



**THE AMERICAN OSTEOPATHIC BOARD  
OF PREVENTIVE MEDICINE**

**APPLICATION  
FOR BOARD CERTIFICATION  
EXAMINATION**

**Complete this form and return it with the appropriate fee to the AOBPM Secretary-Treasurer  
by January 15 prior to the AOBPM examination date.**

<b>Last Name</b>	<b>First</b>	<b>Middle</b>						
<b>Home Address</b>	<b>City</b>	<b>State</b>						
		<b>Zip Code</b>						
<b>Office Address</b>	<b>City</b>	<b>State</b>						
		<b>Zip Code</b>						
<b>E-Mail Address:</b>								
<b>Mailing Address - Use Home _____ or Office _____</b>								
<b>Home Telephone Number</b> (   )	<b>Office Telephone Number</b> (   )	<b>Date of Birth:</b> (Month - Day - Year)						
<b>AOA Membership Number and Effective Date</b>	<b>Cell Telephone Number</b> (   )	<b>State in Which Practicing &amp; License Number</b>						
<p><b>I was informed by the AOBPM that I am Board Eligible as of _____.</b> <b>(Date)</b></p> <p><b>I, _____ D.O., do hereby apply for examination by the AOBPM</b> <b>on _____ in the specialty area of Preventive Medicine, sub-specialty of:</b> <b>(Date of Examination)</b></p> <p style="text-align: center;"><b>Indicate your selection by putting an X in the appropriate box.</b></p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="text-align: center;"><b>Occupational/Environmental Medicine</b></td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="text-align: center;"><b>Public Health/Epidemiology</b></td> </tr> <tr> <td style="width: 50px; height: 20px;"></td> <td style="text-align: center;"><b>Aerospace Medicine</b></td> </tr> </table>				<b>Occupational/Environmental Medicine</b>		<b>Public Health/Epidemiology</b>		<b>Aerospace Medicine</b>
	<b>Occupational/Environmental Medicine</b>							
	<b>Public Health/Epidemiology</b>							
	<b>Aerospace Medicine</b>							

**I plan to take the following part(s) of the examination:**

<i>Indicate your selection by putting an X in the appropriate box(s).</i>	<b>First Time</b>	<b>Retake</b>
<b>Core Preventive Medicine</b> (required of all candidates)		
<b>Multiple Choice (MC)</b>		
<b>Clinical Essay (Written)</b>		
<b>Oral</b>		

**I certify that I have been a continuous member of the AOA, in good standing, for the past two (2) years and the that the above information is true and accurate.**

\_\_\_\_\_ **Applicant's Signature**

\_\_\_\_\_ **(Date)**

**RETURN ALL APPLICATION MATERIALS TO:**

**AOBPM  
c/o AOA  
142 E. Ontario Street  
Chicago, IL 60611-2864**

**EXAMINATION AND PROCESSING FEES**

<b>Exam</b>	<b>\$1100.00</b>
<b>Repeat Core</b>	<b>\$600.00</b>
<b>Repeat Specialty Exam</b>	<b>\$600.00</b>
<b>Repeat two or more parts</b>	<b>\$750.00</b>

**FOR AOBPM USE ONLY**

\_\_\_\_\_ **Date of Examination**

\_\_\_\_\_ **Place of Examination**

\_\_\_\_\_ **Examination Number**

	<b>Preventive Medicine MC Core</b>	<b>Occupational- Environmental Medicine MC/Written/Oral</b>	<b>Public Health- Epidemiology MC/Written/Oral</b>	<b>Aerospace Medicine MC/Written/Oral</b>
<b>Grade</b>				
<b>Pass or Fail</b>				

**Examiner(s):**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_ **Chairman, Examination Committee**

\_\_\_\_\_ **(Date)**

**PERMISSION TO REPORT SCORES - WAIVER**

Preventive Medicine Residency/Program Directors routinely request a copy of all exam score information regarding their graduates.

If you agree to permit Certifying Board Services (CBS) to send your scores to your respective Residency/Program Director – please sign/print your signature and date this waiver.

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Print Name

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Date

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Signature



# American Osteopathic Board of Preventive Medicine

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8229 - Fax (312) 202-8224 - www.aobpm.org

## CERTIFICATION EXAMINATION RELEASE STATEMENT

I hereby agree to disqualification from examination and forfeiture of fee or from issuance of a certificate of specialization or to the surrender of such certificate of specialization as directed by the American Osteopathic Association in the event that any of the forgoing statements made by me are false or in the event that any of the rules, regulations and requirements governing such examinations are violated by me or in the event that I did not comply with, or shall violate any of the provisions of the Constitution and Bylaws of the American Osteopathic Board of Preventive Medicine.

I agree to hold the American Osteopathic Association, the American Osteopathic Board of Preventive Medicine, their members, examiners, officers and agents free from any damage, expense or complaint by reason of any action they or any one of them may take in connection with this application, or the failure of the American Osteopathic Board of Preventive Medicine to recommend issuance to me of such certificate of specialization, or the revocation of any certificate of specialization issued pursuant to this application.

I pledge that, if recommended by the American Osteopathic Board of Preventive Medicine and if certified by the Board of Trustees of the American Osteopathic Association, I shall abide by and uphold the Constitution and Bylaws of the American Osteopathic Association.

I further pledge that, if recommended by the American Osteopathic Board of Preventive Medicine and if certified by the Board of Trustees of the American Osteopathic Association, any violation of ethical conduct on my part, particularly as it related to hospital procedures or preventive medicine practice, shall be deemed for revocation of my certificate by the American Osteopathic Association.

I hereby certify that all information recorded on this application and any accompanying documents are accurate and support my application for certification, for which I now apply. I agree to full compliance with the information set forth above.

Signature of Applicant:

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Printed Name:

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Date: \_\_\_\_\_

## APPEALS POLICY OF THE AMERICAN OSTEOPATHIC BOARD OF PREVENTIVE MEDICINE

The American Osteopathic Board of Preventive Medicine is committed to assuring that aggrieved candidates for certification have access to an appeal process to address concerns regarding all certification and recertification examinations and other decisions of the AOBPM. In accordance with the policies of the American Osteopathic Association (AOA), candidates for certification may appeal decisions of the AOBPM to the AOA Bureau of Osteopathic Specialists (BOS). Thereafter, where necessary, candidates may appeal the decision of the BOS to the Board of Trustees. **BEFORE PURSUING AN APPEAL WITH THE AOA, CANDIDATES FOR CERTIFICATION FROM THE AOBPM SHALL FIRST APPEAL DECISIONS RELATED TO ANY EXAMINATION TO THE AOBPM AS SET FORTH IN THE FOLLOWING POLICY.**

### I. Scope of Appeal

- A. Appealable Issues. Candidates may appeal to the AOBPM to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice/unfairness of the exam or of a member of an examination team or failure to follow established examination procedures).
- B. Non-Appealable Issues. The AOBPM will not consider appeals based on examination content, sufficiency or accuracy of answers given to examination questions, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score.

### II. Procedure for Appeal.

- A. Appeal Request Form. In order to appeal concerning the examination, a candidate must set forth the basis for his/her appeal on an Appeal Request Form and submit the form to the chairman of the AOBPM. Appeal Request Forms are available to all certification candidates on the AOBPM website. Additional copies of the Appeal Request Form can be made available upon request at the examination site. The appellant must submit the completed Appeal Request Form to the board within 30 days of receipt of notification of failure in the case of all written and oral exams.
- B. Late Appeals. All appeals submitted after the thirty (30) day deadline will be denied.
- C. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered by the AOBPM. A majority vote of the Board will determine whether the AOBPM accepts or denies the appeal.
- D. Notification of Candidates. Candidates will be advised by the AOBPM of the decision by certified mail.

### III. Effect of Decision.

- A. Decision to Accept Appeal.
  - 1. No Scoring or Recording of Exam. If the Board accepts an appeal, then the candidate's examination will not be recorded in the case of a written exam or scored and recorded in the case of an oral exam. Right to Retake Examination. A candidate whose appeal is accepted shall have the right to a new examination at the next scheduled examination date at no additional application or examination fee. (All other fees incurred are the responsibility of the candidate.) In the case of an oral examination, the examination will be conducted by a different examination team. The candidate's original logs may be utilized and the examination will be conducted in accordance with the format for the current examination.
  - 2. Failure to Retake Examination. If for any reason the candidate elects NOT to retake the examination at the next scheduled date, his/her appeal shall be considered null and void and the candidate will be required to reapply for the certification examination and his/her application shall be considered in accordance with the criteria in effect at the time he/she submits the new application. Exceptions (for good cause) to this stipulation will be considered on an individual basis by the Board.
  - 3. Further Appeals.
    - a. Current Examination. The candidate whose initial appeal is accepted by the board shall *not* have the right to further appeal of the current examination results, either within the AOBPM or to the AOA.
    - b. Subsequent Examination. The candidate whose initial appeal is accepted shall *not* have the right to appeal the next scheduled examination to the AOBPM under this Policy. However, the candidate shall have the right to appeal to the AOA.
- B. Decision to Deny Appeal. If the initial appeal is denied by the AOBPM, the candidate shall have the right to appeal to the AOA. Candidates interested in appealing to the AOA should contact the American Osteopathic Association, Department of Education, Division of Certification, and 142 East Ontario St., Chicago, IL 60611.



# American Osteopathic Board of Preventive Medicine

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8229 - Fax (312) 202-8224 - www.aobpm.org

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**Executive Director**

Ellen Woods, MSC  
Chicago, IL

**TO: Candidates for Certification and Recertification in Preventive Medicine**

**FROM: Executive Committee  
American Osteopathic Board of Preventive Medicine**

**RE: Appeal Policy for Preventive Medicine**

As required by the American Osteopathic Association (AOA) Bureau of Osteopathic Specialists (BOS), it is the responsibility of the American Osteopathic Board of Preventive Medicine (AOBPM) to offer all candidates a primary appeal mechanism prior to pursuing those appeal mechanisms offered by the BOS Bureau of the Osteopathic Specialists and/or the AOA Board of Trustees.

Acknowledgement of your receipt of the AOBPM Appeal Policy is required prior to sitting for the certification examination and is verified by your signature below.

I, (print name)  
acknowledge receipt of the AOBPM examination Appeal Policy.

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(Signature)

(Date)