



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

P.O. Box 24810
Huber Heights, OH 45424

Phone: 800-575-2145 - 937-235-9794
Fax: 937-235-9795
E-mail: info@aoboo.org

TO: AOBOO Diplomates Eligible for Recertification

FROM: Debra L. Bailey
Administrative Director

RE: **ELIGIBILITY FOR RECERTIFICATION**

PLEASE READ THE ACCOMPANYING REQUIREMENTS FOR
RECERTIFICATION AND SUBMIT THE APPLICATION AND ALL
MATERIALS BY **MARCH 1st or AUGUST 1st.**

Diplomates are strongly encouraged to submit the following materials as
soon as possible so that any inconsistencies may be addressed and
resolved in a timely manner.

- _____ A copy of the diplomate's current unrestricted state
licensure or proof of military jurisdiction
- _____ A copy of the diplomate's AOA record of continuing
medical education for the most recent *completed* three (3)
year cycle preceding application
- _____ AOA letter verifying diplomate's membership in good standing
- _____ Completed recertification application
- _____ One (1) recent passport-size photo
- _____ \$2,000 examination fee by personal check made payable to
the AOBOO.



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

P.O. Box 24810
Huber Heights, OH 45424

Phone: 800-575-2145 - 937-235-9794
Fax: 937-235-9795
E-mail: info@aoboo.org

APPLICATION FOR RECERTIFICATION EXAMINATION

Application Deadlines: March 1st and August 1st

Submit the completed application to:

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

Exam Fee:

\$2,000.00

EXAMINATION DATES AND LOCATIONS:

August 26, 2011 at the Westin Detroit Metropolitan Airport Hotel, Detroit, MI
May 2, 2012 at the Hyatt Grand Champions Resort, Palm Springs/Indian Wells, CA

Please indicate the Recertification Examination for which you are applying:

- | | |
|---|--|
| <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Otolaryngic Allergy |
| <input type="checkbox"/> Otolaryngology-FPS | |

Is this the first time you are taking a recertification examination? **Yes No (Circle)**

If no, please note dates of prior attempt(s): _____

CANDIDATE INFORMATION:

AOA # _____ Application Date: _____

Name: _____

Street: _____

City/State/ZIP+4: _____

E-Mail: _____

Phone: Home () _____ Office () _____ Cell () _____

Date joined AOA: ____/____ Are you currently a member in good standing? **Yes No (Circle)**

Member of state or divisional society? **Yes No (Circle)**

List group(s) and date joined:



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

P.O. Box 24810
Huber Heights, OH 45424

Phone: 800-575-2145 - 937-235-9794
Fax: 937-235-9795
E-mail: info@aoboo.org

RECERTIFICATION EXAMINATION RELEASE STATEMENT

I hereby agree to disqualification from examination and to forfeiture of fee or 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 Boards of Ophthalmology and Otolaryngology.

I agree to hold the American Osteopathic Association, the American Osteopathic Boards of Ophthalmology and Otolaryngology, 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 Boards of Ophthalmology and Otolaryngology 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 Boards of Ophthalmology and Otolaryngology, 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 Boards of Ophthalmology and Otolaryngology, and if certified by the Board of Trustees of the American Osteopathic Association, any violation of ethical conduct on my part, particularly as it is related to hospital procedures or surgical practice, shall be deemed cause for revocation of my certificate by the American Osteopathic Association.

I hereby certify that all information recorded on this application and on any accompanying documents is accurate and supports my application for recertification for which I now apply. And I agree to full compliance with the statements set forth above.

PLEASE PRINT LEGIBLY

Name of Diplomate: _____

Signature: _____

Date: _____