

# APPLICATION HANDBOOK 2010



## AMERICAN OSTEOPATHIC BOARD OF PREVENTIVE MEDICINE

Aerospace Medicine  
Occupational / Environmental Medicine  
Public Health / Community Medicine

Established 1982

### **Affiliated Organizations**

American Osteopathic Association  
American Osteopathic College of Occupational and Preventive Medicine

Handbook Revised 01/12/10

## TABLE OF CONTENTS

I.	CLASSIFICATIONS.....	3
	Board Eligibility.....	3
	Diplomate.....	3
	Certification of Added Qualifications.....	3
	Recertification.....	4
	Reentry Pathway.....	4
II.	AOA REQUISITES DETERMINING ELIGIBILITY.....	4
III.	AOBPM REQUIREMENTS FOR BOARD ELIGIBILITY AND CERTIFICATION.....	5
IV.	AOBPM REQUIREMENTS FOR CERTIFICATION OF ADDED QUALIFICATIONS (CAQ).....	7
V.	EXAMINATION PROCESS AND FEES.....	7
VI.	MAINTENANCE REQUIREMENTS FOR BOARD CERTIFICATION OR CAQ.....	8
	APPENDIX A: SUGGESTED AREAS OF DOCUMENTATION TO SUPPORT THE FOUR-YEAR EQUIVALENCY PATHWAY OPTION.....	9
	APPENDIX B: INSTRUCTIONS FOR REQUIRED SUBMISSION OF QUESTIONS FOR BOARD CERTIFICATION APPLICANTS.....	10

## **I. CLASSIFICATIONS**

A. The American Osteopathic Board of Preventive Medicine (AOBPM) is responsible for evaluation and recommendation for Board certification in the specialty areas of:

- Preventive Medicine/Aerospace Medicine
- Preventive Medicine/Occupational-Environmental Medicine
- Preventive Medicine/Public Health-Community Medicine

The AOBPM is also responsible for providing evaluation and recommendation for Certification of Added Qualifications (CAQ) in Occupational Medicine and Undersea and Hyperbaric Medicine.

## **B. BOARD ELIGIBLE:**

1. Having met training and other requirements established by the American Osteopathic Association (AOA) and the AOBPM, the AOBPM upon favorable recommendation from its Credentials Committee will register the applicant as “Board Eligible”(BE) in the specialty area requested by application (description of eligibility requirements are described in sections II and III ). This designation entitles the registrant to sit for examination by the AOBPM for a period of up to six (6) consecutive years from the date following completion of residency training or completion of practice requirement, if applicable. A registrant will generally lose his/her designation as “Board Eligible” by failure to successfully complete the Board’s examination process and receive Board Certification by the AOA within the 6 years of eligibility. Continuation of BE designation within this 6 year period is dependant on the registrant’s maintenance of credentials and other requirements as required by the AOA and the AOBPM.
2. A resident who enters the last three months of a residency program where they have received AOA approval of their training may submit application for Board Eligibility. The AOBPM will review their application for all other eligibility requirements. Upon documentation of satisfactory completion of residency training, and upon favorable recommendation from its Credentials Committee the AOBPM will register the applicant as BE in the specialty area requested by application. The date of eligibility will usually be established as the date of completion of residency, if all other requirements have been met.

C. **DIPLOMATE:** Only candidates designated by the AOBPM as BE will be permitted to sit for Board certification examination, and only in the specialty area of eligibility previously registered by the AOBPM. The AOA Bureau of Specialists (BOS) makes the determination for Diplomate status in the specialty area, upon successful completion of examination and recommendation to the BOS from the AOBPM. Continuation of the designation of Diplomate is dependent upon maintenance of credentials and other requirements as established by the AOA and the AOBPM.

## **D. CERTIFICATION OF ADDED QUALIFICATIONS:**

Having given evidence of the completion of training and other requirements established by the American Osteopathic Association (AOA) and the AOBPM, the AOBPM upon favorable recommendation from its Credentials Committee will register the applicant as eligible to sit for CAQ examination in the area requested by application (description of eligibility requirements are described in section IV of this Handbook). The registrant is entitled to sit for examination by the AOBPM for a period of up to six (6) consecutive years from the date requirements are described in section IV of this Handbook).

1. Eligibility is established and designated by the AOBPM. A registrant will generally lose his/her eligibility status by failure to successfully complete the Board's examination process and receive the CAQ by the AOA within the 6 years of eligibility. Continuation of eligibility designation within this 6-year period is dependant on the registrant's maintenance of credentials and other requirements as required by the AOA and the AOBPM.
2. A candidate who successfully examines and receives a CAQ is not considered a Diplomate in the area for which they have tested.

**E. RECERTIFICATION:**

1. Effective 1994, all Board Certifications are issued for a ten (10) year period. A Recertification process by examination is available for additional 10-year increments. Recertification is voluntary for Diplomates holding certificates issued prior to 1/1/1994 (non-time-limited). Failure to pass recertification examination for such non-time-limited Diplomates would not cause revocation of Diplomate status.
2. To be eligible to renew certification from the AOA through the AOBPM, the Diplomate must meet the following minimum requisites:
  - a. Have maintained continuous membership in the AOA and conformed to the standards set forth in that organization, to include the Code of Ethics.
  - b. Accumulated the required Continuing Medical Education (CME), categories I or II, to maintain continued Diplomate status.
  - c. Have a valid State license within the State of Practice.
3. Recertification examination is designed to assess the Diplomate's continued understanding of current specialty area knowledge and practice, as well as how well the Diplomate can apply this understanding to practical scenarios.

**F. REENTRY PATHWAY:**

1. The AOA has allowed the various specialty Boards to develop reentry pathways for those osteopathic physicians who have completed AOA approved internships, have completed allopathic residencies, but who have not applied for AOA approval of their residency status within the required six (6) years normally required to be Board eligible.
2. The AOBPM welcomes the reentry of those osteopathic physicians, who are Diplomates of the American Board of Preventive Medicine, who would like to become Diplomates of the AOBPM in our specialty areas.
3. Such individuals do not become Board eligible. However, they can apply to sit for examination. Upon favorable review by the AOBPM's Credentials Committee, the AOBPM will register the applicant to sit for examination in the specialty area requested on the application.
4. In recognition of the applicant being an ABPM Diplomate in their specialty area, the AOBPM will only require such reentry applicants to sit for an oral examination.
5. All other aspects for becoming a Diplomate will remain the same as for other BE candidates.

**II. AOA REQUISITES DETERMINING ELIGIBILITY**

- A. DEFINITION:** Board eligibility is defined as that status granted candidates who:

1. Have documented the satisfactory completion of an AOA approved residency or preceptorship program or, if applicable, the practice requirement (when seeking the equivalency pathway option). The AOA Division of Postgraduate Education must approve a candidate's residency training (not the program itself) in order to meet this requirement of eligibility. For more information on obtaining AOA approval, please refer to the [www.do-online.org](http://www.do-online.org).
2. Have documented the satisfactory completion of an AOA approved internship.
3. Have been and remain members in good standing of the AOA or the Canadian Osteopathic Association.
4. Have met all the requirements as established by the appropriate specialty board (for AOBPM requirement, please see section III).
5. Have applied for and have been accepted as a registrant by the appropriate specialty board.

B. **REGISTRATION:** Board eligibility is not granted automatically. A candidate shall not be designated as BE if he/she applies later than 6 years following completion of residency training or completion of practice requirement, if applicable.

1. A candidate who wishes to apply for board eligible status should complete an Eligibility Application Form (available on our Website ([www.aobpm.org](http://www.aobpm.org)) or can be requested from the AOBPM staff), and return, along with all necessary documentation to the staff of the AOBPM. Additional documentation includes:
  - a. A notarized copy of the institutional certificate indicating the satisfactory completion of residency (along with the AOA OPT approval letter for those in non-AOA approved residency programs)
  - b. A letter(s) of recommendation from the residency program director
  - c. A notarized copy of the institutional certificate indicating satisfactory completion of an AOA-approved internship
  - d. And adequate documentation, as determined by the AOBPM, of having met the practice requirements
2. After review and acceptance of the board eligible application, the Board (AOBPM) shall establish the date of registration as the date of completion of residency training or the date of completion of the practice requirement, if applicable.

C. **TERMINATION OF BOARD ELIGIBLE STATUS**

1. BE status shall terminate as of December 31 of the sixth year following the year eligibility was established.
2. If a candidate does not initiate examination within the period of board eligibility, the BE status will be automatically terminated and so recorded by the AOA and the AOBPM.
3. BE status shall terminate on 31 December on the sixth year following the year eligibility was established.
4. BE candidates may be allowed to sit for the AOBPM's examination at the first AOBPM designated time following BE designation. Candidates are required to pass all portions of the examination process. Failure to successfully pass any portion of the exam (either oral, written/essay, or multiple choice/matching examinations) will require successful retesting of that failed portion of the examination process in subsequent testing period to receive AOBPM approval recommendation to the BOS.

### III. **AOBPM REQUIREMENTS FOR BOARD ELIGIBILITY AND CERTIFICATION**

The term “certification” will be used for certification in a specialty or subspecialty and for certification of special proficiency in osteopathic manipulative medicine. The only other certificate that may be issued by this Board is a “Certification of Added Qualifications” for those “Fields of Interest” in which training does not lead to general certification (See Chapter IV, below).

To be eligible to receive Board certification from the American Osteopathic Association through this Board, the applicant must meet the following minimum requirements:

- A. The applicant must be a graduate of an AOA-accredited college of osteopathic medicine.
- B. The applicant must be licensed to practice in the state or territory where his/her practice is conducted.
- C. The applicant must be able to show evidence of conformity to the standards set forth in the AOA Code of Ethics.
- D. The applicant must have been a member in good standing of the American Osteopathic Association or the Canadian Osteopathic Association for the two (2) years immediately prior to the date of certification.
- E. The applicant must have satisfactorily completed an AOA-approved internship.
- F. The applicant will have completed the residency requirement within their specialty area:
  - Aerospace Medicine - must have obtained a Master of Public Health or its academic equivalent and must have satisfactorily completed one (1) year of AOA-approved training in Aerospace Medicine.
  - Occupational/Environmental Medicine - must have obtained a Master of Public Health or its academic equivalent and must have satisfactorily completed one (1) year of AOA-approved training in Occupational/Environmental Medicine.
  - Public Health/Community Medicine - must have obtained a Master of Public Health or its academic equivalent and must have satisfactorily completed one (1) year of AOA-approved training in Public Health and Preventive Medicine.
- G. In lieu of the requirements in Section 1.F. above, an equivalency pathway is available only for osteopathic physicians earning their degree prior to 1990. The following requisites pertain:
  1. Masters in Public Health degree (MPH) or its academic equivalent (e.g.: MSPH, MOH, MS in Preventive, Community, Aerospace Medicine, Occupational/Environmental Health, Toxicology, etc.)
  2. At least four years full time practice experience (immediately preceding application) in the appropriate subdivision of Preventive Medicine: Public Health/Community Medicine, Aerospace Medicine or Occupational/Environmental Medicine.
  3. Must have accumulated 200 hours CME (in addition to the Masters degree) in the appropriate subspecialty area of Preventive Medicine.
  4. Appendix A provides suggested areas of documentation to support the 4 year equivalency pathway option.
- H. Following satisfactory compliance with the prescribed requirements for BE, the applicant is required to pass appropriate examinations planned to evaluate an understanding of the scientific bases of the problems

involved in the specialty of Preventive Medicine and the subspecialties of Aerospace Medicine, Occupational/Environmental Medicine and Public Health/Community Medicine.

- I. Applicants for examination for certification are required to file a BE application which shall set forth their qualifications as stated in paragraphs A through G in Section 1 of this article. A copy of the BE application form is available on our Website ([www.aobpm.org](http://www.aobpm.org)) or can be requested from the AOA Certifying Boards Office. In addition, all applications must include submission of 10 questions as fully described in appendix B.
- J. Once an applicant has become BE, they must apply to sit for examination. This application must be received by the AOBPM no later than 60 days prior to the examination date established by the AOBPM. An application form for Board examination is available on our Website ([www.aobpm.org](http://www.aobpm.org)) or can be requested from the AOA Certifying Boards Office.

#### **IV. AOBPM REQUIREMENTS FOR CERTIFICATION OF ADDED QUALIFICATIONS (CAQ)**

To be eligible to receive CAQ certification from the American Osteopathic Association through this Board, the applicant must meet the following minimum requirements:

- A. Maintain certification through any AOA-approved primary specialty certifying board.
- B. Hold a valid, unrestricted license to practice medicine in a state or territory of the United States, or a province of Canada.
- C. Document an initial 100 hours of postgraduate training within the past five (5) years in the area of special interest (occupational medicine). At a minimum, 50 hours will be in category I. Alternatively, show successful completion of the American Osteopathic College of Occupational and Preventive Medicine's (AOCOPM) Occupational Medicine Basic Course, or a review course that is comparable.
- D. Submit letters from managers, administrators, and/or from industrial clients (industries, schools, hospitals, etc.) for whom you provide services. These letters should clearly describe the services provided.
- E. Submit two (2) letters of recommendation from persons, preferably colleagues, competent in your area of CAQ interest.
- F. All applications must include submission of 10 questions as fully described in appendix B.
- G. Those who wish to sit for CAQ examination must formally apply. This application must be received by the AOBPM by January 15th for Spring examination and by August 15th for Fall examination. An application form for CAQ examination is available on our Website ([www.aobpm.org](http://www.aobpm.org)) or can be requested from the AOA Certifying Boards Office.

#### **V. EXAMINATION PROCESS AND FEES**

An examination shall be required and conducted in the case of each Board Eligible and CAQ applicant. The method(s) and content of the examination procedure shall be determined by the AOBPM and shall be subject to approval of the AOA Board of Trustees.

- A. Date and location of examination will be determined by the AOBPM. Board examinations are generally provided annually in the spring, usually in conjunction with the AOCOPM's midyear educational conference. CAQ examinations are generally provided twice annually, once in conjunction with the full Board Examination, and then usually in conjunction with the AOA Convention each fall. Upcoming examination dates can be found on the AOBPM's website ([www.aobpm.org](http://www.aobpm.org)) or by contacting the AOBPM staff via the contact information provided at the end of this handbook.
- B. The examination process shall be designed to explore the applicant's familiarity with current advances, soundness of judgment and degree of skill/expertise in the field of interest under examination. The examination process consists of multiple choice/matching examinations, written/essay examination and oral

examination (CAQ examinations will not include oral exams). Applicants who do not successfully pass any segment(s) of the examination process are required to re-examine for that failed segment(s). Re-examination will be available at the next iteration of testing as scheduled by the AOBPM.

- C. Recertification examinations are required at least every ten (10) years for all Board Certified individuals who have received Certification after 1/1/1994. Those with Board certification may apply and sit for recertification examination at any of the examination sessions where initial examination in their specialty area is provided (i.e., Board recertification when Board examination provided - see Chapter IV.A. above). Applications for Specialty Board or CAQ recertification examinations are available on our Website ([www.aobpm.org](http://www.aobpm.org)) or can be requested from the AOA Certifying Boards Office.
- D. CAQ Certificates are time-limited to 10 (ten) years only. Those with CAQ must reapply to sit for the examination. This is not a recertification process, but a requirement to sit again for primary CAQ Certification.

## **VI. MAINTENANCE REQUIREMENTS FOR BOARD CERTIFICATION OR CAQ**

- A. In order to maintain Board Certification or CAQ status, adherence to the following requirements must be met:
  - 1. Payment of dues of the American Osteopathic Association or the Canadian Osteopathic Association.
  - 2. Payment of annual certification registration fee, unless the diplomate is classified as inactive.
  - 3. The diplomate must maintain a minimum of 120 hours of approved and documented AOA continuing medical education credits within a three-year period, at least one-third of which shall be in their primary specialty (Category I or II). Awardees of Certification of Added Qualifications will maintain a minimum of 45 hours within a three-year period in the area of their special interest (Category I or II).
  - 4. Adherence to all of the rules and requirements of the AOA, to include the Code of Ethics.
- B. The Board has the power to recommend to the Bureau and the AOA Board of Trustees 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.
- C. Reinstatement of a certificate, which was revoked 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.
- D. Reinstatement of a certificate, which was revoked for any other reason than that stated in paragraph C. above, shall require compliance with the requirements of paragraph A. above, as well as approval of the AOBPM, the BOS and the AOA Board of Trustees.

## **Appendix A: SUGGESTED AREAS OF DOCUMENTATION TO SUPPORT THE FOUR-YEAR EQUIVALENCY PATHWAY OPTION**

- A. FOR OCCUPATIONAL/ENVIRONMENTAL MEDICINE:
  - 1. Detailed list and description of activities may include, but are not limited to:
    - Chronobiological issues
    - Disability evaluations
    - Employee health contacts (for specific industries, itemizing
    - the various type of problems usually seen)
    - Ergonomic evaluations and assistance
    - Health promotion programs

- Non-traditional types of care
- Pre-placement physicals
- Risk assessment of environmental hazards
- Surveillance or other walk-through inspections and
- Work injury involvement (clinical management/prevention)
- Other

2. Ensure that documentation from employees and/or industrial clients provide the specific types of services rendered (similar to above items) and approximate hours per week or month utilized for that particular company's healthcare needs. Enough documentation should be provided to cover at least 4 years of practical experience.

**B. FOR PUBLIC HEALTH/COMMUNITY MEDICINE:**

1. Detailed list and description of activities may include, but not limited to:

- Biostatistical applications and interpretations
- Disease alert reports
- Disease outbreak investigations and intervention
- Disease surveillance (active or passive)
- Education and training
- Environmental health or hazardous waste issues
- Epidemiology and/or communicable disease studies
- Family planning
- Health promotion programs
- Immunization and/or international travel issues
- Maternal and child health issues, including school health
- Non-traditional types of care
- Policy development and management
- Sanitation and air/water quality inspections
- Vital statistics and demography
- Other

2. Ensure that documentation from private or government organizations or other employers provides the specific types of services rendered (similar to above items) and approximate hours per week or month utilized for that particular organization's healthcare or preventive medicine needs. Enough documentation should be provided to cover at least 4 years of practical experience.

**C. FOR AEROSPACE MEDICINE:**

1. Detailed list and description of activities may include, but not limited to:

- Physiology of Flight issues  
e.g., hypoxia, hyperventilation, hypobarics, biodynamics (acceleration/gravitational problems), spatial orientation, bioacoustics
- Human Factors Engineering  
e.g., aircrew tasking, displays, controls anthropometry, workload
- Clinical issues  
e.g., health maintenance, physical exams, wellness or other health promotion, circadian desynchrony, etc.
- Crash and Crash Survival issues  
e.g., actual mishap investigations, assistance with crash worthiness areas, airport disaster management, forensic considerations

- Other areas
2. Ensure that documentation from private or government organizations or other employers provides the specific types of services rendered (similar to above items) and approximate hours per week or month utilized for that particular organization's healthcare or aerospace medicine needs. Enough documentation should be provided to cover at least 4 years of practical experience.

## **Appendix B: INSTRUCTIONS FOR REQUIRED SUBMISSION OF QUESTIONS FOR BOARD CERTIFICATION APPLICANTS**

Each applicant must submit ten (10) multiple choice questions (which must be textually referenced) in the area of interest for the Board's review when applying for Board Eligibility. Multiple questions from common information sources are allowed.

Please note the following question construction is mandatory:

- five (5) item options for response
- K-type questions unallowable (e.g. "A.) 1, 2, and 4 are all correct.")
- No "all of the above" or "none of the above"
- No "except" questions, and matching-type questions

### **Question (Item) Writing Guidelines**

1. All questions (items) should be multiple choice. These can be of two types: One-best-answer; and Matching
  - a. One-Best-Answer items involve a question or incomplete statement followed by five possible answers. We prefer 5 equally plausible answers, if possible. Only one of the answers is correct. These one-best-answer type of questions can, in turn, be of two types:
    - i. Single items or
    - ii. Cases.
      1. A SINGLE ITEM is independent of all other items. That is to say, it stands alone and the answer is dependent only the information contained in the question stem itself.
      2. A CASE is a group of one-best-answer items preceded by a header, or introduction, which sets up a scenario to be used in completing a group of items that follow the scenario.
        - a. Each item should be dependent on the case history
        - b. Each item should NOT give away the answer to any other item
  - b. A Matching set includes a list of similar words or phrases (distractors) followed by numbered items (Case Scenarios) to be matched.
    - i. Matching sets can contain 5 answers
    - ii. The answers should be alphabetized
    - iii. You DO NOT have to have the same number of items as possible answers
    - iv. Each answer may be used once, more than once, or not at all
2. We require the content of the questions to be:
  - a. Generally accepted as correct
  - b. Appropriate for Residency trained individuals
  - c. Verifiable with standard medical publications
  - d. Consistent with the current standard of care

3. General Guidelines

- a. The question stem must lead to one specific answer
- b. DO NOT test the concept of “which one is not like the others”. This means DO NOT use stems including the words EXCEPT, LEAST, or NOT
- c. Please avoid using the terms ALWAYS, NEVER, FREQUENTLY, AND RARELY.
- d. We do not accept items that use as possible answers: “All of the above”, “none of the above”, “A and B are both correct (or other combinations).”
- e. Try not to teach in the stem of the question. AVOID the use of unnecessary information.
- f. If Osteopathic terminology is to be used, it should be referenced to the latest copy of the Glossary of Osteopathic Terminology prepared by the Educational Council on Osteopathic Principles of the AACOM.
- g. Include the correct answer
- h. THE SOURCE OF THE CORRECT ANSWER MUST BE INCLUDED AT THE BOTTOM OF THE QUESTION. Identify the source, author, page, and publisher. Information should be sufficient enough to enable one to locate the source and to verify the answer.

Examples

1) One-Best-Answer

The major environmental source of lead absorbed in the human blood stream in adults is:

- a. Air
- b. Food
- c. Lead-based paint
- d. Soil
- e. Water

Correct answer is a.

Source \_\_\_\_\_

The phrase “The major environmental source of lead absorbed in the human blood stream in adults is:” is called the stem of the question. The responses a,b,c,d,e are each called a distractor or an answer. There must be only one correct answer.

2) Case Study

You are asked to do a prospective surveillance of nosocomial infections in a local hospital.

1. Based on national data, you expect the incidence of nosocomial infections to be

- a. <1%
- b. 1-2%
- c. 3 – 5%
- d. 6-8%
- e. 9-10%

2. You expect the most common site of infection to be

- a. Urinary Tract
- b. Surgical wounds
- c. Respiratory tract
- d. Blood stream
- e. Gastrointestinal Tract

Correct Answer: 1-c, 2-a

Source(s) \_\_\_\_\_

Both the above questions refer to nosocomial infections in a hospital. The first question does not influence the second question. All questions have the correct answer shown.

3) Matching

For each item listed below select one lettered option, that is most closely associated with it. Each lettered option may be selected once, more than once, or not all.

Please match the researcher for whom each theory is most likely to be associated.

- 1. The distribution of consumption model, which showed that minor variations in availability of alcohol has no effect on consumption.
  - 2. A psychoanalytic theory that states that drug use might represent an attempt to cope with painful emotions.
- a. De lint
  - b. Horton
  - c. Khantzian
  - d. Rado
  - e. Smart

Correct answer: 1-a, 2-d

Source \_\_\_\_\_

The statements numbered 1 and 2 above are considered phrases against which the possible answers are to be matched. Options a through e are the answers (or distractors). Notice that there are more possible responses than questions. This is permissible.

<sup>1</sup> Adapted from the *National Board of Osteopathic Medical Examiners Item Writing Guide*. 1999, National Board of Osteopathic Medical Examiners.

**AOBPM EXAMINATION SCHEDULE FOR 2010:**

<b>Exam Date</b>	<b>Exam Location</b>	<b>Exam(s) Offered</b>	<b>Application Deadline</b>
Saturday, March 13	San Antonio, Texas details TBA in conjunction with the AOCOPM Spring Meeting	All	January 15
Saturday, October 23	San Francisco, California details TBA in conjunction with the AOA Annual Meeting	Board Recertification, CAQ	August 15

**For more information concerning the American Osteopathic Board of Preventive Medicine, write or call:**

Ellen Woods, MSC  
Executive Director, AOBPM  
142 East Ontario Street, 4<sup>th</sup> floor  
Chicago, IL 60611

Phone: (800) 621-1773, extension 8229

Fax: (312) 202-8224

E-Mail: [aobpm@osteopathic.org](mailto:aobpm@osteopathic.org)

Website: [www.aobpm.org](http://www.aobpm.org)

**For more information concerning the American Osteopathic College of Occupational and Preventive Medicine, write or call:**

Jeffrey LeBoeuf, CAE  
Executive Director, AOCOPM  
PO Box 3043  
Tulsa, OK 74101

Phone: (800) 558-8686

Fax: (918) 586-4628

E-mail: [jeffrey@aocopm.org](mailto:jeffrey@aocopm.org)