BOARD OF TRUSTEES’ REFERENCE COMMITTEE DESCRIPTIONS:

- Reference Committee 1 - Review and consider matters relating to Accreditation, Certification, CME, and Predoctoral and Postdoctoral Education issues.
- Reference Committee 2 - Review and consider matters relating to Business and Professional Affairs issues.
- Reference Committee 3 - Review and consider matters relating to Advocacy and Membership issues.
- Reference Committee 4 - Review and consider matters relating to Public Affairs and Research issues.

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<th>BOT Action</th>
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# AOA BOARD OF TRUSTEES ANNUAL MEETING

## A/2018 MEETING

### BOT RESOLUTION ROSTER

As of July 19, 2018

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<td>B-17</td>
<td>Proposed Revisions to the Handbook of the Bureau of Osteopathic Specialists</td>
<td>BOS</td>
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WHEREAS, Resolution B-9 M/2017 changes Continuous Medical Education (CME) Requirements for fulfilling Osteopathic Continuous Certification (OCC) Component 2, requiring Diplomates to complete a minimum of 60 hours of specialty CME during the 2019-2021 CME cycle; and

WHEREAS, Resolution B-9 M/2017 further directs each certifying board to establish specialty CME requirements and standards to guide Diplomates on how to fulfill specialty CME requirements for OCC Component 2 as defined by each specialty certifying board; and

WHEREAS, the Bureau of Osteopathic Specialists has established those CME requirements by reviewing and updating the CME Guide for Osteopathic Physicians; now, therefore, be it

RESOLVED, that the 2019-2021 CME Guide for Osteopathic Physicians be approved.

Explanatory Statement:

BOT Reference Committee Explanatory Statement:
The Committee recommends referral to BOS to define specialty specific CME and clarify the osteopathic and non-osteopathic CME 1-A, 1-B, 2-A, 2-B credit requirements in the table “CME REQUIREMENTS BY SPECIALTY CERTIFYING BOARD PER 3-YEAR AOA CYCLE:” beginning on page 4, line 4.

ACTION TAKEN REFERRED (to the Bureau of Osteopathic Specialists)

DATE July 19, 2018
CONTINUING MEDICAL EDUCATION

GUIDE FOR OSTEOPATHIC PHYSICIANS

2019 – 2021

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Statement of Purpose

The purpose of the Continuing Medical Education Program (CME) of the American Osteopathic Association (AOA) is to maintain and increase the medical knowledge and skills of the osteopathic physician. The ultimate goals of continuing medical education are continued excellence of patient care and improving the health and well-being of the individual patient and the public.

The American Osteopathic Association’s mandatory program of continuing medical education is designed to encourage and assist osteopathic physicians in achieving these objectives and goals.

The AOA’s CME program is implemented by granting credits to osteopathic physicians for participation in approved CME activities sponsored by recognized organizations, institutions and agencies. Specifically excluded from granting credit are educational programs that lead to formal advanced degrees within the profession, these include pre-doctoral courses in colleges of osteopathic medicine, internships, residencies and fellowships.

Accredited educational activities may be formal or informal, full time or part time activities, which may include, but are not limited to, scientific seminars, workshops, refresher and postgraduate courses, lectures, home study, and local, state, regional and national medical meetings. The American Osteopathic Association grants CME credits to osteopathic physicians for their participation in educational activities that meet specific criteria.

For a more detailed description of the various types of osteopathic CME credits, and the criteria allocated to each type of credit, please refer to this “AOA CME Guide for Osteopathic Physicians.”

Effective January 1, 2013, all American Osteopathic Association (AOA) Specialty Certifying Boards implemented a continuous certification process for osteopathic physicians, called “Osteopathic Continuous Certification (OCC).” This “AOA CME Guide for Osteopathic Physicians” is intended to outline the requirements for OCC Component 2: Lifelong Learning/Continuing Medical Education (CME), and the activities that may serve to meet those requirements.

These requirements are required of all physicians who hold osteopathic board certification through the AOA and its 18 specialty certifying boards (also known as diplomates). The AOA recommends that diplomates who hold non-time-limited certifications participate in the lifelong learning/CME requirement as outlined below. Diplomates who hold time-limited certifications must complete the lifelong learning/CME requirement as outlined below in addition to the other components of OCC.

CME Requirements

All diplomates certified by members of the American Osteopathic Association (AOA) are required to participate in the Continuing Medical Education (CME) program and to meet specified CME credit hour requirements for the 2016-2019 CME cycle as part of Osteopathic Continuous Certification (OCC) Component 2, unless exempted from this process by disability or membership status.

One hundred and twenty (120) CME credits are required for membership in the American Osteopathic Association within this three-year cycle, beginning January 1, 2016 and ending December 31, 2018. Of this total, thirty (30) CME credits must be obtained in Category 1-A and the remaining ninety (90) CME credit may be obtained with either Category 1-A, 1-B, 2-A, or 2-B credits. The number of CME credits required is set by each specialty certifying board. Physicians entering the program in mid-cycle will have their credit requirements prorated (as outlined in...
APPENDIX A. A physician’s CME Activity Report will outline his or her total CME requirement and the amount of credits required in Categories 1 and 2. The chart below lists the requirements by specialty board.

### CME Requirements by Specialty Certifying Board Per 3-Year AOA Cycle:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Total Requirement</th>
<th>Category 1-A AND/OR 1-B Requirement</th>
<th>Category 2-A AND/OR 2-B (AMA PRA) Requirement</th>
<th>Subspecialty Requirement</th>
<th>Special Notes</th>
</tr>
</thead>
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<tr>
<td>Anesthesiology (AOBA)</td>
<td>75 credits of specialty-specific CME</td>
<td>18 credits (25%) must be from an AOA accredited category 1-A or AMA PRA category 1 sponsor (2-A)</td>
<td>No specific requirement</td>
<td>18 credits of subspecialty-specific CME required for each subspecialty certificate held</td>
<td>A maximum of 12 specialty CME credits will be granted for serving as a preceptor</td>
</tr>
<tr>
<td>Dermatology (AOBD)</td>
<td>60 credits of specialty-specific CME</td>
<td>15 credits must be from an AOA accredited category 1-A sponsor</td>
<td>15 credits of subspecialty-specific CME required for each subspecialty certificate held</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine (AOBEM)</td>
<td>150 total with 60 specialty-specific CME</td>
<td>No specific requirement</td>
<td>No specific requirement</td>
<td>15 credits of subspecialty-specific CME required for each subspecialty certificate held</td>
<td></td>
</tr>
<tr>
<td>Family Practice (AOBFP)</td>
<td>150 total credits</td>
<td>75 credits must be AOA category 1 CME. Of that, 25 hours must be AOA category 1-A.</td>
<td>Maximum 75 credits can count towards the total.</td>
<td>15 credits of subspecialty-specific CME required for each</td>
<td></td>
</tr>
<tr>
<td>SPECIALTY:</td>
<td>TOTAL REQUIREMENT:</td>
<td>CATEGORY 1-A AND/OR 1-B REQUIREMENT:</td>
<td>CATEGORY 2-A AND/OR 2-B (AMA PRA) REQUIREMENT:</td>
<td>SUBSPECIALTY REQUIREMENT: (*PLEASE NOTE SUBSPECIALTY CME COUNTS TOWARDS THE OVERALL CME REQUIREMENT)</td>
<td>SPECIAL NOTES:</td>
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</tr>
<tr>
<td>INTERNAL MEDICINE (AOBIM)</td>
<td>60 CREDITS OF SPECIALTY-SPECIFIC CME</td>
<td>NO SPECIFIC REQUIREMENT</td>
<td>NO SPECIFIC REQUIREMENT</td>
<td>15 CREDITS OF SUBSPECIALTY-SPECIFIC CME REQUIRED FOR EACH SUBSPECIALTY CERTIFICATE HELD</td>
<td></td>
</tr>
<tr>
<td>NUCLEAR MEDICINE (AOBNM)</td>
<td>60 CREDITS OF SPECIALTY-SPECIFIC CME</td>
<td>NO SPECIFIC REQUIREMENT</td>
<td>NO SPECIFIC REQUIREMENT</td>
<td>15 CREDITS OF SUBSPECIALTY-SPECIFIC CME REQUIRED FOR EACH SUBSPECIALTY CERTIFICATE HELD</td>
<td></td>
</tr>
<tr>
<td>NEUROMUSCULOSKELETAL MEDICINE (AOBNMM)</td>
<td>60 CREDITS OF SPECIALTY-SPECIFIC CME</td>
<td>MUST INCLUDE 30 CREDITS FROM A LIVE AOA ACCREDITED CATEGORY 1-A OR FROM A LIVE AMA PRA CATEGORY 1 SPONSOR (2-A)</td>
<td></td>
<td>15 CREDITS OF SUBSPECIALTY-SPECIFIC CME REQUIRED FOR EACH SUBSPECIALTY CERTIFICATE HELD</td>
<td>A MAXIMUM OF 12 SPECIALTY CME HOURS WILL BE ACCEPTED IN TEACHING/PRECEPTORING</td>
</tr>
<tr>
<td>Specialty</td>
<td>Total Specialty CME Credits</td>
<td>Specific CME Credits</td>
<td>Subspecialty Specific CME Credits</td>
<td>Additional Requirements</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Neurology &amp; Psychiatry (AOBNP)</td>
<td>75</td>
<td>15</td>
<td>No Specific Requirement</td>
<td>18 credits of subspecialty-specific CME will be waived if a physician attends an American College of Osteopathic Neurologists and Psychiatrists (ACONP) Annual or Mid-Year Conference</td>
<td></td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology (AOBOG)</td>
<td>60</td>
<td>No Specific Requirement</td>
<td>No Specific Requirement</td>
<td>15 credits of subspecialty-specific CME required for each subspecialty certificate held</td>
<td></td>
</tr>
<tr>
<td>Ophthalmology &amp; Otolaryngology (AOBOO)</td>
<td>60</td>
<td>No Specific Requirement</td>
<td>No Specific Requirement</td>
<td>15 credits of subspecialty-specific CME required for each subspecialty certificate held</td>
<td></td>
</tr>
<tr>
<td>Orthopedic Surgery (AOBOS)</td>
<td>60</td>
<td>No Specific Requirement</td>
<td>No Specific Requirement</td>
<td>15 credits of subspecialty-surgical CME required for each subspecialty certificate held</td>
<td></td>
</tr>
<tr>
<td>SPECIALTY: PEDIATRICS (AOBP)</td>
<td>TOTAL REQUIREMENT: 60 CREDITS OF SPECIALTY-SPECIFIC CME</td>
<td>CATEGORY 1-A AND/OR 1-B REQUIREMENT: 15 CREDITS MUST BE FROM AN AOA ACCREDITED CATEGORY 1-A SPONSOR</td>
<td>CATEGORY 2-A AND/OR 2-B (AMA PRA) REQUIREMENT: 15 CREDITS OF SUBSPECIALTY-SPECIFIC CME REQUIRED FOR EACH SUBSPECIALTY CERTIFICATE HELD</td>
<td>SUBSPECIALTY REQUIREMENT: PLEASE NOTE, SUBSPECIALTY CME COUNTS TOWARDS THE OVERALL CME REQUIREMENT</td>
<td>SPECIAL NOTES: PRECEPTORING CREDITS WILL BE LIMITED TO 12 SPECIALTY CREDITS A MINIMUM OF 8 SPECIALTY CREDITS MUST COME FROM OCC COMPONENT 3 CREDIT A MINIMUM OF 7 SPECIALTY HOURS MUST COME FROM OCC</td>
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<tr>
<td>COMPONENT 4 CREDIT</td>
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<tr>
<th>PATHOLOGY (AOBPA)</th>
<th>60 CREDITS OF SPECIALTY-SPECIFIC CME</th>
<th>NO SPECIFIC REQUIREMENT</th>
<th>NO SPECIFIC REQUIREMENT</th>
<th>15 CREDITS OF SUBSPECIALTY-SPECIFIC CME REQUIRED FOR EACH SUBSPECIALTY CERTIFICATE HELD</th>
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<tr>
<th>SPECIALTY:</th>
<th>TOTAL REQUIREMENT:</th>
<th>CATEGORY 1-A AND/OR 1-B REQUIREMENT:</th>
<th>CATEGORY 2-A AND/OR 2-B (AMA PRA) REQUIREMENT:</th>
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</thead>
<tbody>
<tr>
<td>PREVENTIVE MEDICINE (AOBPM)</td>
<td>60 CREDITS OF SPECIALTY-SPECIFIC CME</td>
<td>NO SPECIFIC REQUIREMENT</td>
<td>NO SPECIFIC REQUIREMENT</td>
</tr>
<tr>
<td>PHYSICAL MEDICINE &amp; REHABILITATION (AOBPMR)</td>
<td>60 CREDITS OF SPECIALTY-SPECIFIC CME</td>
<td>NO SPECIFIC REQUIREMENT</td>
<td>NO SPECIFIC REQUIREMENT</td>
</tr>
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</table>

If a diplomate holds certification in both anatomic pathology and laboratory medicine, the total requirement is still 60 credits.

**SPECIAL NOTES:**

- If a diplomate holds certification in both anatomic pathology and laboratory medicine, the total requirement is still 60 credits.
<table>
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<tr>
<th>Specialty (AOBPR)</th>
<th>Total Requirement</th>
<th>Category 1-A and/or 1-B Requirement</th>
<th>Category 2-A and/or 2-B (AMA PRA) Requirement</th>
<th>Subspecialty Requirement: Additional requirements for specialization</th>
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<td>Proctology (AOBPR)</td>
<td>None submitted</td>
<td>10 credits must be from an AOA accredited category 1-A</td>
<td>No specific requirement</td>
<td>15 credits of subspecialty-specific CME required for each subspecialty certificate held</td>
</tr>
<tr>
<td>Radiology (AOBR)</td>
<td>60 credits of specialty-specific CME</td>
<td></td>
<td>No specific requirement</td>
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</table>

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<thead>
<tr>
<th>Specialty (AOBS)</th>
<th>Total Requirement</th>
<th>Category 1-A and/or 1-B Requirement</th>
<th>Category 2-A and/or 2-B (AMA PRA) Requirement</th>
<th>Subspecialty Requirement: Additional requirements for specialization</th>
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</thead>
<tbody>
<tr>
<td>Surgery (AOBS)</td>
<td>60 credits of specialty-specific CME</td>
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<td>No specific requirement</td>
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<tr>
<td>Diplomates certified in general surgery must complete 90 specialty-</td>
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<td>CONJOINT CERTIFICATIONS:</td>
<td>SPECIFIC CME</td>
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<td>DERMATOPATHOLOGY</td>
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<td>HOSPICE &amp; PALLIATIVE</td>
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<tr>
<td>MEDICINE</td>
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</table>
Members who obtain one hundred and fifty (150) credits or more of AOA approved applicable CME credit in a three-year CME cycle will be given a certificate of excellence in CME. These hours must be earned by December 31st, but reported no later than May 31st, following the close of the current CME cycle.

AOA recognizes that members holding specialty or subspecialty certificates in specialties with less than three hundred (300) certificate holders may have difficulty accruing the required number of AOA 1-A credits for maintenance of membership. In such cases, members may apply AMA PRA Category 1 Credit™ or AAFP category 1 credits to their AOA 1-A credit requirement up to the maximum of 15 CME credits per cycle to meet the Category 1-A credit requirement for membership. To qualify for AOA Category 1 A CME credit under this policy the following criteria must be met:

1. Osteopathic physicians must be a member of the AOA.
2. Physicians must be AOA and/or ABMS certified.
3. The specialty/subspecialty must be listed as a qualifying specialty.

A list of specialties and subspecialties with less than 300 certified members is available at www.osteopathic.org.

To request eligibility in this program, physicians should contact their certifying board. Specialty colleges may petition the Council on Continuing Medical Education (CCME) to have members exempted from the current policy if that specialty college feels that sufficient CME is available in the specialty or subspecialty listed for exemption. To do this, specialty affiliates must submit a detailed list of courses which provide CME that meets the needs of the specialty or subspecialty physicians.

Note: This exemption only applies to the thirty (30) Categories 1-A CME credits required for membership in the AOA.

The acceptance of ACCME accredited provider for AMA PRA Category 1 Credit™, AAFP, or credits from any other certifying body by the CCME in order fulfill AOA CME requirement does not convert said credits to AOA credits.

Types of CME Credit

The AOA assigns CME credit to four categories: 1-A, 1-B, 2-A, and 2-B. IN VERY GENERAL TERMS, CATEGORY 1 IS TYPICALLY OSTEOPATHIC CME; AND CATEGORY 2 IS ALLOPATIC CME; AND CATEGORY A IS USUALLY LIVE ACTIVITIES, AND CATEGORY B IS NOT (WITH A FEW EXCEPTIONS).
### AOA CATEGORY 1-A CREDIT

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
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<tr>
<td>FORMAL OSTEOPATHIC CME</td>
<td>FORMAL FACE-TO-FACE PROGRAMS OR INTERACTIVE ONLINE PROGRAMS SPONSORED BY AOA-ACCREDITED CATEGORY 1 CME SPONSORS</td>
<td>GRANTED ON AN HOUR-FOR-HOUR BASIS</td>
</tr>
<tr>
<td>OSTEOPATHIC MEDICAL TEACHING</td>
<td>PARTICIPATION AS LECTURERS IN OSTEOPATHIC MEDICAL EDUCATION IN A DIDACTIC FORMAT. FORMAL DELIVERY OF OSTEOPATHIC MEDICAL EDUCATION LECTURES IN THE FOLLOWING SETTINGS: • IN COLLEGES OF OSTEOPATHIC MEDICINE • AT SPECIALTY OR DIVISIONAL SOCIETY CONFERENCES • TO STUDENTS, INTERNS, RESIDENTS, FELLOWS, AND STAFF OF AOA-ACCREDITED CATEGORY 1 CME SPONSORS • VIA ONLINE COURSES OR WEBINARS</td>
<td>GRANTED ON AN HOUR-FOR-HOUR BASIS MUST BE VERIFIED BY THE CME DEPARTMENT OF AN AOA-ACCREDITED CATEGORY 1 CME SPONSORING HOSPITAL, OR OTHER CATEGORY 1 CME SPONSOR CME CREDITS WILL NOT BE AWARDED FOR PREPARATION OF LECTURES. MEDICAL TEACHING AT A NON-OSTEOPATHIC INSTITUTION OR NON-AOA CATEGORY 1 SPONSOR WILL COUNT AS CATEGORY 2-A CME CREDIT.</td>
</tr>
</tbody>
</table>
**AOA CATEGORY 1-A CREDIT (CONTINUED)**

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERACTIVE CME ON THE INTERNET</td>
<td>SYNONYMOUS OR ASYNCHRONOUS DELIVERY OF INTERACTIVE INTERNET CME PROVIDED BY AN AOA-ACCREDITED CATEGORY 1 CME SPONSOR</td>
<td>SYNONYMOUS OR ASYNCHRONOUS, INTERACTIVE INTERNET CME FROM AMA PR-4 CATEGORY 1 OR AAFP-ACCREDITED SPONSORS OR WILL COUNT AS CATEGORY 2-A. IF DELIVERY OF CONTENT IS ASYNCHRONOUS, INSTRUCTOR RESPONSES TO PARTICIPANT QUESTIONS MUST BE RECEIVED WITHIN 48 HOURS. TO RECEIVE CREDIT FOR INTERACTIVE INTERNET CME, OSTEOPATHIC PHYSICIANS MUST PARTICIPATE AND SUCCESSFULLY COMPLETE A POST-TEST PROVIDED BY THE CME SPONSOR. A PASS RATE OF 70% WILL QUALIFY THE PHYSICIAN FOR CREDIT. SHOULD THE PHYSICIAN COMPLETE THE POST-TEST UNSUCCESSFULLY, HE OR SHE MAY RETAKE THE TEST UP TO THREE TIMES TO ACHIEVE THIS SCORE. UPON SUCCESSFUL COMPLETION OF THE POST-TEST, THE AOA-ACCREDITED CATEGORY 1 CME SPONSOR WILL REPORT THE APPROPRIATE CME CREDIT TO THE AOA'S DEPARTMENT OF CLIENT AND MEMBER SERVICES FOR INCLUSION IN THE PHYSICIAN'S CME ACTIVITY REPORT.</td>
</tr>
</tbody>
</table>

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**AOA CATEGORY 1-A CREDIT (CONTINUED)**

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
</table>
STANDARDIZED LIFE SUPPORT COURSES

- Advanced Trauma Life Support
- Advanced Cardiac Life Support
- Basic Life Support
- Pediatric Advanced Life Support (AHA) or Advanced Pediatric Life Support (AAP)
- Neonatal Advanced Life Support
- Advanced Life Support in Obstetrics
- Adult Fundamentals of Critical Care Support
- Pediatric Fundamentals of Critical Care Life Support
- Advanced Hazmat Life Support
- Advanced Burn Life Support
- Basic Disaster Life Support
- Advanced Disaster Life Support

ONLINE STANDARDIZED COURSES WILL BE AWARDED CME CREDIT FOR THE PRACTICAL PART ONLY.

GRAND ROUNDS

- Must be conducted at an AOA-Accredited Category 1 CME Sponsor to receive Category 1-A CME Credit.

GRANTED ON AN HOUR-FOR-HOUR BASIS

ALL NON-OSTEOPATHIC GRAND ROUNDS WILL RECEIVE CATEGORY 1-B CME CREDIT.

AOA CATEGORY 1-A CREDIT (CONTINUED)

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Examinations for AOA</td>
<td>Administration of an Oral</td>
<td>Grant/On an Hour-For-Hour Basis</td>
</tr>
<tr>
<td>CERTIFYING BOARDS AND/OR PRACTICAL EXAMINATION FOR AN AOA SPECIALTY CERTIFYING BOARD</td>
<td>HOUR BASIS PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/ CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
<td></td>
</tr>
<tr>
<td>STANDARDIZED FEDERAL AVIATION COURSES</td>
<td>THE FOLLOWING COURSES CAN COUNT FOR CATEGORY 1-A CME CREDIT: • AVIATION MEDICINE • FLIGHT SURGEON PRIMARY COURSE • CARDIOLOGY-THEMED SEMINARS • NEUROLOGICAL-THEMED SEMINARS • BASIC STANDARDIZED SEMINARS • ALL FEDERALLY-MANDATED MEDICAL COURSES • ALL STANDARDIZED CME COURSES OFFERED FOR THE PURPOSE OF MAINTAINING AN AEROMEDICAL EXAMINER DESIGNATION GRANTED ON AN HOUR-FOR-HOUR BASIS MUST BE SPONSORED BY THE FEDERAL AVIATION ADMINISTRATION, THE UNITED STATES ARMED SERVICES, OR THE CIVIL AERONAUTIC INSTITUTE</td>
<td></td>
</tr>
<tr>
<td>FEDERAL ACTIVITIES (ACTIVE DUTY/UNIFORMED SERVICE)</td>
<td>FORMAL CME PROGRAMS TO PARTICIPANTS WHO ARE ON ACTIVE DUTY OR EMPLOYED BY A UNIFORMED SERVICE. GRANTED ON AN HOUR-FOR-HOUR BASIS ALL OTHER FEDERAL CME ACTIVITIES WILL RECEIVE CATEGORY 1-B CME CREDIT.</td>
<td></td>
</tr>
<tr>
<td>JUDGING OSTEOPATHIC CLINICAL CASE PRESENTATIONS AND RESEARCH POSTER PRESENTATIONS</td>
<td>SERVING AS A FORMAL JUDGE FOR OSTEOPATHIC CLINICAL CASE PRESENTATIONS AND RESEARCH POSTER PRESENTATIONS AT A FORMAL CME FUNCTION IMPLEMENTED BY AN AOA-ACCREDITED SPONSOR GRANTED ON AN HOUR-FOR-HOUR BASIS MAXIMUM OF TEN (10) CME CREDITS PER 3-YEAR AOA CME CYCLE</td>
<td></td>
</tr>
</tbody>
</table>

<p>| AOA CATEGORY 1-A CREDIT (CONTINUED) |
| ACTIVITY TYPE | DESCRIPTION | SPECIAL RULES, CAPS, ETC. |
| CLINICAL CASE | PRIMARY AUTHOR IN | MUST BE PRIMARY AUTHOR |</p>
<table>
<thead>
<tr>
<th>PRESENTATIONS AND RESEARCH POSTER PRESENTATION</th>
<th>PREPARING AND PRESENTING A CLINICAL CASE OR RESEARCH POSTER PRESENTATION IMPLEMENTED BY AN AOA-ACCREDITED SPONSOR</th>
<th>WILL RECEIVE 5 CME PER PRESENTATION</th>
</tr>
</thead>
</table>

I. Category 1-A Credit

AOA Category 1-A credits will be granted to attendees for formal educational programs designed to enhance clinical competence and improve patient care. These programs must be sponsored by an AOA accredited Category 1 CME sponsor and are limited to:

A. Formal Osteopathic CME

- Consisting of formal face-to-face programs or interactive online (see Section VI) that meet the Category 1 quality guidelines, faculty requirements, and which are sponsored by AOA-accredited Category 1 CME sponsors.

- Topics must be related to any of the seven (7) Core Competencies listed below, as the core competencies have been recognized throughout the continuum of osteopathic education as essential and critical to the development and maintenance of osteopathic physicians' overall education.

- Seven (7) Core Competencies:

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine: Demonstration and application of knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty; dedication to life-long learning and to incorporating the practice of osteopathic philosophy and OMM in patient care.

2. Medical Knowledge – Demonstration and application of knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning.

3. Patient Care – Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.

4. Interpersonal and Communication Skills – Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.

5. Professionalism – Uphold the Osteopathic Oath in the conduct of one’s professional activities that promote advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; be cognizant of physical and mental health in order to effectively care for patients.

6. Practice-Based Learning and Improvement – Demonstrate the ability to critically evaluate methods of clinical practice, integrate evidence-based medicine into patient care; show an understanding of research methods; improve patient care practices.

7. Systems-Based Practice – Demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost effective medicine.

B. Osteopathic Medical Teaching

Physicians who participate as lecturers in osteopathic medical education in a didactic format are eligible to receive Category 1-A credit for their participation. Credit is granted on an hour-for-hour basis. Methods of this education are limited to:

- Formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine, speaking at specialty and divisional society conferences.
2. Formal delivery of osteopathic medical education to students, interns, residents, fellows, and staff of AOA-accredited Category 1 CME Sponsors.

- 3. Teaching credit must be verified by the CME Department of an AOA-accredited Category 1 CME college of osteopathic medicine or Category 1 CME sponsoring hospital.

CME credits will not be awarded for preparation of lectures.

C. Standardized Federal Aviation Courses
The following standardized CME programs sponsored by the Federal Aviation Administration or United States Armed Services are eligible for Category 1-A credit:
1. Aviation Medicine
2. Flight Surgeon Primary Course
3. Cardiology Themed Seminars
4. Neurological Themed Seminars
5. Basic Standardized Seminars
In addition, all standardized CME courses offered by the Civil Aeronautic Institute or Federal Aviation Administration for the purpose of maintaining an aeromedical examiner designation are eligible for Category 1-A.

D. Federal Programs
AOA Category 1-A credit will be awarded for formal CME programs to participants who are on active duty or employed by a uniformed service. Category 1-B will be awarded to all other federal CME activities.

E. Grand Rounds
Grand rounds will be considered for AOA Category 1-A credit. To obtain this credit, grand rounds programs must be submitted in series of three and must meet the requirements for Category 1-A credit.

F. Judging Osteopathic Clinical Case Presentations and Research Poster Presentations
Osteopathic physicians serving as formal judges for osteopathic clinical case presentations and research poster presentations at a formal CME function will be awarded AOA Category 1-A credits. This credit is granted on an hour-for-hour basis. The physician may earn up to a maximum of ten (10) credits per AOA 3-year CME cycle.

<table>
<thead>
<tr>
<th>AOA CATEGORY 1-B CREDIT</th>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GME FACULTY/PRECEPTORS</td>
<td>SERVING AS GME FACULTY, GME CORE FACULTY, OR PRECEPTORS IN ANY AOA-APPROVED OSTEOPATHIC OR ACGME-ACCREDITED GRADUATE MEDICAL EDUCATION</td>
<td>GRANTED ON AN HOUR-FOR-HOUR BASIS A MAXIMUM OF 20% OF CME SPECIALTY CREDITS PER 3-YEAR AOA CME CYCLE MAY BE EARNED FOR THIS ACTIVITY NO CREDIT IS AVAILABLE FOR PRECEPTORING PHYSICIAN ASSISTANTS OR NURSE PRACTITIONERS.</td>
<td></td>
</tr>
<tr>
<td>JOURNAL READING (JAOA)</td>
<td>READING AN ISSUE OF THE JOURNAL OF THE AMERICAN (JAOA)</td>
<td>TWO (2) CME CREDITS WILL BE AWARDED FOR EACH ISSUE OF THE (JAOA) NON-MEMBERS WHO SUBMIT HARD COPIES</td>
<td></td>
</tr>
</tbody>
</table>
OF COMPLETED QUIZZES WILL BE CHARGED A FEE OF $25 PER JAOA QUIZ FOR STAFF TIME TO GRADE, RECORD, AND PROVIDE A LETTER AS DOCUMENTATION OF APPLICABLE CME. IN ADDITION, NON-MEMBERS HAVE THE CAPABILITY OF COMPLETING THE QUIZZES ONLINE AT AOAONLINELEARNING.OSTEOPATHIC.ORG.

READING OF ALL OTHER MEDICAL JOURNALS QUALIFIES FOR AOA CATEGORY 2-B CREDIT AND IS AWARDED ONE-HALF (0.5) CME CREDIT FOR EACH JOURNAL READ AND REPORTED ON THE FORM.

JOURNAL READING AND OTHER TYPES OF HOME STUDY CME HAVE A COMBINED MAXIMUM OF TWENTY (20) CME PER 3-YEAR AOA CME CYCLE.

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY CERTIFICATION</td>
<td>PASSING ANY</td>
<td>15 CATEGORY 1-B CME CREDITS FOR EACH</td>
</tr>
</tbody>
</table>

### NON-INTERACTIVE CME ON THE INTERNET

CATEGORY 1-B CREDIT WILL BE AWARDED TO AUDIO AND VIDEO PROGRAMS ON THE INTERNET SPONSORED BY AOA-ACCREDITED CATEGORY 1 CME SPONSORS.

THESE COURSES ARE TYPICALLY PROGRAMS THAT ARE AVAILABLE ON AN ON DEMAND SCHEDULE AND ARE NOT A REAL-TIME, INTERACTIVE SIMULTANEOUS CONFERENCE.

TO RECEIVE 1-B CREDIT FOR INTERACTIVE NON-INTERNET CME, OSTEOPATHIC PHYSICIANS MUST PARTICIPATE AND SUCCESSFULLY COMPLETE A POST-TEST PROVIDED BY THE CME SPONSOR. A PASS RATE OF 70% WILL QUALIFY THE PHYSICIAN FOR CREDIT. SHOULD THE PHYSICIAN COMPLETE THE POST-TEST UNSUCCESSFULLY, HE OR SHE MAY RETAKE THE TEST UP TO THREE TIMES TO ACHIEVE THIS SCORE. UPON SUCCESSFUL COMPLETION OF THE POST-TEST, THE AOA–ACCREDITED CATEGORY 1 CME SPONSOR WILL REPORT THE APPROPRIATE CME CREDIT TO THE AOA’S DEPARTMENT OF CLIENT AND MEMBER SERVICES FOR INCLUSION IN THE PHYSICIAN’S CME ACTIVITY REPORT.

CATEGORY 2-B CREDIT WILL ALSO BE AWARDED TO JOURNAL-TYPE CME ON THE INTERNET THAT IS PRODUCED BY AN AOA-ACCREDITED SPONSOR, ACCME ACCREDITED PROVIDER FOR AMA PRA CATEGORY 1™, OR APPROVED BY THE AAFP. THESE COURSES ARE ESSENTIALLY STATIC, TEXTBOOK TYPE PROGRAMS. THEY MAY HAVE HYPERTEXT JUMPS TO HELP THE READER PURSUE SPECIFIC INFORMATION.
<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>PRIMARY CERTIFICATION EXAMINATION</th>
<th>EXAM PASSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBSPECIALTY/CAQ CERTIFICATION EXAMINATION</td>
<td>PASSING A CERTIFICATION EXAMINATION IN ANY SUBSPECIALTY OR CERTIFICATE OF ADDED QUALIFICATIONS</td>
<td>15 CATEGORY 1-B CME CREDITS FOR EACH EXAM PASSED</td>
</tr>
<tr>
<td>OCC (RECERTIFICATION/COMPONENT 3) EXAMINATION</td>
<td>PASSING AN OCC EXAMINATION IN ANY SPECIALTY, SUBSPECIALTY, OR CERTIFICATE OF ADDED QUALIFICATIONS</td>
<td>15 CATEGORY 1-B CME CREDITS FOR COMPLETING COMPONENT 3 PER CME CYCLE.</td>
</tr>
<tr>
<td>EXAM CONSTRUCTION – COMMITTEE WORK</td>
<td>MEETINGS OR SEMINARS OF AN AOA SPECIALTY CERTIFYING BOARD OR CONJOINT COMMITTEE; AN AOA PRACTICE AFFILIATE’S POSTGRADUATE IN-SERVICE EXAMINATION COMMITTEE, OR AT A MEETING OF THE NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
</tr>
</tbody>
</table>

**AOA CATEGORY 1-B CREDIT (CONTINUED)**

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<thead>
<tr>
<th>ACTIVITY TYPE</th>
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<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAM CONSTRUCTION – ITEM WRITING</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION</td>
<td></td>
</tr>
<tr>
<td>WRITING</td>
<td>TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>WRITING ITEMS ACCEPTED BY AN AOA SPECIALTY CERTIFYING BOARD OR CONJOIN'T COMMITTEE, AN AOA-ACCREDITED CATEGORY 1 PROVIDER, AND/OR THE NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXAM CONSTRUCTION – CLINICAL CASE DEVELOPMENT</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
<td></td>
</tr>
<tr>
<td>WRITING CLINICAL CASES ACCEPTED BY AN AOA SPECIALTY CERTIFYING BOARD OR CONJOIN'T COMMITTEE; OR THE NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AOA CATEGORY 1-B CREDIT (CONTINUED)

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
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</tr>
</thead>
<tbody>
<tr>
<td>JOB TASK ANALYSES (JTAS)</td>
<td>PARTICIPATION IN</td>
<td>PARTICIPATING IN ITEM WRITING, JOB</td>
</tr>
</tbody>
</table>
THE DEVELOPMENT OF A JOB TASK ANALYSIS FOR AN AOA SPECIALTY CERTIFYING BOARD OR CONJOINT COMMITTEE OR RESPONSE TO THE SURVEY GIVEN AS PART OF THE JTA PROCESS.

JTAS ARE ESSENTIAL SELF-ASSESSMENT EXAMINATIONS CONDUCTED EVERY 5-7 YEARS AS THE BASIS FOR ALL BOARD CERTIFICATION EXAMINATIONS.

TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
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<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAND ROUNDS (NON-OSTEOPATHIC)</td>
<td>GRAND ROUNDS THAT OCCUR AT AN ORGANIZATION THAT IS NOT AN AOA CATEGORY 1 CME SPONSOR</td>
<td></td>
</tr>
<tr>
<td>HEALTHCARE COMMITTEE AND DEPARTMENTAL MEETINGS</td>
<td>PARTICIPATION IN HEALTHCARE COMMITTEE AND/OR DEPARTMENTAL MEETINGS WHICH REVIEW AND EVALUATE PATIENT CARE</td>
<td>ALL COMMITTEE WORK COUNTS AS CATEGORY 1-B REGARDLESS OF IF THE WORK IS IN AN OSTEOPATHIC OR ALLOPATHIC INSTITUTION.</td>
</tr>
</tbody>
</table>

AOA CATEGORY 1-B CREDIT (CONTINUED)

| COMMITTEE AND HOSPITAL | PARTICIPATING IN TO OBTAIN CREDIT, PHYSICIANS MUST | 21 |
| STAFF WORK | PATIENT CARE IN NON-ADMINISTRATIVE HOSPITAL DEPARTMENT STAFF ACTIVITIES, INCLUDING CARE-BASED COMMITTEES, SUCH AS: • CRITICAL CARE COMMITTEE • UTILIZATION REVIEW • PHARMACY AND THERAPEUTICS • PATIENT SAFETY • TUMOR BOARD • MORBIDITY AND MORTALITY • ANY OTHER PATIENT-CARE ORIENTED COMMITTEE DESIGNED TO IMPROVE PATIENT CARE | SUBMIT THE APPROPRIATE FORM. |
| PUBLICATIONS | DEVELOPMENT AND PUBLICATION OF SCIENTIFIC PAPERS AND ONLINE OSTEOPATHIC EDUCATIONAL PROGRAMS | 10 CME CREDITS PER ARTICLE PUBLISHED |

**AOA CATEGORY 1-B CREDIT (CONTINUED)**

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSPECTIONS</td>
<td>ACTING IN THE</td>
<td></td>
</tr>
</tbody>
</table>
RULE OF A SURVEYOR OR CONSULTANT FOR:

- AN OSTEOPATHIC HEALTHCARE FACILITY
- ACCREDITATION OF A COLLEGE OF OSTEOPATHIC MEDICINE
- GRADUATE MEDICAL EDUCATION PROGRAM
- OPTI SITE VISIT

OSTEOPATHIC STATE LICENSING BOARD PARTICIPATION ON AN OSTEOPATHIC STATE LICENSING PROFESSIONAL REVIEW BOARD

FEDERAL PROGRAMS (NOT ACTIVE DUTY / UNIFORMED SERVICE) ANY FORMAL CME PROGRAMS TO PARTICIPANTS WHO ARE NOT ON ACTIVE DUTY OR EMPLOYED BY A UNIFORMED SERVICE. (ACTIVE DUTY OR UNIFORMED SERVICE EMPLOYMENT CONSTITUTES CATEGORY 1-A)

### AOA CATEGORY 1-B CREDIT (CONTINUED)

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON-OSTEOPATHIC CME PROGRAMS (CONVERSION FROM)</td>
<td>NON-OSTEOPATHIC CME PROGRAMS CAN</td>
<td>TO REQUEST CONSIDERATION FOR CATEGORY 1-B CREDIT, THE PHYSICIAN</td>
</tr>
</tbody>
</table>
CATEGORIE 2-A TO CATEGORY 1-B

AUTOMATICALLY COUNT AS CATEGORY 2-A OR 2-B CREDIT.

THE BOS MAY RECOGNIZE NON-OSTEOPATHIC SPECIALTY OR SUBSPECIALTY PROGRAMS THAT WOULD OTHERWISE QUALIFY AS CATEGORY 2-A CREDIT FOR CATEGORY 1-B CREDIT, WHEN THERE IS ESSENTIALLY NO EQUIVALENT COURSE CONTENT AVAILABLE WITHIN THE OSTEOPATHIC PROFESSION. CREDIT FOR SUCH PROGRAMS WILL BE APPLIED TO ALL PHYSICIANS IN THAT SPECIALTY OR SUBSPECIALTY WHO PARTICIPATE IN THE COURSE.

THE COURSE MUST CONSIST OF AT LEAST THREE (3) CREDIT HOURS AND BE PROVIDED BY A PROVIDER ACCREDITED BY THE ACCME FOR AMA PRA CATEGORY 1 CREDIT™ OR THE AAFP, OR AN INTERNATIONALLY KNOWN SPONSOR ACCEPTABLE TO THE BOS.

MUST WRITE TO THE BOS AT AOA HEADQUARTERS IN CHICAGO AND PROVIDE THE FOLLOWING:

1) A COMPLETED NON-OSTEOPATHIC PROGRAM'S REQUESTS FOR CATEGORY 1-B CREDIT FORM
2) A COPY OF THE PRINTED PROGRAM (OR SYLLABUS) OUTLINING THE LECTURES BEING PRESENTED, LENGTH OF THE LECTURE AND THE FACULTY PRESENTING AT THE CONFERENCE
3) AN OFFICIAL DOCUMENT VERIFYING THE PHYSICIAN'S ATTENDANCE

THE APPLICANT SHOULD BE AWARE THAT THIS REQUEST WILL BE FORWARDED TO THE SPECIALTY AFFILIATE TO VERIFY THAT SIMILAR PROGRAMS AND/OR LECTURES HAVE NOT BEEN OR ARE NOT BEING OFFERED BY AN AOA-ACCREDITED CME PROVIDER.

THE AOA PERFORMS REVIEWS OF NON-OSTEOPATHIC COURSES AS A MEMBER SERVICE. NON-MEMBERS MAY REQUEST AOA CATEGORY 1-B CREDIT FOR NON-OSTEOPATHIC SPONSORED CME PROGRAMS BY FOLLOWING THE SAME PROCEDURE OUTLINE, ALONG WITH PAYMENT OF A $25.00 APPLICATION FEE AND A $10.00 PROCESSING FEE FOR EACH PROGRAM SUBMITTED FOR REVIEW.

AOA CATEGORY 1-B CREDIT (CONTINUED)

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCY/FELLOWSHIP TRAINING</td>
<td>FORMAL TRAINING IN AN AOA-</td>
<td>TWENTY (20) CREDITS OF CATEGORY 1-B CME MAY BE AWARDED PER YEAR</td>
</tr>
<tr>
<td>POSTGRADUATE STUDIES</td>
<td>OBTAINING AN ADVANCED DEGREES, SUCH AS MASTERS IN PUBLIC HEALTH, BUSINESS ADMINISTRATION OR DOCTORATE STUDIES OF ANY KIND</td>
<td>TWENTY FIVE (25) CREDITS OF CATEGORY 1-B CME MAY BE AWARDED</td>
</tr>
</tbody>
</table>

### II. Category 1-B Credit

- **A. Publications, Inspections, Examinations, and Committee Meetings**
  - Physicians may receive credit for their participation in the following areas:
    1. Development and publication of scientific papers and online osteopathic educational programs;
    2. Acting in the role of a surveyor or consultant of (A) an osteopathic healthcare facility; (B) college accreditation; graduate medical education program or OPTI site visit;
    3. Development of or proctoring a board certification examination;
    4. Participation on an osteopathic state licensing professional review board; and for healthcare committee and departmental meetings which review and evaluate patient care whether the committee work is in an osteopathic or allopathic institution.

- **B. GME Faculty/Preceptors**
  - Osteopathic physicians serving as preceptors/GME faculty in any AOA approved osteopathic or ACGME-accredited graduate medical education program may be granted Category 1-B credit.

  - A maximum of 60 AOA Category 1-B credits for faculty/preceptoring may be applied to the 120 hour requirement per CME cycle.

  - Osteopathic physicians who serve as core clinical faculty for graduate medical education programs, regardless of the institutional residency affiliation, may be granted Category 1-B credit.

  - To obtain credit for faculty and core faculty, the institution/hospital Program Director or Director of Medical Education (DME) must provide a signed evaluation of the physician’s participation to the AOA Department of Client and Member Services verifying the physician’s teaching activity.

  - No credit is available for preceptoring physician assistants or nurse practitioners.

- **C. Certification Examination Credit**
  - A maximum of fifteen (15) Category 1-B credits per CME cycle will be awarded to AOA members who pass an AOA recertification examination or obtain a certification of added qualification.

- **D. Committee and Hospital Staff Work**
  - Category 1-B will be granted to osteopathic physicians who educate and participate in patient care in non-administrative settings.
hospital department staff activities to include care based committees such as critical care committee, utilization review, pharmacy and therapeutics, patient safety, tumor board, morbidity and mortality or any other patient care oriented committee designed to improve patient care. This credit will be granted regardless of the institution’s educational affiliation.

To obtain credit the institution’s medical staff office or CME director must document the physician’s participation.

E. Non-Osteopathic CME Programs

The Council on Continuing Medical Education may recognize non-osteopathic specialty or subspecialty programs for Category 1-B credit, when there is essentially no equivalent course content available within the osteopathic profession. Credit for such programs will be applied to all physicians in that specialty or subspecialty who participate in the course.

These courses must be provided by an Accreditation Council for Continuing Medical Education (ACCME) accredited provider for Category 1 -B credit, or an American Academy of Family Physicians (AAFP) credit, or provided by an internationally known sponsor acceptable to the CCME. An eligible program is defined as a course consisting of at least three (3) credit hours. Home study activities/courses do not qualify under this policy.

To request consideration of a non-osteopathic course for Category 1 –B credit, the osteopathic physician must write to the AOA Department of Client and Member Services at AOA Headquarters in Chicago and provide the following:

2. A copy of the printed program (or syllabus) outlining the lectures being presented, length of the lecture and the faculty presenting at the conference.
3. An official document verifying the physician’s attendance.

The applicant should be aware that this request will be forwarded to the specialty affiliate to verify that similar programs and/or lectures have not been or are not being offered by an AOA-accredited CME provider.

The AOA performs reviews of non-osteopathic courses as a member service. Non-members may request AOA Category 1-B credit for non-osteopathic sponsored CME programs by following the same procedure outline, along with payment of a $25.00 application fee and a $10.00 processing fee for each program submitted for review.

F. Journal Reading

Osteopathic physicians can earn two credit hours of AOA Category 1-B credit for each issue of the Journal of the American Osteopathic Association (JAOA) read and passing of the respective CME quiz with a minimum grade of 70%.

Non-members who forward hard copies of completed quizzes to the AOA Department of Client and Member Services will be charged a fee of $25 per JAOA quiz for staff time to grade, record and provide a letter to the DO as documentation of applicable CME. In addition, non-members have the capability of completing the quizzes online by visiting .

Reading of all other medical journals qualifies for AOA Category 2-B credit and is awarded one-half (0.5) hour of CME credit for each journal read.

G. Test Construction, Committee Work

1. Formal

a. Test construction committee work will be awarded Category 1-B credit for meetings or seminar of an AOA certifying board, an AOA practice affiliate’s postgraduate in-service examination committee, or at a meeting of the National Board of Osteopathic Medical Examiners. CME credit is granted on an hour-for-hour basis.

b. Ten (10) Category 1-B credits will be awarded for administering the oral practical examinations. These credits may be awarded for specialty continuing medical education (CME) up to the maximum of ten credits per CME cycle.

2. Informal

a. One (1) Category 1-B credit will be awarded for each accepted test item written, up to a maximum of ten (10) credits per
CME cycle, when submitted to an AOA official certifying board, AOA-accredited Category 1 provider, and/or The National Board of Osteopathic Medical Examiners.

- b. Two (2) Category 1-B credits will be awarded, up to a maximum of twenty (20) credits per CME cycle, for accepted clinical cases developed and submitted to the National Board of Osteopathic Medical Examiners and osteopathic board certification examinations.

- c. One-half (0.5) Category 1-B credit will be awarded for each Job Task Analysis (JTA) an osteopathic physician participates in, up to a maximum of five (5) credits per CME cycle. These credits may also be awarded for specialty continuing medical education (CME), up to the maximum of five credits per CME cycle.

Job Task Analyses (JTAs) are essential self-assessment examinations conducted every 5-7 years as the basis for all board certification examinations. JTAs require physicians to review a significant number of tasks that are done on a regular basis in their specialty. These tasks are ranked on how often they are done (frequency) and how essential the task is to patient care (importance).

JTAs are used to develop the content outline (blueprint) for the certification examination by defining practice focus areas for testing an osteopathic physician’s knowledge and expertise.

- Credit will not be awarded for meetings that are primarily administrative in nature.

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORMAL EDUCATIONAL PROGRAMS (NON-OSTEOPATHIC)</td>
<td>FORMAL FACE-TO-FACE EDUCATIONAL PROGRAMS THAT ARE SPONSORED BY AN ACCME ACCREDITED PROVIDER FOR AMA PRA CATEGORY 1 CREDIT™; APPROVED BY THE AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP); APPROVED BY AN INTERNATIONALLY KNOWN SPONSOR ACCEPTABLE TO THE BOS, OR AN AOA-ACCREDITED CATEGORY 1 CME SPONSOR THAT DOES NOT MEET THE FACULTY/HOURS REQUIREMENT FOR CATEGORY 1-A CREDIT</td>
<td>GRANTED ON AN HOUR-FOR-HOUR BASIS</td>
</tr>
<tr>
<td>INTERACTIVE CME ON THE INTERNET</td>
<td>REAL TIME, INTERACTIVE INTERNET CME (LIVE ONLINE PROGRAMS) PROVIDED BY AN AMA PRA CATEGORY 1 OR AAFP-ACCREDITED SPONSOR</td>
<td>REAL TIME, INTERACTIVE INTERNET CME PROVIDED BY AOA CATEGORY 1-A ACCREDITED SPONSORS WILL COUNT AS CATEGORY 1-A.</td>
</tr>
</tbody>
</table>

AOA CATEGORY 2-A CREDIT (CONTINUED)

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>DESCRIPTION</th>
<th>SPECIAL RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL TEACHING (NON-OSTEOPATHIC)</td>
<td>FORMAL DELIVERY OF MEDICAL EDUCATION</td>
<td>GRANTED ON AN HOUR-FOR-HOUR BASIS</td>
</tr>
<tr>
<td>Lectures in the Following Settings:</td>
<td>Must Be Verified by the CME Department of the Medical College, Sponsor, or Sponsor</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• In medical colleges that are not colleges of osteopathic medicine</td>
<td>CME credits will not be awarded for preparation of lectures.</td>
<td></td>
</tr>
<tr>
<td>• At allopathic specialty or divisional society conferences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• To students, interns, residents, fellows, and staff</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judging Clinical Case Presentations and Research Poster Presentations (Non-Osteopathic)</th>
<th>Serving as a Formal Judge for Clinical Case Presentations and Research Poster Presentations at a Formal CME Function</th>
<th>Granted on an Hour-For-Hour Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maximum of Ten (10) CME credits per 3-year AOA CME cycle</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Case Presentations and Research Poster Presentation (Non-Osteopathic)</th>
<th>Primary Author in Preparing and Presenting a Clinical Case or Research Poster Presentation</th>
<th>Must Be Primary Author Will Receive 5 CME per Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Category 2-A Credit

A. Category 2-A includes formal educational programs that are sponsored by an ACCME accredited provider for **AMA PRA Category 1 Credit™**; approved by the American Academy of Family Physicians (AAFP); approved by an internationally known sponsor acceptable to the CCME; or an AOA-accredited Category 1 CME Sponsor that does not meet the faculty/hours requirement for Category 1-A credit.
<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Description</th>
<th>Special Rules, Caps, Etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Study</td>
<td>Viewing Non-Osteopathic Medical Video, Audio, or Online CME Courses</td>
<td>Maximum of Twenty (20) CME per 3-year AOA CME cycle.</td>
</tr>
<tr>
<td>Journal Reading (Other Than the JAOA)</td>
<td>Reading of All Medical Journals (Other Than the JAOA) Qualifies for AOA Category 2-B Credit and is Awarded One-Half (0.5) CME Credit for Each Journal Read. Includes Journal-Type CME on the Internet.</td>
<td>Journal Reading and Other Types of Home Study CME Have a Combined Maximum of Twenty (20) CME Per 3-year AOA CME Cycle. To Receive Credit, Please Submit the Appropriate Form.</td>
</tr>
<tr>
<td>Textbook Reading</td>
<td>Reading Medical Textbooks</td>
<td>Five (5) CME Credits May Be Granted for Each Medical Textbook Read. To Obtain CME Credit, Please Submit the Appropriate Form Documenting the Name of the Medical Textbook(s) Read.</td>
</tr>
<tr>
<td>Non-Interactive CME on the Internet</td>
<td>Journal-Type CME on the Internet That is Produced by an AOA-Accredited Sponsor, ACCME Accredited Provider for AMA PR-1 Category 1™, or Approved by the AAFP. These Courses Are Essentially Static, Textbook Type Programs. They May Have HyperText Jumps to Help the Reader Pursue Specific Information.</td>
<td>Audio and Video Programs on the Internet That Are Sponsored by AOA-Accredited Category 1 CME Sponsors Will Receive Category 1-B Credit.</td>
</tr>
<tr>
<td>American Board of Medical Specialties (ABMS) Recertification and Subspecialty/CAQ Examinations</td>
<td>Participation in Recertification Examinations or Examinations for Certificate(s) of Added Qualification Sponsored by the American Board of Medical Specialties (ABMS)</td>
<td>Maximum of Fifteen (15) CME Credits per 3-year AOA CME Cycle.</td>
</tr>
</tbody>
</table>

AOA Category 2-B Credit (Continued)
### ACTIVITY TYPE

<table>
<thead>
<tr>
<th>Description</th>
<th>Special Rules, Caps, Etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIENTIFIC EXHIBITS</td>
<td>TEN (10) CREDITS PER SCIENTIFIC EXHIBIT</td>
</tr>
<tr>
<td>THE PREPARATION AND PRESENTATION OF SCIENTIFIC EXHIBITS AT A COUNTY, REGIONAL, STATE, OR NATIONAL PROFESSIONAL MEETING</td>
<td></td>
</tr>
<tr>
<td>PHYSICIAN ADMINISTRATIVE TRAINING</td>
<td></td>
</tr>
<tr>
<td>QUALITY ASSESSMENT PROGRAMS</td>
<td></td>
</tr>
<tr>
<td>OBSERVATION AT MEDICAL CENTERS</td>
<td></td>
</tr>
<tr>
<td>MEDICAL ECONOMICS COURSES</td>
<td></td>
</tr>
</tbody>
</table>

### Category 2-B Credits

- Category 2-B credit also shall be awarded for the following:
  - A. The preparation and presentation of scientific exhibits at a county, regional, state, or national professional meeting. These presentations and/or preparations are limited to ten (10) credits per scientific exhibit.
  - B. Home study courses, viewing non-osteopathic medical video, audio or online CME courses.
  - C. Journal type CME on the Internet.
  - D. Faculty development, physician administrative training, quality assessment programs, observations at medical centers and CME courses in medical economics.
  - E. Participation in recertification examinations or examinations for certificate(s) of added qualification sponsored by the American Board of Medical Specialties (ABMS). Credit for this activity is limited to fifteen (15) credit hours per CME cycle.
  - F. Five (5) credit hours may be granted for each medical textbook(s) read. To obtain CME credit documentation such as correspondence may be provided to the AOA Department of Client and Member Services providing the name of the medical text book(s) read.
  - G. One-half (0.5) hour of CME credit may be granted for each medical journal read.

### IV. CME on the Internet

- Osteopathic physicians may earn up to fifteen (15) credits of their Category 1-A requirement from real-time interactive Internet CME, e.g., live programs per CME cycle. This is an increase from the previous 2013-2015 CME cycle which allowed nine (9) hours of the required thirty (30) Category 1-A credits to be obtained from interactive Internet CME programs.
  - A. Interactive CME
    - Category 1-A credit will be awarded for interactive, e.g., live online CME Conferences or case presentations, which include both an online pre-test and post-test and allow the participant to ask questions of the presenter in either real-time or the presenter must respond to submitted questions within (48) hours of the presentation. The CME event must meet AOA quality guidelines as defined in the AOA Accreditation Requirements for AOA Category 1 CME Sponsor, Page 9-11, including the faculty/hours, and sponsorship requirements.
    - Category 2-A credit will be awarded to real-time, interactive, e.g., live, online CME conferences not meeting the faculty hour requirements that are produced by CME providers accredited by ACCME for AMA PRA Category 1 Credit™ or approved by the AAFP.
To receive credit for interactive Internet CME, osteopathic physicians must participate and successfully complete a post-test provided by the CME Sponsor. A pass rate of 70% will qualify the physician for credit. Should the physician complete the post-test unsuccessfully, he or she may retake the test up to three times to achieve this score. Upon successful completion of the post-test, the AOA–accredited Category 1 CME Sponsor will report the appropriate CME credit to the AOA’s Department of Client and Member Services for inclusion in the physician’s CME Activity Report.

B. Non-Interactive CME

Category 1-B credit will be awarded to audio and video programs on the Internet sponsored by AOA-accredited Category 1 CME sponsors that meet the AOA quality guidelines as defined in the AOA Accreditation Requirements for AOA Category 1 CME Sponsors, Pages 11, that meet the faculty/hours requirement. These courses are typically programs that are available on an on-demand schedule and are not a real-time, interactive simultaneous conference. To qualify for 1-B credit, attendees must complete a pre-test and post-test.

To receive 1-B credit for interactive Non-Internet CME, osteopathic physicians must participate and successfully complete a post-test provided by the CME Sponsor. A pass rate of 70% will qualify the physician for credit. Should the physician complete the post-test unsuccessfully, he or she may retake the test up to three times to achieve this score. Upon successful completion of the post-test, the AOA–accredited Category 1 CME Sponsor will report the appropriate CME credit to the AOA’s Department of Client and Member Services for inclusion in the physician’s CME Activity Report.

Category 2-B credit will also be awarded to journal type CME on the Internet that is produced by an AOA-accredited sponsor, ACCME accredited provider for AMA PRA Category 1 ™, or approved by the AAFP. These courses are essentially static, textbook type programs. They may have hypertext jumps to help the reader pursue specific information.

The AOA Council on CME reserves the right to evaluate each interactive CME Internet program and activity and to deny CME credit at its discretion.

V. CME Credit for Standardized Life Support Courses

The following standardized life support courses including provider, refresher and instructor levels will be awarded AOA Category 1-A CME credit up to a maximum of eight (8) credits per CME cycle. The remainder of the credits for these standardized courses will be awarded Category 1-B CME credit up to the limits as indicated in the table below. Online standardized courses will be awarded CME credit for the practical part only.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Provider Course</th>
<th>Refresher Course</th>
<th>Instructor Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Trauma Life Support</td>
<td>12</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Advanced Cardiac Life Support</td>
<td>12</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Basic Life Support (health care provider)</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pediatric Advanced Life Support (AHA)</td>
<td>14</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Pediatric Life Support (AAP)</td>
<td>14</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Neonatal Advanced Life Support</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Advanced Life Support in Obstetrics</td>
<td>12</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
VI. Non-Qualifying QUALIFYING Activities

A. Volunteer Work
   The AOA applauds volunteer work, but such work does not qualify for CME credit.

B. Post Graduate Studies
   Studies undertaken in the quest for advanced degrees, whether Master of Science, Master of Public Health, Master of Business Administration, or Doctorate studies of any kind, do not qualify for CME credit.

C. Medical Facility Tours
   Such tours do not qualify for CME credit.

VII. CME Requirements for Certified Physicians

A. AOA Board Certified Physicians
   1. Physicians who are board certified are required to earn a minimum of fifty (50) CME credits within their specialty in each three-year CME cycle. These credits may be earned in Category 1 or Category 2 according to the requirements established by the AOA Bureau of Osteopathic Specialists (BOS). (Please see Certifying Board for clarification.)

   2. Certifications of Added Qualification Subspecialty. For osteopathic physicians holding certification(s) of added qualification (CAQs), a minimum of 25% of the credits (13 credits) must be earned at the level of the CAQ. At least 30% of the specialty CME credits (15 credits) must be earned in the primary certification.

   3. CME sponsored by osteopathic specialty affiliates in the individual’s declared specialty, will be applied to this requirement on an unlimited hour-by-hour basis.

B. ABMS Board Certified Physicians

   1. Physicians who are both AOA and ABMS board certified are required to earn the same specialty CME credit hours as DOs who are AOA board certified only in order to meet AOA specialty requirements.
2. Physicians who are solely certified in an ABMS specialty are required to obtain a minimum of ten (10) Category 1-A credits in AOA sponsored CME programs during each three year CME cycle in order to meet AOA specialty requirements.

3. Physicians who are solely certified through the ABMS must meet the 120 hour AOA membership requirement. Please contact the certifying board for information regarding the use of preceptoring or other credits towards this requirement. Osteopathic Physicians may refer to www.osteopathic.org for additional information regarding the “AOA Specialty Continuing Education (CME) Policy” regarding specialty CME program requirements.

Note: Under current AOA policy, failure to meet the AOA specialty CME requirement is interpreted as a failure to meet the individual physician's CME requirement. This could result in the loss of AOA membership and in turn result in the possible loss of certification.

VIII. Exemptions/Reducions

A. General
AOA members exempted from the CME program requirements include: (1) retired physicians no longer holding an active license to practice medicine; (2) physician residing outside the geographic boundaries of the United States and Canada; (3) students, interns, residents and academic fellows participating in AOA recognized or ACGME accredited postgraduate programs; (4) physicians serving in the military and assigned to positions other than in his or her specialty or those physicians on active duty who are involved in significant military operations; and (5) physicians who have received disabled status.

AOA Life Members in active practice are not exempted from the CME requirement.

B. Osteopathic Physicians in the Military, Reductions/Waivers
The Council on CME is aware of the difficulty osteopathic physicians in the military, Veterans Administration, and U.S. Public Health Service may have in acquiring osteopathic continuing medical education. The Uniformed Services encourages osteopathic physicians to fulfill his or her obligation to CME and the AOA believes it is essential that an osteopathic physician obtain a portion of this education in osteopathic sponsored programs. Therefore, AOA required physicians on active duty to obtain a minimum of five (5) CME credits per year, or fifteen (15) of the thirty (30) required Category 1-A hours per three-year cycle, be received in osteopathic venues. This reduction is available only to those physicians on active duty who have accumulated a total of one hundred and twenty credits (120) hours of CME and who request said reduction from the Council on CME. The total CME requirement will be proportionally adjusted for time spent out of the United States.

Osteopathic physicians serving in the uniformed services, who are engaged in active military operations, may be granted a waiver of his or her AOA CME requirement for membership if that physician is CME deficient at the end of the current CME cycle.

Any osteopathic physician, other than career military personnel, who is called to active duty, emergency need duty, military operation, or placed on stand-by, and is CME deficient at the end of a CME cycle, may request to have his or her CME requirement waived or reduced.

C. Extenuating Circumstances
In the event that a physician is prevented from obtaining sufficient credit, e.g., serious illness, financial, or family problems, he/she is urged to report this to the AOA Council on Continuing Medical Education and the AOA, so they may qualify for a reduction in the requirements. Changes in a physician’s practice status at the beginning of the CME cycle may reduce his or her AOA CME requirement. For additional information on extenuating circumstances, please contact the AOA Department of Client and Member Services at (888) 62-MYAOA (888-626-9262).

AOA exemptions or reductions in the number of required credits for membership or certification, do not affect individual state CME licensing requirements. The Council on CME will grant no reductions of CME credit hours without due cause.
unless policy advises otherwise.

IX. Failure to meet the AOA CME Requirement – End of CME Cycle

Beginning with the CME cycle which ended December 31, 2015, AOA members will have five (5) months following the close of a cycle to fulfill his/her CME requirements. If there are any questions about this policy, contact the AOA Department of Client and Member Services at crc@osteopathic.org.

Note: Under current AOA policy, failure to meet the AOA specialty CME requirement is interpreted as a failure to meet the individual physician’s CME requirement. This could result in the loss of AOA membership and in turn result in the possible loss of certification.

X. Reporting CME Activities

REPORTING OF OSTEOPATHIC CME CREDIT IS THE RESPONSIBILITY OF THE ACCREDITED AOA CATEGORY 1 SPONSOR. CREDITS SUBMITTED BY A PHYSICIAN FOR SUCH ACTIVITIES WILL NOT BE ACCEPTED BY THE AOA. AOA CATEGORY 1 CME SPONSORS HAVE NINETY (90) DAYS AFTER THE PROGRAM TO SUBMIT CME CREDITS.

REPORTING OF CME EARNED FROM AN ACCME-ACCREDITED PROVIDER FOR AMA PRA CATEGORY 1 CREDIT™ OR AAFP CME PROGRAMS TO THE AOA IS THE RESPONSIBILITY OF THE PHYSICIAN. A CERTIFICATE OF ATTENDANCE MUST BE PROVIDED TO THE AOA DEPARTMENT OF CLIENT AND MEMBER SERVICES AT CRC@OSTEOPATHIC.ORG INDICATING THE TOTAL NUMBER OF HOURS ATTENDED. TRANSCRIPTS FROM OTHER INSTITUTIONS (HOSPITALS, CME TRACKERS, ETC.) WILL ALSO BE ACCEPTED IF IT CONTAINS THE TOTAL NUMBER OF HOURS.

ALL SUBMISSIONS SHOULD INCLUDE THE PHYSICIAN’S NAME AND AOA ID NUMBER. WHERE APPLICABLE, PLEASE INDICATE IF THE CME PROGRAM WAS SPECIALTY SPECIFIC AND WHAT THE RELEVANT SPECIALTY/SUBSPECIALTY IS.

To report ACCME accredited provider for AMA PRA Category 1 Credit™ or AAFP CME programs, a certificate of attendance must be provided to the AOA Department of Client and Member Services at crc@osteopathic.org indicating the total number of hours attended. Reporting of osteopathic CME credit is the responsibility of the approved AOA sponsor.

XI. Other Questions

If there are any questions concerning the CME program or ways in which to receive credit, or questions regarding a physician’s status, please contact the AOA Department of Client and Member Services at (888) 62-MYAOA (888-626-9262) OR CRC@OSTEOPATHIC.ORG. In addition, a list of the “Frequently Asked Questions (FAQs)” is available online at www.osteopathic.org.

The following CME Reporting forms are available at www.osteopathic.org.

1. Healthcare Facility Education Activities
2. Non-Osteopathic Programs – Category 1-B
3. Exemption/Reduction Form
4. 1-A AMA Specialty/Subspecialty

“AOA Coming Events,” a listing of upcoming CME (LIVE AND ONLINE) programs, are available in the Continuing Medical Education section at www.osteopathic.org. AOA MEMBERS MAY ALSO VIEW THEIR CME ACTIVITY REPORT AT ANY TIME BY VISITING THIS SITE.

Members may view their CME Activity Report (CAR) at any time by visiting www.osteopathic.org. Additionally, CME online courses are available at this site.
The Council on Continuing Medical Education BUREAU OF OSTEOPATHIC SPECIALISTS of the American Osteopathic Association (CCME/BOS) maintains the right to update this guide as needed. The Council/BOS reserves the right to evaluate all programs and activities on an individual basis to determine if and the amount of credit granted at its discretion. Osteopathic physicians are responsible for keeping abreast of the rules and regulations of CME.
APPENDIX A: PRORATION CHART

WHEN A PHYSICIAN FIRST BECOMES CERTIFIED (OR REACTIVATES AN EXPIRED/INACTIVE CERTIFICATION), THEIR CME REQUIREMENT WILL BE PRORATED FOR THE CURRENT AOA CME CYCLE ONLY. PRORATIONS WILL BE BASED ON THE DATE OF CERTIFICATION, AS FOLLOWS:

<table>
<thead>
<tr>
<th>ENTRY DATE</th>
<th>PRORATED REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUARY 1, 2019 – JUNE 30, 2019</td>
<td>83%</td>
</tr>
<tr>
<td>JULY 1, 2019 – DECEMBER 31, 2019</td>
<td>67%</td>
</tr>
<tr>
<td>JANUARY 1, 2020 – JUNE 30, 2020</td>
<td>50%</td>
</tr>
<tr>
<td>JULY 1, 2020 – DECEMBER 31, 2020</td>
<td>33%</td>
</tr>
<tr>
<td>JANUARY 1, 2021 – JUNE 30, 2021</td>
<td>17%</td>
</tr>
<tr>
<td>JULY 1, 2021 – DECEMBER 31, 2021</td>
<td>NO REQUIREMENT UNTIL THE 2022-2024 CME CYCLE.</td>
</tr>
</tbody>
</table>

* IN CASES WHERE THE PRORATED AMOUNT DOES NOT EQUAL A WHOLE NUMBER OR NUMBER ENDING IN .5, THE AMOUNT WILL BE ROUNDED DOWN TO THE NEAREST HALF POINT.

Appendix B: Exemptions, Reductions, and Waivers

AOA exemptions or reductions in the number of required credits for certification do not affect individual state CME licensing requirements. The BOS will grant no reductions of CME credit hours without due cause unless policy advises otherwise.

Below is a list of common situations that may result in a reduction or waiver of the Lifelong Learning/CME requirement for OCC. For situations other than those listed below, please contact your AOA specialty certifying board.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>REDUCTION/WAIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETIREMENT</td>
<td>DIPLOMATES WHO PLACE THEIR CERTIFICATION INTO OFFICIAL “RETIRED” STATUS WILL NOT HAVE A LIFELONG LEARNING/CME REQUIREMENT. CERTIFICATES RETURNED TO “ACTIVE” STATUS FROM “RETIRED” STATUS WILL HAVE A PRORATED REQUIREMENT PER THE CHART IN APPENDIX A.</td>
</tr>
<tr>
<td>MILITARY (NON-CAREER MILITARY PERSONNEL, INCLUDES PHYSICIANS CALLED TO ACTIVE DUTY, EMERGENCY NEED DUTY, MILITARY OPERATION, OR PLACED ON STAND-BY)</td>
<td>REDUCTION OF 1/6 OF ALL REQUIREMENTS FOR EVERY 6 MONTHS OF QUALIFYING SERVICE. MILITARY ORDERS, INCLUDING ANTICIPATED LENGTH OF SERVICE (OR FINAL LENGTH OF SERVICE IF AT THE CONCLUSION OF SERVICE) ARE REQUIRED TO QUALIFY FOR THIS REDUCTION</td>
</tr>
<tr>
<td>TYPE</td>
<td>REDUCTION/WAIVER</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MILITARY (ASSIGNED TO POSITIONS OTHER THAN HIS/HER SPECIALTY)</td>
<td>REDUCTION OF 1/6 OF ALL REQUIREMENTS FOR EVERY 6 MONTHS OF QUALIFYING SERVICE. MILITARY ORDERS, INCLUDING ANTICIPATED LENGTH OF SERVICE (OR FINAL LENGTH OF SERVICE IF AT THE CONCLUSION OF SERVICE) ARE REQUIRED TO QUALIFY FOR THIS REDUCTION</td>
</tr>
<tr>
<td>WORKING OUTSIDE THE GEOGRAPHICAL BOUNDARIES OF THE UNITED STATES AND CANADA (INCLUDES MISSIONARY SERVICE)</td>
<td>TO QUALIFY, A DIPLOMATE MUST BE OUT OF THE COUNTRY FOR A MINIMUM OF SIX CONTINUOUS MONTHS AND PROVIDE DOCUMENTATION FROM AN EMPLOYER OR VOLUNTEER/MISSIONARY WORK WITH DATES OF SERVICE. 6-12 MONTHS’ SERVICE = 1/3 REDUCTION IN EACH REQUIREMENT 1-3 YEARS’ SERVICE = 50% REDUCTION IN EACH REQUIREMENT (MAXIMUM ALLOWED IS 50%)</td>
</tr>
<tr>
<td>FULL MEDICAL DISABILITY (PERMANENT-NO INTENTION TO RETURN TO WORK)</td>
<td>DIPLOMATE MUST PROVIDE LETTER FROM A TREATING PHYSICIAN. 100% OF THE REQUIREMENT IS WAIVED. IF A DISABLED PHYSICIAN EVER RETURNS TO PRACTICE (EVEN IN AN ADMINISTRATIVE POSITION), THEY WILL HAVE A PRO-RATED REQUIREMENT PER THE CHART IN APPENDIX A.</td>
</tr>
<tr>
<td>MEDICAL DISABILITY (TEMPORARY – E.G. UNABLE TO WORK CURRENTLY, BUT ANTICIPATING EVENTUAL RETURN TO WORK)</td>
<td>DIPLOMATE MUST PROVIDE LETTER FROM A TREATING PHYSICIAN. UP TO 12 MONTHS’ ILLNESS = 1/3 REDUCTION IN EACH REQUIREMENT 13-24 MONTHS’ ILLNESS = 2/3 REDUCTION IN EACH REQUIREMENT 25-36 MONTHS’ ILLNESS = 100% WAIVED</td>
</tr>
<tr>
<td>MATERNITY/PATERNITY LEAVE</td>
<td>DOCUMENTATION OF APPROVED FMLA FROM EMPLOYER REQUIRED. 25% REDUCTION IN EACH REQUIREMENT FOR DIPLOMATES WHO HAVE TAKEN MATERNITY/PATERNITY LEAVE DURING THE CME CYCLE</td>
</tr>
<tr>
<td>OTHER EXTENUATING CIRCUMSTANCES</td>
<td>IN THE EVENT THAT A DIPLOMATE IS FACING FINANCIAL OR FAMILY PROBLEMS THAT PREVENT THEM FROM OBTAINING SUFFICIENT CREDIT, HE/SHE IS URGED TO THE AOA SPECIALTY CERTIFYING BOARD, AS THEY MAY QUALIFY FOR A REDUCTION IN THE REQUIREMENTS.</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>CHANGES IN A PHYSICIAN'S PRACTICE STATUS AT THE BEGINNING OF THE CME CYCLE MAY REDUCE HIS OR HER AOA CME REQUIREMENT.</td>
</tr>
</tbody>
</table>
# APPENDIX C: ALPHABETICAL LIST OF CME ACTIVITIES

<table>
<thead>
<tr>
<th>ACTIVITY TYPE</th>
<th>CATEGORY</th>
<th>RULES, CAPS, ETC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL CASE PRESENTATIONS AND RESEARCH POSTER PRESENTATION</td>
<td>1-A (IF OSTEOPATHIC) 2-A (IF NON-OSTEOPATHIC)</td>
<td>MUST BE PRIMARY AUTHOR 5 CME PER PRESENTATION</td>
</tr>
<tr>
<td>CME ON THE INTERNET (INTERACTIVE)</td>
<td>1-A (IF FROM A 1-A SPONSOR) 2-A (IF FROM A NON 1-A SPONSOR)</td>
<td></td>
</tr>
<tr>
<td>CME ON THE INTERNET (NON-INTERACTIVE)</td>
<td>1-B (IF FROM AN AOA CATEGORY 1 SPONSOR) 2-B (IF FROM AN AMA PRA CATEGORY 1TM OR AAFP-ACCREDITED SPONSOR)</td>
<td></td>
</tr>
<tr>
<td>COMMITTEE AND HOSPITAL STAFF WORK</td>
<td>1-B</td>
<td></td>
</tr>
<tr>
<td>EXAMINATION (PRIMARY CERTIFICATION)</td>
<td>1-B</td>
<td>15 CREDITS FOR EACH EXAM PASSED</td>
</tr>
<tr>
<td>EXAMINATION (SUBSPECIALTY/CAQ CERTIFICATION)</td>
<td>1-B</td>
<td>15 CREDITS FOR EACH EXAM PASSED</td>
</tr>
<tr>
<td>EXAMINATION (OCC/RECERTIFICATION/COMPONENT 3)</td>
<td>1-B</td>
<td>15 CREDITS FOR COMPLETING COMPONENT 3 PER CME CYCLE</td>
</tr>
<tr>
<td>EXAMINATION (RECERTIFICATION AND SUBSPECIALTY/CAQ EXAMINATIONS WITH ABMS)</td>
<td>2-B</td>
<td>MAXIMUM OF FIFTEEN (15) CME CREDITS PER 3-YEAR AOA CME CYCLE</td>
</tr>
<tr>
<td>EXAMINATION ADMINISTRATION (ORAL/PRACTICAL EXAMINATIONS FOR AOA CERTIFYING BOARDS)</td>
<td>1-A</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
</tr>
<tr>
<td>EXAM CONSTRUCTION (CLINICAL CASE DEVELOPMENT)</td>
<td>1-B</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
</tr>
<tr>
<td>ACTIVITY TYPE</td>
<td>CATEGORY</td>
<td>RULES, CAPS, ETC.</td>
</tr>
<tr>
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<td>------------------</td>
</tr>
<tr>
<td>EXAM CONSTRUCTION (COMMITTEE WORK)</td>
<td>1-B</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
</tr>
<tr>
<td>EXAM CONSTRUCTION (ITEM WRITING)</td>
<td>1-B</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
</tr>
<tr>
<td>FEDERAL ACTIVITIES</td>
<td>1-A (IF ACTIVE DUTY OR EMPLOYED BY A UNIFORMED SERVICE) 1-B (ALL OTHER FEDERAL CME ACTIVITIES)</td>
<td></td>
</tr>
<tr>
<td>FELLOWSHIP TRAINING</td>
<td>1-B</td>
<td>TWENTY (20) CREDITS OF CATEGORY 1-B CME MAY BE AWARDED PER YEAR</td>
</tr>
<tr>
<td>FORMAL CME (OSTEOPATHIC)</td>
<td>1-A</td>
<td></td>
</tr>
<tr>
<td>FORMAL CME (NON-OSTEOPATHIC)</td>
<td>1-B (IF NO EQUIVALENT COURSE CONTENT AVAILABLE WITHIN THE OSTEOPATHIC PROFESSION) 2-A 2-B</td>
<td>SEE “AOA CATEGORY 1-B CREDIT” FOR THE PROCESS TO REQUEST CONSIDERATION FOR CATEGORY 1-B CREDIT.</td>
</tr>
<tr>
<td>GME FACULTY/PRECEPTORS</td>
<td>1-B</td>
<td>A MAXIMUM OF 20% OF CME SPECIALTY CREDITS PER 3-YEAR AOA CME CYCLE MAY BE EARNED FOR THIS ACTIVITY.</td>
</tr>
<tr>
<td>GRAND RoundS</td>
<td>1-A (IF FROM A 1-A SPONSOR) 1-B (IF FROM A NON-OSTEOPATHIC (1-A) SPONSOR)</td>
<td>MUST BE SPONSORED BY THE FEDERAL AVIATION ADMINISTRATION, THE UNITED STATES ARMED SERVICES, OR THE CIVIL AERONAUTIC INSTITUTE</td>
</tr>
<tr>
<td>HEALTHCARE COMMITTEE AND DEPARTMENTAL MEETINGS</td>
<td>1-B</td>
<td></td>
</tr>
<tr>
<td>HOME STUDY</td>
<td>2-B</td>
<td>JOURNAL READING AND OTHER TYPES OF HOME STUDY CME HAVE A COMBINED MAXIMUM OF TWENTY (20) CME PER 3-YEAR AOA CME CYCLE.</td>
</tr>
<tr>
<td>ACTIVITY TYPE</td>
<td>CATEGORY</td>
<td>RULES, CAPS, ETC.</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>INSPECTIONS (OSTEOPATHIC HEALTHCARE FACILITY, COM ACCREDITATION, GME PROGRAM, OPTI SITE VISIT)</td>
<td>1-B</td>
<td></td>
</tr>
<tr>
<td>JOB TASK ANALYSES (JTAS)</td>
<td>1-B</td>
<td>PARTICIPATING IN ITEM WRITING, JOB TASK ANALYSIS, TEST DEVELOPMENT/ CONSTRUCTION, AND ORAL EXAM ADMINISTRATION CAN EARN A MAXIMUM COMBINED SIXTY (60) SPECIALTY CME PER 3-YEAR AOA CYCLE</td>
</tr>
<tr>
<td>JOURNAL READING</td>
<td>1-B (JAOA ONLY)</td>
<td>TWO (2) CME CREDITS WILL BE AWARDED FOR EACH ISSUE OF THE JAOA</td>
</tr>
<tr>
<td></td>
<td>2-B (ALL OTHER MEDICAL JOURNALS)</td>
<td>READING OF ALL OTHER MEDICAL JOURNALS QUALIFIES FOR AOA CATEGORY 2-B CREDIT AND IS AWARDED ONE-HALF (0.5) CME CREDIT FOR EACH JOURNAL READ AND REPORTED ON THE FORM. JOURNAL READING AND OTHER TYPES OF HOME STUDY CME HAVE A COMBINED MAXIMUM OF TWENTY (20) CME PER 3-YEAR AOA CME CYCLE</td>
</tr>
<tr>
<td>JUDGING CLINICAL CASE PRESENTATIONS AND RESEARCH POSTER PRESENTATIONS</td>
<td>1-A (IF OSTEOPATHIC)</td>
<td>MAXIMUM OF TEN (10) CME CREDITS PER 3-YEAR AOA CME CYCLE</td>
</tr>
<tr>
<td></td>
<td>2-A (IF NON-OSTEOPATHIC)</td>
<td></td>
</tr>
<tr>
<td>MEDICAL ECONOMICS COURSES</td>
<td>2-B</td>
<td></td>
</tr>
<tr>
<td>MEDICAL TEACHING (NON-OSTEOPATHIC)</td>
<td>2-A</td>
<td></td>
</tr>
<tr>
<td>MEDICAL TEACHING (OSTEOPATHIC)</td>
<td>1-A</td>
<td></td>
</tr>
<tr>
<td>OBSERVATION AT MEDICAL CENTERS</td>
<td>2-B</td>
<td></td>
</tr>
<tr>
<td>OSTEOPATHIC STATE LICENSING BOARD</td>
<td>1-B</td>
<td></td>
</tr>
<tr>
<td>PHYSICIAN ADMINISTRATIVE TRAINING</td>
<td>2-B</td>
<td></td>
</tr>
<tr>
<td>POSTGRADUATE STUDIES</td>
<td>1-B</td>
<td>TWENTY FIVE (25) CREDITS OF CATEGORY 1-B CME MAY BE AWARDED</td>
</tr>
<tr>
<td>ACTIVITY TYPE</td>
<td>CATEGORY</td>
<td>RULES, CAPS, ETC.</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>PUBLICATIONS</td>
<td>1-B</td>
<td>10 CME CREDITS PER ARTICLE PUBLISHED</td>
</tr>
<tr>
<td>QUALITY ASSESSMENT PROGRAMS</td>
<td>2-B</td>
<td></td>
</tr>
<tr>
<td>RESIDENCY TRAINING</td>
<td>1-B</td>
<td>TWENTY (20) CREDITS OF CATEGORY 1-B CME MAY BE AWARDED PER YEAR</td>
</tr>
<tr>
<td>SCIENTIFIC EXHIBIT</td>
<td>2-B</td>
<td>TEN (10) CREDITS PER SCIENTIFIC EXHIBIT</td>
</tr>
<tr>
<td>STANDARDIZED FEDERAL AVIATION COURSES</td>
<td>1-A</td>
<td></td>
</tr>
<tr>
<td>STANDARDIZED LIFE SUPPORT COURSES</td>
<td>1-A</td>
<td>ONLINE STANDARDIZED COURSES WILL BE AWARDED CME CREDIT FOR THE PRACTICAL PARTY ONLY.</td>
</tr>
<tr>
<td>TEXTBOOK READING</td>
<td></td>
<td>FIVE (5) CME CREDITS MAY BE GRANTED FOR EACH MEDICAL TEXTBOOK READ</td>
</tr>
</tbody>
</table>

Comment [MC1]:
RESOLVED, that the following nominations to membership on the specialty certifying boards of the AOA be approved:

**American Osteopathic Board of Anesthesiology**
- Farys Chowdhury, DO 08/2018 to 07/2021
- Travis Sayer, DO 08/2018 to 07/2021

**American Osteopathic Board of Emergency Medicine**
- Eric Appelbaum, DO 01/2018 to 07/2019
- Curt Cackovic, DO 03/2018 to 07/2019
- Bradley Chappell, DO 03/2018 to 07/2019
- Mark Grant, DO 03/2018 to 07/2019
- Bobby Johnson, DO 01/2018 to 07/2019
- Dan Lombardi, DO 01/2018 to 07/2019
- Alan Lucerna, DO 03/2018 to 07/2019
- Diane Paratore, DO 05/2018 to 07/2019
- Henry Schuitema, DO 03/2018 to 07/2019
- Meghan Stahulak, DO 05/2018 to 07/2019
- Chris Zabbo, DO 01/2018 to 07/2019

**American Osteopathic Board of Family Physicians**
- Stacy D. Chase, DO 08/2018 to 07/2021
- Kieren P. Knapp, DO 08/2018 to 07/2021
- Joseph Mazzola, DO 08/2018 to 07/2021

**American Osteopathic Board of Neurology and Psychiatry**
- Brian P. Fahey, DO 08/2018 to 07/2021
- Matthew Geromi, DO 08/2018 to 07/2021
- Andrea Rossi, DO 08/2018 to 07/2021

**American Osteopathic Board of Obstetrics and Gynecology**
- Deborah Harcheloath, DO 08/2018 to 07/2021
- Carolyn Quist, DO 08/2018 to 07/2021
- Kedrin Van Steenwyk, DO 08/2018 to 07/2021

**American Osteopathic Board of Orthopedic Surgery**
- Nathan Melton, DO 08/2018 to 07/2021
- John Schlechter, DO 08/2018 to 07/2021

**American Osteopathic Board of Surgery**
- Walter Boris, DO 04/2018 to 07/2021
- David Dellinger, DO 04/2018 to 07/2021
- Dave Lawrence, DO 04/2018 to 07/2021
<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Francesco Mangano, DO</td>
<td>04/2018 to 07/2021</td>
</tr>
<tr>
<td>2</td>
<td>Chris Pfeifer, DO</td>
<td>04/2018 to 07/2020</td>
</tr>
<tr>
<td>3</td>
<td>Gregory Weigler, DO</td>
<td>04/2018 to 07/2020</td>
</tr>
</tbody>
</table>

**ACTION TAKEN**  
**APPROVED**

**DATE**  
**July 19, 2019**
WHEREAS, the transition of residency accreditation by the American Osteopathic Association (AOA) to the Accreditation Council for Graduate Medical Education (ACGME) is scheduled to be complete in 2020; and

WHEREAS, residents in ACGME residencies will have a choice as to whether they become board certified through the AOA or through the American Board of Medical Specialties (ABMS); and

WHEREAS, most residents and recently graduated physicians have accumulated substantial financial debt related to their undergraduate medical education; and

WHEREAS, the cost of certification, as well as the cost of future continuous certification will be a major factor in influencing the residents’ choice of certification pathway; and

WHEREAS, osteopathic family physicians previously certified by the AOA through the American Osteopathic Board of Family Physicians (AOBFP) may choose to limit their practice to focused areas in osteopathic family medicine such as emergency medicine, sports medicine, dermatology, academics, osteopathic manipulation, or others; and

WHEREAS, a comprehensive cognitive examination in osteopathic family medicine may not be clinically applicable to many physicians taking the AOBFP recertification exam due to their chosen focused practices; and

WHEREAS, the osteopathic family physician who is currently board certified by the AOBFP now has the option to become certified by the American Board of Family Medicine (ABFM); now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) support changes to the certification and recertification process that will make the American Osteopathic Board of Family Physicians (AOBFP) examination more attractive than the American Board of Family Medicine (ABFM) examination by decreasing the financial and administrative burdens for primary certification and recertification; and, be it further

RESOLVED, that the AOA empower the AOBFP to immediately develop and implement a certification and examination process that will:

1. Be cost competitive with the ABFM certification pathway,
2. Be offered at a lowered cost for the initial certification examination,
3. Be osteopathically focused, and
4. Eliminate the need for long distance travel; and, be it further.
RESOLVED, that the AOA empower the AOBFP to immediately develop and implement a recertification process that will provide an ongoing, on-line, flexible learning and examination to satisfy the requirements of Osteopathic Continuing Certification Component 3 Cognitive Assessment and Component 4 Practice Performance Assessment; and, be it further

RESOLVED, that the AOA be requested to give the AOBFP the necessary resources and support to accomplish these changes by July 1, 2019.

Explanatory Statement:
This Board resolution is sponsored and submitted by a current Trustee on behalf of the American College of Osteopathic Family Physicians.

BOT Reference Committee Explanatory Statement
The Board of Trustees already supports enhancing AOA board certification to make it competitive, cost-effective, and osteopathic-focused. The Committee commends ACOFP for their intent and recommends all AOA certifying boards collaborate with osteopathic specialty colleges when enhancing their certification process.

ACTION TAKEN  DISAPPROVED

DATE  July 19, 2018
WHEREAS, the Bureau of Osteopathic Education has reviewed its Handbook; and

WHEREAS, the Bureau has identified several updates needed in the Handbook; now, therefore

be it

RESOLVED, that revisions to the Bureau of Osteopathic Education Handbook be approved.

(new material underlined; old material strikethrough)

PAGE 5 LINE 22

2 1 – Members of the Association of Osteopathic State Executive Directors

Explanatory Statement:
The BOE handbook was last updated in 2011. Of significant note, the BOE is recommending several changes to its membership. With the proposed changes, BOE membership would be reduced from 18 members to 17 members:

1. The elimination of two members of the BOE since their organizations no longer exist: the Bureau of Hospitals and the Association of Osteopathic Directors and Medical Educators.
2. The addition of two memberships with expertise in osteopathic postdoctoral education. The BOE has two members who represent pre-doctoral education and two members who represent continuing medical education but no members specifically represent post-doctoral education.
3. The deletion of the Osteopathic Educator position and the Non DO Educator position to offset the two new post-doctoral positions.
4. In 2016, the BOE requested a new member position to represent the Society of Osteopathic Specialty Executives (SOSE). Through these Handbook revisions, the BOE continues to request that new position.

FISCAL IMPACT:
$1,000 savings

ACTION TAKEN APPROVED as AMENDED

DATE July 19, 2018
Handbook of the
Bureau of Osteopathic Education (BOE)

American Osteopathic Association
Department of Education
142 E. Ontario Street
Chicago, Illinois 60611

Approved BOT 1/03
Revised BOT 02/06
Revised BOT 07/07
Revised BOT 07/08
Revised BOT 7/09
Revised BOT 2/10
Revised BOT 7/11
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Appendix A: Appeal Procedures and the Appeal Process ................................................................. 13
1. Introduction

The *Handbook of the Bureau of Osteopathic Education* is a procedural guide established for the use of the Bureau of Osteopathic Education (Bureau) and other officers of the American Osteopathic Association (AOA). This is an official document adopted by action of the AOA Board of Trustees (AOA Board), and may be amended from time to time. The *Handbook* includes a description of the Bureau’s purpose, function, structure, operating procedures and pertinent appendices. The Bureau serves as a reference committee to the AOA Board and acts as the “think tank” on osteopathic medical education issues for the osteopathic medical education continuum (i.e., from predoctoral education through certification and continuing medical education). Copies of the *Handbook* are filed at the AOA, Department of Education, 142 East Ontario Street, Chicago, Illinois, 60611.

2. Statement of Purpose

A. Charge

The Bureau studies the full continuum of osteopathic medical education (predoctoral, postdoctoral, certification and continuing medical education) and makes recommendations to the AOA Board of Trustees as to how to improve the educational system and the process through which the AOA oversees and approves or accredits and/or certifies educational programs. Recommendations to the AOA Board of Trustees are based on the Bureau’s own proposals as well as from reviews of the policies proposed by:

- The Council on Osteopathic Undergraduate Medical Education (COUME);
- The Council on Osteopathic GME Development (COGMED);
- The Council on Osteopathic Postdoctoral Training (COPT) and its subordinated committees: the Program and Trainee Review Council (PTRC) and the Council on Osteopathic Postdoctoral Training Institutions (COPTI);
- The Council on Osteopathic Continuing Medical Education (COCMED), and

The Bureau also receives informational advisory reports on medical education issues from the Bureau of International Osteopathic Medical Educators (BOME) and Medicine, the Bureau of...
Osteopathic Specialists, the National Association of Osteopathic Foundations, and the American Association of Colleges of Osteopathic Medicine, Bureau of Hospitals (BOH), Bureau of Osteopathic Specialty Societies (BOSS) and from internal and external educational studies.

The Bureau is a representative body of the osteopathic profession. It receives reports from educational councils and committees of the AOA. The Bureau acts to assure the AOA Board of Trustees, the osteopathic medical community, and the public that actions of the various councils reporting to this Bureau are within the framework of the AOA Basic Documents for Postdoctoral Training and the Accreditation Requirements for Category 1 CME Sponsors. The Bureau also receives recommendations from the COUME for advocating best standards in undergraduate medical education.

B. Responsibilities

1. To serve as a reviewing body of existing policy documents, or of proposed policy changes originating within or submitted by the Council on Postdoctoral Training (COUME, COGME, COPT) and or the Council on Continuing Medical Education (COCME). In this capacity, the Bureau makes recommendations to the AOA Board of Trustees for their final action.

2. To serve as a forum for receiving comments from the Bureau on International Osteopathic Medicine, the Bureau of Osteopathic Specialists, the National Association of Osteopathic Foundations, and the American Association of Colleges of Osteopathic Medicine, the Bureau of Osteopathic Medical Educators (BOME), Bureau of Hospitals (BOH), and the Bureau of Osteopathic Specialty Societies (BOSS) on matters pertaining to osteopathic education in general.

3. Through the Bureau Appeals Committee, to serve as an appellate body in hearing appeals from any individual or organization seeking relief from prior actions of the Council on Continuing Medical Education (COUME), the Council on Osteopathic Postdoctoral Training (COPT), the Program and Trainee Review Council (PTRC), and the Council on Osteopathic Postdoctoral Training Institutions (COPTI) (See Appendix). Appeals of decisions made by the COCME, COPT, PTRC, and COPTI decisions will be heard by the BOE Bureau Appeals Committee, as needed.

4. To assure the AOA Board of Trustees and the appellants that the various committees have acted in accordance with the Basic Documents for Postdoctoral Training and the Accreditation Requirements for Category 1 CME Sponsors.

C. Functions

The Bureau is designed to:

1. Review policy directions on osteopathic education and develop recommendations for the AOA Board.

2. Receive and act on recommendations from the COPT, its subordinated councils* and the COCME (See Appendix).

3. Serve as a forum for receiving input on issues of importance to postdoctoral training and continuing medical education activities.

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*Subordinated councils of the COPT are the Program and Trainee Review Council and the Council on Osteopathic Postdoctoral Training Institutions.
4. Serve as an appeal body for specified actions of the CCME, COPT, PTRC, and the COPTI.

3. Structure

   A. List of Members

    The Bureau has eighteen seventeen (1817) voting members and six non-voting ex-officio members:

    • 2-Specialty Affiliate Representatives
    • 2-Members-at-large
    • 1-Bureau of Hospitals Representative
    • 4-Representative of the Association of Osteopathic Directors and Medical Educators
    • 1-Representative of the Society of Osteopathic Specialty Executives
    • 1-Osteopathic Educator
    • 1-Non DO Educator
    • 2-Members with expertise in osteopathic postdoctoral education
    • 1-Representative of American Association of Colleges of Osteopathic Medicine
    • 1-Representative from the Bureau of Osteopathic Specialists
    • 1-Intern/Resident Osteopathic physician in residency
    • 2-Osteopathic CME representatives with at least three years of osteopathic CME experience on the Council on Osteopathic CME or a Category 1 CME Sponsor planning committee member
    • 2-Members with expertise in predoctoral education
    • 21-Members of the Association of Osteopathic State Executive Directors (representing divisional affiliates)
    • 1-Public Member
    • 1-NAOF Observer (self-funded)
    • 6-Ex-officio Members (Chairs of BIOM, COGME, COGME, COPT, COPTI, and PTRC - each with a one (1) year term)
    • Osteopathic Specialty College representatives (two)
• Bureau of Hospitals representative
• DO educator
• Non-DO educator
• Association of Colleges of Osteopathic Medicine (AACOM) representative
• Association of Osteopathic Directors and Medical Educators (AODME) representative
• Bureau of Osteopathic Specialists (BOS) representative
• Resident physician representative
• Continuing Medical Education (CME) representatives (two)
  Must have at least 3 years of CME experience on the CCME or as a Category 1 CME Sponsor Planning Committee member.
• Association of State Executive Directors (AOSED) representatives (two)
• Pre-doctoral education representatives (two)
• AOA members-at-large (two)
  i. Must be an osteopathic physician whose AOA membership classification is “active.”
  ii. Must have knowledge and experience in one or more areas of responsibility of the Bureau.
• Public Member

B. General Aspects of Bureau Membership

Each year, the AOA President-elect will appoint a 3 person nominating committee consisting of
1) two members who have held the position of AOA President and who have no current
affiliation with any college of osteopathic medicine, and 2) one member to be selected by a
process established by the President and the Chair of the Board of Deans of the American
Association of Colleges of Osteopathic Medicine. No member of the nominating committee
may be serving on an education bureau, council, or commission.
The Education Nomination Committee will receive all applications/nominations for the open
positions on the following: The Commission on Osteopathic College Accreditation, COPT, COPT, BOE, and PTRC. The nominating committee will recommend to the President-elect
three individuals for every open position.
The President-elect will select and appoint one of these 3 individuals to each open position or
request additional nominees from the nominating committee. The appointments of the
President-elect are subject to the approval of the AOA Board of Trustees.

The Bureau has eighteen (18) voting members as enumerated in part 3.A of this document (see
above).
1. Members are appointed by the AOA president, with consideration given to the recommendation of the body to be represented, if any.

2. Appointment of representative and at-large members to the Bureau will be staggered and limited to no more than three (3) consecutive three-year terms for nine (9) years cumulative. Membership and chairperson appointments would be limited to a maximum of nine (9) consecutive years and six (6) years, respectively, in any one bureau, council or committee.

B. C. Appointment of Officers and Terms of Office

Bureau Membership and Terms of Office

1. Each year, the AOA President-elect will appoint a 3-person nominating committee consisting of 1) two members who have held the position of AOA President and who have no current affiliation with any college of osteopathic medicine, and 2) one member to be selected by a process established by the President and the Chair of the Board of Deans of the American Association of Colleges of Osteopathic Medicine. No member of the nominating committee may be serving on an education bureau, council, or commission.

2. The Education Nomination Committee will receive all applications/nominations for the open positions on the following: The Commission on Osteopathic College Accreditation, COPT, COPTI, BOE, and PTRC. The nominating committee will recommend to the President-elect three individuals for every open position.

3. The President-elect will select and appoint one of these 3 individuals to each open position or request additional nominees from the nominating committee. The appointments of the President-elect are subject to the approval of the AOA Board of Trustees.

4. Appointment of representative and at-large members to the Bureau will be staggered and limited to no more than three consecutive three-year terms for nine years cumulative. Membership and chairperson appointments would be limited to a maximum of nine (9) years and six (6) years, respectively, on any one bureau, council or committee.

5. Chair:
   a. The Chair will be appointed by the AOA President from the membership of the Bureau for a two (2) year term of office.
   b. Any member of the Bureau is eligible to be appointed to the position of Chair.

6. Vice-Chair:
   a. The Vice-Chair will be appointed by the AOA President from the membership of the Bureau for a two (2) year term of office.
   b. Any member of the Bureau is eligible to be appointed to the position of Vice-Chair.

7. Secretary:
   a. The Secretary shall be appointed by the AOA Chief Executive Officer. The Director of the Department of Education serves as Secretary without vote.
   b. The Secretary shall be responsible for both the recording and corresponding secretarial activities of the Bureau.
   c. The Secretary shall be the administrator for the Bureau.
   d. The Secretary shall maintain technical expertise in the areas of responsibility of the Bureau and make the Bureau aware of trends in these areas.

The Secretary position is without vote.
D. Standing Committees

Committee

Bureau of Osteopathic Education Appeal Committee

1. The BOE Bureau Appeal Committee will be composed of three (3) regular members and three (3) alternate members elected by the membership of the Bureau at the beginning of each annual term. One member of the BOE Bureau Appeal Committee will be a CME expert with at least three years experience from previous membership on the COCME or participation on a CME sponsor planning committee and one member of the Appeals Committee shall have experience in graduate medical education.

2. Any representative who holds an appointment to the COCME, COPT, COPTI or PTRC is not eligible to serve on the Bureau Appeal Committee.

4. Procedures of the Bureau of Osteopathic Education

A. General

1. The Bureau operates on Robert’s Rules of Order, newly revised.

2. A simple majority of members will constitute a quorum sufficient for conduct of all business.

3. The constituent councils and committees of the Bureau operate within procedures approved by the Bureau and the AOA Board of Trustees, as appropriate. Each council and committee shall develop and maintain a procedural and policy handbook pertaining to their area of responsibility. Copies of these handbooks are provided available to each member of the Bureau.

4. With respect to the areas for which the Bureau retains final decision authority, the Bureau may approve, deny, defer action or remand an item back to the originating council or committee.

5. With respect to the areas for which the Bureau makes recommendations to the AOA Board of Trustees, the Bureau’s recommendation may be to approve, deny or defer action, or, remand an item back to the originating council or committee. The Bureau forwards items recommended for approval to the AOA Board of Trustees for their review and final action.

6. The Chair or Vice-Chair of a council or committee will present that group’s report to the Bureau, including resolutions for requiring action.

7. The Bureau will conduct appropriate orientation activities for its members.

8. The Bureau shall be responsible for the expenses incurred by attendance of such persons invited at the specific request of the chair or secretary.

10. The Bureau shall not be responsible for expenses incurred by persons appearing before the Bureau at the request of, or in the interest of, other organizations or individuals.

11. The AOA Director of the Department of Education, in his/her capacity as Secretary to the AOA Bureau, shall be permitted to attend all meetings, including the Executive Sessions.

12. Resolutions to the Bureau will not be considered if not posted for public comment at least 10 business days before the Bureau meeting.

B. Osteopathic Graduate Medical Education

The BOE Bureau will address predoctoral and postdoctoral issues such as workforce, quality, recruitment, governmental initiatives, and other external forces impacting medical education. The Bureau will provide an opportunity for education leaders to meet and conduct high level discussions on education issues leading to recommendations to advance osteopathic medical education. The Bureau will also develop policy to strengthen the continuum between predoctoral and postdoctoral
education and review recommendations on current or proposed standards, policies, and procedures pertaining to osteopathic medical education. The AOA Board of Trustees will provide final action on recommendations submitted by the Bureau.

C. Continuing Medical Education

The BOE Bureau will review recommendations on current or proposed standards, policies and procedures on recommendations of the COCME, and recommend action to the AOA Board of Trustees. The AOA Board of Trustees will act on recommendations from the Bureau.

D. Appeal Procedures

Appeals of actions by the COPT, Program and Trainee Review Council (PTRC), the Council on Osteopathic Postdoctoral Training Institutions (COPTI) and the COCME will be heard by the Bureau Appeal Committee through procedures approved by the AOA Board of Trustees (See Appendix).

If new, directly germane information is presented prior to the commencement of a Bureau appeal that information will be provided to the council whose decision resulting in the appeal is being appealed, or to its appropriate appeal or review committee, as appropriate, for review and comment prior to the conduct of such appeal.

In the event the council does not have its own Appeal Committee and the Bureau is the first level of appeal, new materials submitted may result in the matter being remanded to the originating council or committee for further deliberations.

This subsequent deliberation may result in reconsideration of a recommendation by the originating council or committee.

When the Board of Trustees and/or Bureau appeal actions vary from original recommendation, the reasons for the variance shall be stated and communicated accordingly.

E. Advisors

1. The AOA President, President-Elect, executive director Chief Executive Officer, chair Chair and/or vice chair Vice Chair of the Department of Educational Affairs may meet with the Bureau as non-voting advisors on policies and procedures of the AOA as applicable.

Other non-voting advisors may be appointed by the AOA President.

2. Non-voting advisors do not participate in the vote on business matters or participate in executive sessions of the Bureau. With this circumstance, advisors shall recuse themselves from the proceedings during the period that such actions or votes are under consideration by the Bureau.

F. Observers
1. By precedence, all meetings of the Bureau are open to the public.
2. Observers include, but are not limited to, AOA staff, representatives of accrediting regulatory bodies, osteopathic foundations, practice and non-practice affiliated organizations, etc. The presence of observers shall be acknowledged by the chairman, and recorded in the Bureau minutes.

G. Conflict Of Interest Policy

The following is an adaptation of a conflict of interest policy adopted by the AOA Board of Trustees in October 1997 for the then Bureau of Osteopathic Education.
Conflict of Interest Policy

This policy statement governs matters of conflicts of interest and appearances of impropriety as they may occur in the respective evaluations, deliberations, recommendations, and actions of the Bureau of Osteopathic Education (BOE) and its subordinated Councils. These policies are applicable to members of the AOA Board of Trustees, the BOE, Bureau and its subordinated councils, and also to members of the administrative AOA staff, appeals panels and evaluation teams, and to consultants.

It is intended that these policies establish a mechanism whereby all individuals make known situations of clear conflict and also those that may give rise to the appearance of impropriety. The goal is to make sure that discussions and actions are participated in only by those who have no conflict and, to the extent possible, that such discussions and actions avoid the appearance of conflicts.

It is stated that elected officers and trustees of the AOA cannot serve on the Bureau and its Councils. However, there is the further question of whether such individuals should be free to participate in discussions of matters such as accreditation. The chair of the BOE, Bureau will be able to direct an AOA board, Board of Trustees member to exclude himself/herself from those specific discussions in which a conflict may exist. If there is any question of undue influence arising from anything but purely disinterested motives, then discussion should simply be limited to members of the respective bodies.

There should be no reluctance to employ executive session whenever a chair feels that discussion may involve sensitive matters. Executive sessions of the AOA BOE, Bureau shall be limited to voting members of the AOA BOE, Bureau, the AOA Executive Director, Chief Executive Officer, the Secretary to the Bureau, and by invitation, to those participants deemed appropriate to the discussion.

Individuals asked to serve on the BOE, Bureau and its councils and other bodies will honestly examine their individual circumstances and determine whether they can render fair and unbiased service in general. Before the body sits down to serve, all of the members must have gone through this self-examination. This is also true for staff and team and panel members. Full disclosure of any doubtful situation to the other members of the body must be made. This is particularly true of situations where the individual may honestly feel that he or she can be fair, but the situation gives rise to, or may give rise to, an appearance of impropriety.

The decision to withdraw from discussions and/or not to vote should initially come from the individual, but the final decision must come from the chair or the majority of the other members. If the chair rules, such ruling should be subject to a call for a vote by other members. The chair may feel that he or she should not substitute his or her judgment for that of a majority and may want to call for a vote at the outset. It may be that one member may bring to the attention of the body a possible conflict situation involving another member. Needless to say, this can give rise to a certain amount of acrimony in some cases. Consequently, each member should keep in mind that he or she should disclose his or her own possible conflict, so as not to put that sort of burden on a fellow member. It may be that the very presence of a member with a conflict would inhibit the discussions and actions of a body, so it is not unwarranted to ask a member to absent him or herself from the
deliberations in some circumstances. In some cases it may not be clear as to what particular body should be informed and make rulings. In case of doubt, matters should be brought to the Bureau.

It is often difficult to define matters involving conflicts. Clearly, a financial interest creates a conflict. However, some financial interests are indirect and it is here that a member must search his or her conscience, because such interest may not appear to the others. Anyone serving on a board or committee brings to the body the sum total of his or her experience and personal opinions. The key question is whether a particular opinion or belief can stand in the way of rendering a fair and unbiased discussion or decision based on the facts and the rules. This may be a highly subjective determination and it underscores that individuals should be required to make disclosure to the other members whenever there is a question.

In the accreditation area, examples of situations, which may or may not create conflicts, are:

(A) being an alumnus or alumna of an OPTI under consideration;
(B) being an employee or board member of the OPTI (this would most likely create a conflict);
(C) being involved with a competitor of the OPTI (competition is often difficult to ascertain -- there is a question of direct or remote competition); and
(D) having a family or business relationship with others affiliated with the OPTI under consideration.

This is not an inclusive list, but is intended to give some guidance.

It should be kept in mind that the integrity of the respective body is always at risk, so that each member should be constantly aware of creating an appearance of improper conduct even where there may not be such in fact. Connections with affected individuals and institutions cannot always be avoided. Such connections often bring a measure of experience and expertise to the process. However, when such connections exist, it is prudent to err on the side of greater caution and make full disclosure.

H. Document Posting

Pursuant to AOA Board of Trustees policy, all documents which the Bureau submits to the AOA Board of Trustees for final approval will be updated and posted on the AOA Website within ninety (90) days of Board of Trustees final action.
Appendix A: Appeal Procedures and the Appeal Process

I. Introduction

The Bureau of Osteopathic Education (BOE Bureau) is a component of the American Osteopathic Association (AOA) Department of Educational Affairs. The BOE Bureau receives reports and recommendations from its constituent councils: the Council on Osteopathic Continuing Medical Education (COCME), and the Council on Postdoctoral Training (COPT), and its subordinated councils, the Council on Osteopathic Undergraduate Medical Education, and the Council on Graduate Medical Education Development. The Bureau acts to make policy recommendations to the AOA Board of Trustees in the areas of continuing medical education, postdoctoral training and international osteopathic education. Additionally, through its operations, the BOE Bureau is responsible for assuring the AOA Board of Trustees, the osteopathic medical community and the public that its actions and the actions of its constituent councils and committees are in compliance with the policies, procedures, rules and regulations of the AOA and BOE Bureau.

The BOE Bureau maintains an appeal process for review of actions of the COPT and its subordinated councils, and the COCME. The appeal process is supervised by a standing Appeal Committee that is appointed each year pursuant to the procedures set forth below and in the Handbook of the Bureau of Osteopathic Education (Handbook). Except as otherwise provided in this document, the BOE Bureau Appeal Committee shall be the first level for appeal from actions of the COPT and its subordinated councils and the COCME. Decisions of the BOE Bureau and its Appeal Committee may be appealed to the AOA Board of Trustees.

II. Meetings of the Appeal Committee

The Appeal Committee may hold meetings in conjunction with regularly scheduled BOE Bureau meetings. Additionally, where appropriate, the Appeal Committee Chair may call special meetings of the Committee with seven (7) days prior written notice of the time and date of such meetings to all Committee members. All program, OPTI and Specialty College appeal requests must occur within 60 days of appeal submission. Special meetings may take place telephonically or by other means of electronic communications. However, no meeting of the Appeal Committee may convene without three (3) members or alternate members present.

III. Membership in the Appeal Committee

Membership of the Appeal Committee shall be determined as described in the Handbook. The Appeal Committee shall be comprised of three (3) members of the BOE Bureau, elected by the entire BOE Bureau membership at the first meeting of the BOE Bureau after the AOA’s annual meeting. One member of the BOE Bureau Appeal Committee will be a CME expert with at least three years experience from previous membership on the COCME or the Category 1 Sponsor planning committee. Members will serve three (3) year staggered terms, with one (1) new member elected each one year term. Terms must be consistent with dates of appointment to the BOE. In

2 The COPT includes two subordinated councils: the Program and Trainee Review Council (PTRC) and the Council on Osteopathic Postdoctoral Training Institutions (COPTI).
3 Where appropriate, appellants from decisions of the CCME may be required to appeal actions of the CCME to the CCME Review Panel before appealing to the BOE Appeal Committee.
the event that an Appeal Committee member cannot complete a three-year term, a replacement
member shall be elected to complete the remainder of that individual’s term.

In addition, three (3) BOE members shall be elected to serve as alternate members of the Appeal
Committee. Alternates will be elected for staggered three (3) year terms, with one (1) new alternate
member elected each year. Terms must be consistent with dates of appointment to the BOE. In
the event that an alternate member of the Appeal Committee cannot complete the three year term, a
replacement member shall be elected to complete the remainder of that individual’s term.

No member or alternate member of the Appeal Committee may hear or vote on an appeal when
that member has previously acted on the appellant’s case, or has any interest in or relationship to an
appellant (e.g., works in the same institution). Where appropriate, members of the Appeal
Committee may recuse themselves from hearing any appeal. An appellant may indicate their
concerns about possible conflict(s) of interest with member(s) of the Appeal Committee.

IV. Appeal Requests

A. Who May Appeal

1. Any individual member, or an approved or accredited educational institution, may appeal any
decision of the constituent committees, council of the BOE.

2. Specialty affiliates may appeal to the Appeal Committee, but must do so within thirty (30) days
of receipt of the constituent council or committee decision. Thereafter, the Appeal Committee
shall hear the appeal at a regular meeting or special meeting within sixty (60) days of appeal
submission.

3. Constituent committees, councils, and/or bureaus of the AOA shall not initiate, or be granted,
an appeal, but may request an appeal to the AOA Board of Trustees.

B. Scope of Appeal. The Appeal Committee has jurisdiction to consider appeals based on
allegations of unequal application of regulations, requirements or standards; unwarranted
discrimination; prejudice; unfairness; or improper conduct of all or any part of the action taken
by the council or committee.

Appeals based on intern or resident contracts are not heard by the Bureau of Osteopathic
Education, but shall be directed by the Committee to the AOA Board.

C. Initiation of Appeal. Appellants shall initiate the appeal process by submitting written requests
for appeals to the Chair of the BOE. The request for appeal shall include a summary of
the factual background surrounding the matter and the alleged basis for the appeal. Where
possible, the request should be supported by documentation that either supports the appellant’s
position or provides information regarding facts or circumstances that the constituent council or
committee did not give due consideration.

D. Filing an Appeal Request. Appeal requests shall be filed with the Appeal Committee Chair and
sent care of the following address: Secretary, Bureau of Osteopathic Education, American
Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois 60611. Appeal requests may
also be submitted by email or other electronic communication by first contacting the Secretary for the appropriate address.

During the appeal process it is important that the Appeal Committee be notified of any change in address so that the procedure is not delayed because communications are not received in a timely fashion.

Following receipt of an appeal request, AOA staff shall review the request and documentation to confirm that the appeal meets the requirements set forth above and is within the Appeal Committee's jurisdiction. Appellants shall be notified within 10 business days by certified mail whether or not a request for appeal a hearing has been granted and provided information as to the anticipated date, time and location for the appeal hearing. If an appeal is granted, staff shall also notify the Secretary of the constituent council or committee and any other parties concerned with the decision.

E. Effect of Appeal/Stay of Underlying Decision. Upon receipt of a request for an appeal, the underlying action ordered by the constituent council or committee shall be stayed. The Chair of the Appeal Committee shall review appeal petitions within one month of receipt to determine if the stay is necessary or appropriate. The parties shall be notified if the Chair decides to remove the stay. Appellants or appellees may submit written materials to the Chair in support of or opposition to a stay.

F. Requests for Reconsideration. In addition to an appeal, appellants specialty affiliates may seek reconsideration from the constituent committee. To request reconsideration, within thirty (30) days of receipt of the notice of action, the individual, institution or appellant specialty affiliate seeking reconsideration shall submit a formal written request to the chair of the relevant council or committee and the BOE Chair. Requests for reconsideration shall be based on facts or information not known by the affiliate available at the time the council or committee acted. The basis for the request for reconsideration must be stated in the request. Reconsideration is a discretionary action and not a right. Following receipt of a request for reconsideration, a constituent council or committee may choose not to consider a request for reconsideration. Decisions to grant or deny reconsideration cannot be appealed to the appeal committee.

V. Appeal Fees

All educational programs, specialty colleges and OPTIs must submit a $2,500 appeal fee with the formal written appeal request. Appeal fees do not apply to individual requests from students or physicians, including trainees. Should the BOE Bureau Appeal Committee overturn a decision from one of the Education Councils, half the application fee ($1,250) would be returned to the appellant, whether the decision was fully or partially overturned.

VI. Appeal Presentation and Protocol

A. Written Submissions. Once a hearing date is scheduled, granted, parties involved in the appeal may submit written materials in support of or opposition to the appeal. The written submissions should be submitted no later than fourteen (14) days before the appeal hearing date in order to ensure that the Committee has an opportunity to review the materials. The materials should include copies of appropriate documentation and be limited to the specific
issues involved in the appeal. Personal narratives, without supporting documentation, are
discouraged.

At the request of the Appeal Committee or a Council whose decision is involved in an appeal, a
constituent council may participate in the appeal process by submitting written
documentation, attending the appeal hearing to respond to questions of the Appeal Committee
or, with the consent of the Appeal Committee chair, making an oral presentation at the appeal
hearing.

Third-party presentations concerning the appeal, either orally or in writing, will be accepted in
appropriate circumstances. The other parties to the appeal will be advised of the third party
submission.

The materials submitted by the parties should be limited to information and documentation
available to the constituent council or committee. If new material is submitted by the parties,
the Appeal Committee shall refer the appeal to the constituent council or committee as a
request for reconsideration.

B. Format for Appeal Hearing. The Chair of the Appeal Committee shall determine the protocol
for the appeal based on the facts and circumstances presented. Appeal hearings will generally
conform to the following guidelines:

Approximately forty (40) minutes is allocated for the appeal:
• Five (5) minutes for the constituent council or committee to state its position
• Ten (10) minutes for the appellant’s presentation
• Five (5) minutes for a presentation from the opposing party
• Ten (10) minutes for questions from members of the Appeal Committee
• Five (5) minutes for the opposing party’s final statement
• Five (5) minutes for the appellant’s final statement

C. Alternate Appeal Formats. Appellants are strongly encouraged to appear in person to present at
appeal hearings. However, at the request of an appellant, an appeal may be heard telephonically
or reviewed solely on the basis of materials submitted in writing. A request for a presentation by
telephone or an appeal based solely on documents should be made no less than fourteen (14)
days prior to the scheduled hearing date.

D. Representation by Counsel. An appellant may be represented by legal counsel. However, even
when represented by legal counsel, an appellant must answer questions raised by the Appeal
Committee during the question and answer portion of the hearing. If the appellant intends to
have legal counsel present, the Appeal Committee must be notified of the name and address of
counsel at least fourteen (14) days prior to the hearing. Expenses incurred in connection with
the appeal shall be borne by the parties to the appeal and shall not be the responsibility of the
Appeal Committee or the AOA.

E. Following the hearing, the Appeal Committee will conduct deliberations in Executive Session.
All proceedings of the hearing are held in confidence.
VII. Adjudication by the Appeal Committee

The Appeal Committee takes action on all appeals heard and may decide upon any of the following outcomes:

- **Deny** – Actions of the constituent committee or council are upheld.
- **Approve** – Actions of the constituent committee or council are overturned.
- **Request Additional Information** – The Committee determines that it needs additional information to decide the appeal and requests that the parties provide additional information.
- **Defer** – The appeal is remanded back to the constituent committee or council for further review. The constituent committee or council is advised to submit any new recommendations or information for the next regularly scheduled meeting of the Appeal Committee.

Deliberations of any appeal and all materials reviewed are held in confidence, in accordance with the policies of the AOA and the Bureau of Osteopathic Education.

Appellants should note that an appeal request will not automatically extend the time of program approval or OPTI accreditation. While an appeal will temporarily stay the action recommended by a council, the appeal committee has the authority to maintain the original action date of the council decision as part of its decision.

VIII. Formal Notification of Appeal Action

Within twenty-one (21) days of the hearing, the Secretary of the Appeal Committee shall notify all parties to an appeal of the action taken. All actions shall be communicated to the appellant by means of certified mail or electronic mail and shall indicate that parties have the right to appeal the Committee’s decision to the AOA Board of Trustees within thirty (30) days of receipt of the notice by submitting a formal request for appeal to the Executive Director, Chief Operating Officer, American Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois, 60611. The notice shall also indicate that if an action is not appealed within the thirty (30) day limit, the action of the Bureau of Osteopathic Education Appeal Committee is final.
RES. NO. B-5 - A/2018 – Page 1

SUBJECT: INCREASING THE SPECIALTY COLLEGE SHARE OF 2019 OMED REGISTRATION REVENUE

SUBMITTED BY: AOA Trustee Michael K. Murphy, DO

REFERRED TO: BOT Reference Committee 2

1 WHEREAS, osteopathic physicians attend OMED primarily to receive Continuing Medical Education (CME) that is created and presented by participating osteopathic specialty colleges; and

2 WHEREAS, the member registration fee for the 2017 OMED was $695, and each specialty college received $375 of that registration revenue; and

3 WHEREAS, the specialty college share of registration revenue of $375 has been unchanged for the past nine years, since the 2010 OMED; and

4 WHEREAS, the cumulative average annual inflation rate in the United States from 2010 to 2017 is 15.68 percent, which when applied to $375 would increase the specialty college share to $433.80; and

5 WHEREAS, the costs paid by specialty colleges for participating in OMED have increased significantly over the nine-year period during which the specialty colleges’ share of OMED registration revenue has remained unchanged; and

6 WHEREAS, the AOA registration fee for OMED has increased several times and significantly over the nine-year period during which the specialty colleges’ share of OMED registration revenue has remained unchanged; and

7 WHEREAS, the specialty colleges do appreciate the extent to which the American Osteopathic Association (AOA) does subsidize a portion of specialty college expenses; and

8 WHEREAS, the AOA experienced significant net revenue over expense at the 2018 OMED while the specialty colleges’ share of OMED registration revenue remained unchanged; and

9 WHEREAS, at its February 2018 meeting, the AOA Board of Trustees approved Res. No. B16: OMED Conference Profitability and Financial Model that calls on the AOA to “pilot internally a new 2018 OMED revenue distribution model in which the AOA budgets a minimum of $500,000 in net revenue”; and

10 WHEREAS, the member registration fee for 2018 OMED is $745 – a $50 increase over the 2017 OMED registration fee; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) Board of Trustees directs the AOA Finance Committee to include in the AOA’s 2019-2020 annual budget a AN
minimum increase of $25 to the share of 2019 OMED revenue that specialty colleges receive per registered member.

Explanatory Statement:
This Board resolution is sponsored and submitted by a current Trustee on behalf of the following specialty groups:

American Academy of Osteopathy
American College of Osteopathic Family Physicians
American College of Osteopathic Neurologists and Psychiatrists
American College of Osteopathic Pediatricians
American Osteopathic Academy of Addiction Medicine
American Osteopathic Academy of Sports Medicine
American Osteopathic Association of Prolotherapy Regenerative Medicine
American Osteopathic College of Occupational & Preventive Medicine
American Osteopathic College of Pathologists
American Osteopathic College of Physical Medicine and Rehabilitation

BOT Reference Committee Explanatory Statement:
In the spirit of transparency, the Committee believes that the Bureau of OMED and the specialty colleges should provide each other with historical financial data, including comprehensive revenue and expense statements, pertaining to their participation in OMED. The Bureau of OMED will rely on and utilize the information provided by the specialty colleges in the preparation of the organization’s budget for the fiscal year beginning June 1, 2019.

**The executive committee convened and took action to refer resolution B-5 – A/2018 to the Finance Committee for a financial impact analysis. The resolution will be reconsidered by the full Board once the Finance Committee provides the fiscal impact.**

**ACTION TAKEN REFERRED (to Finance Committee)**

DATE July 19, 2018
WHEREAS, the American Osteopathic Association’s (AOA) policy is developed through a network of Committees, Bureaus, Councils, Commissions and Task Forces, which are arranged under six Departments; and

WHEREAS, each Department is led by a Department Chair, who is a member of the Board of Trustees and the Executive Committee; and

WHEREAS, the Department of Affiliate Relations is dedicated to issues related to collaboration with other organizations, including osteopathic and non-osteopathic entities; and

WHEREAS, existing AOA policy specifies an online platform to engage and facilitate multidirectional communication for divisional societies and affiliated organizations; and

WHEREAS, existing AOA policy specifies that at a minimum two in-person meetings and three to four calls and/or live video conferences per year are required to engage affiliates; now, therefore be it

RESOLVED, that communication between Affiliates and the Affiliate Relations Department Chair be enhanced; and, be it further

RESOLVED, that the Chair of the Department of Affiliate Relations participate in meetings and calls with Affiliates and communicate on a monthly basis with the Vice President of Membership and Affiliate Services.

ACTION TAKEN  APPROVED

DATE  July 19, 2019
WHEREAS, the American Osteopathic Association’s Board of Trustees approved the creation and composition of a Certifying Board Task Force in January 2018 which was charged to guide and support the advancement of decisions and improvements to the Bureau of Osteopathic Specialists (BOS) and AOA Certifying Board Services as part of the AOA Strategic Plan; and

WHEREAS, according to the BOS Handbook (Article V, Committees (B-02/09), Section 1., Executive Committee, Item A. Membership), the BOS Executive Committee is to be comprised of nine (9) members who are drawn from the membership of the full BOS and who (where possible) have served at least two years on the BOS. The nine members will include: the BOS Chair; the BOS Vice Chair; the immediate past chair; the public member, two members selected by the AOA President-Elect following consultation with the BOS Chair; and three members selected by ballot of the BOS based on recommendations of a nominating committee consisting of the BOS Chair, Vice Chair and Public Member; and

WHEREAS, through the work of this Certifying Board Task Force, an assessment of Bureau procedures and functions determined that the size and composition of the Executive Committee of the BOS is too large to allow efficient and effective flow of materials for analysis, action, and adjudication; and

WHEREAS, through conference and analysis, the Certifying Board Task Force of the Board of Trustees recommended a reduction in the number of voting members of the BOS-Executive Committee, which was then reviewed by the Committee on AOA Governance & Organizational Structure; now, therefore be it

RESOLVED, that the composition of the BOS Executive Committee is changed from nine (9) members to five (5) members who are drawn from the membership of the full BOS and who (where possible) have served at least two years on the BOS. The five members will include: the BOS Chair; the BOS Vice Chair; the immediate past chair; the public member, and one member selected by the AOA President-Elect.

Current: Future:

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<th>9 Voting Members:</th>
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<td>• Public Member</td>
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<td>• 3 Elected BOS Members from ballot</td>
<td>• 1 BOS President-Elect Appointee</td>
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2 BOS President-Elect Appointees

Explanatory Statement:
The appropriate sections of the BOS Handbook will be updated following BOT approval of this resolution

FISCAL IMPACT: $
No added expense; possible savings due to lower cost of any in-person meetings

ACTION TAKEN  APPROVED

DATE  July 19, 2019
WHEREAS, the American Osteopathic Association (AOA) certifying boards function under the direction of the AOA Bureau of Osteopathic Specialists (BOS); and

WHEREAS, the AOA has publicly stated that AOA certification is one of its top priorities; and

WHEREAS, the majority of all AOA certification is granted by the American Osteopathic Board of Family Physicians (AOBFP), the American Osteopathic Board of Internal Medicine (AOBIM), the American Osteopathic Board of Emergency Medicine (AOBEM), the American Osteopathic Board of Surgery (AOBS), and the American Osteopathic Board of Obstetricians and Gynecologists (AOBOG); and

WHEREAS, there are 18 certifying boards that are equally represented on the BOS, regardless of the number of Diplomates represented; and

WHEREAS, decisions made at the BOS do not always represent the needs of the majority of Diplomates, and

WHEREAS, a more equitable allocation of BOS representatives that would more adequately represent the concerns of the majority of Diplomates would be to follow the representation process of the AOA Program and Trainee Review Committee (PTRC), in which permanent positions on the PTRC are represented by the five most populous boards, with rotating positions available to the other boards; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) Board of Trustees reorganize the structure of the AOA Bureau of Osteopathic Specialists (BOS) to more adequately represent the Diplomate pool of AOA Diplomates; and, be it further

RESOLVED, that representation on the BOS is allocated to the five most populous boards, with rotating positions available to the other boards.
Explanatory Statement:
This Board resolution is sponsored and submitted by a current Trustee on behalf of the following specialty groups:

American College of Osteopathic Emergency Physicians (ACOEP)
American College of Osteopathic Family Physicians (ACOFP)
American College of Osteopathic Internists (ACOI)
American College of Osteopathic Surgeons (ACOS)

BOT Reference Committee Explanatory Statement
The AOA BOS Policies and Procedures mission states that the AOA BOS “is dedicated to establishing and maintaining high standards for certification of osteopathic physicians” and is not designed to represent the individual interests of the diplomate pool.

ACTION TAKEN DISAPPROVED

DATE July 19, 2018
WHEREAS, allopathic physicians may wish to train in osteopathic training positions; and

WHEREAS, allopathic physicians who train in osteopathic recognized track positions will likely wish to recognize their expertise by seeking American Osteopathic Association (AOA) board certification and membership in osteopathic organizations including the AOA; and

WHEREAS, the AOA vision should be inclusive to attract allopathic physicians who wish to practice osteopathically; now, therefore be it

RESOLVED, that the American Osteopathic Association strategic vision be modified as follows:

To be the professional home for all osteopathic physicians WHO PRACTICE OSTEOPATHICALLY.

ACTION TAKEN  APPROVED

DATE  July 19, 2019
AOA BOARD OF TRUSTEES' REFERENCE COMMITTEE DESCRIPTIONS:

- **Reference Committee 1** - Review and consider matters relating to Accreditation, Certification, CME, and Predoctoral and Postdoctoral Education issues.
- **Reference Committee 2** - Review and consider matters relating to Business and Professional Affairs issues.
- **Reference Committee 3** - Review and consider matters relating to Advocacy and Membership issues.
- **Reference Committee 4** - Review and consider matters relating to Public Affairs and Research issues.

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<th>Resolution Title</th>
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<th>BOT Action</th>
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<td>Continuous Medical Education Guide 2019-2021</td>
<td>BOS</td>
<td>REFERRED</td>
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<tr>
<td>B-2</td>
<td>Nominations to Membership on Specialty Boards</td>
<td>BOS</td>
<td>APPROVED</td>
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<td>B-3</td>
<td>Osteopathic Board Certification</td>
<td>AOA Trustee</td>
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<tr>
<td>B-4</td>
<td>Revisions to the BOE Handbook</td>
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<td>B-5</td>
<td>Increasing the Specialty College Share of 2019 OMED Registration Revenue</td>
<td>AOA Trustee</td>
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<td>B-6</td>
<td>Affiliate Communication with Department Chair</td>
<td>AATF</td>
<td>APPROVED</td>
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<td>B-7</td>
<td>Bureau of Osteopathic Specialists Executive Committee, Composition of</td>
<td>CAGOS</td>
<td>APPROVED</td>
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<td>B-8</td>
<td>Structure Reorganization for the Bureau Of Osteopathic Specialists of the American Osteopathic Association</td>
<td>AOA Trustee</td>
<td>DISAPPROVED</td>
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<td>B-9</td>
<td>AOA Vision Statement</td>
<td>SPC</td>
<td>APPROVED</td>
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<td>B-10</td>
<td>Presidents Advisory Council, Composition of</td>
<td>CAGOS</td>
<td>APPROVED</td>
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<td>B-11</td>
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<td>CAGOS</td>
<td>APPROVED</td>
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<td>B-12</td>
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<td>CAGOS</td>
<td>APPROVED as AMENDED</td>
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<td>B-13</td>
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<td>COCA</td>
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AOA BOARD OF TRUSTEES ANNUAL MEETING
A/2018 MEETING
BOT RESOLUTION ROSTER
As of July 19, 2018

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<td>CAGOS</td>
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<tr>
<td>B-16</td>
<td>Representation of SOSE and AOSED on AOA Bureaus And Councils</td>
<td>CAGOS</td>
<td>APPROVED as AMENDED</td>
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<tr>
<td>B-17</td>
<td>Proposed Revisions to the Handbook of the Bureau of Osteopathic Specialists</td>
<td>BOS</td>
<td>APPROVED as AMENDED</td>
</tr>
</tbody>
</table>
RESOLVED, that the limitations previously approved regarding the number and composition of the President’s Advisory Commission (PAC) are rescinded so that the President-elect is allowed to determine the PAC membership for his or her term as President.
WHEREAS, the American Osteopathic Association (AOA) House of Delegates, based on a resolution from the AOA Board of Trustees, approved amendments to the AOA Constitution and Bylaws concerning creation of a Public Member on the Board of Trustees; and

WHEREAS, since approval of the position, no individual has been nominated to serve in the public member position; and

WHEREAS, the AOA already utilizes public member positions in the Commission on Osteopathic College Accreditation and Bureau of Osteopathic Specialists, which are engaged in discussions, standard-setting, and decision-making where the public representative is useful; and

WHEREAS, the AOA’s private business decisions, as discussed by the Board of Trustees, do not receive the same benefits from a public member’s recommendations and opinion; and

WHEREAS, the AOA Board of Trustees is permitted to invite outside presenters, experts and advisors to attend meetings and provide comment on public issues related to changes in healthcare, education and government that impact the osteopathic profession; now, therefore be it

RESOLVED, that the American Osteopathic (AOA) Association Board of Trustees recommend to the AOA House of Delegates that the Public Member position on the AOA Board of Trustees be eliminated.

FISCAL IMPACT:
$0. The Public Member position on the Board of Trustees is vacant has never been filled. Eliminating the position will not have an associated expense or savings

ACTION TAKEN APPROVED

DATE July 19, 2019
WHEREAS, pursuant to the Commission on Osteopathic College Accreditation (COCA) Handbook, the composition of the COCA currently consists of seventeen (17) members: one public college dean, one private college dean, two educators from colleges of osteopathic medicine, but who are not the dean, one director of medical education, one hospital administrator, three public members, and eight members at large; and

WHEREAS, the COCA has discussed its composition at several meetings because the current composition of the COCA does not accurately reflect the changing nature of undergraduate medical education and the evolving direction of U.S. Department of Education policies, such as including a broader spectrum of representative interests on accrediting agencies such as the COCA; now, therefore, be it

RESOLVED, that the composition of the COCA remain at seventeen (17) members; and be it further

RESOLVED, that the composition of the COCA be modified as follows: Four (4) deans of colleges of osteopathic medicine (COM); two (2) faculty members from COMs - one biomedical science faculty member and one clinical science faculty member - who are not deans, one (1) student services representative from a COM; two (2) graduate medical education leaders; one (1) hospital or medical clinic administrator; one (1) physician member of a state medical licensing board; one (1) DO resident or fellow physician or, alternatively, a physician in practice for fewer than five years; three (3) representatives of the public; and two (2) osteopathic physicians at large who are not COM deans; and be it further

RESOLVED, that the term of each current commissioner of the COCA remain unaffected by this resolution, and that upon this resolution’s taking effect, the then current AOA President shall appoint commissioners to implement the aforementioned modification in composition of the COCA membership as each of the current commissioner’s term expires; and be it further

RESOLVED, that the appointments made by the AOA President for the 2018-19 term of the COCA shall be unaffected by this resolution; and be it further

RESOLVED, that all other aspects of membership on the COCA shall remain unchanged; and be it further
RESOLVED, that the staggered change in composition as intended by this resolution shall begin to take effect upon the inauguration of the AOA President in 2019 with final appointments made in each successive year by succeeding AOA Presidents to realize the full effect of this resolution; and be it further

RESOLVED, that upon the expiration of a COCA commissioner’s term, any current commissioner shall not be reappointed to serve an eligible subsequent term unless that commissioner is eligible to be appointed to serve in a capacity reflected in the change in the COCA’s composition stated herein; AND BE IT FURTHER

RESOLVED, THAT THE COCA HANDBOOK BE REVISED TO REFLECT THE EFFECT OF THIS RESOLUTION.

Explanatory Statement:
The change in composition reflects the current state of undergraduate medical education. With the growing number of COMs and the need to have a more diverse perspective that affect undergraduate medical education, this new composition will permit the COCA to make accreditation decisions more in line with the expectations of the U.S. Department of Education and its regulatory requirements.

This resolution does not violate the Memorandum of Understanding as between AOA and the COCA. While the AOA cannot intervene with the COCA’s accreditation decisions or standard-setting functions, the AOA President – based on nominees from an education nomination committee and with approval of the AOA Board of Trustees—appoints members of the COCA. This resolution sets out criteria to be used in the appointment process and, therefore, is an appropriate issue for AOA to decide.

FISCAL IMPACT:
The fiscal impact to the AOA is $0 because the change in composition will not increase the COCA’s expenditures already incurred by the COCA under its current composition.

ACTION TAKEN APPROVED as AMENDED

DATE July 19, 2018
### Conversion to Proposed COCA Structure (Red shows Title Change)

<table>
<thead>
<tr>
<th>Old Structure</th>
<th>New Structure</th>
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<tbody>
<tr>
<td>1-Dean of Public COM</td>
<td>4-COM Deans</td>
</tr>
<tr>
<td>1-Dean of Private COM</td>
<td>1-Biomedical Science Faculty Member at a COM (Not Dean)</td>
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<tr>
<td>2-Educators at a COM</td>
<td>1-Clinical Science Faculty Member of a COM (Not Dean)</td>
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<tr>
<td>1-Director of Medical Education</td>
<td>2-GME Leader</td>
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<tr>
<td>1-Hospital Administrator</td>
<td>1-Hospital or Medical Clinic Administrator</td>
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<tr>
<td>3-Public Members</td>
<td>1-Student Services Representative from a COM</td>
</tr>
<tr>
<td>8-AOA Members-at-Large</td>
<td>1-Physician Member of a State Medical Licensing Board</td>
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<tr>
<td></td>
<td>3-Public Members</td>
</tr>
<tr>
<td></td>
<td>1-DO Resident/Fellow or Physician in Practice less than Five Years</td>
</tr>
<tr>
<td></td>
<td>2-AOA Members-at-Large (Not Deans)</td>
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<tr>
<td></td>
<td>17 Total</td>
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<td>M. Clearfield, DO</td>
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<td>Dean, Private, 3-2019</td>
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<td>F. Medio, PhD</td>
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<td>H. Arnone, PhD</td>
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<td>W. McCord, Jr, DO member at large, 3-2020</td>
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<td>J. Kauffman, Jr, DO member at large, 3-2019</td>
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<td>L. Kemper, DO member at large, 3-2020</td>
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<td>STUDENT SERVICE, 3-2023</td>
</tr>
</tbody>
</table>

17 Total
SUBJECT: COCA HONORARIA

SUBMITTED BY: Commission on Osteopathic College Accreditation

REFERRED TO: BOT Reference Committee 2

WHEREAS, the daily honoraria for Commission on Osteopathic College Accreditation (COCA) site visitors is $750 per day for physicians and $500 per day for non-physicians, an increase from $150 for physicians and non-physicians last year; and

WHEREAS, the different honoraria rates has caused some non-physician reviewers to step down from the inspection process, making it more difficult to establish site review teams; and

WHEREAS, in order to maintain a vibrant inspection process, the COCA recommends that the honorarium for both physician and non-physician site visitors be the same; now, therefore, be it

RESOLVED, that the honoraria for non-physician Commission on Osteopathic College Accreditation site visitors be increased to $750 per day.

FISCAL IMPACT:
The fiscal impact to the AOA is $0 because the honorary fees are reimbursed by the college being inspected.

ACTION TAKEN APPROVED

DATE July 19, 2019
WHEREAS, the American Osteopathic Association (AOA) has not filled the public member position on the Board of Trustees since the position was first authorized by the Board of Trustees; and

WHEREAS, the Committee on AOA Governance & Organizational Structure (CAGOS), at the request of the AOA President, considered whether the position should be maintained in the AOA’s governance structure; and

WHEREAS, the CAGOS recognizes the value of a public member on those bureaus, councils and committees that are directly involved in public functions, such as accreditation and certification; and

WHEREAS, there are public members on the Commission on Osteopathic College Accreditation and the Bureau of Osteopathic Specialists; and

WHEREAS, the AOA’s Board of Trustees engages in certain private organizational decisions regarding the future of the osteopathic profession; and

WHEREAS, the AOA Board of Trustees will retain the ability to invite appropriate experts and other resources to join its discussions when such input is desired, without formally designating such individuals as a public member; now, therefore be it

RESOLVED, that the AOA shall eliminate the public member position from the Board of Trustees; and be it further

RESOLVED, that the following amendment to the AOA Constitution and the AOA Bylaws shall be presented to the July 2018 House of Delegates for first reading:

**AOA Constitution**

Article VIII - Board of Trustees and Executive Committee

Section 1-Board of Trustees

The Board of Trustees shall be the administrative and executive body of the association and perform such other duties as are provided by the bylaws. The Board of Trustees of this association shall consist of TWENTY-EIGHT twenty-nine members.

A. Seven elected officers: The President, President-Elect, The Past Presidents for the preceding two years, First Vice-President, Second Vice-President, and Third Vice-President;

B. Eighteen at-large trustees, six of whom shall be elected annually by the House of Delegates to serve for three years;
C. One new physician in practice member elected by the House of Delegates to serve for one year. Candidates for the new physician in practice position shall be osteopathic physicians who have completed their postdoctoral training within the past five years or received the DO degree within the previous ten years shall be nominated by the council of new physicians in practice; D. One intern/resident member elected by the house of delegate to serve for one year. Candidates for the intern/resident position shall be enrolled in an AOA-approved internship or residency or, if enrolled in an ACGME-approved residency shall have applied for an AOA approval of the ACGME-Approved residency. Candidates for the intern/resident position shall be nominated by the council of interns and residents; AND E. One student member elected by the House of Delegates to serve for one year. Candidates for the student position shall be nominated, in altering years, by the Council of Osteopathic Student Government Presidents (COSGP) and the Student Osteopathic Medical Association (SOMA); and F. One public member elected by the House of Delegates to serve for a three year term, with a one term limit. Candidates for the public member position shall not be physicians and shall be nominated by the committee on administrative personnel.

AOA Bylaws

Article VII - Board of Trustees
Section 1-Duties
The Board of Trustees shall:
  g. Approve from its own membership, based on the President’s appointment, the chairs of the departments. The department chairs shall direct the activities of their respective departments. However, the public member of the board shall not be eligible to serve as a department chair.
The Board shall also approve, based on the President’s appointment, the members of the various committees, bureaus, councils, commissions and task forces under the departments.

Explanatory Statement:
This is a proposed amendment to the AOA Constitution and an amendment to the AOA Bylaws, both of which are to be acted on by the House of Delegates in July 2019. They are presented for first reading to the AOA House of Delegates this year and no action is required by the July 2018 House of Delegates.

Fiscal Impact
$0 (the public member position is vacant; eliminating the position will not reduce current expense)

ACTION TAKEN  APPROVED

DATE  July 19, 2019
SUBJECT: REPRESENTATION OF SOSE AND AOSED ON AOA BUREAUS, COUNCILS, COMMITTEES AND TASK FORCES

SUBMITTED BY: Committee on AOA Governance and Organizational Structure

REFERRED TO: BOT Reference Committee 3

WHEREAS, the AOA is interested in obtaining the views of the AOA state and specialty affiliates during the deliberations of its bureaus councils and committees on issues that are relevant to the AOA’s affiliated organizations; and

WHEREAS, the Association of Osteopathic State Executive Directors (AOSED) and the Society of Osteopathic Specialty Executives (SOSE) are the associations that represent the views of the AOA’s state and specialty affiliates; and

WHEREAS, certain bureaus and councils may have a defined position for a representative from AOSED but not SOSE or a defined representative from SOSE but not AOSED; now, therefore be it

RESOLVED, that, where appropriate, bureaus and councils that discuss issues relevant to affiliated organizations should include representatives of both AOSED and SOSE; AND BE IT FURTHER

RESOLVED, THAT SOSE AND AOSED REPRESENTATIVES ON BUREAUS, COUNCILS, COMMITTEES AND TASK FORCES BE REIMBURSED FOR AIRFARE, GROUND TRANSPORTATION, HOTEL AND MEALS WITHIN THE PARAMETERS OF AOA REIMBURSEMENT POLICY, AND THAT AS EMPLOYEES OR REPRESENTATIVES OF STATE SOCIETIES OR SPECIALTY COLLEGES, THEY RECEIVE NO AOA HONORARIUM.

Explanatory Statement:
This change will require the following changes: one SOSE representative to the Council on Osteopathic Continuing Medical Education; one SOSE representative to the Bureau of Osteopathic Education (that could be offset by a reduction of one position currently slotted for AOSED); one SOSE representative on the Bureau of Socioeconomic Affairs, one SOSE representative on the Bureau of State Government Affairs; and one designated position on the Bureau of Federal Health Programs (BFHA currently has one spot designated for a state or specialty executive).

FISCAL IMPACT:
$8,000.00

ACTION TAKEN APPROVED as AMENDED

DATE July 19, 2018
RESOLVED, that the proposed revisions to the Handbook of The Bureau of Osteopathic Specialists (BOS) be approved.

(Old language is crossed out and new language is in CAPS)

10. “Bylaws” has either been deleted or changed to “Policies and Procedures”.

17. This section has been rearranged to present a more logical order.

19. Paragraph K has been added to reflect current practice.

21. This section has been rearranged and updated to reflect the duties of the BOS Secretary.
The Committee on Basic Documents and Certificates is being disestablished.

Subparagraph 10 has been added. This was a responsibility of the Committee on Administrative and Boards’ Financial Matters, which is being disestablished. It has become a CBS staff function under the auspices of the BOS Secretary.

The format for presenting the BOS committees has been standardized for clarity.

These are new responsibilities for the BOS Executive Committee that were formerly duties of the Committee on Administrative and Boards’ Financial Matters, which is being disestablished.

The Committee on Administrative and Boards’ Financial Matters is being disestablished. All necessary functions are being assigned to other areas.

Subsections I & II of the Standards Review Committee have been added. The membership and the duties of these subsections have been outlined in this section.

The Innovations Committee has been added to this Article of the BOS Handbook. The membership, duties, terms and meetings are outlined in this section.

There is a name change of this committee from Conjoint Certification Examination Oversight Committee to Conjoint Certification Oversight Committee. The sections on Membership, Terms and Duties of this Committee have been updated. The section on Certificates has been added.

This section has been updated to reflect current procedure.

This has been updated to include subspecialty.

CBS is to assume this responsibility since the Committee on Administrative and Boards’ Financial Matters is being disestablished.
The Vice President, CBS, will have access to the financial information that other committees might need in the performance of their duties.

This has been deleted as redundant to the content in the Bylaws Article IV. Section 2. Appeal Committee

The Committee on Administrative and Boards’ Financial Matters is being disestablished

New language has been added for clarity

This paragraph aligns the terms for all specialty certifying boards with the term the AOA uses for its volunteers

This section has been deleted as it is covered in Article XIII. Subspecialty/CAQ Conjoint Certification Procedures, SECTION 4. Conjoint Certification Examination Committee (CCEC) Membership

This section has been updated to reflect current functions with all boards now under CBS.

This is the proposed new policy for the certification of MDs.

These sections were deleted due to decoupling of AOA membership and AOA board certification.
This was added to include the conjoint certification examination committees in this process.

This was deleted due to the elimination of AOA Continuing Medical Education requirements.

These sections were updated to include the newly designated CAQ in occupational medicine under AOBPM.

This was changed because specific fee amounts should not be listed in the BOS Handbook because every time a fee changes, the BOS Handbook will need to be edited.

This section on the Osteopathic Continuous Certification (OCC) Components 1-5 was updated.

This was added to establish a process for the CCEC for Component 4: Practice Performance Assessment & Improvement.

This was changed to the correct website address.

This section was deleted because it is redundant.

The services referred to are functions of Certifying Board Services and the specialty certifying boards should not be sanctioned for CBS’s failure to comply.

These sections explaining the procedures for conjoint certification in a subspecialty/CAQ have been updated. Sections on CCEC membership, meetings, committees, candidate
eligibility requirements, rules of conduct for examination and process for submitting applications have all been updated.

Page 71 – line 34 through Page 72 – line 34
These sections have been deleted because they are repetitive.

Page 80 – line 27 through Page 81 – line 18
This section regarding basic documents has been deleted because it is identical to wording in the BOS Bylaws; AND, BE IT FURTHER

RESOLVED, THAT REFERENCES TO THE MEMBERSHIP REQUIREMENT FOR AOA BOARD CERTIFICATION WILL BE ADDRESSED IN THE FUTURE CONSISTENT WITH THE PROCESS APPROVED BY THE BOARD OF TRUSTEES AT THE 2017 MIDYEAR MEETING AS SET FORTH IN RESOLUTION B-12/M-2017 – PAGE 2, LINES 5-8.

Explanatory Statement:
Refer to above comments regarding each change. Amended copy of the BOS Handbook is attached.

BOT Reference Committee Explanatory Statement:
Explanatory Statement: This is the language from B-12/M-2017 – page 2, lines 5-8: RESOLVED, that this resolution shall be implemented at a time and date determined by the management team in consultation with and approval by the Board of Trustees.

ACTION TAKEN _APPROVED as AMENDED_

DATE _July 19, 2018_
Handbook of the Bureau of Osteopathic Specialists (BOS)

Containing:

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

Adopted in entirety by the Board of Trustees: July 2010
Revised February 2017
July 2018
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Bylaws POLICIES AND PROCEDURES of the Bureau of Osteopathic Specialists
Bos Bylaws Policies and Procedures 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 (AOA) 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, March 2013, July 2014, July 2015 and February 2017 AND JULY 2018.
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 purpose.

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-02/94) Recommendations on policy revisions shall be reported to the Board of Trustees for final action. (B-07/93)

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-02/99)

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 EDUCATION AND 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-07/92; B-02/98) 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. Receive from AND ACT ON specialty certifying board’s amendments to their bylaws, and policies and procedures. Transmit recommendations for bylaws amendments to the AOA Board of Trustees.

C. 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.

D. Provide recommendations to the AOA Board of Trustees concerning the assignment or change in jurisdiction of a specialty or subspecialty.

E. Provide a mechanism to evaluate the validity and reliability of all certification examinations conducted by AOA boards.

F. Provide recommendations to the Board of Trustees concerning the creation of new certifying boards.

G. Establish procedures to determine the qualifications of the applicants for certification and OSTEOPATHIC Continuous Certification (OCC).

H. Review and approve candidates presented for certification and continuous certification by specialty certifying boards.

I. Report action recommendations dealing with resident training programs to the Bureau of Osteopathic Education through its appointed representative. (B-03/91; B-07/12)

J. Keep a record of all meetings, transactions and actions of the BOS.

K. SEND THE CHAIR OR A DESIGNATED REPRESENTATIVE TO THE AOA HOUSE OF DELEGATES (HOD) AND BOARD OF TRUSTEES MEETING, WHO WILL PROVIDE A REPORT BACK TO THE BOS.

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 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 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 him/herself evaluate or examine. (B-12/57)

Section 2. Public Member

One (1) public member shall be appointed for a three (3) year term by the AOA President. (B-02/97) The public member is automatically a member of the Executive Committee and the Standards Review Committee (SRC). 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) 3-year terms (lifetime of twelve (12) years). (B-03/93; B-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 of 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 Chief Executive Officer.

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 and revise the Handbook of the Bureau of Osteopathic Specialists (BOS): Bylaws of the BOS and Policies and Procedures of the BOS and Specialty Certifying Boards, upon changes being approved by the AOA Board of Trustees.

3. Maintain a file of all current bylaws and policies and procedures and amendments pertaining to the specialty certifying boards and the BOS.

4. Serve as a 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. Coordinate the standards review process cycle (working closely with the Standards Review Committee advisor in collecting all Standards Review Committee reports, rating information and distributing them to Standards Review Committee members; maintaining records of all Standards Review Committee proceedings, decisions and deadlines mandated by the BOS upon recommendation of the Standards Review Committee; and notifying all boards of their compliance status).

6. Maintain the pages relating to specialty board certification on the AOA website.

7. 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; B-07/12)

8. Retain all electronic submissions related to candidates for certification and
OSTEOPATHIC continuous certification (OCC).

9. 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.

10. TRANSMIT BOARD CERTIFICATION EXAMINATION PASS RATES TO THE
SPECIALTY COLLEGES AND OSTEOPATHIC POSTDOCTORAL TRAINING
INSTITUTIONS (OPTIs) EVERY TWELVE (12) MONTHS AS REQUIRED BY
THE AOA COUNCIL ON POSTDOCTORAL TRAINING (COPT). SUCH PASS
RATES ARE NECESSARY FOR ENHANCEMENT AND IMPROVEMENT OF
GRADUATE MEDICAL EDUCATION.

Article V. Committees (B-02/09)

Section 1. Executive Committee

A. MEMBERSHIP

1. The BOS Executive Committee shall be comprised of nine (9) FIVE (5) members
who are drawn from the membership of the full BOS and who, where possible, have served
at least two (2) years on the BOS. The nine (9) FIVE (5) members shall include: the
BOS Chair, the BOS Vice Chair, the BOS Immediate Past Chair, the BOS Public Member,
two (2) AND ONE (1) members selected by the AOA President-Elect following
consultation with the BOS Chair, and three (3) members selected by ballot of the BOS
based on recommendations of a nominating committee consisting of the BOS Chair, Vice
Chair and Public Member.

B. TERMS

1. MEMBERS OF THIS COMMITTEE WILL SERVE 3-YEAR TERMS THAT
COMMENCE ON AUGUST 1 AND END ON JULY 31 OF THE APPROPRIATE
YEAR. Members of the BOS Executive Committee shall serve terms corresponding
to their terms on the BOS, but not to exceed three (3) years in length.

2. If a member of the Executive Committee is not reappointed to the BOS, a replacement
shall be chosen as described in Letter A., above.

C. DUTIES

1. The Executive Committee shall have final authority to approve osteopathic
specialty certification and continuous certification. Such approval will indicate the approval
of the AOA, and these actions will be reported to the full BOS and to the AOA Board of
Trustees.
2. The Executive Committee shall have final authority on denial of certification and continuous certification, subject to the appeal process to the AOA Board of Trustees. The Executive Committee shall act for the BOS between meetings on the call of the Chair. (B-07/64; B-07/93)

3. The Executive Committee shall Review or cause to be reviewed the summaries of candidates being presented for certification and continuous certification. (B-07/85; B-07/92)

4. Review and mediation of administrative problems when there is no apparent resolution of ongoing administrative problems and a lack of compliance with the BOS’ administrative requirements, including those directly affecting candidates for certification and administrative operations at the specialty certifying board and AOA levels. The EXECUTIVE COMMITTEE, WITH THE ASSISTANCE OF THE AOA DEPARTMENT OF CERTIFYING BOARD SERVICES (CBS), will review such concerns and TAKE NECESSARY ACTION recommendations and monitor progress TO RESOLVE THE PROBLEM AND PROVIDE MONITORING WHEN NECESSARY.

5. RESPOND TO REQUESTS FROM THE STANDARDS REVIEW COMMITTEE REGARDING Relationship to the AOA Standards Review Committee and dormancy of examinations. Where specific specialty certifying boards THAT have exhausted all avenues to comply with the standards review process for specific examinations at the end of the probationary period, the Standards Review Committee may ask that the Committee on Administrative and Boards’ Financial Matters THE EXECUTIVE COMMITTEE, WITH THE ASSISTANCE OF CBS, WILL determine whether those specialty certifying boards sufficient financial funds and have technical resources AND The Committee on Administrative and Boards’ Financial Matters, after review of financial and other board resources, will make its findings known to the SRC for purposes of placing examinations in dormant status where necessary. The SRC then, as outlined in the policies and procedures of the BOS, may mandate dormant status for examinations that have not met Standards Review Committee standards.

6. Review and evaluate requests from specialty certifying boards for assistance from the AOA Dale Dodson education fund and submit the BOS’ evaluation and recommendations to the Dale Dodson educational fund for its evaluation and determination.

D. MEETINGS

1. THE EXECUTIVE COMMITTEE WILL MEET IN CONJUNCTION WITH THE BOS MEETINGS (MIDYEAR AND ANNUAL) AND AS NECESSARY TO CONDUCT THE BUSINESS OF THE COMMITTEE.

E. Appeal Process

1. Where a specific specialty certifying board does not agree with the actions taken by the BOS EXECUTIVE Committee on Administrative and Boards’ Financial Matters, the specialty certifying board will have an opportunity to appeal directly to the BOS Executive
Section 2. Appeal Committee

A. MEMBERSHIP

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

   a. One (1) member shall be designated as Chair of the Appeal Committee.

   b. An alternate shall 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.

   c. No member of the Appeal Committee may vote in any appeal where that member has previously acted on the appellant’s case.

B. TERMS

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

2. If a member of this committee does not retain his/her appointment to the BOS, a replacement committee member will be appointed by the BOS Chair in accordance with BOS procedures.

C. DUTIES

1. The Appeal Committee will provide adjudication of any charges by an applicant for certification, subspecialty certification and Osteopathic Continuous Certification (OCC) that meet the requirements in Article IV of the policies and procedures, which in general would consist of allegations of unfairness, discrimination or improper conduct of the affairs of the Executive Committee of the BOS or the conduct of affairs, including the examination, of any specialty certifying board.

D. MEETINGS

1. The Appeal Committee will meet in conjunction with the BOS meetings (midyear and annual) and as necessary to conduct the business of the committee.

Section 3. Committee on Basic Documents and Certificates (CBDC)
A. MEMBERSHIP

1. The Committee on Basic Documents and Certificates shall WILL BE COMPRISED consist of a minimum of three (3) members appointed by the BOS Chair. The Chair of the committee shall WILL be designated by the Chair of the BOS.

2. The Secretary of the BOS shall WILL serve as a consultant to the committee. Upon receipt of amendments to the basic documents of specialty certifying boards or the BOS Handbook; revised documents; or new documents, the Secretary of the BOS shall WILL research and include all pertinent data (current policies and procedures) on each item and forward this to members of the committee for review prior to the meeting of the BOS. (B-07/76)

B. TERMS

1. MEMBERS OF THIS COMMITTEE WILL SERVE 3-YEAR TERMS THAT COMMENCE ON AUGUST 1 AND END ON JULY 31 OF THE APPROPRIATE YEAR.

2. IF A MEMBER OF THIS COMMITTEE DOES NOT RETAIN HIS/HER APPOINTMENT TO THE BOS, A REPLACEMENT COMMITTEE MEMBER WILL BE APPOINTED BY THE BOS CHAIR IN ACCORDANCE WITH BOS PROCEDURES.

C. The duties of the Committee shall WILL be the following: DUTIES

For purposes of this committee, “basic documents” shall WILL be defined as the bylaws, and policies and procedures of each of the specialty certifying boards, and the BOS Handbook.

1. Review proposed amendments to the basic documents of the specialty certifying boards to establish conformity with the requirements set forth by the AOA and the BOS as published in the Handbook of the Bureau of Osteopathic Specialists (BOS): Bylaws of the BOS and Policies and Procedures of the BOS and Specialty Certifying Boards (“BOS Handbook”), and forward its recommendations to the BOS.

2. Review the policies and procedures as approved by the BOS and/or the AOA Board of Trustees and, where required, submit recommendations and/or amendments to the BOS, in accordance with the BOS Handbook.

3. Review proposed changes to certificates offered by the AOA specialty certification boards.

D. MEETINGS

1. THE COMMITTEE ON BASIC DOCUMENTS AND CERTIFICATES WILL MEET AT THE CALL OF THE CHAIR EITHER FACE-TO-FACE OR VIA CONFERENCE CALL, AS NECESSARY.
Section 43. Jurisdiction Committee

A. MEMBERSHIP

1. The Jurisdiction Committee shall be COMPRISED of three (3) members, one of whom will be appointed as Chair by the BOS Chair. THE CHAIR OF THE COMMITTEE WILL BE DESIGNATED BY THE CHAIR OF THE BOS.

B. TERMS

1. MEMBERS OF THIS COMMITTEE WILL SERVE 3-YEAR TERMS THAT COMMENCE ON AUGUST 1 AND END ON JULY 31 OF THE APPROPRIATE YEAR.

2. IF A MEMBER OF THIS COMMITTEE DOES NOT RETAIN HIS/HER APPOINTMENT TO THE BOS, A REPLACEMENT COMMITTEE MEMBER WILL BE APPOINTED BY THE BOS CHAIR IN ACCORDANCE WITH BOS PROCEDURES.

C. DUTIES

1. The Jurisdiction Committee shall make recommendations to the BOS concerning any petitions for the establishment of new specialty certifying boards or for the assignment or transfer of jurisdiction over a specialty and/or subspecialty. (B-03/88)

D. MEETINGS

1. THE JURISDICTION COMMITTEE WILL MEET BY CONFERENCE CALL OR FACE-TO-FACE AS NECESSARY WHENEVER A REQUEST FOR A NEW CERTIFYING BOARD OR CHANGE IN JURISDICTION REQUEST IS RECEIVED BY THE BOS SECRETARY.

Section 5. Committee on Administrative and Boards’ Financial Matters

A. The Committee on Administrative and Boards’ Financial Matters shall act as follows:

1. Monitor and oversee compliance with the BOS’s administrative and financial functions as required of all AOA specialty certifying boards.

2. Serve as a venue to recommend and/or implement standardization of administrative and financial procedures that will safeguard both the AOA as a certification body and the AOA specialty certifying boards as agents of the AOA in the certification process.

3. Be helpful in assisting/guiding specialty certifying boards to comply with what is required of them and to protect the AOA certification process.
4. Be empowered to make recommendations to the BOS and its Executive Committee to take any action deemed necessary to bring specialty certifying boards into compliance with BOS’s administrative and financial responsibilities.

B. Committee Membership: The Committee shall WILL be composed of at least three (3) members appointed by the BOS Chair from the regular BOS membership. One (1) of the members will be designated as Chair. Two (2) alternates will be designated by the BOS Chair.

C. Committee Meetings: The Committee shall WILL meet quarterly as needed. (Face-to-face meetings during the midyear and annual meetings of the BOS and via conference all in the interim.)

D. Main responsibilities of the Committee:

1. The Committee shall WILL review and approve annual reports submitted by AOA specialty certifying boards. Reports will be reviewed for completeness and accuracy of information submitted.

2. The Committee shall WILL monitor and enforce that board certification examination pass rates are transmitted by the BOS Secretary to the specialty colleges and osteopathic postdoctoral training institutions (OPTIs) every twelve (12) months as required by the AOA Council on Postdoctoral Training (COPT). Such pass rates are necessary for enhancement and improvement of graduate medical education.

3. The Committee shall WILL conduct administrative audits of each of the specialty certifying boards on a predetermined schedule to ensure compliance with the BOS’s administrative requirements. The Committee will develop and utilize and audit template to assess areas of compliance with administrative requirements and apply remedial requirements as necessary.

E. Review and mediation of administrative problems: Where there is no apparent resolution of ongoing administrative problems and a lack of compliance with the BOS’s administrative requirements, including those directly affecting candidates for certification and administrative operations at the specialty certifying boards and AOA levels, the Committee will review such concerns and will make necessary recommendations and monitor progress to resolution of problem.

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

F. Financial:

1. As requested by the AOA department of finance, the Committee shall WILL review quarterly financial statements from each of the specialty certifying.
2. The Committee shall review such financial statements for determination of potential financial problems or insolvency by AOA specialty certifying boards (boards at risk) or whether they are marginally close to being at risk.

3. The Committee shall review and evaluate requests from specialty certifying boards for assistance from the AOA Dale Dodson Educational Fund and shall submit its recommendations and evaluation to the Dale Dodson Educational Fund for its evaluation and determination.

4. The Committee will report and make recommendations to the BOS’s Executive Committee on what steps can be taken to ensure specialty certifying board viability.

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

H. Appeal Process: Where a specific specialty certifying board does not agree with the actions taken by the Committee on Administrative and Boards’ Financial Matters, the specialty certifying board will have an opportunity to appeal directly to the BOS Executive Committee and the full BOS. In the event the BOS Executive Committee and the full BOS concur with actions taken by this committee, the specialty certifying board will have the opportunity to appeal the decision to the AOA Board of Trustees.

Section 46. Standards Review Committee (SRC)

A. Committee Membership

1. The Standards Review Committee shall be composed of six (6) members appointed by the BOS Chair from within the membership of the BOS, the BOS’s Public Member and two (2) alternate members appointed by the BOS Chair. The AOA Psychometric Consultant will serve as a non-voting member of the committee. The Chair of the committee shall be designated by the Chair of the BOS. (B-03/01)

B. Terms

1. Members of the Standards Review Committee shall serve 3-year terms corresponding to their terms on the BOS that commence on August 1 and end on July 31 of the appropriate year.
2. If a member of this committee does not retain his/her appointment to the BOS, a replacement committee member **shall WILL** be appointed by the BOS Chair in accordance with BOS procedures. (B-07/98; B-03/01)

C. Duties The duties of the Standards Review Committee shall **WILL** be as follows:

1. Assess examination failure rates and ensure notification to specialty college residency evaluation committees of failure rates using summary data by program of graduation. Individual physician examination results will remain confidential to the specialty certifying board. (B-02/98; B-07/98)

2. 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.

3. Provide a mechanism to evaluate the validity and reliability of all certification examinations conducted by the AOA specialty certifying boards and assess board compliance with the AOA certification examination standards. The BOS, upon recommendation by the committee and subject to appeal, **shall WILL** take final action on a specialty certifying board’s compliance with the standards. These actions will be reported to the AOA Board of Trustees.

4. Oversee the policies of the BOS and its specialty certifying boards related to OCC.

D. Meetings

1. The Standards Review Committee will meet in conjunction with the BOS meetings (midyear and annual) and as necessary to conduct the business of the committee.

E. SUBSECTIONS I & II

1. THE DUTIES OF THE SUBSECTIONS OF THE STANDARDS REVIEW COMMITTEE WILL BE AS FOLLOWS:

   a. **MONTHLY REVIEW OF TECHNICAL REPORTS**
   
   b. **REVIEW QUALITY OF EXAMS, CORRECTING EXAM DEFICITS**
   
   c. **EVALUATE PERFORMANCE STANDARDS**
   
   d. **REPORT FINDINGS TO MONTHLY STANDARDS REVIEW COMMITTEE**

2. **MEMBERSHIP**

   a. **EACH SUBSECTION WILL BE CHAIRED BY A BOS REPRESENTATIVE FROM THE SRC AND CO-CHAIRMED BY A PSYCHOMETRICIAN. THERE WILL BE SEVEN (7) MEMBERS ON EACH SUBSECTION, INCLUDING THE CHAIR AND CO-CHAIR.**
SECTION 5. INNOVATIONS COMMITTEE

A. MEMBERSHIP

1. THE INNOVATIONS COMMITTEE WILL BE COMPRISED OF SEVEN (7) MEMBERS. THE CHAIR OF THE INNOVATIONS COMMITTEE WILL BE THE VICE CHAIR OF THE BOS. THE MEMBERS WILL INCLUDE THREE (3) BUREAU MEMBERS WITH LESS THAN TWO (2) YEARS TENURE AND LESS THAN FIVE (5) YEARS IN PRACTICE, ONE (1) OMS STUDENT MEMBER, TWO (2) RESIDENT MEMBERS, AND ONE (1) CONSULTANT PSYCHOMETRICIAN.

B. DUTIES

1. MONITOR AND EVALUATE EMERGING TRENDS IN PHYSICIAN ASSESSMENT AND QUALITY INITIATIVES IN CLINICAL PRACTICE

2. EVALUATE AND RECOMMEND TECHNOLOGY PLATFORMS FOR DELIVERY OF OCC COMPONENTS

3. FACILITATE ADOPTION BY BOS THROUGH ADVOCACY

4. FACILITATE CUSTOMER CAPTURE AND USE OF TECHNOLOGY BY GME PROGRAMS, DIPLOMATES AND APPLICANTS

Section 67. Certification Compliance Review Committee (CCRC) (B-03/13)

A. MEMBERSHIP

1. The Certification Compliance Review Committee (CCR-Committee) shall WILL be COMPRISED composed of three (3) members APPOINTED BY THE BOS CHAIR, THE CHAIR OF THE COMMITTEE WILL BE DESIGNATED BY THE CHAIR OF THE BOS, one (1) of whom will be appointed as Chair by the Chair of the BOS.

2. No members of the CCR-Committee will simultaneously serve on the BOS Appeal Committee. A member with a conflict of interest or potential conflict of interest will recuse him/herself from any review or deliberation of a file.

B. TERMS

1. MEMBERS OF THIS COMMITTEE WILL SERVE 3-YEAR TERMS THAT COMMENCE ON AUGUST 1 AND END ON JULY 31 OF THE APPROPRIATE YEAR.

2. IF A MEMBER OF THIS COMMITTEE DOES NOT RETAIN HIS/HER APPOINTMENT TO THE BOS, A REPLACEMENT COMMITTEE MEMBER WILL BE APPOINTED BY THE BOS CHAIR IN ACCORDANCE WITH BOS PROCEDURES.
C. **DUTIES**

1. The CCR Committee shall **WILL** review and make initial determinations on:
   a. Licensure review for certification and compliance with OCC
   b. Requests for waivers or special considerations related to Component 4 compliance with OCC

2. Actions of the CCR Committee may be appealed to the BOS Appeal Committee. No members of the BOS Appeal Committee will have served on the CCR Committee at the time the original decision was rendered.

D. **MEETINGS**

1. THE COMMITTEE WILL MEET BY CONFERENCE CALL OR FACE-TO-FACE AS NECESSARY WHENEVER ISSUES ARISE REQUIRING COMMITTEE ACTION.

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**Section 78. Conjoint Certification Examination Oversight Committee (CCEOC)**

A. **Committee** Membership

1. The Conjoint Certification Examination Oversight Committee shall **WILL** be comprised of seven (7) members **AS FOLLOWS**:

   1. The BOS Vice Chair, who **shall WILL** serve as Chair of the committee
   2. The BOS Public Member
   3. **ONE REPRESENTATIVE FROM EACH BOARD PARTICIPATING IN ANY CONJOINT SUBSPECIALTY/CAQ.** Five (5) members appointed by the BOS Chair from the regular BOS representatives or alternates.

      i. **THE REPRESENTATIVE RECOMMENDED BY THE RESPECTIVE CERTIFYING BOARD WILL BE THE INDIVIDUAL APPOINTED BY THE BOS CHAIR. THIS POSITION **SHALL WILL** BE THE RESPECTIVE BOS ALTERNATE REPRESENTATIVE OR ANY SPECIALTY BOARD MEMBER.**

      ii. **THIS INDIVIDUAL MUST BE A MEMBER OF THEIR CERTIFYING BOARD, BUT DOES NOT HAVE TO BE THE BOARD'S BOS REPRESENTATIVE OR ALTERNATE. THE PERSON APPOINTED TO THIS POSITION WILL NOT BE REQUIRED TO HOLD CERTIFICATION IN ANY SUBSPECIALTY/CAQ.**

      iii. **ALL OTHER MEMBERS SHALL WILL BE NOMINATED BY THEIR PARTICIPATING SPECIALTY BOARD AND APPROVED BY THE COMMITTEE CHAIR.**
2. Where possible, members will have served at least two (2) years on the BOS and are serving on boards that are members of a conjoint certification examination committee.

B. Terms

1. **MEMBERS OF THIS COMMITTEE WILL SERVE 3-YEAR TERMS THAT COMMENCE ON AUGUST 1 AND END ON JULY 31 OF THE APPROPRIATE YEAR.** Members of the CCEOC shall be appointed to 3-year terms.

2. **IF A MEMBER OF THIS COMMITTEE DOES NOT RETAIN HIS/HER APPOINTMENT TO THE BOS, A REPLACEMENT COMMITTEE MEMBER SHALL WILL BE NOMINATED BY THEIR PARTICIPATING SPECIALTY BOARD AND APPROVED BY THE COMMITTEE CHAIR.** If a member of the CCEOC is not re-appointed to the BOS, a replacement shall be chosen as described in Section A., above.

C. Duties

1. **HAVE OVERSIGHT AND APPROVAL OF THE CONJOINT CERTIFICATION EXAMINATION PROCESS OF THE RESPECTIVE CONJOINT EXAMINATION COMMITTEES AND MAKE RECOMMENDATIONS TO THE BOS FOR APPROVAL.**

2. Respond to requests relating to the conjoint certification process and make recommendations to the BOS as appropriate.

3. Provide a report to the BOS at its annual and midyear meetings.

4. **MAKE RECOMMENDATIONS TO THE BOS FOR CERTIFICATION OF ALL CONJOINT CERTIFICATION CANDIDATES.**

D. **Committee Meetings**

1. The committee shall meet semi-annually and as necessary to conduct business.

E. **CERTIFICATES**

1. **ALL CONJOINT CERTIFICATES WILL BE SIGNED BY THE DIPLOMATE’S PRIMARY CERTIFYING BOARD CHAIR, SECRETARY AND THE AOA CEO.**

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

**Section 1. Specialty Certifying Boards**

A. The basic documents of the specialty certifying boards shall be the bylaws and the policies and procedures, compiled and issued by each specialty certifying board in accordance with AOA requirements as approved by the BOS and the AOA Board of Trustees as indicated in paragraphs 1. and 2. below.
1. The AOA Committee on Basic Documents and CERTIFICATES Operations of Affiliated Organizations shall review all recommendations concerning the bylaws of specialty certifying boards and, on approval of the BOS, report its recommendations to the AOA Board of Trustees. Final action by the AOA Board of Trustees will be reported to the specialty certifying boards and the BOS. (B-07/79)

2. The BOS Committee on Basic Documents and Certificates shall review all recommendations concerning the policies and procedures of specialty certifying boards and report its recommendations to the BOS for final approval.

Section 2. Bureau of Osteopathic Specialists

A. The procedures and directives, as adopted by the BOS and the AOA Board of Trustees, shall be compiled and issued as the BOS Handbook.

B. The BOS Handbook shall be maintained by the Secretary of the BOS and revised regularly in consultation with the Committee on Basic Documents and Operations of Affiliated Organizations, after approval by the BOS and the AOA Board of Trustees.

Section 3. Requirements for Certification and Continuous Certification

A. The requirements for certification and continuous certification shall be published on the AOA SPECIALTY CERTIFYING BOARDS’ websites after changes have been approved. The fees charged by the specialty certifying boards shall be omitted. (B-07/92)

B. The requirements for certification and continuous certification shall be updated annually by the Secretary of the BOS. (B-07/92)

C. The requirements for certification and continuous certification shall be made available on the AOA website as well as the individual specialty certifying board websites. (B-01/93; B-03/13)

Article VII. Meetings and Reports

Section 1. Meetings

A. There shall be a midyear and an annual meeting of the BOS.

B. The Executive Committee, at its discretion, may meet as needed.

C. The official call of each BOS meeting shall be issued not fewer than thirty (30) days prior to the opening session.

D. A quorum at any session of any regular BOS meeting shall consist of a majority of the designated membership of the BOS.
E. Robert's Rules of Order, Newly Revised shall WILL be followed except where they conflict with these rules of procedure. (B-07/64)

F. A quorum at any session of any regular Executive Committee meeting shall WILL 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 WILL 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; B-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 WILL 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 AOA Board of Trustees. (B-07/76)

Article VIII. Amendments (B-02/09)

Amendments to these bylaws POLICIES AND PROCEDURES 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)
Policies and Procedures of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards
Article 1. Protocol for Establishing Specialty Certifying Boards

Section 1. Petitions

A. The BOS is charged by the AOA Board of Trustees (BOT) 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 twenty (20) physicians, who are members of both the AOA and the petitioning 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 newly 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.

D. 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.

E. 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 of 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 of 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-07/85; B-07/89)
Article II. Specialty Certifying Boards Requesting Jurisdiction in a New Specialty Field

Section 1. Petition Process

Petitions requesting jurisdiction over a new specialty or subspecialty field must first be submitted for study and recommendation by an existing certifying board of the BOS. Petitions must 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 I)

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

Section 2. First Step Petition

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

A. Definition of the new specialty/subspecialty field.

1. List of the specialty(s)/subspecialty(s) and/or area(s) of added qualification(s) over which the board has current jurisdiction and the transfer of jurisdiction being requested.

2. Definition of the tentative specialty field and rationale for examination.

3. Detailed plan for completing a job task analysis to further define the examination.

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

1. Evidence of potential AOA approved residency sites.

2. List of osteopathic physicians who have training in the new specialty field. The list must include the physician’s name, AOA number, certifications currently held, and dates and locations of all residencies in the new specialty.

3. List of osteopathic physicians who have requested to take the exam that do not have AOA approved or ACGME training in the new specialty field. The list must include the physician’s name, AOA number, certifications currently held, and dates and locations of all residencies, and the percent of each physician’s practice spent working in the new specialty field.
4. The AOA approved or proposed basic standards for residency training in the new specialty field.

5. Requirements for certification in the new specialty field being considered and any proposed changes in other basic documents of the board.

6. If a clinical pathway is proposed, the petition must state an expiration date for the pathway, which must be a maximum of five (5) years following the award of jurisdiction.

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

1. Subject Matter Experts

Include a listing of at least five (5) qualified subject matter experts in the new specialty field that have committed to serving on the exam committee for this new area of jurisdiction. 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 field. A letter of commitment from each subject matter expert must be submitted.

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 task 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 of 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 of 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 qualifications overlaps into other specialty fields, consideration must be given to establishing a Conjoint
Certification Examination Committee, the process for which is published in Article XIV 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 I 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 the specialty certifying board representatives for further description of the proposed exam.

C. The SRC will make a recommendation for the Jurisdiction Committee on the exam’s compliance with the AOA certification standards.

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

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

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

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

A. Rationale for placing the examination into dormant status or for relinquishing jurisdiction.

B. Description of the lack of activity in the specialty field, to ensure that any residents in those programs are not negatively affected by the dormancy of the examination, which must include:

1. The year in which original jurisdiction was granted.

2. The number of osteopathic residency programs existing in the last seven (7) years.

3. The number of residents in osteopathic programs within the last seven (7) years.

C. If applicable, description of the continuous certification mechanism for all diplomates.
D. If applicable, the number of osteopathic physicians certified in the specialty, broken down by
time-limited and non-time-limited diplomates.

E. If applicable, the number of physicians that have taken the examination in the last five (5) years
and the number of physicians with active applications on file.

F. The proposed date for the placement of the examination into dormant status or for
discontinuation of the examination.

G. The plan for notifying constituents of the status change.

Section 2. Review Process

A. If there are active certificants, the Jurisdiction Committee will request a recommendation from
the SRC as to the status of the OCC Component 3 Cognitive Assessment required for the
existing certificants.

B. If there are active certificants, the Jurisdiction Committee will request the VICE PRESIDENT,
AOA CERTIFYING BOARD SERVICES (CBS), Committee on Administrative and Boards’
Financial Matters to report on any financial implications of the dormancy request.

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

Section 3. Mandatory Placement of an Examination into Dormant Status

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

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

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

1. A listing of existing residency programs in the specialty field and the number of residents in
each program. The listing must describe whether the program is an AOA approved
program and the total number of osteopathic physicians who have completed training in
this specialty field within the last seven (7) years.

2. A listing of osteopathic physicians who have requested to take the examination and have
met the AOA criteria for certification.

3. A demonstration that the board has the resources to create and maintain a valid certification
examination.
4. A list of a minimum of five (5) qualified subject matter experts in the specialty field committed to serve on the examination committee. The list must include the physician’s name, AOA number, certifications, dates and locations of all residencies, the percent of the physician’s practice dedicated to this specialty and a letter of commitment to the examination committee.

5. A business plan that details how the board will fund the development and administration of the examination. Costs and demonstration of funds should be detailed for the following major examination development areas: job task analysis/table of specifications; item writing; examination scoring; standard setting; item collection/item banking; examination creation/printing; and examination proctoring.

B. To reactivate an examination from dormancy, the SRC WITH THE ASSISTANCE OF THE VICE PRESIDENT, AOA CBS, and the Committee on Administrative and Boards’ Financial Matters will review all the information and make a recommendation for approval or denial to the Jurisdiction Committee. The Jurisdiction Committee will conduct the final review before submitting its recommendation to the full BOS.

C. Relinquishment of jurisdiction is permanent.

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

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

B. The specialty certifying board must submit a detailed rationale for its appeal at least ninety (90) days prior to the next business meeting of the BOS.

C. A specialty certifying board representative must be available to answer questions on the day of the appeal.

D. Following the BOS review, the specialty certifying board may appeal to the AOA Board of Trustees by submitting a detailed rationale for its appeal at least ninety (90) days prior to the next business meeting of the AOA Board of Trustees.

Section 6. BOS Standards Review Committee Review – Dormancy of Examinations

Where specific specialty certifying boards have exhausted all avenues to comply with the standards review process for specific examinations at the end of a probationary period, the SRC may ask that the VICE PRESIDENT, AOA CBS, Committee on Administrative and Boards’ Financial Matters determine whether those specialty certifying boards have sufficient financial funds and technical resources. The VICE PRESIDENT, AOA CBS, Committee on Administrative and Boards’ Financial Matters, after review of financial and other board resources, will make its HIS/HER findings known to the SRC for purposes of placing examinations in dormant status where necessary. The SRC may then mandate dormant status for examinations that have not met SRC standards.
A. The format of the review will be self-study with completion of a standards review report. The report will be completed by the specialty certifying board and submitted to the SRC for review and action. The Committee will ask the specialty certifying board to provide written evidence that it has met the requirements set forth in the standards. (B-03/01)

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

After SRC review and discussion, the SRC must either:

1. Recommend to the BOS that the specialty certifying board is in compliance with the standards. If a recommendation of compliance is made, the BOS may then take action on that recommendation. (B-03/01; B-07/03)

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

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

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

B. Submission of the Specialty Certifying Board Response and Action Plans: Once the written evaluation is received by the specialty certifying board, it will have sixty (60) days in which to respond to the evaluation in writing. The response should include any specialty certifying board comments regarding the evaluation and any supplemental information requested from the SRC. If any examination activities are not in compliance, the response must also include a written action plan. At the next SRC meeting after submission of the response, the board’s supplemental information and the action plan will be examined. Once the SRC approves the submitted action plan, a letter of acceptance is sent to the specialty certifying board. (B-07/15)

C. Non-Compliance: If any examination activities were found not in compliance with the standards, the specialty certifying board must submit an updated report. The specialty certifying board must submit an updated report to the SRC, along with acceptable evidence that shows that all the certification and examination activities are in compliance with the standards, within one (1) year of review. Only areas designated as not in compliance from this evaluation will be reviewed. The specialty certifying board must submit its updated report at least forty-five (45) days before the SRC meets. (B-07/03; B-07/15)

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

E. **Probation:** If the BOS finds the specialty certifying board not in compliance, the BOS may impose a one (1) year probation period. By the end of the probation period, the specialty certifying board must demonstrate compliance with the standards. The applicable specialty college will also be notified of the specialty certifying board’s probationary status. Specialty certifying board failure to comply with the standards will result in a BOS notification to the AOA Board of Trustees that the specialty certifying board is not in compliance and to forward a recommendation for further action to the AOA Board of Trustees. (B-07/03)

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 (1) member as Chair of the Appeal Committee.

B. An alternate will serve as a regular member on the Appeal Committee if one (1) 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. Responsibilities**

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 13. 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.
The Appeal Committee will not consider issues related to examination content. The Appeal Committee members at the hearing are all from outside the specialty area at issue and are not expected to have subject matter expertise as to the specialty practice area at issue. (B-07/76)

Section 24. Procedures for Requesting and Appeal to the BOS Appeal Committee

All requests for an appeal shall be filed with the Chair of the BOS within one (1) year of the decision by the certifying board’s appeal committee and no later than two (2) years after the alleged incident(s) from which the grievance arises. Prior to seeking reviews by the BOS Appeal Committee, appellants must first appeal to the certifying boards. Appeals that have not been reviewed by the certifying board may be returned to the appellant with instruction to seek review from the certifying board before submitting the appeal to the BOS Appeal Committee. The Chair of the BOS shall determine whether sufficient grounds have been alleged, in accordance with Section 13 above, and if so he/she shall notify the prospective appellant, the specialty certifying board involved (or Executive Committee or Certification Compliance Review Committee), and the Chair of the Appeal Committee that the appeal will be heard. Appeals will be scheduled in conjunction with one (1) of the regular meetings of the BOS. Special hearings may be called by the Chair of the Appeal Committee. (B-03/93)

Section 35. Material in Support of Appeal

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

Section 46. Attendance at Hearing

Barring documented extraordinary circumstances, appellants must be present at the hearing. One (1) representative of the specialty certifying board involved (or the Chair of the Executive Committee or his/her designee) must also be present at the hearing to present the position of the specialty certifying board. Appellants may be represented at the hearing by legal counsel, provided that the appellant provides the Appeal Committee Secretary with at least thirty (30) days prior notice as to the use of legal counsel and the name and address of the attorney.

Section 57. Conflicts of Interest
Appeal Committee members will recuse themselves if there is a conflict of interest that prevents them from objectively reviewing the appeal. Additionally, the specialty certifying board and the appellant shall also have the right to object to the participation of particular members of the Appeal Committee. The Chair shall decide if such objections have merit and if such members shall be excluded as a result thereof.

Section 68. Record of Appeal

Steno typed transcripts of the appeal hearings shall be made. The transcripts shall be confidential, but may be made available to authorized representatives of the appellant and specialty certifying board or Executive Committee, members of the Appeal Committee, and/or members of the AOA Board of Trustees. The transcripts shall be kept in the permanent files of the Secretary of the BOS.

Section 79. Attendance at Appeal

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

Section 810. Appeal Hearing Procedure

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

A. Appellant’s presentation (approximately twenty (20) minutes).

B. Specialty Certifying Board's presentation (approximately twenty (20) minutes).

C. Appellant’s rebuttal (approximately five (5) minutes).

D. Specialty Certifying Board's rebuttal (approximately five (5) minutes).

E. Questions and answers (approximately twenty (20) minutes).

F. Specialty Certifying Board’s closing statement (approximately five (5) minutes).

G. Appellant’s closing statement (approximately five (5) minutes).

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

Section 911. Presentations
Cross examination and presentation of third party witness testimony is not allowed. Third party witness testimony should be presented in affidavit format and submitted with documentation. However, the Chair shall have the discretion to permit modification of the format, if necessary, to consider the merits of the allegations contained in the petition. (B-07/76)

Section 102. Deliberations and Decisions

After hearing and considering the presentation of the appellant and the response of the specialty certifying board, the BOS may vote to uphold or overturn the decision of the specialty certifying board, or request additional information. The Appeal Committee may include specific directions for the specialty certifying board (e.g., special examination procedures), but shall not have authority to change a failing exam grade to a passing grade. The Appeal Committee shall report its decision and recommendation to the BOS, which shall in turn report the decision to the AOA Board of Trustees.

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

Section 113. Appeal Process for Specialty Certifying Boards

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

Article V. BOS Committee on Administrative and Boards’ Financial Matters

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

Section 1. Review and Mediation of Administrative Problems

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

Where administrative and/or financial problems have not been resolved through mediation and recommendation of this committee and pose a legal and/or financial threat to both the AOA and the specialty certifying board, the Committee may recommend to the BOS Executive Committee that an onsite inspection of specialty certifying board offices and operations be authorized through the AOA Board of Trustees and, in extreme cases, may request possible replacement of specialty certifying board officers and/or staff.
Section 2. Appeal Process

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

Section 3. Financial Review

A. The Committee shall review quarterly financial statements from each of the specialty certifying boards to ensure these are being submitted to the AOA Department of Finance.

B. The Committee shall review such financial statements for determination of potential financial problems or insolvency by AOA specialty certifying boards (boards at risk) or whether they are marginally close to being at risk.

C. The Committee shall review and evaluate requests from specialty certifying boards for assistance from the AOA Dale Dodson Educational Fund and shall submit its recommendations and evaluation to the Dale Dodson Educational Fund for its evaluation and determination.

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

Article VI. Nominations to AOA Specialty Certifying Boards

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

A. Each specialty certifying board will select a nominee from a pool of eligible and qualified candidates to serve on the board. IDEALLY, A SPECIALTY CERTIFYING BOARD SHOULD CONSIST OF MEMBERS WHO:

1. REPRESENT A MIX OF AOA BOARD CERTIFIED PRACTICING PHYSICIANS, RESIDENCY/OGME FACULTY, AND PHYSICIANS INVOLVED IN ACADEMIC MEDICINE.

2. HAVE A MINIMUM OF FIVE YEARS POST GRADUATE CLINICAL PRACTICE EXPERIENCE.

3. ARE GEOGRAPHICALLY AND DEMOGRAPHICALLY DIVERSE
4. Understand the certification process and all the duties associated with being a member of an AOA SPECIALTY CERTIFYING board.

5. Preferably, the specialty certifying board will choose a candidate that has had formal training in item-writing and understands the certification process and all duties associated with being a member of an AOA board. If the selected individual has not had item-writing training, training must be obtained within one (1) year of being appointed to the board or he/she will not be eligible to remain on the board.

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

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

D. ALL NOMINEES TO A SPECIALTY CERTIFYING BOARD MUST BE APPROVED BY THE BOS AND AOA BOARD OF TRUSTEES (BOT). EACH BOARD WILL SUBMIT ITS LIST OF NOMINEES TO THE BOS FOR REVIEW AND APPROVAL PRIOR TO SUBMITTING IT TO THE BOT.

Section 2. Term of Office

A. A certifying board member’s term is effective the date that he/she is elected to that position by the AOA Board of Trustees. (B-03/84) Where possible, specialty certifying boards should institute a maximum term limit of four (4) 3-year terms, and board members should be drawn from a mix of practicing physicians, residency/OGME faculty, and physicians involved in academic medicine.

B. ALL SPECIALTY BOARD MEMBERS’ TERMS WILL COMMENCE ON AUGUST 1 FOLLOWING APPROVAL BY THE BOT AND END ON JULY 31 OF THE YEAR THEIR TERM IS SCHEDULED TO END.

Section 3. Conjoint Certification Examination Committees

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

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

Article VII. Officers of Specialty Certifying Boards of the BOS
Specialty certifying board officers shall WILL be alert to the fact that modification of the existing
bylaws and policies and procedures may be needed from time to time and shall WILL give prompt
attention to amending their papers of organization as directed by the AOA Board of Trustees. Officers
of specialty certifying boards shall WILL 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 WILL familiarize themselves promptly with
the status of the specialty certifying board’s activities by conference with retiring officers. The
Chair shall WILL make the appointments (committees) as designated in the statement of
his/her duties in the bylaws POLICIES AND PROCEDURES.

B. The Chair of each specialty certifying board shall WILL 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 WILL 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 WILL 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 BOARD MEMBERSHIP 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 WILL 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 REVIEW THE annual report, SUBMIT PASS RATE DATA AND OTHER
REPORTS AS REQUESTED for presentation to the Bureau. The report forms are distributed
by the Secretary of the Bureau and must be completed and returned BY THE STATED
DEADLINE to the Bureau Secretary at least thirty (30) days before the date of the Bureau
meeting. Instructions for submission of reports shall WILL 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.
E. Prepare REVIEW the required documentation for candidates being presented for certification, which are distributed by the Secretary of the BOS. Instructions for submission of these forms are noted on each form.

F. Prepare and submit responses as requested by the secretary of the BOS, including the specialty certifying board’s annual report and candidate pass rate report, to the Bureau.

G. ADVISE AND CONSULT WITH THE BOARD ON ALL FISCAL MATTERS. Prepare a financial statement for submission to the AOA in accordance with established AOA guidelines.

H. WORK WITH THE CERTIFICATION DIRECTOR REGARDING ALL SECRETARIAL AND FISCAL MATTERS. At the discretion of the specialty certifying board, this position may be held by a single individual or divided as separate secretary and treasurer positions.

I. At the discretion of the specialty certifying board, this position may be held by a single individual or divided as separate secretary and treasurer positions.

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

Section 1. Board Eligibility

A. Definition:

1. THE TIME FRAME BETWEEN A PHYSICIAN’S CONTRACT END DATE SIGNIFYING COMPLETION OF A RESIDENCY TRAINING PROGRAM IN A SPECIALTY OR SUBSPECIALTY AND ACHIEVEMENT OF INITIAL CERTIFICATION IN THAT SPECIALTY OR SUBSPECIALTY, SEE EXPLANATORY STATEMENT REGARDING COMPLETION OF RESIDENCY IN PARAGRAPH D, BELOW, of an AOA approved training program, OR AN ACGME ACCREDITED TRAINING PROGRAM, whereby osteopathic physicians are eligible to begin the certification process and to declare their status as board eligible in the specialty or subspecialty.

2. The time frame when upon OBTAINING TRAINING PROGRAM COMPLETE STATUS from completion of an ACGME accredited osteopathic recognized training program, allopathic physicians are eligible to begin the certification process and to declare their status as board eligible in the specialty or subspecialty.

B. Notification:

All OSTEOPATHIC residents and fellows in AOA approved programs OR ACGME ACCREDITED TRAINING PROGRAMS shall WILL be notified by the AOA of the definition and deadline of board eligibility. Such notification shall WILL be included with the AOA annual report form sent to residents and fellows.

C. Time Frame:
Board eligibility commences upon THE PHYSICIAN'S CONTRACT END DATE SIGNIFYING COMPLETION OF RESIDENCY TRAINING PROGRAM IN ATTAINING TRAINING PROGRAM COMPLETE STATUS FROM completion of the A specialty or subspecialty training program and terminates on December 31st of the following sixth (6th) year. SEE THE EXPLANATORY STATEMENT IN PARAGRAPH D, BELOW.

D. EXPLANATORY STATEMENT

COMPLETION OF RESIDENCY MEANS COMPLETION OF ACTIVE RESIDENCY TRAINING AND SPECIFICALLY DOES NOT INCLUDE ACADEMIC NON-CLINICAL TRAINING RELATED ISSUES.

E. Termination:

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

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 six (6) year time frame, the designation of board eligible shall WILL 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 board’s 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 (6) years of board eligibility.

   c. Candidates must complete certification during the period of board eligibility.

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

B. First Re-Entry Process

1. Candidates must petition the specialty certifying board for entry into the certification process.

2. Upon acceptance by the specialty certifying board, the candidate must follow the following process:

   a. The candidate must start at the beginning of the certification process. Prior activity toward certification will not be recognized in the first re-entry process.

   b. Candidates must participate in the first available administration of the exam.

   c. The candidate will have two (2) attempts to pass each step of the examination process.

   d. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.

   e. Candidates who were not successful in becoming certified at the end of the first re-entry pathway process may pursue certification only by petitioning the certifying board for entry into the final pathway process.

C. Final Pathway

1. Candidates must petition the specialty certifying board for entry into the final pathway process.
2. The specialty certifying board is required to establish criteria that must be met prior to granting entry into the final pathway process.

   a. These criteria must be approved by the Standards Review Committee (SRC) of the BOS.

   b. Upon notification of the criteria, the candidate must display efforts to conform and satisfy the requirements without delay.

3. Upon completion of the requirements, the candidate must follow the pathway outlined below. Prior activity toward certification will not be recognized in the final pathway process.

   a. Candidates must enter at the beginning of the board’s certification process.

   b. Candidates must participate in the first available administration of the exam.

   c. The candidate will have two (2) attempts to pass each step of the examination process.

   d. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.

4. Candidates who were not successful in becoming certified at the end of the final pathway have no further opportunity to become certified in the specialty or subspecialty.

Section 4. Specialty Certifying Board Requirements

A. All certifying boards are required to comply with the process as outlined above.

B. During the six (6) years of established board eligibility, a specialty certifying board may have more stringent requirements in the limitation of time in which a candidate for certification must complete the entire certification process.

C. The process to certification will be published in the policies and procedures of each specialty certifying board.

Article VIIIIX. Certification

Section 1. Certification

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

A. OSTEOPATHIC PHYSICIANS

   1. The applicant must be a graduate of a COCA-accredited College of Osteopathic Medicine. (B-07/15)
2. **OBTAIN TRAINING COMPLETE STATUS FROM AN ACGME/AOA ACCREDITED/APPROVED RESIDENCY TRAINING PROGRAM.**

**B. ALLOPATHIC PHYSICIANS – US AND CANADA PROGRAMS**

1. **BE A GRADUATE OF A MEDICAL SCHOOL IN THE UNITED STATES OR CANADA, ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME).**

2. **OBTAIN TRAINING COMPLETE STATUS FROM AN ACGME OSTEOPATHIC RECOGNIZED RESIDENCY PROGRAM WITH DOCUMENTATION OF HAVING MET ALL OSTEOPATHIC MILESTONES OR; OBTAIN TRAINING COMPLETE STATUS FROM A NON-OSTEOPATHIC RECOGNIZED ACGME RESIDENCY PROGRAM AND HAVE DOCUMENTED EQUIVALENT OSTEOPATHIC EDUCATION INCLUDING AS A MINIMUM AS THOSE PHYSICIANS GOING THROUGH THE OSTEOPATHIC RECOGNIZED TRAINING PROGRAM PATHWAY; THAT THE CANDIDATE COMPLETED AN “OSTEOPATHIC FOCUSED” TRACK WITHIN THE OSTEOPATHIC RECOGNIZED PROGRAM, OR OBTAIN TRAINING COMPLETE STATUS FROM AN ACGME ACCREDITED OSTEOPATHIC NEUROMUSCULOSKELETAL MEDICINE RESIDENCY TRAINING PROGRAM.**
   
   a. **OSTEOPATHIC PHILOSOPHY, HISTORY, TERMINOLOGY, AND CODE OF ETHICS.**
   
   b. **ANATOMY AND PHYSIOLOGY RELATED TO OSTEOPATHIC MEDICINE.**
   
   c. **INDICATIONS, CONTRAINDICATIONS, AND SAFETY ISSUES ASSOCIATED WITH THE USE OF OSTEOPATHIC MANIPULATIVE TREATMENT; AND**
   
   d. **PALPATORY DIAGNOSIS, OSTEOPATHIC STRUCTURAL EXAMINATION, AND OSTEOPATHIC MANIPULATIVE TREATMENT.**

**C. ALLOPATHIC PHYSICIANS – NON US AND CANADA PROGRAMS**

1. **BE A GRADUATE OF A MEDICAL SCHOOL OUTSIDE THE UNITED STATES AND MEET ONE OF THE FOLLOWING ADDITIONAL REQUIREMENTS:**
   
   a. **HOLD A CURRENTLY VALID CERTIFICATE FROM THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) PRIOR TO APPOINTMENT; OR**
   
   b. **THE APPLICANT MUST HOLD AN ACTIVE LICENSE TO PRACTICE IN A STATE OR TERRITORY OF THE UNITED STATES OF AMERICA.**
   
   c. **HAVE GRADUATED FROM A MEDICAL SCHOOL OUTSIDE THE UNITED STATES AND HAVE COMPLETED A FIFTH PATHWAY PROGRAM PROVIDED BY AN LCME ACCREDITED MEDICAL SCHOOL.**
2. **Obtain Training Complete Status from an ACGME Osteopathic Recognized Residency Program with Documentation That the Candidate Completed and “Osteopathic Focused” Track Within the Osteopathic Recognized Program, or Obtain Training Complete Status from an ACGME Accredited Osteopathic Neuromusculoskeletal Medicine Residency Training Program, of Having Met All Osteopathic Milestones, or Obtain Training Complete Status from a Non-Osteopathic Recognized ACGME Residency Program and Have Documented Equivalent Osteopathic Education Including as a Minimum as Those Physicians Going Through the Osteopathic Recognized Training Program Pathway:**

a. **Osteopathic Philosophy, History, Terminology, and Code of Ethics;**

b. **Anatomy and Physiology Related to Osteopathic Medicine;**

c. **Indications, Contraindications, and Safety Issues Associated with the Use of Osteopathic Manipulative Treatment; and**

d. **Palpatory Diagnosis, Osteopathic Structural Examination, and Osteopathic Manipulative Treatment**

D. The applicant must hold an active license to practice in a state or territory. An applicant for initial certification holding a restricted license may petition the specialty certifying board for the ability to enter the certification process based upon review of the reason for licensure restriction. (B-02/08; B-07/16)

1. In cases where a state licensing board had taken action against a physician’s license and allows the physician in question to continue to practice with that action on their license, then the physician can remain certified. The BOS has assigned the Certification Compliance Review Committee (CCRC) with the responsibility to review and respond to all licensure questions. (B-07/16)

E. The applicant must be able to show evidence of conformity to the standards set forth in the Code of Ethics of the AOA.

E. The applicant must be a member in good standing of the AOA or the Canadian Osteopathic Association at the time of application. (B-07/13)

G. Each specialty certifying board shall establish its individual requirements for years of AOA approved training for each primary or subspecialty certification. (B-02/09) Specialty certifying boards shall send all recommendations, complaints, or comments regarding resident training programs to the COPT. The responsibility of making recommendations and requirements relative to training programs designated as approved residencies as defined by the AOA Board of Trustees is, and shall be, that of the COPT. (B-12/48)
H. Each specialty certifying board AND CCEC shall WILL establish its individual eligibility requirements for examination for certification. Practice within each field under each board shall WILL be defined in the policies and procedures of each certifying board. (B-02/09)

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

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

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

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

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

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

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

L. Any changes to training and/or practice requirements shall WILL go into effect a minimum of one (1) year subsequent to the announcement of such change.

M. The applicant for certification or continuous certification shall WILL not be required to be a member of a specialty college or other similar society. (B-07/53; B-02/09)

N. Signed applications and all material submitted by an applicant to a specialty certifying board, even though the applicant may withdraw as an applicant for certification, shall WILL remain the property of the specialty certifying board. (B-07/53)
O. Candidates must fulfill all requirements prior to certification.

Section 2. Clinical Practice Pathway Definition and Eligibility

If applying for certification through a clinical practice pathway, candidates must meet the requirements established by the individual specialty certifying boards or Conjoint Certification Examination Committees for appropriate clinical practice experience.

A. The term “clinical practice” refers to time spent as a physician actively treating patients in a manner as defined by the specialty certifying board or Conjoint Certification Examination Committee.

B. Physicians engaged in full-time graduate medical education programs such as fellowship or additional residencies are not considered in “clinical practice” for the purposes of meeting the requirements for the clinical practice pathway. Even when working part-time as a physician outside of the graduate medical education program.

C. APPLICANTS WHO ARE NOT GRADUATES OF A COCA ACCREDITED OSTEOPATHIC MEDICAL SCHOOL MUST HAVE DOCUMENTED EDUCATION IN OSTEOPATHIC PHILOSOPHY AND TECHNIQUES, AS DETERMINED BY THE BOS, INCLUDING AS A MINIMUM:

1. OSTEOPATHIC PHILOSOPHY, HISTORY, TERMINOLOGY, AND CODE OF ETHICS;

2. ANATOMY AND PHYSIOLOGY RELATED TO OSTEOPATHIC MEDICINE;

3. INDICATIONS, CONTRAINDICATIONS, AND SAFETY ISSUES ASSOCIATED WITH THE USE OF OSTEOPATHIC MANIPULATIVE TREATMENT; AND

4. PALPATORY DIAGNOSIS, OSTEOPATHIC STRUCTURAL EXAMINATION, AND OSTEOPATHIC MANIPULATIVE TREATMENT

Section 3. Processing of Applications by AOA Specialty Certifying Boards

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

1. For Osteopathic Residents: A statement from the Evaluating Committee of the appropriate specialty college that the program has been approved as being complete and that this information has been officially registered with the AOA central office.

2. For Accreditation Council for Graduate Medical Education (ACGME) Residents: A copy of the letter from the AOA granting approval of the training as being complete. (B-04/85; B-07/10)
3. For American Board of Medical Specialties (ABMS) certified DOs seeking AOA certification:
   a. Evidence via primary source verification of ABMS certification will be accepted as 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 Certifying Board Services 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 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)

4. FOR GRADUATES OF NON-COCA ACCREDITED SCHOOLS OF MEDICINE: THE PATHWAY MUST HAVE BEEN COMPLETED PRIOR TO 1995; AND
a. THE CANDIDATE MUST BE AN AOA MEMBER IN GOOD STANDING AT THE TIME OF THE APPLICATION PROCESS.

b. AOA DEPARTMENT OF CERTIFYING BOARD SERVICES STAFF WILL RECEIVE AND PROCESS ALL APPLICATIONS TO VERIFY CREDENTIALS FOR ENTRY INTO THE AOA CERTIFICATION PROCESS.

c. THE AOA WILL NOTIFY THE APPROPRIATE SPECIALTY CERTIFYING BOARD OF THIS APPROVAL.

d. THE APPLICANT WILL MAINTAIN CONTINUING MEDICAL EDUCATION (CME) HOURS TO FULFILL AOA REQUIREMENTS.

e. THE APPLICANT, IF NOT A CURRENT AOA MEMBER, WILL PAY THE FULL DUES AMOUNT AT THE TIME OF APPLICATION.

f. THE PHYSICIAN APPLICANT WILL NOT BE REQUIRED TO HAVE STATE OR SPECIALTY COLLEGE MEMBERSHIP AT THE TIME OF THE APPLICATION.

g. APPLICANTS WILL BE SUBJECT TO FEES AS DESIGNATED BY THE SPECIALTY CERTIFYING BOARD.

h. APPLICANTS MAY BE SUBJECT TO ADDITIONAL REQUIREMENTS SET BY THE SPECIALTY CERTIFYING BOARDS.

Article IX. 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 D), 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

A. Certificates are issued by the specialty certifying boards to applicants who have conformed to all requirements for certification and continuous certification.

B. Each certificate shall be signed by the Chair and the Secretary-Treasurer of the specialty certifying board. No certificate is valid until it has been signed by the Chief Executive Officer of the AOA, individually or electronically.

C. The date carried by primary certification shall correspond with the date on which verification of successful completion of all board requirements by the respective specialty certifying board occurred. All general certifications issued after 2004, or as previously determined by each specialty certifying board, are time-limited to ten (10) years or less. Non-time-limited general certifications, which were issued prior to the board’s established date without a time limit, will remain in effect. (B-02/00)

The date carried by subspecialty certification certificates (and for AOBFP’s Certification of Added Qualification (CAQ) Certificates FOR THE AMERICAN OSTEOPATHIC BOARD OF FAMILY PHYSICIANS (AOBFP) AND THE AMERICAN OSTEOPATHIC BOARD OF PREVENTIVE MEDICINE (AOBPM)) shall correspond with the date on which verification of successful completion of all board requirements by the respective specialty certifying board occurred. Except as previously approved by the AOA Board of Trustees, all subspecialty certification certificates will be time-limited to ten (10) years or less. (B-02/00)

D. Specialty certifying boards shall make every effort to ensure that a candidate has met all requirements for certification or successfully completed all OCC requirements prior to submission to the AOA for final processing, including that training has been deemed complete and that the candidate has met the time requirements for training indicated in the specialty certifying board’s policies and procedures.

E. The Secretary of the Bureau, upon notification of approval of candidates to the Bureau, shall notify the candidate and the recommending specialty certifying board of the approval of certification. Only upon receipt of notification from the Bureau shall the Secretary of the specialty certifying board have the certificate prepared and numbered. The certificate must be forwarded to the diplomate within ninety (90) days from the date of notification of approval of certification.

F. The Secretary of the specialty certifying board shall prepare and send a “receipt of certificate of certification” to accompany the certificate sent to each diplomate. The diplomate shall be advised by the specialty certifying board to sign the receipt and return it to the specialty certifying board.

G. The specialty certifying board shall notify the diplomate, in writing, of the requirements for maintaining certification.

H. The term “certification” is to be used for certification in a specialty or subspecialty, and the only other term used by the AOA and the Bureau is “certification of added qualifications” used by
the American Osteopathic Board of Family Physicians AND THE AMERICAN
OSTEOPATHIC BOARD OF PREVENTIVE MEDICINE. (B-07/91; B-07/92; B-02/98; B-
07/15)

Section 2. Certificate Format

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

A. Indication of certification by the AOA.
B. Date of approval by the AOA.
C. Physician name in format of: “John Smith, DO” OR “JOHN SMITH, MD”.
D. Seal of the specialty certifying board.
E. Signatures of specialty certifying board Chair and Secretary.
F. Signature of AOA Chief Executive Officer (original or electronic reproduction).
G. Aesthetically acceptable.
H. Wording to indicate that the physician had pursued an accepted course of study and has
satisfactorily completed the required examinations.
I. Certificates should be consecutively numbered.
J. No abbreviations.
K. Criteria should be developed for the issuance of duplicate certificates.
L. Start and end dates for which the certificate is issued. (B-07/96)

Section 3. Terminology

Specialty certifying boards shall issue certificates that read as applicable:

A. Primary Certification

1. Initial Certificate: Certification in (Specialty)
2. OCC Time-Limited Certificate Holders: Demonstrates Excellence through Compliance
   with all Requirements for Osteopathic Continuous Certification for Certification in
   (Specialty)
3. OCC Non-Time-Limited Certificate Holders: Demonstrates Excellence through Voluntary Compliance with all Requirements for Osteopathic Continuous Certification for Certification in (Specialty)

B. Subspecialty Certification

1. Offered by all AOA specialty certifying boards with the exception of the American Osteopathic Board of Family Physicians (AOBFP).
2. Initial Certificate: Subspecialty Certification in (Subspecialty)
3. OCC Time-Limited Certificate Holders: Demonstrates Excellence through Compliance with all Requirements for Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)
4. OCC Non-Time-Limited Certificate Holders: Demonstrates Excellence through Voluntary Compliance with all Requirements for Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)

C. Certification of Added Qualifications

1. Solely ONLY offered by the American Osteopathic Board of Family Physicians (AOBFP) AND THE AMERICAN OSTEOPATHIC BOARD OF PREVENTIVE MEDICINE (AOBPM)
2. Initial Certificate: Certification of Added Qualifications in (CAQ)
3. OCC Time-Limited Certificate Holders: Demonstrates Excellence through Compliance with all Requirements for Osteopathic Continuous Certification for Certification of Added Qualifications in (CAQ)
4. OCC Non-Time-Limited Certificate Holders: Demonstrates Excellence through Voluntary Compliance with all Requirements for Osteopathic Continuous Certification for Certification of Added Qualifications in (CAQ)

Section 4. Certification in More than One (1) Field

An osteopathic physician may hold certification in more than one (1) specialty or subspecialty, either under the same specialty certifying board or under different specialty certifying boards. In such a case, the physician is to be listed under each of the specialties or subspecialties in the roster of certified physicians. (B-07/91; B-02/98)

Section 5. Recording of Multiple Certificates

A. The diplomate is assigned a number for life under each specialty certifying board. Successive certificates issued to the same diplomate by the same specialty certifying board retain the initial certificate number assigned to the diplomate.
B. The diplomate is billed according to each number.

C. Successive certificates are listed on the record after the diplomate’s name by date of their approval.

D. The diplomate retains certificates as acquired for his/her archives and personal satisfaction.

E. The diplomate is listed or known to the specialty certifying board as being certified in each category.

F. The diplomate must maintain general certification, based on subspecialty certification requirements. (B-07/92)

Section 6. Annual Certification Registration Fee and Requirements

A. Active Diplomates

1. AOA dues notices mailed to active diplomates shall bill each diplomate for the annual certification registration fee. Refer to the AOA website for a delineation of fees. Include a charge of ninety dollars (\$90.00) for each of the specialty certifying boards under which the diplomate holds a certificate for the annual registration of the certificate(s). Fifteen dollars ($15.00) of this fee shall be forwarded by the AOA Controller to the respective specialty certifying board for continuation of its work. Five dollars ($5.00) of the remaining fee will be allocated to the Dale Dodson Fund and fifteen dollars ($15.00) will be allocated to the corresponding specialty college evaluation committee. The remaining fifty-five dollars ($55.00) shall be retained by the AOA to cover costs for processing applications and other ancillary expenses incurred with keeping the certification registration up to date. (B-07/76; B-03/90; B-07/92)

2. Physicians certified for the first time shall not be required to pay the annual certification registration fee during the fiscal year in which the Executive Committee of the Bureau approved their certification. They are to be billed for the fee beginning with the next fiscal year. (B-07/66)

B. Inactive Diplomates

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

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

C. Retired Members

1. Certifications will be listed as “retired” when the diplomate is permanently retired and not gainfully employed in any phase of professional activity, and when his/her practice status designation so indicates. Retired diplomates may retain the possession of their certificate(s) and their names shall appear in the official registry of certified physicians with a designation of retired status. All certification information will be retained and shown on the AOA Physician Profile when the certification status is retired by reason of membership retirement status. (B-03/01)

2. If a retired diplomate holds a time-limited certification and chooses to become “active” after his/her certification has expired, he/she must re-enter the certification process in accordance with the policies and procedures of his/her respective specialty certifying board. (B-03/01)

D. Diplomates Holding More Than One (1) Certificate

1. If a diplomate is certified in more than one specialty or subspecialty under the same specialty certifying board, only one annual certification registration fee shall be required.

2. If the diplomate is certified in more than one specialty or subspecialty under different specialty certifying boards and elects to retain more than one certificate, an annual certification registration fee for each of the specialty certifying boards under which certification is held shall be required. If the diplomate does not elect to retain more than one specialty or subspecialty, the earliest certificate issued shall be automatically revoked.

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

A. Immediately following official notification that a diplomate no longer meets any one of the following requirements for maintaining certification status with the AOA, his/her certificate will be inactivated according to procedures developed by the BOS and the AOA Department of Client and Member Services. The procedures will give the diplomate ample opportunity and notice to comply with any requirement deficiencies for maintaining AOA certification. (B-02/02)

B. Reinstatement of a certificate that was inactivated when the diplomate was dropped from AOA membership for nonpayment of dues or for nonpayment of the annual registration fee will be automatic upon reinstatement of the diplomate’s AOA membership and/or payment of the registration fee; remedial requirements may be assessed by the specialty certifying board.
C. Reactivation of a certificate of lifetime, non-time-limited certification, which has been voluntarily inactivated by request, \textit{shall WILL} require compliance with the requirements of Paragraph A above, as well as approval of the appropriate specialty certifying board and the Bureau. Reactivation will also require payment of any back AOA membership dues, up to a maximum period of two (2) years. Reactivation will also require payment of any back AOA certification registration fees, up to a maximum period of two (2) years, as well as other remedial requirements required by the specialty certifying board.

D. Depending on the circumstances for inactivation of a non-time-limited certification, the Certification Compliance Review Committee may award a time-limited certification in lieu of the non-time-limited certification. Such action by the Certification Compliance Review Committee may be appealed to the BOS Appeal Committee and, if necessary, the AOA Board of Trustees. (B-02/00; B-02/02; B-07/11; B-03/13)

Section 7. Revocation of a Certificate

A. The specialty certifying board \textit{shall WILL} have the power to recommend to the Bureau the revocation of the certificate of any diplomate whose certificate was obtained by fraud or misrepresentation, who exploits the certificate, violates the AOA Code of Ethics, or is otherwise disqualified. (B-01/71; B-02/02)

B. Upon official action revoking a certification, a diplomate’s name will be removed from the certification register of the AOA. The Secretary of the Bureau will notify the diplomate and the Secretary of the appropriate specialty certifying board of any such revocation. (B-02/02)

C. Reinstatement of a certificate that was revoked \textit{shall WILL} require compliance with the requirements of the BOS and approval of the specialty certifying board and the BOS. (B-02/02)

Section 8. Specialty Practice Requirement

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

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

Section 1. Osteopathic Continuous Certification (OCC)

Effective January 1, 2013, all AOA specialty certifying boards implemented a continuous certification process for osteopathic physicians, called “Osteopathic Continuous Certification (OCC)”, and are required to publish the requirements for OCC in their basic documents. The OCC process replaced the specialty certifying boards’ former recertification processes. The OCC process \textit{shall WILL} be valid for no greater than ten (10) years. (B-07/76; B-07/02; B-07/14)
The following components comprise the OCC process and are described more fully in the sections that follow:

A. Component 1: Active Licensure

B. Component 2: Lifelong Learning/Continuing Medical Education

C. Component 3: Cognitive Assessment

D. Component 4: Practice Performance Assessment and Improvement

E. Component 5: Continuous AOA Membership

Section 2. OCC Component 1: Active Licensure

AOA board certified physicians must hold a valid, active license to practice medicine in one (1) of the fifty (50) states or Canada. In addition, they are required to adhere to the AOA's Code of Ethics. Physicians with restrictions on their license will have their OCC file reviewed by the Certification Compliance Review Committee (CCRC). More information on the CCR Committee is found in Article V., Section 76, of the Bylaws POLICIES AND PROCEDURES of the BOS.

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

A. In cases where a state licensing board had taken action against a physician’s license and allows the physician in question to continue to practice with that action on their license, then the physician can remain certified. The BOS has assigned the Certification Compliance Review Committee (CCRC) with the responsibility to review and respond to all licensure questions.

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

A. Continuing Medical Education (CME) Requirements for Diplomates Participating in OCC are as follows:

1. A minimum of 60 CME credits in the specialty area of certification during each specialty board’s 3-year AOA-CME cycle.

2. Specialty boards wishing to require more than this minimum must:

   a. Examine current CME standards and guidelines for their specialty

   b. Petition the SRC with justification of the need for variance
c. RECEIVE FINAL APPROVAL FROM THE BOS EXECUTIVE COMMITTEE

B. REQUIREMENTS FOR IN-PERSON SPECIALTY CME PROGRAMS ARE:

1. THE EDUCATIONAL PRESENTATION MUST BE PRESENTED BY AN AOA OR ABMS BOARD CERTIFIED PHYSICIAN IN THE SPECIALTY TOPIC BEING DISCUSSED.


   b. THE EDUCATIONAL PRESENTATION MUST COVER TOPIC(S) OF CONCERN TO OSTEOPATHIC PHYSICIANS IN THAT SPECIALTY OR SUBSPECIALTY.

C. SPECIALTY CME WILL BE AWARDED FOR THE COMPLETION OF COMPONENT 4 ACTIVITIES.

D. CREDITS FOR SELF-ASSESSMENT ACTIVITIES MAY BE DESIGNATED BY EACH SPECIALTY CERTIFYING BOARD.

E. PHYSICIANS HOLDING ONE (1) OR MORE SUBSPECIALTY CERTIFICATIONS MUST EARN A MINIMUM OF TWENTY-FIVE PERCENT (25%) OF THE REQUIREMENTS FOR PRIMARY SPECIALTY CERTIFICATION IN EACH SPECIALTY AREA OF CERTIFICATION DURING EACH SPECIALTY BOARD’S 3-YEAR AOA CME CYCLE.

   1. DUE TO THIS REQUIREMENT, PHYSICIANS HOLDING MULTIPLE SUBSPECIALTY CERTIFICATIONS MAY NEED TO EARN MORE THAN THE MINIMUM OF 60 SPECIALTY CME CREDITS.

F. LIMITS TO PARTICULAR TYPES OF CME WHICH CAN BE APPLIED DURING EACH SPECIALTY BOARD’S 3-YEAR AOA CME CYCLE CAN BE FOUND IN THE “CME GUIDE FOR OSTEOPATHIC PHYSICIANS”.

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

      1. A minimum of 120 credits of CME during each 3-YEAR AOA CME cycle must be earned. Some specialty certifying boards require 150 credits.

      2. A minimum of fifty (50) credits during each AOA CME cycle must be in the specialty area of certification and specialty CME may be from Category 1 or 2. Specialty CME will be...
awarded for the completion of Component 4 practice performance assessment modules. Requirements for in person specialty CME programs are that the educational lecture must:

a. Be presented by an AOA or ABMS board certified physician in the specialty topic being discussed (exceptions will be reviewed on a case by case basis).

b. Cover topic(s) of concern to osteopathic physicians in that specialty or subspecialty.

B. There are limits to particular types of CME which can be applied during each AOA CME cycle. These limits are found in the CME Guide for Osteopathic Physicians.

C. Physicians holding one (1) or more subspecialty certifications must earn a minimum of thirteen (13) specialty credits in each subspecialty area of certification. Due to this requirement, physicians holding multiple subspecialty certifications may need to earn more than the minimum of fifty (50) specialty CME credits.

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

Section 4. OCC Component 3: Cognitive Assessment

A. COGNITIVE ASSESSMENT OF DIPLOMATES PARTICIPATING IN OCC WILL BE AS FOLLOWS:

1. DIPLOMATES MUST SIT FOR/COMPLETE AND PASS ONE (1) (OR MORE) PSYCHOMETRICALLY VALID, ON-GOING ASSESSMENTS DURING EACH OCC CYCLE.

2. THE ASSESSMENT MUST EVALUATE THE DIPLOMATE’S KNOWLEDGE AND SKILL IN THE GIVEN SPECIALTY OR SUBSPECIALTY.

B. THE FORMAT WILL BE DETERMINED BY EACH SPECIALTY CERTIFYING BOARD (OR CCEC FOR SUBSPECIALTY/CAQ) AND APPROVED BY THE SRC OF THE BOS.

C. THE ASSESSMENT MAY BE TAKEN/COMPLETED A MAXIMUM OF THREE (3) YEARS PRIOR TO THE EXPIRATIONS OF THE CERTIFICATION.

1. EACH SPECIALTY CERTIFYING BOARD (OR CCEC FOR SUBSPECIALTY/CAQ) WILL DETERMINE A DIPLOMATE’S ELIGIBILITY TO SIT FOR/BEGIN THE ASSESSMENT.

At least once during the certification period, diplomates must sit for and pass one (1) (or more) psychometrically valid and proctored examinations that assesses the physician’s knowledge and skill in the certification specialty. The examination will also include the osteopathic core competencies. The exam may be written, oral and/or practical/clinical. The format will be determined by each specialty certifying board. The examination may be taken a maximum of three (3) years prior to the expiration of
the certification; however, each specialty certifying board will determine physicians’ eligibility to sit for the examination.

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

A. DIPLOMATES MUST ENGAGE IN CONTINUOUS QUALITY IMPROVEMENT BY SATISFYING ONE (1) OF THE FOLLOWING:

1. ATTESTATION TO OR ONLINE SUBMISSION OF EVIDENCE OF PARTICIPATION IN QUALITY IMPROVEMENT ACTIVITIES.

2. COMPLETION OF PRACTICE PERFORMANCE ASSESSMENT MODULES (PPA) DEVELOPED BY SPECIALTY BOARDS AND APPROVED BY THE SRC OF THE BOS.

3. COMPLETION OF VERIFIABLE, QUALITY DRIVEN OR CLINICALLY FOCUSED ENCOUNTERS THAT ASSESS THE PHYSICIAN’S CLINICAL ACUMEN.

B. ALL ACTIVITIES WILL INCLUDE A COMPARISON OF PERSONAL PRACTICE PERFORMANCE AS MEASURED AGAINST NATIONAL BENCHMARKS FOR THE MEDICAL SPECIALTY.

C. ALL ACTIVITIES MUST DEMONSTRATE THE DIPLOMATE’S DIRECT INVOLVEMENT IN THE ACTIVITY

D. FOR PRIMARY CERTIFICATION, EACH SPECIALTY BOARD WILL ESTABLISH THE APPROPRIATE NUMBER OF REQUIRED ACTIVITIES FOR EACH OCC CYCLE AND SUBMIT THESE REQUIREMENTS TO THE SRC FOR APPROVAL.

E. FOR SUBSPECIALTY/CAQ OCC, THE CCEC WITH THE APPROVAL OF THE CCOC WILL ESTABLISH THE APPROPRIATE NUMBER OF REQUIRED ACTIVITIES FOR EACH OCC CYCLE AND SUBMIT THESE REQUIREMENTS TO THE SRC FOR APPROVAL.

F. SPECIALTY CERTIFYING BOARDS MAY AUDIT A GIVEN PERCENTAGE OF DIPLOMATES’ COMPONENT 4 ACTIVITIES; ANY DATA COLLECTED AS PART OF EACH ACTIVITY MUST BE RETRIEVABLE IN THE EVENT OF AN AUDIT.

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

A. Minimum of ten (10) patient charts extracted for a designated condition, disease or procedure.

B. All patient chart information submitted by the diplomate must be from patients treated by the diplomate, rather than from other physicians in a group practice.
C. The diplomate provides the extracted patient data to his/her specialty certifying board in a specified format.

D. Diplomate data will be compared to accepted national benchmarks. These benchmarks must be identified and included with the board’s submission to the Standards Review Committee.

E. Benchmarks and associated criteria must be clearly defined prior to the diplomate engaging in the process. Some specialty certifying boards must establish benchmarks based upon accepted standards of care, as national benchmarks may not exist for the specialty.

F. The certifying board provides the findings and comments to the diplomate.

G. If the diplomate did not meet the benchmarks, a remediation plan is developed.

1. If remediation is necessary, the diplomate will engage in a remediation program as specified or approved by the board. The remediation must be completed with appropriate evidence submitted within the time frame established by the board.

2. After a specified period of time, the diplomate extracts patient data from a minimum of ten (10) new charts.

H. An analysis of improvement or maintaining of benchmarks is performed.

I. All individual data are confidential. Only aggregate data may be made public and only with prior permission of the BOS and AOA.

J. Specialty certifying boards must own the data diplomates submit for OCC Component 4 and be the entity that provided the feedback report to the individual.

K. Specialty certifying boards may audit a given percentage of diplomates’ Component 4 activities; chart data collected as part of each activity must be retrievable in the event of an audit.

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

Section 6. OCC Component 5: Continuous AOA Membership

All diplomates must continuously maintain membership in the AOA of the Canadian Osteopathic Association and pay all applicable fees.

Section 76. Non-Time-Limited Certificate Holders

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

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

Section 87. Time-Limited Certificate Holders

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

Section 98. Clinically Inactive Physicians

D. Those physicians who treat no patients (no patient care) may apply for clinically inactive certification status, which allows diplomates to propose Component 4 activities that are applicable to their current role in osteopathic medicine. Each specialty certifying board will determine the requirements for and acceptability of the proposed activities. All other OCC Component requirements must be satisfied, including the examination.

E. Physicians must attest to their clinically inactive status through petition to their specialty certifying board. This status may also apply to academic physicians who do not supervise residents providing patient care and unemployed physicians.

F. Upon re-entry to clinical practice, physicians must notify their specialty certifying board within thirty (30) days following return to patient care.

G. The AOA will report clinically inactive status to the public and any credentialers through the profile service of the American Osteopathic Information Association (AOIA) and the website www.doprofiles.org.

Section 109. Limited Scope Osteopathic Physicians

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

Section 104. Dually Certified Osteopathic Physicians (Two (2) or More AOA Specialty Certifying Boards)

Because of the unique nature of each specialty, physicians holding two (2) or more general certifications administered through the AOA must meet all criteria for both specialty certifying boards’ OCC.
processes. However, CME earned will apply to both specialty certifying boards, with the exception of the specialty CME requirements for each specialty and/or subspecialty certification.

Section 112. Dually Certified Osteopathic Physicians (AOA and ABMS Certifications)

Physicians participating in the Maintenance of Certification (MOC) process through one (1) or more of the ABMS recognized certifying boards may petition to submit their practice performance assessment activities completed through MOC and apply them to their OCC Component 4 requirements. However, the specialty certifying board may also require an osteopathic component suffice Component 4 requirements.

Section 123. Fellowship Exemption

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

Section 134. OCC Re-Entry Process

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

G. Physicians re-entering the certification process within three (3) years of expiration or inactivation of their certification may re-enter the process by sufficing any outstanding OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied.

H. Physicians wishing to re-enter the certification process three (3) or more years following the expiration or inactivation of their certification must take and pass at a minimum the primary written certification examination or other applicable examination(s) as determined by the respective board and immediately begin the OCC process through participation in a Component 4 activity. Specialty certifying boards may also require additional examination and remedial activities such as training or CME.

Section 145. Recording of Successful Compliance with OCC

The parts and results of each component of the OCC process shall WILL be recorded in the AOA central office and certificates shall WILL be valid for no greater than ten (10) years. (B-07/76; B-07/02)

SECTION 16. OCC FOR SUBSPECIALTY/CAQ CERTIFICATE HOLDERS
A. THE LENGTH OF ALL SUBSPECIALTY/CAQ OCC CYCLES SHALL BE DETERMINED BY THE SRC UPON RECOMMENDATION BY THE SPECIALTY CERTIFYING BOARD.

B. IN ORDER TO MAINTAIN CERTIFICATION IN A SUBSPECIALTY OR CAQ, THE DIPLOMATE MUST BE CURRENT IN THEIR PRIMARY CERTIFICATION OCC (IF REQUIRED) AS WELL AS MEET THE FOLLOWING REQUIREMENTS:

1. COMPONENT 1: VALID ACTIVE LICENSURE
A CANDIDATE MUST HOLD A VALID, ACTIVE LICENSE TO PRACTICE MEDICINE IN A US STATE, COMMONWEALTH, DISTRICT OF COLUMBIA, US TERRITORY OR CANADA, IN ADDITION, THEY ARE REQUIRED TO ADHERE TO THE AOA’S CODE OF ETHICS. (SEE ARTICLE XI SECTION 2)

2. COMPONENT 2: LIFELONG LEARNING/CONTINUING MEDICAL EDUCATION
A MINIMUM OF TWENTY-FIVE PERCENT (25%) OF THE REQUIREMENTS FOR PRIMARY SPECIALTY CERTIFICATION IN EACH SUBSPECIALTY AREA OF CERTIFICATION DURING EACH AOA CME CYCLE.

PHYSICIANS HOLDING ONE (1) OR MORE SUBSPECIALTY CERTIFICATIONS MUST EARN A MINIMUM OF TWENTY-FIVE PERCENT (25%) OF THE REQUIREMENTS FOR PRIMARY SPECIALTY CERTIFICATION IN EACH SUBSPECIALTY AREA OF CERTIFICATION DURING EACH SPECIALTY BOARD CME CYCLE.

DUE TO THIS REQUIREMENT, PHYSICIANS HOLDING MULTIPLE SUBSPECIALTY CERTIFICATIONS MAY NEED TO EARN MORE THAN THE MINIMUM OF SIXTY (60) SPECIALTY CME CREDITS.

3. COMPONENT 3: COGNITIVE ASSESSMENT
DIPLOMATES MUST SIT FOR/COMPLETE AND PASS ONE (1) OR MORE PSYCHOMETRICALLY VALID, ON GOING ASSESSMENT DURING EACH OCC CYCLE. THE ASSESSMENT MUST EVALUATE THE DIPLOMATE’S KNOWLEDGE AND SKILL IN THE GIVEN SUBSPECIALTY. THE ASSESSMENT MUST INCLUDE OSTEOPATHIC CORE COMPETENCIES. THE FORMAT WILL BE DETERMINED BY THE PRIMARY CERTIFYING BOARD OFFERING THE SUBSPECIALTY/CAQ CERTIFICATION AND APPROVED BY THE SRC OF THE BOS. THE ASSESSMENT MAY BE TAKEN/COMPLETED A MAXIMUM OF THREE (3) YEARS PRIOR TO THE EXPIRATION OF THE CERTIFICATION. EACH PRIMARY CERTIFYING BOARD, USING DATA SUPPLIED TO THEM BY CBS, WILL DETERMINE A DIPLOMATE’S ELIGIBILITY TO SIT FOR/BEGIN THE ASSESSMENT.

4. COMPONENT 4: PRACTICE PERFORMANCE ASSESSMENT AND IMPROVEMENT
Diplomates must engage in continuous quality improvement in given subspecialty/CAQ by satisfying one (1) of the following:

a. Attestation to or online submission of evidence of participation in quality improvement activities that are related to the subspecialty/CAQ field.

b. Completion of Paractice Performance Assessment (PPA) modules developed by the primary specialty board and approved by the SRC of the BOS.

c. Completion of verifiable, quality driven or clinically focused encounters that assess the physician’s clinical acumen.

All activities will include a comparison of personal practice performance as measured against national benchmarks for the subspecialty.

All activities must demonstrate the diplomate’s direct involvement in the activity.

The primary certifying board will establish the appropriate number of required activities for each OCC cycle and submit these requirements to the SRC for approval.

All activities are subject to audit. Any data collected as part of each activity must be retrievable in the event of an audit.

Article XIII. General Procedures of AOA Specialty Certifying Boards

Section 1. Bureau Reviews Prior to AOA Board of Trustees

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

Section 2. Certification Recommendation Approval

All actions of the specialty certifying boards relating to governance are subject to the recommendation of the BOS and approval of the AOA Board of Trustees. Certification recommendations of the specialty certifying boards are subject to the final approval of the Executive Committee of the Bureau. (B-03/93) All changes to the policies and procedures of the specialty certifying boards are subject to the approval of the BOS.
Section 3. Penalties for non-Compliance

Failure of any specialty certifying board to cooperate, to a reasonable degree, with the BOS and the AOA in the prescribed manner may be cause for the Bureau to recommend to the AOA Board of Trustees one (1) of the following actions: (B-07/64)

A. Replacement of board officers.

B. Replacement of full board.

Section 4. Services that Certifying Board Services Must Provide

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

A. Application forms.

B. A system of recording permanently the proceedings, transactions, and rulings of the specialty certifying board.

C. A filing system designed to preserve adequately all essential data regarding each applicant for certification (statement of credentials, board eligibility status, record of examination and results) and diplomate of the specialty certifying board (issuance of certificates).

D. An accurate register of certificates issued, showing their numbers, date of issuance, diplomate’s name, and names of the officers signing.

E. A brochure of information for applicants setting forth the requirements and procedures for certification, subspecialty certification and OCC.

F. Instructions for those serving as examiners describing the exact procedure for conducting and reporting examinations.

G. Certificates, the wording and form of which are approved by the Bureau and the AOA Board of Trustees.

H. Appropriate specialty certifying board stationery (that includes the specialty certifying board logo) for the specialty certifying board’s business correspondence, and which states that the specialty certifying board operates under the authority of the AOA.

I. A file of all old and current basic documents and amendments pertaining to the specialty certifying board and the Bureau.

J. Adequate staffing to forward application materials and respond to applicant questions, letters and emails within commonly acceptable standards of customer service (Seven (7) working days). (B-02/04)

K. Process all specialty certifying board/Bureau reports within stipulated deadlines. (B-02/04)
L. Financial statements sent on a quarterly basis to the AOA Department of Finance. (B-02/04)

M. Each board must implement standards for security of candidates’ records and examination/item bank information acceptable to the Bureau and reported in the annual report to the Bureau. (B-02/04)

N. Each specialty certifying board shall provide telephone and electronic methods for the public to communicate with certifying board staff.

O. Each specialty certifying board shall develop and maintain a website for the public which provides the following information at a minimum:

1. Requirements for certification.

2. Examination information.

3. Requirements for OCC

4. Appeal process information.

5. All fees which may be assessed by the specialty certifying board.


7. Board leadership.

8. Contact information for the specialty certifying board.

Section 5. Failure to Comply with Provision of Services

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

Section 65. Submission Deadline for Bureau Meetings

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

Section 76. Required Compliance with this Document

Specialty certifying boards shall conform to all directives from the BOS and the AOA Board of Trustees.
Section 87. Dates of Approval Required on Documents, Revisions

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

Section 98. Amendments to Basic Documents

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

Section 109. Statements of Requirements for Applicants

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

Section 101. Distribution List for Official Correspondence

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

Section 112. Scheduling of Meetings

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

Section 123. Queries about Certification Status

A. All inquiries regarding certification status shall be referred to the American Osteopathic Information Association (AOIA) so that an AOA Physician Profile can be generated. (B-07/04)

If the individual inquiring is a prospective patient and not a credentialer, hospital or health plan, the only information that will be divulged at that time will be whether or not an individual is certified. (B-03/01)

B. Inquiries regarding board eligibility status shall be referred to the individual specialty certifying board. The only information that will be divulged at that time will be whether or not an individual is board eligible or currently in the certification process. The inquirer will be told that all other information is confidential. Requests or demands for further information will be referred to the AOA legal counsel and that such further information shall only be divulged upon counsel being satisfied that the individual does not object, and that there is no
possible liability that may be imposed upon the AOA, its members, and particularly the members and personnel of the affected specialty certifying board. (B-07/76)

Section 134. Compliance with Federal and State Regulations

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

A. Compliance with Americans with Disabilities Act (ADA):
   All specialty certifying boards will have a mechanism and policy in place to address and comply with ADA requirements related to the certification process.

B. Compliance with the Health Insurance Portability and Accountability Act (HIPAA):
   All specialty certifying boards will have a mechanism and policy in place to ensure that board operations are in compliance with HIPAA privacy regulations.

Section 145. Selection of Exam Meeting Sites

Due to AOA insurance coverage restrictions, AOA specialty certifying boards will not hold exams outside the United States. Selection of exam sites must be within the continental USA (board exams may be held in Hawaii and Alaska if the AOA holds its annual convention in those two (2) states). All factors, including cost and accessibility to certification candidates, must be taken into consideration when making final site selections.

Article XIIIV. Subspecialty/CAQ Conjoint Certification Procedures

Section 1. General Procedures

A. The purpose of a conjoint certification examination committee (CCEC) is to establish procedures for the issuance of a subspecialty certification in conjunction with other respective specialty certifying boards.

B. The conjoint certification examination committee will comply with all applicable provisions noted under rules of procedures as outlined in this handbook.

C. All policies and procedures developed by any CCEC committee must be approved by the conjoint certification examination oversight committee (CCEOC) before submission to the full BOS for approval.

D. THE CONJOINT CERTIFICATION EXAMINATION COMMITTEE DOES NOT HAVE FORMAL REPRESENTATION OR VOTING PRIVILEGES ON THE BOS.

E. Any conjoint exam committee operating at the time of the approval of this document may petition the BOS through the CCEOC to be permitted to continue with their current process. The petition should demonstrate that:
1. The process of their present exam committee is working well;

2. Changing the current process to comply with this document would create an undue hardship; and

3. The conjoint certification exam committee will bring the process into compliance with this document during the next revision of their procedures. This must occur no later than five (5) years from the date of their petition.

Section 2. Mechanism to Establish a Conjoint Certification Examination Committee to Issue a Subspecialty Certification in a New Subspecialty Area in Conjunction with Respective Specialty Certifying Board(s)

A. In order to form a conjoint certification examination committee, the interested parties must submit a formal written request and completed application to the CCEOC.

B. The application must include the anticipated number of trainees that are both eligible to take the proposed examination and desire to participate in the program.

C. The BOS CCEOC will determine the viability and the justification for the demand of an ongoing program in said subspecialty.

D. In order to be certain the program has a chance for financial success, the data must also be reviewed by the Department of Certifying Board Services in coordination with the CCEOC.

E. If an individual specialty certifying board wishes to independently administer a subspecialty or certification of added qualifications exam similar to a former conjoint examination, it must apply to the jurisdiction committee using the full protocol described in this document.

Section 3. Mechanism to Withdraw (BOT A/2011)

A. Requirements of specialty certifying board

Any specialty certifying board withdrawing from the conjoint certification examination committee must:

1. Present (in writing) the reasons for withdrawal to the conjoint certification examination committee.

2. Provide an OCC process plan for its diplomates.

3. Issue certificates of certification and successful completion of OCC for those eligible candidates from the withdrawing specialty certifying board’s specialty (see Article IX).

4. 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.
B. Requirements of Conjoint Certification Examination Committees (CCEC)

1. The conjoint certification examination committee must send a letter to the CCEOC stating that the conjoint certification examination committee will continue the OCC process for the currently certified members of the withdrawing specialty certifying board.

2. Upon approval by the CCEOC, the request will be forwarded to the jurisdiction committee for submission to the full BOS for final approval.

Section 42. Conjoint Certification Examination Committee (CCEC) Membership

A. Appointment of members

1. Participating specialty certifying boards are responsible for RECOMMENDING FOR APPOINTMENT one (1) representative and one (1) alternate representative to serve as a member on each CCEC of which they are a member HAVE DIPLOMATES DESIRING TO ACHIEVE OR MAINTAIN A CERTIFICATION IN THAT SUBSPECIALTY/CAQ.

2. The participating specialty certifying board’s representative and alternate must be certified by their respective specialty certifying board AND HOLD A CURRENT CERTIFICATION IN THE RESPECTIVE CONJOINT SUBSPECIALTY/CAQ.

   a. IN CASES OF A NEWLY DEVELOPING CCEC, THIS SUBSPECIALTY CERTIFICATION MEMBERSHIP REQUIREMENT MAY NOT BE FEASIBLE.

   b. COMPLIANCE WILL BE REQUIRED AT SUCH TIME AS THERE IS A DIPLOMATE CERTIFIED IN SAID SUBSPECIALTY/CAQ.

3. A SPECIALTY CERTIFYING BOARD MAY APPOINT AN INDIVIDUAL WHO IS NOT A MEMBER OF THE BOARD TO A CCEC PROVIDED THEY HOLD THE RELEVANT SUBSPECIALTY/CAQ CERTIFICATION.

4. Ideally, the representatives on the CCEC will have a subspecialty certification in the secondary specialty being managed by the CCEC. In the cases of newly developing CCECs, this subspecialty certification membership requirement will not be feasible.

5. THE MINIMUM NUMBER OF MEMBERS WILL BE FOUR (4)

   a. IF THERE ARE ONLY TWO (2) OR THREE (3) PARTICIPATING BOARDS, THEN EACH BOARD WILL HAVE TWO (2) MEMBERS APPOINTED

6. All CCEC representatives must have completed an item writing training program within TWO (2) years of being appointed to the CCEC.
7. If a member of the conjoint certification examination committee resigns, it is the responsibility of the member’s specialty certifying board to RECOMMEND FOR APPOINTMENT a new representative to complete the term on the CCEC.

B. Officers

1. Officers of the conjoint certification examination committee shall include a chair AND vice chair, and secretary and treasurer. In order to promote equity for the participating specialty certifying boards and their representatives on the conjoint certification examination committee, the leadership may be rotated amongst the participating specialty certifying boards. In cases where there are fewer represented participating specialty certifying boards than leadership positions, then a rotating schedule for the chair should be followed in order to provide parity amongst the participating specialty certifying boards.

2. Terms of Officers:

To efficiently accomplish these objectives, a slate of CCEC officers is elected BY THE RESPECTIVE CCEC MEMBERS for a three (3) year term with elections occurring every three (3) years. The CCEC should develop a mechanism to rotate the chair and vice chair positions amongst the specialty certifying board representatives.

C. Terms of membership:

The length of membership is nine (9) years. The term of membership may be extended upon approval of the respective specialty certifying board, the CCEOC and the BOS.

D. Responsibility of Members: DUTIES

The CCEC is responsible for the management of the committee, policy decisions, procedures, enforcement of the policies and procedures as well as item writing, item banking and other items relative to the examination construction. ALL DECISIONS ARE SUBJECT TO THE APPROVAL OF THE CCEOC AND THE BOS.

1. Qualifications for Item Writers SERVE AS ITEM WRITERS

a. ITEM WRITERS MUST BE CERTIFIED BY THEIR RESPECTIVE SPECIALTY CERTIFYING BOARD AND MUST HOLD A SUBSPECIALTY CERTIFICATION IN THE SUBSPECIALTY BEING MANAGED BY THE CCEC. IN THE CASE OF A NEWLY DEVELOPING CONJOINT SUBSPECIALTY CERTIFICATION EXAMINATION, WHERE ITEM WRITERS DO NOT HOLD A SUBSPECIALTY CERTIFICATION IN THE SUBSPECIALTY BEING MANAGED BY THE CONJOINT CERTIFICATION EXAMINATION COMMITTEE THEY MUST BE CONSIDERED TO BE SUBJECT MATTER EXPERTS IN THEIR RESPECTIVE FIELDS. THE OFFICERS OF THE CCEC HAVE THE AUTHORITY TO APPROVE/DISAPPROVE ALL MATERIALS SUBMITTED BY THESE SUBJECT EXPERTS.
b. 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 and approved
by the CCEOC. 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 CCEC.

2. Representation and Voting Privileges on the BOS Assembly: The conjoint certification
examination committee does not have formal representation or voting privileges on the
BOS. However, the specific participating specialty certifying boards MEMBERS will
represent the interests of the conjoint certification examination committee during BOS
meetings.

3. It is the responsibility of each CCEC, in conjunction with the CCEOC participating
specialty certifying boards, to determine and periodically review the requirements within the
BOS guidelines for candidate eligibility and certification maintenance.

4. EACH CCEC WILL RECOMMEND TO THE CCEOC, CANDIDATES MEETING
ALL REQUIREMENTS FOR CERTIFICATION IN THE RESPECTIVE
SUBSPECIALTY/CAQ.

5. THE PARTICIPATING MEMBERS ON THE CCEC WILL SERVE AS LIAISON
BETWEEN THE CCEC AND HIS/HER RESPECTIVE SPECIALTY CERTIFYING
BOARD. THEIR RESPONSIBILITIES INCLUDE:

a. VERIFICATION THAT ALL CERTIFICATION REQUIREMENTS HAVE BEEN
MET

b. COMMUNICATING CANDIDATES’ STATUS TO THEIR PRIMARY BOARD

c. RECOMMENDATION FOR APPROVAL OF CANDIDATES TO THE CCEOC

6. TASKS FOR EXAM PREPARATION INCLUDE:

a. COMPLETION OF A JOB TASK ANALYSIS (JTA)

b. APPROVAL OF A TABLE OF SPECIFICATIONS (TOS)

c. REVIEW AND APPROVAL OF TEST ITEMS

d. REVIEW OF EXAM STATISTICS

e. ALL OTHER ITEMS RELATIVE TO THE EXAM CONSTRUCTION

Section 53. Meetings

A. Annual Meeting
Each CCEC shall hold at least one (1) annual meeting and additional meetings as necessary to transact business.

B. Special Meetings

Special meetings deemed necessary for the transaction of business of a CCEC may be called by the Chair of the CCEC or by a majority vote of the total membership of the CCEC. Notice of the meeting shall be mailed (electronically or postal) to each member of the CCEC by the AOA Department of Certifying Board Services, if necessary, not less than thirty (30) days prior to the proposed meeting date.

C. Quorum

For the transaction of business at any meeting of the CCEC, a simple majority of PARTICIPATING BOARDS members shall constitute a quorum.

1. For the transaction of business at any meeting of a two (2) member CCEC, both members must be present. In a situation where a CCEC consists of two (2) members, and if both members cannot agree, the Chair of the BOS will make the final decision.

D. Governing Rules

Meetings of the CCEC shall be governed by Robert's Rules of Order, Newly Revised, unless otherwise specified.

Section 64. Ad Hoc Committees

1. The CCEC may create ad hoc committees as necessary for its efficient and satisfactory operation and function.

2. The member on the conjoint certification examination committee representing his/her specialty certifying board will serve as the liaison between the CCEC and his/her respective specialty certifying board. The liaison’s primary duty will be to address any problems or discrepancies regarding qualifications of candidates of their respective primary specialties.

Section 75. Funding and Business Plan

A. All financial and personnel issues related to the creation and maintenance of conjoint examinations shall be managed by the Department of Certifying Board Services in coordination with the CCEOC and the respective conjoint certification examination committee.

B. Examination Fees

All examination fees, payments and elapsed-time restrictions will be determined by the EXECUTIVE COMMITTEE OF THE BOS IN CONJUNCTION WITH THE Department of Certifying Board Services in coordination with the CCEOC and the respective CCEC.
Section 8. Establishment of Candidate Eligibility Requirements

A. Conjoint Certification Examination Committee Responsibility

1. It is the responsibility of each CCEC, in conjunction with the participating specialty certifying boards, to determine and periodically review the requirements within the BOS guidelines for candidate eligibility and certification maintenance.

2. The participating members on the CCEC, as representatives of their specialty certifying boards, will serve as liaison between the CCEC and his/her respective specialty certifying board to address certification requirements and timely approval of candidates’ eligibility status.

B. Candidate Eligibility Requirements

At a minimum, the eligibility requirements for candidates to sit for any CCEC will be as follows:

1. AOA Membership. The candidate must be a member in good standing with the AOA at the time of the application process.

2. Primary AOA specialty board certification.

3. Training program requirements. The candidate must have satisfied one of the following:
   a. Completed an AOA approved training program and satisfied all AOA requirements for the conjoint subspecialty certification examination.
   b. Satisfied the requirements for a clinical pathway (if this pathway exists) for the given conjoint certification subspecialty examination.
   c. Completed AOA recognized ACGME training in the subspecialty regardless of the participation of their primary certifying board in the conjoint certification examination committee (B-02/14)

C. Clinical Pathway

1. All applicants must hold primary certification through one of the participating specialty certifying boards.

2. The criteria for this pathway are established by the specific conjoint certification examination committee in conjunction with the participating specialty certifying boards. Such criteria must be approved by the BOS in conjunction with the AOA. The clinical pathway may include CME requirements, previous certifications, training approval, sufficient clinical experience, etc.

3. Clinical pathways will close after a maximum of five (5) years, as established by the conjoint certification examination oversight committee. Following the clinical pathway period,
Section 96. Published Requirements to Receive Certification

A. The AOA CBS CCEC will publish the minimum requirements for a candidate to receive certification from the AOA. These shall include all the requirements noted under Section 8. of this Article plus the following:

1. Successful completion of the appropriate certification examination(s).

2. Any additional requirements approved by the conjoint certification examination committee, THE CCEOC AND THE BOS, chooses to establish. These requirements may include years of specialty practice, case records, scientific paper(s), published article(s), etc.

B. APPLICATIONS FOR CERTIFICATION IN A SUBSPECIALTY/CAQ WILL BE SUBMITTED USING THE AOA APPROVED APPLICATION SYSTEM.

1. THE CERTIFICATION DIRECTOR OF THE RESPECTIVE CCEC WILL PROVIDE NOTIFICATION (VIA THE AOA APPROVED APPLICATION SYSTEM), TO THE CERTIFICATION DIRECTOR OF EACH PARTICIPATING BOARD AND THAT BOARD’S REPRESENTATIVE, OF ANY SUBMITTED APPLICATIONS FOR FURTHER REVIEW AND APPROVAL BY THAT BOARD.

2. THE RESULT OF THAT REVIEW (DEFICIENCIES, APPROVALS, COMMENTS) ARE RECORDED IN THE AOA APPROVED APPLICATION SYSTEM TO BE FURTHER REVIEWED BY THE DIRECTOR OF THE RESPECTIVE CCEC.

Section 107. Rules for the Conduct of Examinations

A. 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.

B. Item Writers

The length of time that must elapse before an item writer/reviewer can sit for an examination will be determined by the conjoint certification examination committee in conjunction with the respective participating specialty certifying boards and approved by the CCEOC. 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 CCEC.
C. Appeal Process

   1. If a candidate feels that actions of the CCEC, 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 CCEOC, ad hoc appeal committee which will be composed of alternate members from each of the participating primary specialty boards. The alternate CCEC 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.

   2. 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 CCEOC, he/she has the right to further appeal to the BOS and the AOA Board of Trustees (BOT).

Section 118. Certificates

A. Issuance of Certificates

   The participating specialty certifying board, in conjunction with the conjoint certification examination committee, will issue and maintain certificates.

B. 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 CCEC, the applicable primary specialty certifying board will issue certificates of certification and OCC completion, to be reimbursed by the CCEC.

C. 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.

D. 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.

E. Terminology

   1. Certificates will be issued through the participating specialty certifying boards with terminology that reads:
a. Physicians holding primary certification through the American Osteopathic Board of Family Physicians (AOBFP)

   i. Certification of Added Qualifications in (CAQ)

   ii. Demonstrates Excellence Through Compliance with all Requirements for Osteopathic Continuous Certification for Certification of Added Qualifications in (CAQ)

b. For physicians holding primary certification through all other AOA specialty certifying boards:

   i. Subspecialty Certification in (Subspecialty)

   ii. Demonstrates Excellence Through Compliance with all Requirements for Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)

Section 129. Re-Entry 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 CCEC for re-entry into the certification process as outlined within the BOS Handbook.

Article XV. Basic Documents

Section 1. Specialty Certifying Boards

C. The basic documents of the specialty certifying boards shall be its bylaws and its policies and procedures, compiled and issued by each specialty certifying board in accordance with AOA requirements.

D. The AOA Committee on Basic Documents and operations of Affiliated Organizations shall review all recommendations concerning the bylaws of specialty certifying boards and report its recommendations to the AOA Board of Trustees. Final action by the Board of Trustees will be reported to the specialty certifying boards and the BOS. (B-07/79)

E. The BOS Committee on Basic Documents and Certificates shall review all recommendations concerning the policies and procedures and other process related recommendations and forward its recommendations to the BOS for approval. (B-07/09)

Section 2. Bureau of Osteopathic Specialists (BOS)

A. The procedures and directives, as adopted by the BOS and the AOA Board of Trustees, shall be compiled and issued as the “Handbook of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards” (BOS Handbook)
B. The BOS Handbook shall be maintained by the Secretary of the BOS and revised regularly in consultation with the Committee on Basic Documents and operations of Affiliated Organizations, after approval by the BOS and the AOA Board of Trustees.

Section 3. Requirements for Certification and Continuous Certification

A. The requirements for certification and continuous certification shall be published on the AOA website after changes have been approved. The fees charged by the specialty certifying boards shall be omitted, but must be included on the specialty certifying boards’ websites. (B-07/92; B-01/93; B-03/13)

B. The requirements for certification and continuous certification shall be updated at least annually by the Secretary of the BOS. (B-07/92)
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 (1) specialty or subspecialty area, a conjoint examination program may be developed by the corresponding certifying board.

3. Certification of Added Qualifications

Solely offered through the American Osteopathic Board of Family Physicians (AOBFP) AND THE AMERICAN OSTEOPATHIC BOARD OF PREVENTIVE MEDICINE (AOBPM). Constitutes a modification of a general certificate to reflect additional training of at least one (1) 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 AND AOBPM will offer a Certification of Added Qualifications (CAQ) in that subspecialty.

Appendix B – List of Specialty Certifying Boards of the BOS
Anesthesiology

Dermatology

Emergency Medicine

Family Physicians

Internal Medicine

Neurology and Psychiatry

Neuromusculoskeletal Medicine

Nuclear Medicine

Obstetrics and Gynecology

Ophthalmology and Otolaryngology – Head and Neck Surgery

Orthopedic Surgery

Pathology

Pediatrics

Physical Medicine and Rehabilitation

Preventive Medicine

Proctology

Radiology

Surgery

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:

A. Bylaws

B. Policies and Procedures

C. Minutes of Meetings

D. Annual Corporate Reports

E. IRS Exemption Letters

F. Registered Agent Filings

**Legal Records**

A. Contracts, Leases and Rental Agreements (including independent contractor agreements and agency agreements) – Ten (10) years following the expiration of all obligations under the contract or other legal instrument

B. Insurance Policies – Retained for ten (10) years

C. Trademarks, Copyrights, Service Marks (including filings, registrations and renewals, and materials related thereto) – Permanently retained

**Fiscal Records**

I. Accounts Payable – Seven (7) years

II. Accounts Receivable – Seven (7) years

III. Bank Statements/CANCELLED Checks – Seven (7) years

IV. Employee Classification and Time Records (including exempt and non-exempt status determinations, pay period time records) – Three (3) years

V. Equipment Capitalization Records – Three (3) years after the disposition of the property

VI. General Ledgers – Seven (7) years

VII. Investment Reports and Records (including investment related decisions, investment management agreements, investment policy statements, investment directions, investment advisor reports and agreements) – Ten (10) years
Personnel Records

A. Employee Policy and Procedure Manuals – Seven (7) years after each revision
B. Individual Personnel Files – Seven (7) years following the termination of employment
C. Job Descriptions – Three (3) years after each revision

Policy Records

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

A. Meeting Books and Supporting Materials
B. Application and Guide Forms
C. Brochures
D. Bylaws
E. Policies and Procedures
F. Manuals
G. Minutes of all Meetings
H. Newsletters
I. Renewal Application Forms
J. Reports of Task Forces and Special Committees

Certification Records

A. Applicant information – Retained for lifetime of applicant
B. Application – Ten (10) years from date of candidate’s certification (or until the certificant recertifies) or five (5) years after loss of eligibility for those who do not achieve certification
C. Supporting documentation to application and/or examination (including case logs) – Minimum of six (6) months from the date of candidate’s certification or five (5) years after loss of eligibility for those who do not achieve certification
D. Certificant information – Retained for lifetime of certificant
E. Recertification application/Osteopathic Continuous Certification (OCC) enrollment form – Ten (10) years from date of recertification (or until certificant completes all OCC requirements)
F. Supporting documentation to recertification application, OCC enrollment form and/or examination (including case logs) – Minimum of six (6) months from date of candidate’s recertification/OCC completion or five (5) years after loss of eligibility for those who do not achieve certification.

G. Examination booklets – At least two (2) sets of examination books for each administration retained for ten (10) years following examination administration.

H. Examination items – Scoreable items retained during life of item. When an item is deleted from examination item pool it will be retained for two (2) years following last use on examination.

I. Examination score reports – Retained for ten (10) years following examination.

J. General correspondence and correspondence related to examination eligibility (correspondence that restricts, denies, or delineates examination eligibility of an individual candidate) – Retained with application files.

K. Test specifications – Retained for twenty (20) years following the date of the last examination for that blueprint.

Other Records

A. Injury and property damage reports – Five (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 – Model Form: Notification Sent to Candidates by Specialty Certifying Boards When They Have Successfully Completed Examination

Dear Doctor (insert name here):

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

Your credentials will be (or have been) transmitted to the Bureau of Osteopathic Specialists of the American Osteopathic Association (AOA) with the recommendation for its approval of your certification.
After approval of your certification is received from the Bureau of Osteopathic Specialists, your certificates will be printed and registered here and in the AOA Central Office. You should then receive your certificate within approximately sixty (60) days.

Sincerely yours,

Secretary
Certifying Board

Appendix E – Appeal Petition

To: American Osteopathic Association
   Bureau of Osteopathic Specialists
   C/O Department of Certifying Board Services
   142 E Ontario Street
   Chicago, IL 60611

I have been advised that an appeal hearing in the matter of my application for certification has been scheduled for ______ (am/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 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 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 and appeal are attached hereto.

H. It is entirely within the discretion of the Appeal Committee whether to call for and review patient charts in response to fact allegations contained herein. Such review would take place in executive session.

I. The calling of witnesses other than the appellant and the representative of the specialty certifying board is solely within the discretion of the Appeal Committee. It is also within the discretion of the Appeal Committee as to whether the parties may examine witnesses or if such examination will be conducted by the Appeal Committee alone.

J. If the appellant is contemplating calling a witness(es), the name(s) must be submitted to the Secretary of the Bureau of Osteopathic Specialists, along with a general statement as to the anticipated testimony, no later than thirty (30) days prior to the date of the hearing.

My petition is based on the following facts:

___________________________________              _____________________
Appellant’s Signature     Date
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 G – Applicant Statement

I hereby make application to the American Osteopathic Board of _________________ (AOB__) for examination leading to (Primary, Subspecialty, Certification of Added Qualifications, Completion of OCC Requirements) certification in ________________. This action is made in accordance with and subject to the Bylaws and Policies and Procedures of the AOB__ and the American Osteopathic Association (AOA).

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

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification as directed by the AOB__ and/or the AOA in the event that any of the statements made by me in this application are false or in the event that any of the bylaws, policies and/or procedures governing such examinations are violated by me or in the event that I did not comply with any of the provisions of the Bylaws or Policies and Procedures of the AOB__ and/or the AOA.
I agree that my professional qualifications, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills, will be evaluated by the AOB__ and that the AOB__ may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals, program directors or other institutions, as the board may deem appropriate with respect to such matters.

I agree that the sources and all information furnished to the AOB__ in connection with its inquiry shall WILL be confidential and not subject to disclosure, through legal process or otherwise, to me or to any person acting on my behalf. I agree that the AOB__ and the AOA shall WILL be the sole judge of my credentials and qualifications for admission to the examination and for certification.

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

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

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

I further agree that Illinois law, without regard to its provisions concerning conflict of laws, shall WILL apply to the resolution of any dispute that I may have with the AOB__ of the AOA.

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

I have hereunto set my hands this __________ day of ____________, 20___.

__________________________________                __________________________________
Signature      Print
Appendix H – 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 of the jurisdiction request:

A. Primary Certification
B. Certification of Special Qualifications
C. 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.

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<tr>
<th>Primary Certification</th>
<th>Certification of Special Qualifications</th>
<th>Certification of Added Qualifications</th>
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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.

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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 circle the appropriate selection:

A. Proposed Residency Standards Attached

B. 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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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.

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

VIII. Include a listing of at least five (5) 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: items collection/item banking; exam creation/printing; and exam proctoring.

Contact the BOS Secretary
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: ____________

A. Listing of areas of jurisdiction provided
B. Definition of proposed area of jurisdiction provided
C. Listing of physicians practicing the area of jurisdiction being requested
D. Documentation of subject matter experts for test construction
E. Copy of proposed or approved residency standards
F. Proposal for requirements for certification provided
G. Business plan

Date of initial review of application by BOS Jurisdiction Committee: ____________
Additional dates: ____________ ____________ ____________
Final disposition of request: ________________________________

Appendix I – Guidelines for AOA Certification Exam Standards Report Form

GENERAL QUESTIONS

Name of board ________________________________

Name of Exam ________________________________

Type of certification:

A. Primary
B. Subspecialty (May stand alone after attainment)
C. Subspecialty (Primary certification must be maintained)
D. 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

A. Learning Outcomes

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

B. Content Areas

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

C. Table of Specifications

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

2. Does each item have a recorded learning objective?

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.

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

5. What is the rationale for the exam?

Section II. Writing, Harvesting and Reviewing of Exam Items

A. Item Writing

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

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

<table>
<thead>
<tr>
<th>Written</th>
<th>Oral</th>
<th>Clinical</th>
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<tbody>
<tr>
<td>MC</td>
<td>MC</td>
<td>MC</td>
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<td>T-F</td>
<td>T-F</td>
<td>T-F</td>
</tr>
<tr>
<td>Matching</td>
<td>Matching</td>
<td>Matching</td>
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<td>T-F</td>
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</tr>
<tr>
<td>Matching</td>
<td>Matching</td>
<td>Matching</td>
</tr>
</tbody>
</table>

BOS Handbook, Page 92
* Answers are based upon physician viewing a set of medical picture slides and answering questions related to those slides.

B. Item Harvesting

1. Describe your formal item writer training program.

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

3. Describe your systematic process for collecting new items.

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

5. Does your item banking program record the item text and item statistics?

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

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

8. What percentage of items is used from the previous exams?

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

   [ ] Specific learning outcome

   [ ] Learning outcome classification (from table)

   [ ] Content area classification (from table)

   [ ] Reference source

   [ ] Author

   [ ] Difficulty

   [ ] Discrimination or fit

   [ ] Point-biserial

   [ ] Standard error or single item reliability

Section III. Proctoring the Exam
A. Proctor

1. Is at least one (1) board member always present during the exam administration?

B. Security

1. What process is followed to ensure proper candidate identification for written, oral and/or clinical examinations?
2. What procedure is followed to ensure security of the exam items for written, oral and/or clinical examinations

Section IV. Computerized Exam Scoring

A. Data Cleaning

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

B. Key validation

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

C. Item Analysis

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.
2. Which statistics are examined by the board/exam committee from the item analysis?
3. Are subscales analyzed and their statistics (difficulty, reliability, correlation coefficients) reviewed by the board?

Section V. The Pass/Fail Decision

A. Standard Setting Method

1. What method (Angoff, contrasting groups, etc.) is used to arrive at the cut score decision for each exam part (written, oral, clinical)?
2. Describe in detail how the written, oral, and clinical cut scores are determined. Also, please attach summary reports of your standard setting procedure.
3. Please describe the equating method that is used to ensure decision stability across administrations. If no method is used, please describe why.

4. Is the pass/fail decision for each exam part (written, oral, clinical) separate?

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**

A. In what form are final scores reported to examinees (pass/fail, raw, % right, percentile, etc.)? Please attach a sample candidate score report.

B. In what form do you regularly report subscale (content area) scores?

C. Upon a candidate’s special requests, what other information will be provided about their performance?

D. If a candidate requests a rescoring of their exam describe your procedure and charge for this review.

E. From the date of administration, approximately how long does it take for candidates to receive notice of their pass/fail decisions?

**Section VII. Ongoing Evaluation/Validity Studies**

A. 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.

---

**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 J – Board Eligibility Process
Board Eligibility (BE)

Application During BE

Take Exam

Pass

Certified (no longer BE)

Retakes exam according to requirements of specialty board

Fail

Has Not Completed Certification During BE

Applies to specialty board to re-enter process

Re-enters at the beginning of certification process

Has two (2) attempts to pass each section of exam

Successful

Certified

Not Successful

Re-applies to specialty board for re-entry

Board develops criteria to be met prior to re-entry

Enters at beginning of certification process

Successful

Certified

Not Successful

No longer eligible for certification