



**THE AMERICAN OSTEOPATHIC BOARD
OF PREVENTIVE MEDICINE**

**APPLICATION
TO DETERMINE BOARD ELIGIBILITY**

Submit by Dec 1 in order to allow sitting for examination in the upcoming Spring Exam.

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|---|--|--|---|
| TYPE OR PRINT LEGIBLY | | | DATE: _____ |
| Last Name | First | Middle | |
| Home Address | City | State | Zip Code |
| Office Address | City | State | Zip Code |
| E-mail Address: | | | |
| Mailing Address - Use Home _____ or Office _____ | | | |
| Home Telephone Number () | Office Telephone Number () | Date of Birth: (Month - Day - Year) | |
| AOA Membership Number and Effective Date | Cell Telephone Number () | Seeking Certification in (Circle One): <input type="checkbox"/> Aerospace Medicine <input type="checkbox"/> Occupational/Environmental Medicine <input type="checkbox"/> Public Health/Community Medicine | |
| REQUIRED DOCUMENTATION AND OTHER REQUIRED ELEMENTS FOR SUBMISSION (Check if attached) | | | |
| PLEASE NOTE: <u>ALL</u> MATERIALS MUST BE SUBMITTED BY THE APPLICATION DEADLINE | | | |
| | AOA Application | | Notarized copy of AOA approved internship |
| | Two (identical) passport sized photos | | |
| | Notarized Copy of DO Degree | | Curriculum Vitae with photo ID |
| | Notarized copy of MPH degree or other academic equivalency; i.e., MS, residency certification verifying completion, etc. | | CME and/or other related training in Preventive Medicine and appropriate sub-specialty (WHEN APPLICABLE) CME 120 hours (every 3 years) 30 hours in Category 1-A 90 hours in Categories 1A, 1B, 2A, 2B 50 hours must be in a primary specialty For more information please see CME FAQ's on AOBPM.org |
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| <p>Notarized Copy of Current State Licenses (Include notarized statement detailing any and all restrictions on your medical license in the state in which you practice.)</p> | <p>AOA approved residency training verification OR Equivalency Pathway Option (documentation of 4 years in the full-time practice of appropriate sub-specialty)</p> |
| <p>Practice Allocation Checklist (for candidates seeking Board Eligible status through the "Equivalency Pathway" option)</p> | <p>Questions Each applicant must submit ten (10) multiple choice questions (which must be textually referenced) in the area of interest for the Board's review. See "Item Writing Guide" on the AOBPM site for more information.</p> |
| <p>Check for \$500.00, payable to AOBPM Credit Card payments are welcome. Please call 1-800-621-1773 x 8229.</p> | |

APPLICATION STATEMENT

I hereby make application to the AOBPM for admission to the certification examination in Preventive Medicine.

I agree that my professional qualifications, including my moral and ethical standing in the medical profession and my competence in clinical skills, will be evaluated by the Board and that the Board may make inquiry of institutions named in this application as the Board may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any one acting on my behalf. I agree that the AOBPM and the AOA shall be the sole judge of my credentials and qualifications for admission to the examination and for certification.

I hereby declare under penalty of perjury that the information given in this application is true and correct to the best of my knowledge and belief.

Signature _____ **Date**

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|--|--|
| <p>RETURN ALL APPLICATION MATERIALS TO American Osteopathic Board of Preventive Medicine 142 E. Ontario Street, 4th flr Chicago, IL 60611-2864</p> | <p>CONTACT US 800-621-1773, x8229 aobpm@osteopathic.org</p> |
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EXAMINATION AND PROCESSING FEES

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|-----------------------------------|-----------------|
| Board Eligible Application | \$500.00 |
| Reevaluation | 300.00 |
| Exam | 1100.00 |
| Repeat Core | 600.00 |
| Repeat Specialty Exam | 600.00 |
| Repeat two or more parts | 750.00 |

CREDENTIALS COMMITTEE ACTION

BOARD ELIGIBILITY:

_____ **DISAPPROVED**

_____ **APPROVED**

COMMENTS/EXPLANATION:

EFFECTIVE DATE OF REGISTRATION:

DATE OF TERMINATION

CHAIRMAN'S SIGNATURE

DATE

BE10/07