



American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery

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EXAMINATION MEMO

DATE: May 12, 2009

TO: Applicants for the Added Qualifications
Examination in Sleep Medicine

FROM: Benjamin W. Murcek, DO
President

Enclosed are the application materials for the Added Qualifications Certifying Examination in Sleep Medicine scheduled for November 1, 2009. Details regarding the examination are included in the information booklet enclosed. Please note the deadline date for submission of the completed application. If there are any questions regarding the process, please feel free to contact this office.

Enclosures

INFORMATION FOR THE BOS 2009
CONJOINT EXAMINATION FOR CERTIFICATION OF
ADDED QUALIFICATIONS IN SLEEP MEDICINE

Introduction

The Sleep Medicine program for Certification of Added Qualifications is developed by a conjoint effort of the American Osteopathic Boards of Family Medicine, Internal Medicine, Neurology and Psychiatry, and Ophthalmology and Otolaryngology-Head and Neck Surgery. This program is designed to recognize excellence among physicians who are specialists in Sleep Medicine.

This information booklet has been prepared by the AOA/BOS Boards participating in the conjoint examination for its Diplomates who are applying for examination in Sleep Medicine. The program will have two components:

- A. Satisfactory completion of training
- B. Successful performance on a comprehensive, one-day examination.

Requirement for Licensure

A valid, unrestricted license to practice medicine in a state of the United States is required of all candidates. A photocopy of the medical license in the state of the current practice must be submitted with the application. Candidates with restricted, suspended or revoked license in any jurisdiction at the time of application will not be admitted to the examination or be certified.

Substantiation of Clinical Competence

The application must contain substantiation of the Diplomate's satisfactory clinical competence in Sleep Medicine. This substantiation must be provided by the program director in the Sleep Medicine fellowship or by two references in a supervisory role over the applicant if applying via the Clinical Practice Pathway. One of the references must be by the CEO or Director of the Sleep Medicine Laboratory where the applicant has privileges.

Prerequisites

A. Training Requirement

Candidates must possess a valid certification certificate by their primary AOA Board and have completed a 12 month AOA approved fellowship in Sleep Medicine which was completed after July 1, 2008.

B. Clinical Practice Pathway

If applying via means of the Clinical Practice Pathway the applicant must meet the following prerequisites:

1. 30 hours of CME in Sleep Medicine over the preceding 24 months prior to application for examination.
2. Possess privileges in a certified sleep medicine laboratory and be able to verify:
 - a. Interpretation of a minimum of 200 overnight polysomnographic (PSG) tests and 25 multiple sleep latency (MSLTs) and/or maintenance of wakefulness tests (MWTs) in the period of 2 years prior to application and verify that at least 30% of the applicant's clinical activity over the preceding 2 years has been dedicated to the practice of sleep medicine; or
 - b. Interpretation of a minimum of 500 overnight PSSGs and 50 MSLTs and/or MWTs during the candidate's career and verify that a portion of the applicant's clinical activity has been dedicated to the practice of sleep medicine with an accumulation of one year of full-time activity achieved over the preceding 5 years.
3. Applicants who have met requirements 1-2 above and are certified by the American Board of Sleep Medicine and provide a minimum of 15% of the items for the first exam administration will be granted certification for the period of time remaining on their current certificate but not to exceed 5 years. Recertification will be required thereafter to maintain certification.

Dates

The date of the Sleep Medicine Examination is November 1, 2009. A letter requesting to sit for the Examination must be submitted to the applicant's primary certifying Board during the registration period, which will begin June 1, 2009 and end August 1, 2009. The completed application must be submitted *in toto* no later than August 1, 2009. Any applications postmarked after August 1, 2009, will be assessed a two hundred dollar (\$200.00) late registration fee. No applications will be accepted after September 1, 2009. All candidates who have submitted their application prior to the deadline date will be notified whether or not they have been admitted to the examination prior to September 1, 2009.

Fees

The application/examination fee will be \$1,200.00, which must be submitted no later than August 1, 2009. There is a nonrefundable fee of \$100.00 for withdrawals prior to July 1 and \$250 for withdrawals between July 2, 2009 and August 1, 2009. No refund is granted for any withdrawal postmarked after August 1, 2009.

Address Changes

Registered candidates must notify their Board office, in writing, of any change in address prior to or after the Certifying Examination. Candidates will be responsible for the cost of payment of a duplicate certificate which has been lost and not returned to the Board, in which the mailing address was not the current updated address of the candidate.

Location and Time of Examination

The examination will be held on November 1, 2009 at the Hilton New Orleans Riverside Hotel, 2 Poydras Street, New Orleans. The examination session will begin at 8:00 a.m. and conclude at 1:00 p.m. All candidates must report to the examination room no later than 7:30 a.m.

Hotel Accommodations

The examination will be held in conjunction with the annual AOA Convention in New Orleans. To reserve a room you must register through the AOA Convention hotel reservation process. The AOA will be sending all AOA members materials for room reservations.

Instructions for Completing the Application Packet

Please read all of the following information carefully before completing the application form. All of the items on the application forms must be filled out completely or your application will not be accepted. The application form must be printed or typewritten. All supporting documents to be submitted with the application are clearly delineated on the enclosed instruction sheet for all applicants.

Acknowledgment of Acceptance

All candidates whose applications have been accepted will be notified by September 1, 2009. Each accepted candidate will be issued an examination admission letter which is to be retained and submitted to the proctor at the time of the examination.

Copyrighted Materials

The Sleep Medicine examination is confidential and copyrighted under the Federal Copyright Act. Candidates agree not to copy, reproduce, reconstruct by dictation or other means, or disclose examination content in any manner.

Scoring and Results

Your final score is determined by the number of questions answered correctly. There is no penalty for guessing. The minimum passing score reflects an absolute standard developed by the AOA Boards participating in this conjoint examination. After the exam is given, it will be psychometrically analyzed and evaluated to ensure the reliability of individual results. Your results will be released and a score report will be mailed to you within 90 days of the date of the exam. Scores are provided through the mail only. Copies of your score report will be maintained for one year from the date they were released. During that period you may obtain a duplicate copy of your score report upon written request and a fee of \$25.00. Questions regarding exam results and any appeals of the examination must be submitted in writing within 30 days of the date results were released.

THE EXAMINATION:

General Description

This examination will be a proctored 5-hour examination consisting of multiple-choice questions of the "one best answer" type. There will be a total of 200 items on the examination. The Sleep Medicine Examination will cover the broad aspects of Sleep Medicine that specialists practicing in the field are expected to know. The examination will assess the candidates knowledge and clinical judgment in aspects of Sleep Medicine required to perform at a high level of competence. The examination will include but will not be restricted to:

Fundamentals of sleep including basic sciences related to sleep(physiology, neuroanatomy, etc.), sleep-wake cycles and stages, biologic rhythms, and dreaming; polysomnographic interpretation and scoring including interpretation of PSGs, portable PSGs, MSLTs, and MWTs and assessment of oximetry; technical aspects of operations of the sleep lab including scoring sleep and sleep-related events, scoring MSLTs, perform technical setup and initiation of studies, formal review of sleep-related testing, use and limitations of computerized PSG equipment including transducers and oximeters, administration of oxygen in the laboratory, techniques of application of CPAP/bi-level PAP, and calibration and operation of PSG recording systems; diagnosis/differential diagnosis/treatment/management/followup of sleep disorders including insomnia, sleep-related breathing disorders, hypersomnia of central origin, circadian rhythm disorders, parasomnias, sleep-related movement disorders, isolated symptoms and apparently normal variants, and other sleep disorders; differential diagnosis of sleep disorders by age including pediatric, adolescent, adult and geriatric age groups; interpretation of pulmonary function testing, imaging procedures, esophageal pH monitoring; sleep center management, ethics and public policy including organizational structure of sleep laboratory, medical director responsibilities, medical record and regulatory requirements of a sleep laboratory and its personnel, sleep laboratory accreditation standards, sleep laboratory policies and procedures, instruction to technicians, published Practice Parameters, and ethical principles of sleep laboratory management.

Medical Content Category	Relative Percentage
Fundamentals of sleep	18%
Polysmnographic interpretation and scoring	20%
Technical aspects of operations of sleep lab	10%
Diagnosis/differential diagnosis sleep disorders	25%
Treatment, management, and follow-up	22%
Sleep center management, ethics, public policy	5%

Certificates

Those who passed the examination will receive a Certificate of Added Qualifications in Sleep Medicine by their primary Board. All certificates will be time-limited and will be valid for ten (10) years from the date of certification. The diplomate must maintain a valid certification certificate in their primary specialty or subspecialty in order for the certificate of Added Qualifications in Sleep Medicine to remain valid. The Sleep Medicine Certificate will become invalid the date that the diplomate's primary or subspecialty certificate becomes invalid. The certificate of Added Qualifications in Sleep Medicine will be awarded after the AOA Bureau of Osteopathic Specialists gives final approval of the examination process for each candidate. This approval process will take approximately six months following the notification of successful completion of the examination. On written request and payment of a fee of \$200.00, candidates may obtain rescoring of the examination within a year of receiving the results. The answer sheets of candidates will be destroyed thirty-six months after administration of the examination.

Preparation

The Board can make no specific recommendation about study methods, review courses, etc., to prepare for the examination; however, extensive self study of Sleep Medicine in texts and journals and participation in continuing medical education programs and review courses in Sleep Medicine should be useful.

APPLICATION REQUIREMENTS

BOS CONJOINT COMMITTEE CERTIFYING EXAMINATION IN SLEEP MEDICINE

All applicants must submit the following:

1. Completed application (clearly printed applications only will be accepted)
2. Completed Board Registration Form
3. Copy of current state medical license for the principal location of clinical practice
4. Copy of current AOA membership card or letter from AOA verifying active membership
5. \$1200 application/examination fee

Applicants with one year of AOA-approved training in Sleep Medicine completed after July 2008 must also submit the following:

1. Copy of Sleep Medicine fellowship certificate
2. Letter of recommendation from Program Director in the Sleep Medicine program
3. If in an allopathic (ACGME) program, a copy of letter from ACOI verifying registration of the training program with the AOA
4. If in an allopathic (ACGME) program, a copy of the letter from the AOA granting approval of the training in Sleep Medicine and that the "Training is Complete." (This may be submitted after the exam but must be received prior to the Board submitting your certification to the AOA Bureau of Osteopathic Specialists.)

Applicants applying by means of the Clinical Practice Pathway must also submit the following:

1. Verification of 30 hours of CME in Sleep Medicine over the preceding twenty-four (24) months prior to application for examination
2. Completion of the attestation of Sleep Medicine Clinical Practice form by the CEO or Medical Director of the Sleep Medicine Laboratory where privileges are granted
3. Completion of the following two forms:
 - a) Director of Sleep Laboratory (or chief non-physician administrator if applicant is the director)
 - b) Medical Director (or equivalent) of the hospital of the applicant's main clinical practice

PLEASE PRINT

APPLICATION FOR ADMISSION TO THE BOS CONJOINT COMMITTEE
SLEEP MEDICINE CERTIFYING EXAMINATION

INSTRUCTIONS

A money order or check for \$1200.00 made out to your certifying Board must accompany this application. The fee and application must be in the hands of your certifying Board no later than August 1st. If, upon investigation, the qualifications of the application are not found acceptable, the application fee of \$100.00 will be retained to defray the cost of processing this application.

ATTACH
PHOTOGRAPH
HERE

1. Name _____

2. Mailing address _____

3. E-mail address _____

4. Office telephone # () _____

5. Are you a member of the AOA? _____ How long? _____ AOA# _____

6. Which AOA Board are you certified? AOBFP ___ AOBIM ___ AOBNP ___ AOBOO-HNS ___

7. Fellowship training in Sleep Medicine from _____ to _____
(month-day-year) (month-day-year)

Training institution _____

Program Director _____

8. If applying via the Clinical Practice Pathway, supply the names of the two supervising colleagues who are supplying references.

Name: _____

Position: _____

Name: _____

Position: _____

9. Please answer each of the following questions. If the answer to any is yes, please append full details to this application.

Yes No

Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended?

Have you been the subject of any disciplinary action by any medical society or staff within the past five years?

Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted within the past five years?

Have you ever been convicted of a crime other than a minor traffic violation?

Have you ever been involved in a proceeding in which professional malpractice on your part was alleged?

Have you been subject to disciplinary action for substance abuse?

Application Statement: I hereby make application for admission to examination leading to the issuance to me of the Certificate of Added Qualifications in Sleep 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 the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals or other institutions 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 Board 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

RETURN ALL APPLICATION MATERIALS TO:

AOBOO-HNS
P.O. Box 24810
Huber Heights, OH 45424

PLEASE PRINT

BUREAU OF OSTEOPATHIC SPECIALISTS CONJOINT COMMITTEE
ADDED QUALIFICATIONS EXAMINATION REGISTRATION FORM

(FIRST) (MIDDLE/INITIAL) (LAST) AOA Number
Name of Candidate

Current Area of Certification: _____

Number of Original Certificate: _____

Subspecialty Area of Added Qualifications: Sleep Medicine

Are you applying via means of Clinical Practice Pathway? Yes____ No _____

ADDED QUALIFICATIONS TRAINING HOSPITAL Dates of Training (M-D-Y)

City and State Sleep Medicine
Subspecialty

Candidate Signature

Date

**AMERICAN OSTEOPATHIC BOARD OF
OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

Operating Under the Authority of the
American Osteopathic Association

DEPARTMENT CHAIRMAN REPORT

Applicant name: _____

Address: _____

The above named individual has applied for admission to the Certification Examination in Sleep Medicine, given by the participating certifying Boards of the American Osteopathic Association, and has identified your institution as the major site of his/her clinical practice. The Board would appreciate your assistance in determining the acceptability of this candidate for admission to this Examination. Please complete this form and return it directly to the Board no later than August 1st.

Does the applicant possess privileges in a certified sleep laboratory?

Yes No (If no, please comment)

Is the applicant recognized as a specialist in Sleep Medicine? Yes No

Please answer each of the following questions. Each question should be answered in the context of the applicant's sleep medicine practice. If an accurate answer cannot be given, or if an answer is negative, please comment on the following page.

THE CANDIDATE NAMED ABOVE: (if no, please comment)

Demonstrates the ability to make sound clinical judgments Yes No

Demonstrates a level of medical knowledge that is expected of a certified specialist in sleep medicine Yes No

Maintains a level of continuing scholarship expected of a certified specialist in sleep medicine Yes No

Provides a high quality standard of medical care Yes No

Demonstrates the proper humanistic qualities and moral and ethical behavior in relationship to the care of patients Yes No

(OVER)

TO YOUR KNOWLEDGE, HAS THE CANDIDATE NAMED ABOVE: (if yes, please comment)

Had his/her license to practice, in any jurisdiction, revoked, restricted or suspended? Yes___ No___

Been the subject of any disciplinary action by any medical society or staff within the past five years? Yes___ No___

Had a hospital appointment terminated or restricted or has he resigned after being notified he would be terminated or restricted within the past five years? Yes___ No___

Ever been convicted of a crime other than a minor traffic violation? Yes___ No___

Ever been involved in a proceeding in which professional malpractice was alleged? Yes___ No___

Been subject to disciplinary action for substance abuse? Yes___ No___

COMMENTS: (If more space is needed, please attach a separate sheet)

The physician listed on this form has signed an agreement which contains the paragraph printed below authorizing you to release information to the Board.

"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 the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals or other institutions 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 Board and the AOA shall be the sole judge of my credentials and qualifications for admission to the examination and for certification."

PLEASE PRINT OR TYPE

Medical Director name: _____

Name of Institution: _____

Medical Director signature: _____

Date: _____

After completion this form is to be returned directly to the following: American Osteopathic Board of Otolaryngology-Head and Neck Surgery, P.O. Box 24810, Huber Heights, OH 45424.

**AMERICAN OSTEOPATHIC BOARD OF
OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

Operating Under the Authority of the
American Osteopathic Association

SLEEP LABORATORY MEDICAL DIRECTOR'S REPORT

Applicant name: _____

Address: _____

The above named individual has applied for admission to the Certification Examination in Sleep Medicine, given by the participating certifying Boards of the American Osteopathic Association, and has identified your institution as the major site of his/her clinical practice. The Board would appreciate your assistance in determining the acceptability of this candidate for admission to this Examination. Please complete this form and return it directly to the Board no later than August 1st.

Does the applicant possess privileges in a certified sleep laboratory?

Yes No (If no, please comment)

Is the applicant recognized as a specialist in Sleep Medicine? Yes No

Please answer each of the following questions. Each question should be answered in the context of the applicant's sleep medicine practice. If an accurate answer cannot be given, or if an answer is negative, please comment on the following page.

THE CANDIDATE NAMED ABOVE: (if no, please comment)

Demonstrates the ability to make sound clinical judgments Yes No

Demonstrates a level of medical knowledge that is expected of a certified specialist in sleep medicine Yes No

Maintains a level of continuing scholarship expected of a certified specialist in sleep medicine Yes No

Provides a high quality standard of medical care Yes No

Demonstrates the proper humanistic qualities and moral and ethical behavior in relationship to the care of patients Yes No

(OVER)

TO YOUR KNOWLEDGE, HAS THE CANDIDATE NAMED ABOVE: (if yes, please comment)

Had his/her license to practice, in any jurisdiction, revoked, restricted or suspended? Yes___ No___

Been the subject of any disciplinary action by any medical society or staff within the past five years? Yes___ No___

Had a hospital appointment terminated or restricted or has he resigned after being notified he would be terminated or restricted within the past five years? Yes___ No___

Ever been convicted of a crime other than a minor traffic violation? Yes___ No___

Ever been involved in a proceeding in which professional malpractice was alleged? Yes___ No___

Been subject to disciplinary action for substance abuse? Yes___ No___

COMMENTS: (If more space is needed, please attach a separate sheet)

The physician listed on this form has signed an agreement which contains the paragraph printed below authorizing you to release information to the Board.

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PLEASE PRINT OR TYPE

Medical Director name: _____

Name of Institution: _____

Medical Director signature: _____

Date: _____

After completion this form is to be returned directly to the following: American Osteopathic Board of Otolaryngology-Head and Neck Surgery, P.O. Box 24810, Huber Heights, OH 45424.

BOS Conjoint Committee for Certification in Sleep Medicine

ATTESTATION OF SLEEP MEDICINE PROCEDURES

APPLICANT NAME: _____

ADDRESS: _____

DATE: _____

The above-named applicant has applied to sit for the conjoint added qualifications certifying examination in Sleep Medicine. The candidate must demonstrate to the satisfaction of this Board that they possess privileges in this certified sleep laboratory and have interpreted a minimum number of overnight polysomnographic (PSG) tests and multiple sleep latency tests (MSLTs) and/or maintenance of wakefulness tests (MWTs) either over the previous 2 years or over the preceding 5 years. Would you please attest to the number of procedures below that the applicant has been the primary operator?

_____ **has been the primary operator in** _____

PSG tests and _____ **MSLTs and/or** _____ **MWTs at this**

facility during the time period of _____ **to** _____.

(M/D/Y)

(M/D/Y)

Signature

Name of Institution (facility)

Printed Name

Title