Deliberations and Decisions.

41 After hearing and considering the presentation of the appellant and the response of the specialty  
42 certifying board, the BOS may vote to uphold or overturn the decision of the specialty certifying board,  
43 or request additional information. The Appeal Committee may include specific directions for the  
44 specialty certifying board (e.g. special examination procedures), but shall not have authority to change a

1 failing exam grade to a passing grade. The Appeal Committee shall report its decision and  
2 recommendations to the BOS, which shall in turn report the decision to the AOA Board of Trustees.

3  
4 Within thirty (30) days of the Appeal Committee's decision, the appellant and the certifying board shall  
5 be notified of the decision. The parties shall be advised that they have the right to appeal the action of  
6 the Appeal Committee to the AOA Board of Trustees and advised of the process to request further  
7 appeal to and a hearing before the AOA Board of Trustees. (B-07/76; 03/93)

### 8 9 Section 13. Appeal Process for Specialty Certifying Boards

10 For appeals filed at the specialty certifying board level, boards will follow the hearing procedures  
11 outlined above.

## 12 13 14 **Article V. BOS Committee on Administrative and Boards' Financial Matters**

15  
16 The Committee on Administrative and Boards' Financial Matters may identify problems with a given  
17 specialty certifying board related to the operation and administrative functions of the specialty certifying  
18 board. Committee composition is found under Article V of the *Bylaws of the BOS*.

### 19 20 Section 1. Review and Mediation of Administrative Problems.

21 Where there is no apparent resolution of ongoing administrative problems and a lack of compliance  
22 with the BOS' administrative requirements, including those directly affecting candidates for certification  
23 and administrative operations at the specialty certifying board and AOA levels, the Committee on  
24 Administrative and Boards' Financial Matters will review such concerns and make necessary  
25 recommendations and monitor progress to resolution of problem.

26  
27 Where administrative and/or financial problems have not been resolved through mediation and  
28 recommendations of this committee and pose a legal and/or financial threat to both the AOA and the  
29 specialty certifying board, the committee may recommend to the BOS Executive Committee that an  
30 onsite inspection of specialty certifying board offices and operations be authorized through the AOA  
31 Board of Trustees and, in extreme cases, may request possible replacement of specialty certifying board  
32 officers and/or staff.

### 33 34 Section 2. Appeal Process.

35 WHEN specific specialty certifying boards do not agree with the actions taken by the committee on  
36 Administrative and Boards' Financial Matters, the specialty certifying board may appeal directly to the  
37 BOS Executive Committee and the full BOS. Should the BOS Executive Committee and the full BOS  
38 concur with actions taken by this committee, the specialty certifying board may appeal the decision to  
39 the AOA Board of Trustees.

### 40 41 Section 3. Financial Review

- 42 A. The Committee shall review quarterly financial statements from each of the Specialty Certifying  
43 Boards to ensure these are being submitted to the AOA Department of Finance.  
44 B. The Committee shall review such financial statements for determination of potential financial

1 problems or insolvency by AOA Specialty Certifying Boards (Boards at risk) or whether they  
2 are marginally close to being at risk.

3  
4 C. The Committee shall review and evaluate requests from Specialty Certifying Boards for  
5 assistance from the AOA Dale Dodson Educational Fund and shall submit its  
6 recommendations and evaluation to the Dale Dodson Educational Fund for its evaluation and  
7 determination.

8  
9 D. The Committee will report and make recommendations to the BOS Executive Committee on  
10 what steps can be taken to ensure specialty certifying board viability.

## 11 12 13 **Article VI. Nominations to AOA Specialty Certifying Boards**

### 14 15 Section 1. Process of Nominations of Board Members to Serve on AOA Specialty Certifying Boards 16 (B-02/07)

17  
18 A. Each specialty certifying board will select a nominee from a pool of eligible and qualified  
19 candidates to serve on the board. Preferably, the specialty certifying board will choose a  
20 candidate that has had formal training in item-writing and understands the certification process  
21 and all duties associated with being a member of an AOA Board. If the selected individual has  
22 not had item-writing training, training must be obtained within one year of being appointed to  
23 the board or he/she will not be eligible to remain on the board.

24  
25 B. The certifying board will maintain the nominee's curriculum vitae (CV) and supporting  
26 documentation in its files for five (5) years following completion of service on the board.

27  
28 C. Any specialty affiliate with concern about the election or appointment of specialty certifying  
29 board members or leadership may forward that concern to the Chair of the BOS for review and  
30 possible action by the BOS Executive Committee.

### 31 32 Section 2. Term of Office

33 A certifying board member's term is effective the date that he/she is elected to that position by the  
34 AOA Board of Trustees. (B-03/84) Where possible, specialty certifying boards should institute a  
35 maximum term limit of four 3-year terms, and board members should be drawn from a mix of  
36 practicing physicians, residency/OGME faculty, and physicians involved in academic medicine.

### 37 38 Section 3. Conjoint Certification Examination Committees

39 In the case of a conjoint certification examination committee, special procedures for nomination of  
40 members may be established with the approval of the BOS and the AOA Board of Trustees. (B-07/76)

41  
42 Procedures for the administration of conjoint certification examination committees are outlined in the  
43 BOS document published in Appendix D as *"Process and Procedures for AOA Conjoint Certification*  
44 *Examination Committees"* (B-03/09)

## Article VII. Officers of Specialty Certifying Boards of the BOS

Specialty certifying board officers shall be alert to the fact that modification of the existing Bylaws and Policies and Procedures may be needed from time to time and shall give prompt attention to amending their papers of organization as directed by the AOA Board of Trustees. Officers of specialty certifying boards shall cooperate with the Committee on Basic Documents and Certificates of the BOS to insure uniformity of amendments. (B-07/49)

### Section 1. Chair and Vice Chair

- A. Following election, the Chair and Vice Chair shall familiarize themselves promptly with the status of the specialty certifying board's activities by conference with retiring officers. The Chair shall make the appointments (Committees) as designated in the statement of his/her duties in the Bylaws.
- B. The Chair of each specialty certifying board shall set up a schedule of the prescribed activities of the specialty certifying board and maintain an appropriate system to assure adequate reminders of necessary action.
- C. The Vice Chair shall preside at all meetings of the specialty certifying board in the absence of the Chair and assist the Chair in the discharge of the duties of that office.

### Section 2. Secretary-Treasurer

The Secretary-Treasurer of the specialty certifying board shall perform the duties as follows:

- A. Fulfill the duties of the office as described in the bylaws of the specialty certifying board and observe the procedures, as stated in this document, regarding the issuance of certificates, annual registration fees, and changes in certification status.
- B. Report any subsequent change in personnel to the Secretary of the BOS.
- C. Inform the Secretary of the BOS, in writing, of the dates and places of all examinations. Examinations shall be scheduled early enough so that the dates may be published not later than nine (9) months prior to the date specified, except in the case of individually arranged clinical examinations.
- D. Prepare an annual report for presentation to the Bureau. The report forms are distributed by the Secretary of the Bureau and must be completed and returned to the Bureau Secretary at least thirty (30) days before the date of the Bureau meeting. Instructions for submission of reports shall be noted on the forms. The Secretary-Treasurer may present changes in these reports and recommendations as addenda by the electronic editable file to the Secretary of the Bureau for distribution to the members of the Bureau at the time of its meeting.

- 1  
2 E. Prepare the required documentation for candidates being presented for certification, which are  
3 distributed by the Secretary of the BOS. Instructions for submission of these forms are noted  
4 on each form.  
5  
6 F. Prepare and submit responses as requested by the secretary of the BOS, including the Specialty  
7 Certifying Board's annual report and candidate pass rate report, to the Bureau.  
8  
9 G. Prepare a financial statement for submission to the AOA in accordance with established AOA  
10 guidelines.  
11  
12 H. At the discretion of the Specialty Certifying Board, this position may be held by a single  
13 individual or divided as separate Secretary and Treasurer positions.  
14  
15

## 16 **Article VIII. Board Eligibility (B-07/10)**

### 17 Section 1. Board Eligibility

#### 18 A. Definition

19  
20 The time frame when upon completion of an AOA approved training program, osteopathic  
21 physicians are eligible to begin the certification process and to declare their status as board  
22 eligible in the specialty or subspecialty.  
23  
24

#### 25 B. Notification

26 All residents and fellows in AOA-approved programs shall be notified by the AOA of the  
27 definition and deadline of board eligibility. Such notification shall be included with the AOA  
28 annual report form sent to residents and fellows.  
29

#### 30 C. Time Frame

31 Board eligibility commences upon completion of the specialty or subspecialty training program  
32 and terminates on December 31<sup>st</sup> of the following 6<sup>th</sup> year.  
33

#### 34 D. Termination

- 35  
36 1. Board eligibility status will automatically be terminated and so recorded by the AOA and  
37 the appropriate specialty certifying board:  
38  
39 a. At the end of the board eligibility time frame, or  
40 b. Following resolution of an appeal, or  
41 c. Upon award of certification.  
42

2. In view of a candidate's right to appeal the results of a failed examination, if board eligibility would have terminated as a result of lapse of the 6-year time frame, the designation of board eligible shall not terminate until the appeal has been resolved.
3. Candidates may not use the designation of board eligible at any time after the termination of board eligibility.

## Section 2. Certification Eligibility

- A. Candidates are eligible to become certified at any time within the board eligibility time frame.
- B. Candidates who have initiated the certification process in the specialty or subspecialty by sitting for an examination prior to July 1, 2009 may continue to pursue certification at any time (after the board eligibility time frame) based upon their boards' requirements prior to July 1, 2009.
- C. Candidates who have not initiated the certification process by sitting for an examination in the specialty or subspecialty prior to July 1, 2009 may become certified only by successfully completing the certification examination pathway process.
- D. Candidates who are not successful in becoming certified at the conclusion of the final pathway process are no longer eligible to become certified in the specialty or subspecialty.

## Section 3. Certification Examination Pathway Process

### A. Initial Pathway

1. Candidates must petition the specialty certifying board for entry into the initial pathway process.
2. The specialty certifying board will accept all applicants who have met the entry requirements into the process.
3. Upon acceptance into the process, the candidate must follow the pathway outlined below. Prior activity toward certification will not be recognized in the initial pathway process.
  - a. Candidates must enter at the beginning of the board's certification process.
  - b. Candidates must follow the process as outlined by their boards' requirements during the six years of board eligibility.
  - c. Candidates must complete certification during the period of board eligibility.



- 1 d. Candidates who have not completed certification during the time frame of board  
2 eligibility, their ability to complete certification shall terminate and they then may re-  
3 enter the certification process via the first re-entry process.  
4

5 B. First Re-Entry Process  
6

- 7 1. Candidates must petition the specialty certifying board for entry into the certification  
8 process.  
9
- 10 2. Upon acceptance by the specialty certifying board, the candidate must follow the following  
11 process:  
12
- 13 a. The candidate must start at the beginning of the certification process. Prior activity  
14 toward certification will not be recognized in the first re-entry process.  
15
- 16 b. Candidates must participate in the first available administration of the exam.  
17
- 18 c. The candidate will have two attempts to pass each step of the examination process.  
19
- 20 d. If unsuccessful on a given administration, the candidate must participate in the next  
21 available examination administration.  
22
- 23 e. Candidates who were not successful in becoming certified at the end of the first re-entry  
24 pathway process may pursue certification only by petitioning the certifying board for  
25 entry into the final pathway process.  
26

27 C. Final Pathway  
28

- 29 1. Candidates must petition the specialty certifying board for entry into the final pathway  
30 process.  
31
- 32 2. The specialty certifying board is required to establish criteria that must be met prior to  
33 granting entry into the final pathway process.  
34
- 35 a. These criteria must be approved by the Standards Review Committee of the BOS.  
36
- 37 b. Upon notification of the criteria, the candidate must display efforts to conform and  
38 satisfy the requirements without delay.  
39
- 40 3. Upon completion of the requirements, the candidate must follow the pathway outlined  
41 below. Prior activity toward certification will not be recognized in the final pathway process.  
42
- 43 a. Candidates must enter at the beginning of the board's certification process.  
44

- 1 b. Candidates must participate in the first available administration of the exam.  
2  
3 c. The candidate will have two attempts to pass each step of the examination process.  
4  
5 d. If unsuccessful on a given administration, the candidate must participate in the next  
6 available examination administration.  
7  
8 4. Candidates who were not successful in becoming certified at the end of the final pathway  
9 have no further opportunity to become certified in the specialty or subspecialty.  
10

#### 11 Section 4. Specialty Certifying Board Requirements.

- 12  
13 A. All certifying boards are required to comply with the process as outlined above.  
14  
15 B. During the 6 years of established board eligibility, a specialty certifying board may have more  
16 stringent requirements in the limitation of time in which a candidate for certification must  
17 complete the entire certification process.  
18  
19 C. The process to certification will be published in the Policies and Procedures of each specialty  
20 certifying board.  
21  
22

### 23 **Article IX. Certification**

#### 24 Section 1. Certification

25 To be eligible to receive certification from the AOA through member specialty certifying boards, the  
26 applicant must meet the following minimum requirements:  
27

- 28  
29 A. The applicant must be a graduate of a COCA-accredited College of Osteopathic Medicine. (B-  
30 07 /15)  
31  
32 B. The applicant must hold an unrestricted license to practice in a state or territory. An applicant  
33 for initial certification holding a restricted license may petition the specialty certifying board for  
34 the ability to enter the certification process based upon review of the reason for licensure  
35 restriction. (B-02/08)  
36  
37 C. The applicant must be able to show evidence of conformity to the standards set forth in the  
38 Code of Ethics of the AOA.  
39  
40 D. The applicant must be a member in good standing of the AOA or the Canadian Osteopathic  
41 Association at the time of application. (B-07/13)  
42  
43 E. Each specialty certifying board shall establish its individual requirements for years of AOA-  
44 approved training for each primary OR subspecialty certification. (B-02/09) Specialty certifying

1 boards shall send all recommendations, complaints, or comments regarding resident training  
2 programs to the COPT. The responsibility of making recommendations and requirements  
3 relative to training programs designated as approved residencies as defined by the AOA Board  
4 of Trustees is, and shall be, that of the COPT. (B-12/48)  
5

6 F Each specialty certifying board shall establish its individual eligibility requirements for  
7 examination for certification. Practice within each field under each board shall be defined in the  
8 policies and procedures of each certifying board. (B-02/09)  
9

10 G. Following satisfactory compliance with the prescribed requirements for examination, the  
11 applicant is required to pass appropriate examination(s) planned to evaluate an understanding  
12 of the scientific basis of the problems involved in the given specialty, subspecialty; familiarity  
13 with the current advances in the given specialty; and possession of sound judgment and of a  
14 high degree of skill in the diagnostic and therapeutic procedures involved in the practice of the  
15 given specialty, subspecialty, and/or added qualifications. (B-02/09). Specialty certifying boards  
16 shall determine by examination the applicant's ability to use the osteopathic concepts in the  
17 practice of his/her specialty OR subspecialty. (B-12/48; 02/09)  
18

19 1. Examinations shall be conducted and required in the case of each applicant. The method(s)  
20 and content of the examination procedure shall be determined by the individual Board and  
21 shall be subject to the approval of the AOA Board of Trustees. Where applicable, the final  
22 portion of the examination shall be conducted only after the required years of practice have  
23 been completed. (B-07/86)  
24

25 2. Where applicable, a member of the specialty certifying board shall personally supervise the  
26 conduct of the oral examination. (B-07/86; 07/10)  
27

28 3. Where applicable, the conduct of the clinical examination may be delegated to committees  
29 of not fewer than two (2) individuals qualified in the specialty or subspecialty. (B-07/71;  
30 02/86; 07/10)  
31

32 4. A full description of the method of conducting the examination is to be provided in each  
33 specialty certifying board's policies and procedures.  
34

35 H. Applicants for certification are required to file an application provided by each specialty  
36 certifying board, which shall set forth their qualifications for examination as stated in  
37 Paragraphs A through G this Article. The procedure for filing applications is set forth in the  
38 policy and procedures of each specialty certifying board. (B-02/09)  
39

40 I. Subject to the recommendation of the BOS and to the approval of the AOA Board of Trustees,  
41 the board may require such further training and/or practice in each of the fields coming under  
42 its jurisdiction as, in its judgment, such field may require, provided that the additional  
43 requirement for each field is clearly set forth in the policy and procedures of each specialty  
44 certifying board.

- 1 J. Any changes to training and/or practice requirements shall go into effect a minimum of one (1)  
2 year subsequent to the announcement of such change.  
3
- 4 K. The applicant for certification or continuous certification shall not be required to be a member  
5 of a specialty college or other similar society. (B-07/53; 02/09)  
6
- 7 L. Signed applications and all material submitted by an applicant to a specialty certifying board,  
8 even though the applicant may withdraw as an applicant for certification, shall remain the  
9 property of the specialty certifying board. (B-07/53)  
10
- 11 M. Candidates must fulfill all requirements prior to certification.  
12

### 13 Section 2. Clinical Practice Pathway Definition and Eligibility

14 If applying for certification through a clinical practice pathway, candidates must meet the requirements  
15 established by the individual specialty certifying boards or conjoint certification examination committee  
16 for appropriate clinical practice experience.  
17

- 18 A. The term "clinical practice" refers to time spent as a physician actively treating patients in a  
19 manner as defined by the specialty certifying board or conjoint certification examination  
20 committee.  
21
- 22 B. Physicians engaged in full-time graduate medical education programs such as fellowship or  
23 additional residencies are not considered in "clinical practice" for the purposes of meeting the  
24 requirements for the clinical practice pathway. Even when working part-time as a physician  
25 outside of the graduate medical education program.  
26

### 27 Section 3. Processing of Applications by AOA Specialty Certifying Boards

- 28
- 29 A. Specialty Certifying Boards shall verify AOA approval of the completed residency of each  
30 candidate prior to submission of the candidate for certification. Verification must include:  
31
- 32 1. For Osteopathic Residents: A statement from the Evaluating Committee of the appropriate  
33 specialty college that the program has been approved as being complete and that this  
34 information has been officially registered with the AOA central office.  
35
  - 36 2. For Accreditation Council for Graduate Medical Education (ACGME) Residents: A copy  
37 of the letter from the AOA granting approval of the training as being complete. (B-04/85,  
38 07/10)  
39
  - 40 3. For American Board of Medical Specialties (ABMS)-Certified DOs Seeking AOA  
41 Certification: (B-07/04; 07/09)  
42
- 43 a. Evidence via primary source verification of ABMS certification will be accepted as  
44 completion and approval of the ACGME residency program.

- b. The candidate must be certified by the ABMS in the specialty for which AOA certification is sought and the certification must be active and in good standing.
- c. Where allowed by specific AOA specialty certifying boards, ABMS-certified osteopathic physicians who participated in a clinical pathway to achieve ABMS certification may be allowed to enter the certification process under the following conditions:
  - i. The pathway must have been completed prior to 1995; and
  - ii. The candidate must meet any additional requirements set by the specialty certifying board for certification.
- d. The candidate must be an AOA member in good standing at the time of the application process.
- e. Osteopathic physicians certified through an approved board of the ABMS and who have received approval from the AOA will be able to enter the AOA certification process.
- f. AOA Department of Education staff will receive and process all applications to verify credentials for entry into the AOA certification process.
- g. The AOA will notify the appropriate specialty certifying board of this approval.
- h. The applicant will maintain continuing medical education (CME) hours to fulfill AOA requirements.
- i. The applicant, if not a current AOA member, will pay the full dues amount at the time of application.
- j. The physician applicant will not be required to have state or specialty college membership at the time of the application.
- k. Applicants will be subject to fees as designated by the specialty certifying board.
- l. Applicants may be subject to additional requirements set by the specialty certifying board.
- m. The COPT, with the AOA, will monitor the ACGME basic standards for residency training. (B-07/04)

## Article X. Examination Results

### Section 1. Notification

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

### Section 2. Format of Notification

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

## Article XI. Certificates

### Section 1. Issuance

- 1  
2  
3  
4  
5 A. Certificates are issued by the specialty certifying boards to applicants who have conformed to  
6 all requirements for certification and continuous certification.  
7  
8 B. Each certificate shall be signed by the Chair and the Secretary-Treasurer of the specialty  
9 certifying board. No certificate is valid until it has been signed by the Executive Director of the  
10 AOA, individually or electronically.  
11  
12 C. The date carried by primary certification shall correspond with the date on which verification of  
13 successful completion of all Board requirements by the respective Specialty Certifying Board  
14 occurred. All general certifications issued after 2004, or as previously determined by each  
15 specialty certifying board, are time-limited to 10 years or less. Non-time-limited general  
16 certifications, which were issued prior to the board's established date without a time limit, will  
17 remain in effect. (B-02/00)  
18  
19 The date carried by subspecialty certification certificates (and for AOBFP's Certification of  
20 Added Qualification Certificates) shall correspond with the date on which verification of  
21 successful completion of all board requirements by the respective specialty certifying board  
22 occurred. Except as previously approved by the AOA Board of Trustees, all subspecialty  
23 certification certificates will be time-limited to 10 years or less. (B-02/00)  
24  
25 D. Specialty certifying boards shall make every effort to ensure that a candidate has met all  
26 requirements for certification or successfully completed all OCC requirements prior to  
27 submission to the AOA for final processing, including that training has been deemed complete  
28 and that the candidate has met the time requirements for training indicated in the Specialty  
29 Certifying Board's Policies and Procedures. (B-03-13)  
30  
31 E. The Secretary of the Bureau, upon notification of approval of candidates by the Bureau, shall  
32 notify the candidate and the recommending Specialty Certifying Board of the approval of  
33 certification. Only upon receipt of notification from the Bureau shall the Secretary of the  
34 specialty certifying board have the certificate prepared and numbered. The certificate must be  
35 forwarded to the diplomate within ninety (90) days from the date of notification of approval of  
36 certification.  
37  
38 F. The Secretary of the specialty certifying board shall prepare and send a "receipt of certificate of  
39 certification" to accompany the certificate sent to each diplomate. The diplomate shall be  
40 advised by the specialty certifying board to sign the receipt and return it to the specialty  
41 certifying board.  
42  
43 G. The specialty certifying board shall notify the diplomate, in writing, of the requirements for  
44 maintaining certification.

- 1 H. The term "certification" is to be used for certification in a specialty or subspecialty, and the only  
2 other term used by the AOA and the Bureau is "certification of added qualifications" used by  
3 the American Board of Osteopathic Family Physicians (AOBFP), (B-07/91; 07/92; 02/98;  
4 07/15)  
5

## 6 Section 2. Certificate Format

7 The following are minimum standards for the format of specialty certifying board certificates of  
8 certification. Proposed changes to the verbiage of the certificate must be submitted to the BOS  
9 Committee on Basic Documents and Certificates for approval.  
10

- 11 A. Indication of certification by the AOA  
12 B. Date of approval by the AOA  
13 C. Physician name in format of: "John Smith, DO"  
14 D. Seal of the specialty certifying board  
15 E. Signatures of specialty certifying board Chair and Secretary  
16 F. Signature of AOA Executive Director (original or electronic reproduction)  
17 G. Aesthetically acceptable  
18 H. Wording to indicate that the physician has pursued an accepted course of study and has  
19 satisfactorily completed the required examinations  
20 I. Certificates should be consecutively numbered  
21 J. No abbreviations  
22 K. Criteria should be developed for the issuance of duplicate certificates  
23 L. Start and end date for which the certificate is issued (B-07/96)  
24

## 25 Section 3. Terminology

26 Specialty certifying boards shall issue certificates that read as applicable:  
27

- 28 A. Primary Certification  
29 1. Initial Certificate: Certification in (Specialty)  
30  
31 2. OCC – Time-Limited Certificate Holders: Demonstrates Excellence through Compliance  
32 with all Requirements for Osteopathic Continuous Certification for Certification in  
33 (Specialty)  
34  
35 3. OCC – Non-Time-Limited Certificate Holders: Demonstrates Excellence through  
36 Voluntary Compliance with all Requirements for Osteopathic Continuous Certification for  
37 Certification in (Specialty)  
38  
39 B. Subspecialty Certification  
40 1. Offered by all AOA Specialty Certifying Boards with the exception of the American  
41 Osteopathic Board of Family Physicians (AOBFP)  
42  
43 2. Initial Certificate: Subspecialty Certification in (Subspecialty)

- 1           3. OCC - Time-Limited Certificate Holders: Demonstrates Excellence through Compliance  
2           with all Requirements for Osteopathic Continuous Certification for Subspecialty  
3           Certification in (Subspecialty)  
4
- 5           4. OCC – Non-Time-Limited Certificate Holders: Demonstrates Excellence through  
6           Voluntary Compliance with all Requirements for Osteopathic Continuous Certification for  
7           Subspecialty Certification in (Subspecialty)  
8

9           C. Certification of Added Qualifications

- 10           1. Solely offered by the American Osteopathic Board of Family Physicians (AOBFP)  
11
- 12           2. Initial Certificate: Certification of Added Qualifications in (Subspecialty)  
13
- 14           3. OCC - Time-Limited Certificate Holders: Demonstrates Excellence through Compliance  
15           with all Requirements for Osteopathic Continuous Certification for Certification of Added  
16           Qualifications in (Subspecialty)  
17
- 18           4. OCC – Non-Time-Limited Certificate Holders: Demonstrates Excellence through  
19           Voluntary Compliance with all Requirements for Osteopathic Continuous Certification for  
20           Certification of Added Qualifications in (Subspecialty)  
21

22           Section 4. Certification in More than One Field

23           An osteopathic physician may hold certification in more than one specialty OR subspecialty, either  
24           under the same specialty certifying board or under different specialty certifying boards. In such a case,  
25           the physician is to be listed under each of the specialties, or subspecialties in the roster of certified  
26           physicians. . (B-07/91; 02/98)  
27

28           Section 5. Recording of Multiple Certificates

- 29
- 30           A. The diplomate is assigned a number for life under each specialty certifying board. Successive  
31           certificates issued to the same diplomate by the same specialty certifying board retain the initial  
32           certificate number assigned to the diplomate.  
33
- 34           B. The diplomate is billed according to each number.  
35
- 36           C. Successive certificates are listed on the record after the diplomate's name by date of their  
37           approval.  
38
- 39           D. The diplomate retains certificates as acquired for his/her archives and personal satisfaction.  
40
- 41           E. The diplomate is listed or known to the specialty certifying board as being certified in each  
42           category.  
43           F. The diplomate must maintain general certification, based on subspecialty certification  
44           requirements. (B-07/92)



---

1 Section 6. Annual Registration Fee and Requirements

2  
3 A. Active Diplomates

- 4 1. AOA dues notices mailed to active diplomates shall include a charge of ninety dollars  
5 (\$90.00) for each of the specialty certifying boards under which the diplomate holds a  
6 certificate for the annual registration of the certificate(s). Fifteen dollars (\$15.00) of this fee  
7 shall be forwarded by the AOA Controller to the respective specialty certifying board for  
8 continuation of its work. Five dollars (\$5.00) of the remaining fee will be allocated to the  
9 Dale Dodson Fund and fifteen dollars (\$15.00) will be allocated to the corresponding  
10 specialty college evaluation committee. The remaining fifty-five dollars (\$55.00) shall be  
11 retained by the AOA to cover costs for processing applications and other ancillary  
12 expenses incurred with keeping the certification registration up to date. (B-07/76; B-03/90;  
13 B-02/98; B-02/02, B-07/12)
- 14
- 15 2. Physicians certified for the first time shall not be required to pay the annual certification  
16 registration fee during the fiscal year in which the Executive Committee of the Bureau  
17 approved their certification. They are to be billed for the fee beginning with the next fiscal  
18 year. (B-07/66)

19  
20 B. Inactive Diplomates

21 Diplomates who are classified as inactive shall not be required to pay the annual certification  
22 registration fee. Inactive diplomates may retain the possession of their certificate(s) and their  
23 names shall appear in the official registry of certified physicians with a designation of inactive  
24 status. A diplomate shall be classified as inactive for one of the following reasons:

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

31  
32 C. Retired Members

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

1 D. Diplomates Holding More Than One Certificate

- 2 1. If a diplomate is certified in more than one specialty OR, subspecialty under the same  
3 specialty certifying board, only one annual certification registration fee shall be required.  
4 2. If the diplomate is certified in more than one specialty OR subspecialty under different  
5 specialty certifying boards, and elects to retain more than one certificate, an annual  
6 registration fee for each of the specialty certifying boards under which certification is held  
7 shall be required. If the diplomate does not elect to retain more than one specialty OR  
8 subspecialty, the earliest certificate issued shall be automatically revoked.  
9

10 Section 6. Inactivation, Reinstatement and Reactivation (B-02/02)

- 11
- 12 A. Immediately following official notification that a diplomate no longer meets any one of the  
13 following requirements for maintaining certification status with the AOA, his/her certificate  
14 will be inactivated according to procedures developed by the BOS and the AOA Department  
15 of Client and Member Services. The procedures will give the diplomate ample opportunity and  
16 notice to comply with any requirement deficiencies for maintaining AOA certification. (B-  
17 02/02)
- 18
- 19 B. Reinstatement of a certificate that was inactivated when the diplomate was dropped from AOA  
20 membership for nonpayment of dues, or for nonpayment of the annual registration fee, will be  
21 automatic upon reinstatement of the diplomate's AOA membership and/or payment of the  
22 registration fee; remedial requirements may be assessed by the specialty certifying board.  
23
- 24 C. Reactivation of a certificate of lifetime, non-time-limited certification, which has been  
25 voluntarily inactivated by request, shall require compliance with the requirements of Paragraph  
26 A above, as well as approval of the appropriate specialty certifying board and the Bureau.  
27 Reactivation will also require payment of any back AOA membership dues, up to a maximum  
28 period of two (2) years. Reactivation will also require payment of any back AOA certification  
29 registration fees, up to a maximum period of two (2) years, as well as other remedial  
30 requirements required by the specialty certifying board.  
31
- 32 D. Depending on the circumstances for inactivation of a non-time-limited certification, the  
33 Certification Compliance Review Committee may award a time-limited certification in lieu of  
34 the non-time-limited certification. Such action by the Certification Compliance Review  
35 Committee may be appealed to the BOS Appeal Committee and, if necessary, the AOA Board  
36 of Trustees (B-02/00, B-02/02, B-07/11, B-03-13)  
37

38 Section 7. Revocation of a Certificate

- 39 A. The specialty certifying board shall have the power to recommend to the Bureau the revocation  
40 of the certificate of any diplomate whose certificate was obtained by fraud or  
41 misrepresentation, who exploits the certificate, violates the AOA Code of Ethics, or is  
42 otherwise disqualified. (B-01/71, B-02/02)  
43  
44

- 1 B. Upon official action revoking a certification, a diplomate's name will be removed from the  
2 certification register of the AOA. The Secretary of the Bureau will notify the diplomate and the  
3 Secretary of the appropriate specialty certifying board of any such revocation. (B-02/02)  
4
- 5 C. Reinstatement of a certificate that was revoked shall require compliance with the requirements  
6 of the BOS and approval of the specialty certifying board and the BOS. (B-02/02)  
7

#### 8 Section 8. Specialty Practice Requirement

9 A diplomate is not eligible for annual certification registration of his/her certificate if it is determined  
10 by the specialty certifying board involved that the diplomate does not qualify within reason as a  
11 practicing physician in the particular specialty OR subspecialty under the regulations and requirements  
12 of that specialty certifying board. The specialty certifying board shall notify the Secretary of the Bureau  
13 of any such disqualified diplomate so that appropriate action may be taken. (B-07/53; 02/98)  
14  
15

### 16 **Article XII. Osteopathic Continuous Certification (B-03/13)**

#### 17 Section 1. Osteopathic Continuous Certification (OCC)

18 Effective January 1, 2013, all AOA specialty certifying boards implemented a continuous certification  
19 process for osteopathic physicians, called "Osteopathic Continuous Certification (OCC)," and are  
20 required to publish the requirements for OCC in their basic documents. The OCC process replaced the  
21 specialty certifying boards' former recertification processes. The OCC process shall be valid for no  
22 greater than ten (10) years. (B-7/76, B-7/02, B-7/14)  
23  
24

25 The following components comprise the OCC process and are described more fully in the sections that  
26 follow:  
27

- 28 A. Component 1: Unrestricted Licensure  
29 B. Component 2: Lifelong Learning / Continuing Medical Education  
30 C. Component 3: Cognitive Assessment  
31 D. Component 4: Practice Performance Assessment and Improvement  
32 E. Component 5: Continuous AOA Membership  
33

#### 34 Section 2. OCC Component 1: Unrestricted Licensure

35 AOA board-certified physicians must hold a valid, unrestricted license to practice medicine in one of  
36 the 50 states or Canada. In addition, they are required to adhere to the AOA's Code of Ethics.  
37 Physicians with restrictions on their license will have their OCC file reviewed by the Certification  
38 Compliance Review (CCR) Committee. More information on the CCR Committee is found in Article  
39 V, Section 7 of the Bylaws of the BOS.  
40

#### 41 Section 3. OCC Component 2: Lifelong Learning/Continuing Medical Education

- 42 A. Minimum continuing medical education (CME) requirements for diplomates participating in  
43 OCC are as follows:  
44

- 1 1. A minimum of 120 credits of CME during each three-year AOA CME cycle must be  
2 earned. Some specialty certifying boards require 150 credits.  
3
- 4 2. A minimum of 50 credits during each AOA CME cycle must be in the specialty area of  
5 certification, and specialty CME may be from Category 1 or 2. Specialty CME will be  
6 awarded for the completion of Component 4 practice performance assessment modules.  
7 Requirements for in-person specialty CME programs are that the educational lecture must:  
8
  - 9 a. Be presented by an AOA or ABMS board-certified physician in the specialty topic being  
10 discussed (exceptions will be reviewed on a case-by-case basis)
  - 11 b. Cover topic(s) of concern to osteopathic physicians in that specialty or subspecialty  
12
- 13 B. There are limits to particular types of CME which can be applied during each AOA CME cycle.  
14 These limits are found in the “*CME Guide for Osteopathic Physicians.*”  
15
- 16 C. Physicians holding one or more subspecialty certifications must earn a minimum of 13 specialty  
17 credits in each subspecialty area of certification. Due to this requirement, physicians holding  
18 multiple subspecialty certifications may need to earn more than the minimum of 50 specialty  
19 CME credits.  
20

21 Self-assessment activities will be designated by each specialty certifying board. Specialty certifying  
22 boards may also add additional CME requirements for their diplomates.  
23

#### 24 Section 4. OCC Component 3: Cognitive Assessment

25 At least once during the certification period, diplomates must sit for and pass one (or more)  
26 psychometrically valid and proctored examinations that assess the physician’s knowledge and skill in the  
27 certification specialty. The examination will also include the osteopathic core competencies. The exam  
28 may be written, oral, and/or practical/clinical. The format will be determined by each specialty  
29 certifying board. The examination may be taken a maximum of three years prior to the expiration of the  
30 certification; however, each specialty certifying board will determine physicians’ eligibility to sit for the  
31 examination.  
32

#### 33 Section 5. OCC Component 4: Practice Performance Assessment and Improvement

34 Diplomates must engage in continuous quality improvement through comparison of personal practice  
35 performance as measured against national benchmarks for the medical specialty or condition. The  
36 Standards Review Committee has set minimum standards for each practice performance assessment  
37 activity as follows:

- 38 A. Minimum of 10 patient charts extracted for a designated condition, disease or procedure.  
39
- 40 B. All patient chart information submitted by the diplomate must be from patients treated by the  
41 diplomate, rather than from other physicians in a group practice.  
42
- 43 C. The diplomate provides the extracted patient data to his/her specialty certifying board in a  
44 specified format.

- 1  
2 D. Diplomate data will be compared to accepted national benchmarks. These benchmarks must be  
3 identified and included with the board's submission the Standards Review Committee.  
4  
5 E. Benchmarks and associated criteria must be clearly defined prior to the diplomate engaging in  
6 the process. Some specialty certifying boards must establish benchmarks based upon accepted  
7 standards of care, as national benchmarks may not exist for the specialty.  
8  
9 F. Certifying board provides the findings and comments to the diplomate.  
10  
11 G. If the diplomate did not meet benchmarks, a remediation plan is developed.  
12 1. If remediation is necessary, the diplomate will engage in a remediation program as specified  
13 or approved by the board. The remediation must be completed with appropriate evidence  
14 submitted within the time frame established by the board.  
15  
16 2. After a specified period of time, the diplomate extracts patient data from a minimum of 10  
17 new charts again.  
18  
19 H. An analysis of improvement or maintaining of benchmarks is performed.  
20  
21 I. All individual data are confidential. Only aggregate data may be made public and only with prior  
22 permission of the BOS and AOA.  
23  
24 J. Specialty certifying boards must own the data diplomates submit for OCC Component 4 and be  
25 the entity that provides the feedback report to the individual.  
26  
27 K. Specialty certifying boards may audit a given percentage of diplomates' Component 4 activities;  
28 chart data collected as part of each activity must be retrievable in the event of an audit.  
29

30 The Standards Review Committee reviews each practice performance assessment activity for each of  
31 the boards to ensure that it meets the minimum criteria established by the BOS.  
32

### 33 Section 6. OCC Component 5: Continuous AOA Membership

34 All diplomates must continuously maintain membership in the AOA or the Canadian Osteopathic  
35 Association and pay all applicable fees.  
36

### 37 Section 7. Non-Time-Limited Certificate Holders

38 The OCC process for the osteopathic physician holding a non-time-limited certificate (non-expiring,  
39 non-dated) is voluntary. Failure in the OCC process will in no way result in the loss of certification for  
40 physicians holding lifetime certification. Maintaining AOA membership, including meeting CME  
41 requirements and payment of the annual registration fee, is required to maintain non-time-limited  
42 certification.  
43  
44

1 Physicians holding a non-time-limited general specialty certification and time-limited subspecialty  
2 certifications must fully participate in the OCC process for the specialty area of the subspecialty  
3 certification in order to maintain the subspecialty certification and be deemed compliant with OCC.  
4 The OCC process remains voluntary for the general specialty certification.  
5

#### 6 Section 8. Time-Limited Certificate Holders

7 For physicians holding time-limited certification, failure to successfully complete the OCC process will  
8 result in the loss of certification at such time as the current time-limited certificate expires.  
9

#### 10 Section 9. Clinically Inactive Physicians

- 11 A. Those physicians who treat no patients (no patient care) may apply for clinically inactive  
12 certification status, which allows diplomates to propose Component 4 activities that are  
13 applicable to their current role in osteopathic medicine. Each specialty certifying board will  
14 determine the requirements for and acceptability of the proposed activities. All other OCC  
15 Component requirements must be satisfied, including the examination.  
16
- 17 B. Physicians must attest to their clinically inactive status through petition to their specialty  
18 certifying board. This status may also apply to academic physicians who do not supervise  
19 residents providing patient care and unemployed physicians.  
20
- 21 C. Upon reentry to clinical practice, physicians must notify their specialty certifying board within  
22 thirty (30) days following return to patient care.  
23
- 24 D. The AOA will report clinically inactive status to the public and any credentialers through the  
25 profile service of the American Osteopathic Information Association (AOIA) and the website  
26 [www.doprofiles.org](http://www.doprofiles.org).  
27

#### 28 Section 10. Limited Scope Osteopathic Physicians

29 Physicians participating in OCC who verify that 90% or more of their primary practice does not  
30 currently fall within the scope of their AOA board certification may propose a Component 4: Practice  
31 Performance Assessment and Improvement project outside of those currently offered by their specialty  
32 certifying board. Projects must meet the requirements for Component 4 as outlined in Section 5 above.  
33

#### 34 Section 11. Dually-Certified Osteopathic Physicians (Two or More AOA Specialty Certifying Boards)

35 Because of the unique nature of each specialty, physicians holding two or more general certifications  
36 administered through the AOA must meet all criteria for both specialty certifying boards' OCC  
37 processes. However, CME earned will apply to both specialty certifying boards, with the exception of  
38 the specialty CME requirements for each specialty and/or Subspecialty Certification.  
39

#### 40 Section 12. Dually-Certified Osteopathic Physicians (AOA and ABMS Certifications)

41 Physicians participating in the Maintenance of Certification (MOC) process through one or more of the  
42 ABMS-recognized certifying boards may petition to submit their practice performance assessment  
43  
44

1 activities completed through MOC and apply them to their OCC Component 4 requirements.  
2 However, the specialty certifying board may also require an osteopathic component suffice Component  
3 4 requirements.

#### 4 5 Section 13. Fellowship Exemption

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

#### 10 11 Section 14. OCC Reentry Process

12 For physicians whose time-limited certification has been deemed inactive for any reason may petition  
13 the Certification Compliance Review Committee to reactivate the certification. This process also applies  
14 to non-clinical and academic physicians reentering clinical practice and to former non-time-limited  
15 certificate holders who did not maintain their board certification as required.

- 16  
17 A. Physicians re-entering the certification process within three (3) years of the expiration or  
18 inactivation of their certification may re-enter the process by sufficing any outstanding OCC  
19 requirements not fulfilled when the certification became inactive. The date of certification will  
20 be effective on the date that all requirements have been satisfied.  
21  
22 B. Physicians wishing to re-enter the certification process three (3) or more years following the  
23 expiration or inactivation of their certification must take the Component 3 cognitive assessment  
24 at the next available administration and immediately begin the OCC process through  
25 participation in a Component 4 activity. Specialty certifying boards may also require additional  
26 remedial activities such as training or CME.

#### 27 28 Section 15. Recording of Successful Compliance with OCC

29 The parts and results of each component of the OCC process shall be recorded in the AOA central  
30 office and certificates shall be valid for no greater than ten (10) years. (B-7/76, B-7/02)

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

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

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

#### 38 39 Section 2. Certification Recommendation Approval

40 All actions of the specialty certifying boards relating to governance are subject to the recommendation  
41 of the BOS and approval of the AOA Board of Trustees. Certification recommendations of the  
42 specialty certifying boards are subject to the final approval of the Executive Committee of the Bureau.  
43 (B-03/93) All changes to the policies and procedures of the specialty certifying board are subject to the  
44 approval of the BOS.

1 Section 3. Penalties for Non-Compliance

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

- 5  
6 A. Replacement of board officers.  
7  
8 B. Replacement of full board.  
9

10 Section 4. Services that Certifying Boards Must Provide

11 To enable specialty certifying boards and their officers to fulfill the several functions assigned to them,  
12 each specialty certifying board shall promptly adopt, provide, and maintain the following:

- 13  
14 A. Application forms.  
15  
16 B. A system of recording permanently the proceedings, transactions, and rulings of the specialty  
17 certifying board.  
18  
19 C. A filing system designed to preserve adequately all essential data regarding each applicant for  
20 certification (statement of credentials, board eligible status, record of examination and results)  
21 and diplomate of the specialty certifying board (issuance of certificates).  
22  
23 D. An accurate register of certificates issued, showing their numbers, date of issuance, diplomate's  
24 name, and names of the officers signing.  
25  
26 E. A brochure of information for applicants setting forth the requirements and procedures for  
27 certification, subspecialty certification and OCC.  
28  
29 F. Instructions for those serving as examiners describing the exact procedure for conducting and  
30 reporting examinations.  
31  
32 G. Certificates, the wording and form of which are approved by the Bureau and the AOA Board of  
33 Trustees.  
34  
35 H. Appropriate specialty certifying board stationery (that includes the specialty certifying board  
36 logo) for the specialty certifying board's business correspondence, and which states that the  
37 specialty certifying board operates under the authority of the AOA.  
38  
39 I. A file of all old and current basic documents and amendments pertaining to the specialty  
40 certifying board and the Bureau.  
41  
42 J. Adequate staffing to forward application materials and respond to applicant questions, letters,  
43 and emails within commonly acceptable standards of customer service. (7 working days) (B-  
44 02/04)



- 1 K. Process all specialty certifying board/Bureau reports within stipulated deadlines. (B-02/04)  
2  
3 L. Financial statements sent on a quarterly basis to the AOA Department of Finance. (B-02/04)  
4  
5 M. Each board must implement standards for security of candidate records and examination/item  
6 bank information acceptable to the Bureau and reported in the annual report to the Bureau. (B-  
7 02/04)  
8  
9 N. Each specialty certifying board shall provide telephone and electronic methods for the public to  
10 communicate with certifying board staff.  
11  
12 O. Each specialty certifying board shall develop and maintain a website for the public which  
13 provides the following information at a minimum:  
14 1. Requirements for certification  
15 2. Examination information  
16 3. Requirements for OCC  
17 4. Appeal process information  
18 5. All fees which may be assessed by the specialty certifying board  
19 6. Mission of the board  
20 7. Board leadership  
21 8. Contact information for the specialty certifying board  
22

#### 23 Section 5. Failure to Comply with Provision of Services

24 If a specialty certifying board is not compliant with the provision of services indicated in Section 4  
25 above, the respective specialty certifying board may be requested to meet with the Committee on  
26 Administrative and Boards' Financial Matters, which will then report and make recommendations to  
27 the BOS Executive Committee for appropriate action. (B-02/04)  
28

#### 29 Section 6. Submission Deadlines for Bureau Meetings

30 Specialty certifying boards shall submit any amendments or revisions of their basic documents or new  
31 documents to the Secretary of the Bureau within the time period specified by the BOS.  
32

#### 33 Section 7. Required Compliance with this Document

34 Specialty certifying boards shall conform to all directives from the BOS and the AOA Board of  
35 Trustees.  
36

#### 37 Section 8. Dates of Approval Required on Documents, Revisions

38 All basic documents, their revisions or amendments, application blanks, and bulletins of information  
39 shall bear upon them the date of their approval and issuance. (B-07/53)  
40

#### 41 Section 9. Amendments to Basic Documents

42 Specialty certifying boards must submit amendments to their basic documents to the Secretary of the  
43 Bureau when necessary to conform to amendments to the bylaws and policies and procedures of the  
44 BOS approved by the AOA Board of Trustees.

1 Section 10. Statements of Requirements for Applicants

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

6  
7 Section 11. Distribution List for Official Correspondence

8 Distribution of official correspondence by Board staff shall be determined by the elected Secretary and  
9 Chair of each specialty certifying board.

10  
11 Section 12. Scheduling of Meetings

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

14  
15 Section 13. Queries about Certification Status

- 16  
17 A. All inquiries regarding certification status shall be referred to the American Osteopathic  
18 Information Association (AOIA) so that an AOA Physician Profile can be generated. (B-  
19 07/04) If the individual inquiring is a prospective patient, and not a credentialer, hospital, or  
20 health plan, the only information that will be divulged at that time will be whether or not an  
21 individual is certified. (B-03/01)
- 22  
23 B. Inquiries regarding board eligibility status shall be referred to the individual specialty certifying  
24 board. The only information that will be divulged at that time will be whether or not an  
25 individual is board eligible or currently in the certification process. The inquirer will be told that  
26 all other information is confidential. Requests or demands for further information will be  
27 referred to the AOA legal counsel and that such further information shall only be divulged  
28 upon counsel being satisfied that the individual involved does not object, and that there is no  
29 possible liability that may be imposed upon the AOA, its members, and particularly the  
30 members and personnel of the affected specialty certifying board. (B-07/76)

31  
32 Section 14. Compliance with Federal and State Regulations

33 Every specialty certifying board will comply with all applicable federal and state regulations, to ensure  
34 the following:

- 35 A. Compliance with Americans with Disabilities Act (ADA): All specialty certifying boards will  
36 have a mechanism and policy in place to address and comply with ADA requirements related to  
37 the certification process.
- 38  
39 B. Compliance with the Health Insurance Portability and Accountability Act (HIPAA): All  
40 specialty certifying boards will have a mechanism and policy in place to ensure that board  
41 operations are in compliance with HIPAA privacy regulations.

42  
43 Section 15. Selection of Exam Meeting Sites

44 Due to AOA insurance coverage restrictions, AOA specialty certifying boards will not hold exams

1 outside of the United States. Selection of exam sites must be within the continental USA (board exams  
2 may be held in Hawaii and Alaska if the AOA holds its annual convention in those two states). All  
3 factors, including cost and accessibility to certification candidates, must be taken into consideration  
4 when making final site selections.  
5

## 6 7 **Article XIV. Basic Documents**

### 8 9 Section 1. Specialty Certifying Boards

- 10  
11 A. The basic documents of the specialty certifying boards shall be its bylaws and its policies and  
12 procedures, compiled and issued by each specialty certifying board in accordance with AOA  
13 requirements.  
14  
15 B. The AOA Committee on Basic Documents and Operations of Affiliated Organizations shall  
16 review all recommendations concerning the bylaws of specialty certifying boards and report its  
17 recommendations to the AOA Board of Trustees. Final action by the AOA Board of Trustees  
18 will be reported to the specialty certifying boards and the BOS. (B-07/79)  
19  
20 C. The BOS Committee on Basic Documents and Certificates shall review all recommendations  
21 concerning the policies and procedures and other process-related recommendations and  
22 forward its recommendations to the BOS for approval. (B-07/09)  
23

### 24 Section 2. Bureau of Osteopathic Specialists (BOS)

- 25  
26 A. The procedures and directives, as adopted by the BOS and the AOA Board of Trustees, shall  
27 be compiled and issued as the “Handbook of the Bureau of Osteopathic Specialists and AOA  
28 Specialty Certifying Boards” (*BOS Handbook*)  
29  
30 B. The *BOS Handbook* shall be maintained by the Secretary of the BOS and revised regularly in  
31 consultation with the Committee on Basic Documents and Operations of Affiliated  
32 Organizations, after approval by the BOS and the AOA Board of Trustees.  
33  
34

### 35 Section 3. Requirements for Certification and Continuous Certification

- 36  
37 A. The requirements for certification and continuous certification shall be published on the AOA  
38 website after changes have been approved. The fees charged by the specialty certifying boards  
39 shall be omitted, but must be included on the specialty certifying boards’ websites. (B-07/92, B-  
40 01/93, B-03-13)  
41  
42 B. The requirements for certification and continuous certification shall be updated at least annually  
43 by the Secretary of the BOS. (B-07/92)  
44

## Appendix A – AOA Specialty Certification Terminology

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

1. General Certification. The primary certification conferred on diplomates who meet the requirements in a specified field of medical practice under the jurisdiction of a certifying board. General certification represents a distinct and well-defined field of osteopathic medical practice. Certificates read, "Certified in (general field)."
2. Subspecialty Certification. Subspecialty certification conferred by a certifying board in a specific subspecialty area of the field to which that board certifies. It requires prior attainment of general certification. Certificates read, "Subspecialty Certification in (Subspecialty)."

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

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

3. Certification of Added Qualifications. Solely offered through the American Osteopathic Board of Family Physicians (AOBFP). Constitutes a modification of a general certificate to reflect additional training of at least one year in length and satisfactory completion of a certifying examination in that field. The training required for added qualifications must incorporate a specific and identifiable body of knowledge within the broader practice of the general specialty. For example, a physician can hold general certification in Family Medicine/OMT, with added qualifications in Geriatric Medicine.

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

1                   **Appendix B – List of Specialty Certifying Boards of the BOS**

2  
3                                   Anesthesiology

4                                   Dermatology

5                                   Emergency Medicine

6                                   Family Physicians

7                                   Internal Medicine

8                                   Neurology and Psychiatry

9                                   Neuromusculoskeletal Medicine

10                                  Nuclear Medicine

11                                  Obstetrics and Gynecology

12                                  Ophthalmology & Otolaryngology – Head & Neck Surgery

13                                  Orthopedic Surgery

14                                  Pathology

15                                  Pediatrics

16                                  Physical Medicine & Rehabilitation

17                                  Preventive Medicine

18                                  Proctology

19                                  Radiology

20                                  Surgery

21  
22

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

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

### Vital Records

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

- By-Laws
- Policies and Procedures
- Minutes of Meetings
- Annual Corporate Reports
- IRS Exemption Letters
- Registered Agent Filings

### Legal Records

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

### Fiscal Records

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

- 1 • Equipment Capitalization Records – 3 years after the disposition of the property
- 2
- 3 • General Ledgers – 7 years
- 4
- 5 • Investment Reports and Records – 10 years
- 6 Including investment-related decisions, investment management agreements, investment policy
- 7 statements, investment directions, investment advisor reports and agreements
- 8
- 9

10 **Personnel Records**

- 11
- 12 • Employee Policy and Procedures Manual – 7 years after each revision
- 13
- 14 • Individual Personnel Files – 7 years following the termination of employment
- 15
- 16 • Job Descriptions – 3 years after each revision
- 17

18 **Policy Records**

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

- 20
- 21
- 22
- 23 • Meeting Books and Supporting Materials
- 24 • Application and Guide Forms
- 25 • Brochures
- 26 • By-Laws
- 27 • Policies and Procedures
- 28 • Manuals
- 29 • Minutes of all Meetings
- 30 • Newsletters
- 31 • Renewal Application Forms
- 32 • Reports of Task Forces and Special Committees
- 33
- 34
- 35

## Certification Records

- Applicant information – Retained for lifetime of applicant
- Application – 10 years from date of candidate’s certification (or until certificant recertifies); or 5 years after loss of eligibility for those who do not achieve certification
- Supporting documentation to application and/or examination (including case logs) – Minimum of 6 months from date of candidate’s certification; or 5 years after loss of eligibility for those who do not achieve certification
- Certificant information – Retained for lifetime of certificant
- Recertification Application / Osteopathic Continuous Certification (OCC) Enrollment Form – 10 years from date of recertification (or until certificant completes all OCC requirements)
- Supporting documentation to recertification application, OCC enrollment form and/or examination (including case logs) – Minimum of 6 months from date of candidate’s recertification/OCC completion; or 5 years after loss of eligibility for those who do not achieve certification
- Examination booklets – At least two (2) sets of examination books for each administration – Retained for 10 years following examination administration
- Examination items – Scoreable items retained during life of item. When an item is deleted from examination item pool it will be retained for 2 years following last use on examination
- Examination score reports – Retained for 10 years following examination
- General Correspondence and Correspondence related to examination eligibility – Correspondence that restricts, denies, or delineates examination eligibility of an individual candidate – Retained with application files
- Test Specifications – Retained for 20 years following the date of the last examination for that blueprint

## Other Records

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



**Appendix D – Task Force for Conjoint Certification  
Examination Committees - Final Report**

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*Members*

- Wayne English, DO, AOBPMR, AOASM, Task Force Chair
- Daniel K. Berry Col, DO, USAF, MC, CFS, Joint Project Manager Biological Defense US Army
- Joel Bez, DO, AOBA
- Lloyd Cleaver, DO, AOBD
- Edward Elko, PhD, Chair, BOS Committee on Administrative & Board Financial Matters
- Gary Slick, DO, Executive Director, AOBIM
- J. Michael Wieting, DO, AOBPMR, Chair, BOS Standards Review Committee

- Approved by the AOA Board of Trustees February 2009**
- Revised July 2011**
- Revised March 2012**
- Revised March 2013**
- Revised August 2013**
- Revised July 2014**
- Revised July 2015**

# Bureau of Osteopathic Specialists (BOS)

## Model Operating Policies and Procedures for Conjoint Certification Examination Committees

### Introduction

In the last several years, there has been confusion on how Conjoint Certification Examination Committees should be operated. This confusion has led to misunderstandings between certifying boards as to their respective specific roles within the Conjoint Certification Examination Process. The Bureau of Osteopathic Specialists (BOS) determined that the administrative processes of the Conjoint Certification Examination Committees were in need of substantial revision to ensure their optimal operation.

It is also important for all members of our profession to understand the structure of the conjoint certification process, which includes the Department of Education representing the specialty affiliates and the AOA Division of Certification representing the specialty boards and the Bureau of Osteopathic Specialists (BOS).

In an attempt to correct this confusion, in November 2007, the BOS reactivated the Task Force for the Conjoint Certification Examination Committees. Its primary goal was to study and develop a workable operational plan to help conjoint exam committees function more efficiently. This Task Force developed a more specific framework that recommends the concept of centralizing the operations of all Conjoint Certification Examination Committees through the AOA Division of Certifying Board Services. This will ensure consistency and neutrality of operations. Under the proposed framework, the American Osteopathic Association (AOA) Division of Certifying Board Services has been created solely for the purposes of managing certifying board operations.

### Article I. Purpose

The purpose of this document is to help members of our profession better understand the conjoint certification process, which includes an education and examination arm. The two arms should be separate in structure and basic activity and should not overlap or influence the other's function. However, they should complement each other with understanding and communication to enable a smooth-functioning conjoint certification process.

This document will define the policies and procedures by which the Conjoint Examination Committees can operate successfully. These policies and procedures will be formulated and managed by the Conjoint Certification Examination Committee in conjunction with the appropriate primary board. The Bureau of Osteopathic Specialists (BOS) will approve the policies and procedures, as well as expedite, direct and guide its activities.

The approval of certifications issued through the conjoint certification process lies with the individual conjoint exam committees and the BOS. The approval of conjoint Postdoctoral Training standards lies

1 with the AOA Council on Postdoctoral Training (COPT) and the approval of training complete lies  
2 with the Conjoint Education and Evaluating Committee is acknowledged by inclusion in the AOA  
3 database.

## 4 5 6 **Article II. General Procedures**

7  
8 The Conjoint Certification Examination Committee will comply with all applicable provisions noted  
9 under Rules of Procedure as outlined in the Handbook of the AOA Bureau of Osteopathic Specialists  
10 (*BOS HANDBOOK*).

11  
12 Any conjoint exam committee that existed prior to the approval of this document may petition the  
13 BOS to be permitted to continue with their current process.

14  
15 The petition should demonstrate that:

- 16
- 17 • the process of their present exam committee is working well;
  - 18 • changing the current process to comply with this document would create an undue hardship;
  - 19 and
  - 20 • the Conjoint Certification Exam Committee will bring the process into compliance with this
  - 21 document during the next revision of their procedures. This must occur no later than 5 years
  - 22 from the date of their petition.
- 23  
24

## 25 **Article III. Mechanism to Establish a Conjoint Certification Examination Committee** 26 **to Issue a Subspecialty Certification in a New Subspecialty Area in Conjunction with** 27 **Respective Specialty Certifying Board(s)**

28  
29 In order to form a conjoint certification examination, the interested parties must submit a formal  
30 written request and complete an application. The application must include the anticipated number of  
31 trainees that are both eligible to take the proposed examination and desire to participate in the program.  
32 These materials must be submitted to the Executive Committee of the BOS to help determine the  
33 viability of, the justification for, and the demand for an ongoing program in said subspecialty. In order  
34 to be certain the program has a chance for financial success, the data must also be reviewed by the  
35 Committee on Administration and Finance of the BOS. This will help maintain the longevity of the  
36 new conjoint certification process.

37  
38 If this proposal is adopted, it would be recommended that the AOA add another full time position to  
39 assist the AOA Division of Certifying Board Services because the Division is not currently staffed or  
40 financed to accommodate the above mentioned services.

41  
42 Please refer to Article II - Specialty Boards Requesting Jurisdiction in a New Specialty Field and Article  
43 III - Dormancy and Relinquishing Jurisdiction for Examinations of the *BOS Handbook* for guidelines  
44 pertaining to the remainder of the process for establishing a subspecialty certification.

**Article IV. Mechanism to Withdraw (BOT A/2011)**Section 1. Requirements of Specialty Certifying Board

Any specialty certifying board withdrawing from the Conjoint Certification Examination Committee must:

- A. Present (in writing) the reasons for withdrawal to both the Conjoint Certification Examination Committee and the Executive Committee of the BOS.
- B. Provide an OCC process plan for its diplomates.
- C. Issue certificates of certification and successful completion of OCC for those eligible candidates from the withdrawing specialty certifying board's specialty (see Article IX).
- D. Continue to send representation to the Conjoint Certification Examination Committee for that specialty as long as there are active diplomates from that board's specialty area.

Section 2. Requirements of Conjoint Certification Examination Committee

The Conjoint Certification Examination Committee must send a letter to the Jurisdiction Committee of the BOS stating that the Conjoint Certification Examination Committee will continue the OCC process for the currently certified members of the withdrawing specialty certifying board.

Section 3. Fees

Any funds generated as a result of the OCC process will stay with the Conjoint Certification Examination Committee, not the withdrawing specialty certifying board. The Conjoint Certification Examination Committee will reimburse the withdrawing specialty certifying board the cost for the issuance of certificates for continuous maintenance of the subspecialty certification.

**Article V. Conjoint Certification Examination Committee Membership**Section 1. Appointment of Members

Participating specialty certifying boards are responsible for appointing one representative and one alternate representative to serve as members on the Conjoint Certification Examination Committee. The participating specialty certifying board's representative and alternate must be certified by their respective specialty certifying board.

Ideally, the representatives on the Conjoint Certification Examination Committee will have a subspecialty certification in the secondary specialty being managed by the Conjoint Certification Examination Committee. In the cases of newly developing Conjoint Certification Examination Committees, this subspecialty certification membership requirement will not be feasible. All Conjoint Certification Examination Committee representatives must have completed an item writing training program within two (2) years of being appointed to the Conjoint Certification Examination Committee.

Section 2. Term of Membership.

The length of membership is nine (9) years. The term of membership may be extended upon approval of the Conjoint Certification Examination Committee and the respective specialty certifying boards.

1 Section 3. Responsibility of Members.

2 The Conjoint Certification Examination Committee is responsible for the management of the  
3 committee, policy decisions, procedures, enforcement of the policies and procedures as well as item  
4 writing, item banking and other items relative to the examination construction.  
5

6 Section 4. Provision for Resignation.

7 If a member of the Conjoint Certification Examination Committee resigns, it is the responsibility of the  
8 member's specialty certifying board to appoint a new representative to complete the term on the  
9 Conjoint Certification Examination Committee.  
10

11 Section 5. Officers

12 Officers of the Conjoint Certification Examination Committee shall include a Chair, Vice-Chair,  
13 Secretary and Treasurer. In order to promote equity for the participating specialty certifying boards and  
14 their representatives on the Conjoint Certification Examination Committee, the leadership may be  
15 rotated amongst the participating specialty certifying boards. In cases where there are fewer represented  
16 participating specialty certifying boards than leadership positions, then a rotating schedule for the Chair  
17 should be followed in order to provide parity amongst the participating specialty certifying boards.  
18

19 Section 6. Terms of Office.

20 To efficiently accomplish these objectives, a slate of Conjoint Certification Examination officers is  
21 elected for a three (3) year term with elections occurring every three (3) years. The Conjoint  
22 Certification Examination Committee should develop a mechanism to rotate the Chair and Vice-Chair  
23 positions amongst the specialty certifying board representatives.  
24

25 Section 7. Qualifications for Item Writers

26 Item writers must be certified by their respective specialty certifying board and must hold a subspecialty  
27 certification in the specialty being managed by the Conjoint Certification Examination Committee. In  
28 the case of a newly developing conjoint subspecialty certification examination, this subspecialty  
29 certification requirement will not be feasible. In those instances when item writers do not hold a  
30 subspecialty certification in the specialty being managed by the Conjoint Certification Examination  
31 Committee but are considered to be subject experts in their respective fields, the officers of the  
32 Conjoint Certification Examination Committee have the authority to approve/disapprove all materials  
33 submitted by these subject experts.  
34

35 Section 8. Representation and Voting Privileges on the BOS Assembly

36 The Conjoint Certification Examination Committee does not have formal representation or voting  
37 privileges on the BOS. However, the specific participating specialty certifying boards will represent the  
38 interests of the Conjoint Certification Examination Committee during BOS meetings.  
39  
40

41 **Article VI. Meetings**

42 Section 1. Annual Meeting

43 Each Conjoint Certification Examination Committee shall hold at least (1) one annual meeting; and  
44

1 additional meetings as necessary, to transact business.

2  
3 Section 2. Special Meetings

4 Special meetings, deemed necessary for the transaction of business, of a Conjoint Certification  
5 Examination Committee may be called by the Chair of the Conjoint Certification Examination  
6 Committee or by a majority vote of the total membership of the Conjoint Certification Examination  
7 Committee. Notice of the meeting shall be mailed (electronically or postal) to each member of the  
8 Conjoint Certification Examination Committee by the Secretary or Treasurer of the Conjoint  
9 Certification Examination Committee (assisted by THE AOA DIVISION OF Certifying Board  
10 Services, if necessary) not less than thirty (30) days prior to the proposed meeting date.

11  
12 Section 3. Quorum

13 For the transaction of business at any meeting of the Conjoint Certification Examination Committee, a  
14 simple majority of members shall constitute a quorum.

15  
16 For the transaction of business at any meeting of a two (2) member Conjoint Certification Examination  
17 Committee, both members must be present. In a situation where a Conjoint Certification Examination  
18 Committee consists of two (2) members, and if both members cannot agree, the Chair of the BOS will  
19 make the final decision.

20  
21 Section 4. Governing Rules

22 Meetings of the Conjoint Certification Examination Committee shall be governed by *Robert's Rules of*  
23 *Order, Newly Revised*, unless otherwise specified.

24  
25 Section 5. Order of Business

- 26 A. Call to Order  
27 B. Roll Call  
28 C. Report of Secretary-Treasurer  
29 D. Communications  
30 E. Report of Ad Hoc Committee(s) (*optional*)  
31 F. Old Business  
32 G. New Business  
33 H. Adjournment  
34  
35  
36

## Article VII. Ad Hoc Committees

The Conjoint Certification Examination Committee may create ad hoc committees as necessary for ITS efficient and satisfactory operation and function.

Each of the representing boards shall send a member of their own Appeal Committee as alternate members to form an ad hoc Appeal Committee to hear appeals and attempt to resolve any misunderstandings. As these members will not be involved with the construction, administration or correction of the examination, there should be no fear of bias in any way.

The member on the Conjoint Certification Examination Committee representing his/her specialty certifying board will serve as the liaison between the Conjoint Certification Examination Committee and his/her respective specialty certifying board. The liaison's primary duty will be to address any problems or discrepancies regarding qualification of candidates of their respective primary specialty.

## Article VIII. Funding and Business Plan

In order to ensure that all new conjoint subspecialty certification examinations and conjoint subspecialty certification cognitive assessments for OCC will have financial stability, all participating specialty certifying board members on the Conjoint Certification Examination Committee, in consultation with the AOA Division of Certifying Board Services, will develop the following:

### Section 1. An Examination Development Fund

An examination development fund is required in order to meet the expenses incurred for developing the conjoint certification examination such as:

- Marketing the availability of the conjoint subspecialty certification examination
- Developing and printing the applications
- Determining the number of diplomates available to take the conjoint subspecialty certification examination
- Developing and mailing the job task analysis
- Developing the conjoint subspecialty certification examination blueprint
- Constructing and proofreading the conjoint subspecialty certification examination
- Printing and securing the conjoint subspecialty certification examination
- Staff secretarial costs
- Travel costs for Conjoint Certification Examination Committee members
- Psychometric evaluation and administration of the conjoint subspecialty certification examination

All specialty certifying boards participating in the conjoint subspecialty certification examination will share the financial responsibility for the examination development fund equally. If a specialty certifying

1 board decides to join the conjoint certification process after the initial exam is developed, the specialty  
2 certifying board will contribute 125% of the initial equal contribution of an original participating  
3 specialty certifying board.

#### 4 5 Section 2. A Maintenance Examination Fund

6 To ensure that future conjoint subspecialty certification examination(s) have financial stability, a  
7 separate maintenance examination fund will be developed and that fund will be placed in a separate  
8 maintenance bank account for each Conjoint Certification Examination Committee. All specialty  
9 certifying boards participating in the conjoint subspecialty certification examination process will share  
10 the financial responsibility for the examination maintenance fund equally.

11  
12 A maintenance examination fund is required of all new and existing conjoint subspecialty certification  
13 examinations. All specialty certifying boards participating in a conjoint subspecialty certification  
14 examination will be given a three (3) year period to create and obtain their respective portion of this  
15 fund.

#### 16 17 Section 3. Plans for Staffing

18 The operational agency available to provide this quality service to a Conjoint Certification Examination  
19 Committee is the AOA Division of Certifying Board Services. In cases where the expenses are higher  
20 than revenue, each participating specialty certifying board will be required to contribute proportionally  
21 (based upon the proportion of candidates taking the conjoint examination) to rectify the financial  
22 deficit.

#### 23 24 Section 4. Examination Fees

25 All examination fees, payments and elapsed-time restrictions will be determined by each specific  
26 Conjoint Certification Examination Committee in conjunction with the respective participating  
27 specialty certifying boards. These funds will be utilized to resolve the expenses incurred in the  
28 development of the specific conjoint examination as stated in Section 1.

#### 29 30 Section 5. Collection of Fees (B-03/12)

31 Sixty percent (60%) of incoming application and examination fees collected by the Conjoint  
32 Certification Examination Committees will be retained by the committee for costs relating to the  
33 administration of the Conjoint Certification Examination Committee and to fully fund the committee's  
34 emergency reserve fund. The remaining 40% of fees collected are to be forwarded back to the boards  
35 on a pro rata basis.

### 36 37 **Article IX. Establishment of Candidate Eligibility Requirements**

#### 38 39 Section 1. Conjoint Subspecialty Certification Examination Committee Responsibility

40 It is the responsibility of each Conjoint Certification Examination Committee, in conjunction with the  
41 participating specialty certifying boards, to determine and periodically review the requirements within  
42 the BOS guidelines for candidate eligibility and certification maintenance.



1 The participating members on the Conjoint Certification Examination Committee, as representatives of  
2 their specialty certifying boards, will serve as liaison between the Conjoint Certification Examination  
3 Committee and his/her respective specialty certifying board to address certification requirements and  
4 timely approval of candidates' eligibility status.

#### 5 6 Section 2. Candidate Eligibility Requirements

7 At a minimum, the eligibility requirements for candidates to sit for the conjoint subspecialty  
8 certification examination will be as follows:

- 9
- 10 A. AOA Membership. The candidate must be a member in good standing with the AOA at the  
11 time of the application process.
  - 12
  - 13 B. Primary AOA specialty board certification through one of the participating conjoint specialty  
14 certifying boards.
  - 15
  - 16 C. Training Program Requirements. The candidate must have one of the following:  
17
    - 18 1. Completed the AOA training requirements for the conjoint subspecialty certification  
19 examination
    - 20 2. The practice requirements if established for a clinical pathway
    - 21 3. An AOA-approved training program (where applicable).

22  
23 AOA board-certified physicians with formal AOA-recognized ACGME training in the specialty  
24 will be considered board eligible for the subspecialty certification examination regardless of the  
25 participation of their primary certifying board in the Conjoint Certification Examination  
26 Committee. (B-02/14)

#### 27 28 Section 3. Clinical Pathway

- 29
- 30 A. The Conjoint Certification Examination Committee may establish a clinical pathway for those  
31 candidates that have clinical experience in the field but did not complete an AOA-approved  
32 program.
  - 33
  - 34 B. The criteria for this pathway are established by the Conjoint Certification Examination  
35 Committee in conjunction with the participating specialty certifying boards; such criteria must  
36 be approved by the BOS in conjunction with the AOA. The clinical pathway may include CME  
37 requirements, previous certifications, training approval, sufficient clinical experience, etc.
  - 38
  - 39 C. Clinical pathways will close after a maximum of five (5) years, as established by the Conjoint  
40 Certification Examination Committee. Following the clinical pathway period, candidates will  
41 not be eligible to receive the subspecialty certification without entrance into and completion of  
42 an AOA-approved fellowship training program.
- 43  
44

## Article X. Published Requirements to Receive Certification

The Conjoint Certification Examination Committee will publish the minimum requirements for a candidate to receive certification from the AOA. These shall include all the requirements noted under Article IX plus the following:

- A. Successful completion of the appropriate certification examination(s).
- B. Any additional requirements the Conjoint Certification Examination Committee chooses to establish. These requirements may include years of specialty practice, case records, scientific paper(s), published article(s), etc.

## Article XI. Rules for the Conduct of Examinations

### Section 1. Examination Components

Components of the examination include when, where, how, and by whom the exam will be conducted; subjects to be covered; the definition of a passing score; average (if applicable); reexamination conditions; further study requirements; and notification to candidates. The respective Conjoint Certification Examination Committee, in conjunction with the participating specialty certifying boards, will determine these components, which must be in compliance with BOS requirements and regulations.

### Section 2. Item Writers

The length of time that must elapse before an item writer/reviewer can sit for examination will be determined by the Conjoint Certification Examination Committee in conjunction with the respective participating specialty certifying boards. An item writer will receive a “pass” for taking the conjoint OCC cognitive assessment examination if he/she is writing examination questions during his/her period of service on the Conjoint Certification Examination Committee.

### Section 3. Appeal Process

If a candidate feels the actions of the Conjoint Certification Examination Committee, with regard to any part of the examination, constitute unequal application of the standards, regulations and requirements, unwarranted discrimination, prejudice, unfairness or improper conduct of the examination, he/she has the right to appeal to the ad hoc Appeal Committee which will be composed of alternate members from each participating primary specialty board. The alternate conjoint Certification Examination Committee members will represent their separate primary boards and at the same time have knowledge of the entire body of material included in the testing process at the Conjoint Certification Examination Committee level.

Attempts will be made to resolve the misunderstanding by this knowledgeable, multidisciplinary committee. However, if the candidate is not satisfied with the results of an appeal before the ad hoc Appeals Committee, he/she has the right to further appeal to the BOS and the AOA Board of Trustees (BOT).

## Article XII. Certificates

### Section 1. Issuance of Certificates

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

### Section 2. Issuance of Certificates – Boards Which Have Withdrawn

For candidates who had initiated the certification process prior to a specialty certifying board's withdrawal from a Conjoint Certification Examination Committee, the applicable primary specialty certifying board will issue certificates of certification and OCC completion, to be reimbursed by the Conjoint Certification Examination Committee.

### Section 3. Revocation

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

### Section 4. Osteopathic Continuous Certification

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

### Section 5. Terminology

Certificates will be issued through the participating specialty certifying boards with terminology that read:

- A. For physicians holding primary certification through the American Osteopathic Board of Family Physicians (AOBFP):
  - Certification of Added Qualifications in (Subspecialty)
  - Demonstrates Excellence through Compliance with all Requirements for Osteopathic Continuous Certification for Certification of Added Qualifications in (Subspecialty)
- B. For physicians holding primary certification through all other AOA specialty certifying boards:
  - Subspecialty Certification in (Subspecialty)
  - Demonstrates Excellence through Compliance with all Requirements for Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)

## Article XIII. Reentry into the Certification Process

A candidate whose subspecialty certification eligibility status has been terminated cannot re-register for board eligibility status, but may be eligible to petition the Conjoint Certification Examination Committee for re-entry into the certification process as outlined within the *BOS Handbook*.

## 1 GLOSSARY

2  
3 **In order to clarify terminology, avoid misunderstanding and maintain uniformity, the Task**  
4 **Force recommends the following glossary of terms as a starting point to develop an acceptable**  
5 **and understandable list of definitions for the profession.**

6  
7 Glossary (or definition) of Terms as used in this document:

8  
9 **American Osteopathic Association (AOA)** - The AOA is the national organization for the  
10 advancement of osteopathic medicine in the United States, and the professional association for over  
11 48,000 physicians. The AOA accredits the Colleges of Osteopathic Medicine, osteopathic internship  
12 and residency programs, and healthcare facilities.

13  
14 **Board Certification** - A process by which an agency or association grants recognition by examination  
15 to an individual who has met certain predetermined qualifications specified by that agency or  
16 association.

17  
18 **Board Eligibility** – Denotes those candidates who have successfully completed an approved training  
19 program and evaluation process assessing their ability to provide quality patient care in a specific  
20 specialty. This creates eligibility status to participate in the specific certification board examination.

21  
22 **Certification** – A voluntary process intended to assure the public that a certified medical specialist has  
23 successfully completed an approved educational program and an evaluation including an examination  
24 process to assess the knowledge, experience, and skill requisite to the provision of high-quality patient  
25 care in a specialty. Certification boards determine whether candidates have received appropriate  
26 preparation in approved residency training programs in accordance with established educational  
27 standards, evaluate candidates with comprehensive examinations, and certify those who have satisfied  
28 the board requirements.

29  
30 **Conjoint Certification Process** - When the identifiable body of knowledge for certification of added  
31 qualifications overlaps more than one specialty or subspecialty area, a conjoint examination process  
32 may be developed by the corresponding certifying Boards.

33 The Educational Component or Arm of the Conjoint Certification Process will be addressed and  
34 managed by AOA COPT. The COPT approves all specialty training standards. The Examination  
35 Portion of the Conjoint Certification Process will be managed by the Conjoint Subspecialty  
36 Certification Examination Committee.

37  
38 **Council on Postdoctoral Training (COPT)** – The COPT recommends policies for osteopathic  
39 graduate medical education programs to the AOA Bureau of Education for review and  
40 recommendation to the AOA Board of Trustees for its final action. The COPT receives informational  
41 reports from its subordinated Program and Trainee Review Council (PTRC) and the Council on  
42 Osteopathic Postdoctoral Training Institutions (COPTI).

- 1 **Fellowship** - training in a subspecialty occurring subsequent to a primary residency, not to be confused  
2 with the honorary status conferred by specialty colleges and practice affiliates.  
3
- 4 **General (Primary) Certification** - the primary certification conferred on diplomates who meet the  
5 requirements in a specified field of medical practice under the jurisdiction of a Specialty Certifying  
6 Board. General certification represents a distinct and well defined field of osteopathic medical practice.  
7
- 8 **Subspecialty Certification** (formerly known as Certification of Added Qualifications (CAQ) and  
9 Certification of Special Qualifications - denotes a modification of a primary or Subspecialty  
10 Certification. Depending on the requirements for each Subspecialty Certification, MAINTENANCE of  
11 valid primary or Subspecialty Certification from which the added qualification was modified may be  
12 required.  
13

1           **Appendix E – Model Form: Notification Sent to Candidates by**  
2           **Specialty Certifying Boards When They Have Successfully Completed**  
3           **Examination**  
4  
5

6 Dear Doctor (insert name here):  
7

8 We are pleased to inform you that you have successfully completed and passed the examination for  
9 certification in (insert designation of specialty, subspecialty and/or added qualifications).  
10

11 Your credentials will be (or, have been) transmitted to the Bureau of Osteopathic Specialists of the  
12 American Osteopathic Association (AOA) with the recommendation for its approval of your  
13 certification.  
14

15 After approval of your certification is received from the Bureau of Osteopathic Specialists, your  
16 certificate will be printed and registered here and in the AOA Central Office. You should then receive  
17 your certificate within approximately sixty (60) days.  
18

19 Sincerely yours,  
20  
21  
22  
23

24 Secretary  
25 Certifying Board  
26  
27  
28  
29

**Appendix F – Appeal Petition**

To: American Osteopathic Association  
 Bureau of Osteopathic Specialists  
 C/O Department of Education  
 142 E. Ontario  
 Chicago, Illinois 60611

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

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

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

- 1
- 2 H. It is entirely within the discretion of the Appeal Committee whether to call for and review
- 3 patient charts in response to fact allegations contained herein. Such review would take place in
- 4 executive session.
- 5
- 6 I. The calling of witnesses other than the appellant and the representative of the Specialty
- 7 Certifying Board is solely within the discretion of the Appeal Committee. It is also within the
- 8 discretion of the Appeal Committee as to whether the parties may examine witnesses or if such
- 9 examination will be conducted by the Appeal Committee alone.
- 10
- 11 J. If the appellant is contemplating calling a witness(es), the names(s) must be submitted to the
- 12 Secretary of the Bureau of Osteopathic Specialists, along with a general statement as to the
- 13 anticipated testimony, no later than thirty (30) days prior to the date of the hearing.
- 14

15 **My petition is based on the following facts:**

16  
17  
18  
19  
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26

\_\_\_\_\_

**Appellant Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Printed Name - Appellant**



## Appendix G – Model Resolution Verbiage

### *For the Establishment of a New Specialty Certifying Board:*

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

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

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

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

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

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

## Appendix H – Applicant Statement

1  
2  
3 I hereby make application to the American Osteopathic Board of \_\_\_\_\_ (AOB\_\_\_)  
4 for examination leading to (Primary, Certification of Special Qualifications, Certification of Added  
5 Qualifications, Completion of OCC Requirements) certification in \_\_\_\_\_. This action is  
6 made in accordance with and subject to the Bylaws and Policies and Procedures of the AOB  
7 \_\_\_\_\_ and the American Osteopathic Association (AOA).  
8

9 I understand that the certifying examination is a proprietary document of the AOB\_\_\_ and the AOA  
10 and that I do not and will not have the right to review the examination or any examination questions at  
11 any time prior to or following the administration of the examination. I also understand that my  
12 examination score, subscale scores, and performance information shall be the property of the AOA and  
13 the AOB\_\_\_ and understand they may provide aggregated examination information on a confidential  
14 basis to (Specialty College) for purposes of improving postdoctoral education programs.  
15

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

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

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

33 I hereby release, discharge, exonerate, and agree to hold harmless the AOA, the AOB\_\_\_, their  
34 members, examiners, trustees, officers, representatives, and agents and free from any action, suit,  
35 obligation, damage, expense, claim, demand, or complaint by reason of any action they or any one of  
36 them may take in connection with this application, such certifying examinations, the grade or grades  
37 given with respect to any certifying examination, and/or the failure of the AOB\_\_\_ to recommend  
38 issuance to me of such certification, or the revocation of any certification issued pursuant to this  
39 application.  
40  
41

1 It is understood that the decision as to whether my performance on any certification examination  
2 qualifies me for certification rests solely and exclusively with the AOB\_\_\_ and the AOA and that their  
3 decision is final. I also agree that the extent of any liability arising out of errors or omissions or other  
4 misconduct of the AOB\_\_ or the AOA shall be limited to the amount of fees paid to the AOB\_\_\_\_\_  
5 and AOA in connection with the board certification process.  
6

7 In the event that any dispute that shall arise concerning the certifying examination's content and/or  
8 administration, or any other issue relating to the certification process, I understand that the AOA has  
9 an administrative appeal process available and I agree to first pursue all available administrative appeals  
10 and internal reviews before pursuing any other forms of relief.  
11

12 I further agree that Illinois law, without regard to its provisions concerning conflict of laws, shall apply  
13 to the resolution of any dispute that I may have with the AOB\_\_\_\_ or the AOA.  
14

15 I have this day carefully read and agreed to full compliance with the foregoing.  
16

17 I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
18  
19

20 \_\_\_\_\_  
21 Signature

\_\_\_\_\_  
Print

## Appendix I - Application for Jurisdiction

**PURPOSE**

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

**GENERAL REQUIREMENTS AND DEADLINES FOR SUBMISSION**

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

Date of application submission: \_\_\_\_\_  
 AOA Board requesting Jurisdiction: American Osteopathic Board of: \_\_\_\_\_  
 Area of jurisdiction being requested: \_\_\_\_\_

**Please circle the appropriate classification this jurisdiction request:**

Primary Certification                      Certification of Special Qualifications                      Certification of Added Qualifications

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

| Primary Certifications | Certifications of Special Qualifications | Certifications of Added Qualifications |
|------------------------|--|--|
|                        |  |  |
|                        |  |  |
|                        |  |  |

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

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

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

**Please check appropriate box:**

Proposed Residency Standards attached.

Approved Residency Standards attached.

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

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

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

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- VIII. Include a listing of at least five qualified subject matter experts in the new specialty area that have committed to serving on the exam committee for this new area of jurisdiction. Please include their name, AOA number, and certifications as well as the dates and locations of all their residencies. Also include the percent of the physician’s practice that is spent working in this new specialty area. A letter of commitment from each subject matter expert must be submitted with this application.
- IX. Please include a detailed business plan detailing how it will fund the development and administration of the exam. Costs and demonstration of funds should be detailed for the following major exam development areas: job analysis/table of specifications; item writing; exam scoring; and standard setting. Costs and demonstration of funds should be detailed for the following major exam administration areas: item collection/item banking; exam creation/printing; and exam proctoring.

Contact Jeffrey Kramer ([jkramer@osteopathic.org](mailto:jkramer@osteopathic.org), 312-202-8191, with any questions.

**FOR OFFICE USE ONLY**

Date that the copy was sent to all Boards: \_\_\_\_\_

Date due back from boards: \_\_\_\_\_

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

Date received by AOA office: \_\_\_\_\_

- Listing of areas of jurisdiction provided
- Definition of proposed area of jurisdiction provided
- Listing of physicians practicing the area of jurisdiction being requested
- Documentation of subject matter experts for test construction
- Copy of proposed or approved residency standards
- Proposed for requirements for certification provided
- Business plan

Date of initial review of application by BOS Jurisdiction Committee: \_\_\_\_\_

Additional dates: \_\_\_\_\_

Final disposition of request: \_\_\_\_\_

## Appendix J – Guidelines for AOA Certification Exam Standards Report Form

### GENERAL QUESTIONS

Name of board \_\_\_\_\_

Name of exam \_\_\_\_\_

Type of certification:     Primary  
                                        Subspecialty (May stand alone after attainment)  
                                        Subspecialty (Primary Certification must be maintained)  
                                        OCC Cognitive Assessment

Candidate Fees: \_\_\_\_\_

For how many years is the certificate time-dated? \_\_\_\_\_

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

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

### Section I. Planning the Exam - Table of Test Specifications

#### I.A. Learning Outcomes

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

#### I.B. Content Areas

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

#### I.C. Table of Specifications

I.C.1. Has a job analysis been completed AND fully documented?    Please attach a summary report of the job analysis.

I.C.2. Does each item have a recorded learning objective?

I.C.3. Please attach your Table of Test Specifications (exam blueprint/outline). If you have separate Tables for each exam part (written, oral, clinical), please attach all portions.

I.C.4. What other types of data or information have been utilized in the development of the Table?

I.C.5. What is the rationale for the exam?

## Section II. Writing, Harvesting and Reviewing of Exam Items

### II.A. Item Writing

II.A.1. Please attach the item writing rules/guidelines that are distributed to your item writers.

II.A.2. What percent of these item types are on each part (written, clinical, oral) of your exam?

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

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

### II.B. Item Harvesting

II.B.1. Describe your formal item-writer training program.

II.B.2. Has each of your item writers or reviewers completed this training?

II.B.3. Describe your systematic process for collecting new items.

II.B.4. Is your item banking program computerized? If yes, what's the name of the item banking program?

II.B.5. Does your item banking program record the item text AND item statistics?

II.B.6. Describe your item collection and review process, including the qualifications of each item writer or reviewer.



## Qualifications

II.B.7. Do you pretest/pilot-test new exam items?

II.B.8. What percentage of items is used from the previous exam?

II.B.9. Please check which variables are recorded for each item in your item bank.

- |   |  |
|---|--|
| <input type="checkbox"/> Specific learning outcome                    | <input type="checkbox"/> Difficulty                                |
| <input type="checkbox"/> Learning outcome classification (from Table) | <input type="checkbox"/> Discrimination or fit                     |
| <input type="checkbox"/> Content area classification (from Table)     | <input type="checkbox"/> point-biserial                            |
| <input type="checkbox"/> Reference source                             | <input type="checkbox"/> standard error or single item reliability |
| <input type="checkbox"/> Author                                       |  |

## Section III. Proctoring the Exam

### III.A. Proctor

III.A.1. Is at least one board member always present during the exam administration?

### III.B. Security

III.B.1. What process is followed to ensure proper candidate identification for writtens, orals and/or clinicals?

III.B.2. What procedure is followed to ensure security of the exam items for writtens, orals and/or clinicals?

## **Section IV. Computerized Exam Scoring**

### IV.A. Data Cleaning

IV.A.1. Are the exam answer sheets hand or computer scored? Is the data file examined for entry errors?

## **IV.B. Key Validation**

- IV.B.1. Do you complete a computerized key validation or preliminary item analysis?
- IV.B.2. What is the name of your item analysis program?

## **IV.C. Item Analysis**

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

## **Section V. The Pass/Fail Decision**

### **V.A. Standard Setting Method**

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

## Section VI. Reporting to Candidates

- VI.A.1. In what form are final scores reported to examinees (Pass/Fail, raw, % right, percentile, etc.)? Please attach a sample candidate score report.
- VI.A.2. In what form do you regularly report subscale (content area) scores?
- VI.A.3. Upon a candidate's special request, what other information will be provided about their performance?
- VI.A.4. If a candidate requests a rescoring of their exam, describe your procedure and charge for this review.
- VI.A.5. From the date of administration, approximately how long does it take for candidates to receive notice of their pass/fail decision?

## Section VII. Ongoing Evaluation/Validity Studies

VII.A.1. Please list the evaluation/validity studies or internal reports that your Board has completed as well as studies that are planned in the near future. Include the name of the study, the year(s) and primary investigator(s) and the source where they can be obtained. Please attach published papers, final reports or summaries of the studies.

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### ORAL EXAM

Do you conduct an oral exam?

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

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

## **CLINICAL EXAM**

Do you conduct a clinical exam?

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

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

## Appendix K – Board Eligibility Process

