



AMERICAN OSTEOPATHIC BOARD OF PATHOLOGY

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8227 - Fax (312) 202-8422 - aobpath.org

TO: ALL CANDIDATES: (Forensic Pathology Certification)

FROM: ELLEN WOODS, MSC
Director, Certifying Board Services

SUBJECT: FORENSIC PATHOLOGY (CSQ) CERTIFICATION EXAMINATION
Fall 2010 – October 23-24, 2010 – San Francisco, California
(Hotel TBA)

PLEASE READ THE ACCOMPANYING GUIDELINES AND SUBMIT ALL MATERIALS BY **Friday, July 23, 2010**. However, we strongly encourage candidates to submit the following material as soon as possible so that any inconsistencies are addressed and verified in a timely manner.

_____ Application fee of \$50.00 (non-refundable), payable to AOBPathology
_____ Examination fee, payable to AOBPathology
_____ Completed certification application
_____ Appeals Policy Documentation

DOCUMENTATION OF:

_____ Curriculum Vitae/Resume

_____ Osteopathic Degree

_____ Internship completion (certificate)

_____ Residency completion (certificate)

_____ Documentation of completion of AOA approved residency training program attested to by Trainer or Accredited Designee

_____ Letter from AOCP, Secretary, indicating completion and approval of residency program

_____ Two (2) letters of recommendation from osteopathic physicians, one of which **must** be from Trainer(s)

_____ Evidence of licensure in which practice is conducted (photocopy of current license(s))

_____ AOA membership card (or verification letter from Membership)

_____ Letter from hospital administrator stating percentage of time spent in hospital.

_____ 2 passport-size photos (Pictures must be recent and in the format requested)

_____ CME and/or other documentation of related training. CME 120 hours (every 3 years). 30 hours in Category 1-A and 90 hours in Category 1A, 1B, 2A or 2B and at least 50 hours in primary specialty. For more information, please see CME FAQs on the AOBPathology website.
(WHEN APPLICABLE)



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APPLICATION FOR 2010 FORENSIC PATHOLOGY CSQ CERTIFICATION EXAMINATION

Application Deadline: Friday, July 23, 2010

Submit completed application to:

American Osteopathic Board of Pathology
142 E. Ontario Street, 4th Floor
Chicago, IL 60611

Attach recent
passport size
photograph here
and include an
additional copy
of photograph
with application.

EXAM INFORMATION

The 2010 administration will be **October 23-24** in San Francisco, CA during the AOA Annual Meeting.

Select Certification Exam(s) and Component(s) for which you are applying:

- Forensic Pathology Certificate of Special Qualifications (CSQ): () ALL (written/oral/practical)

Is this the first time you are taking an examination? _____

If no, specify which exam(s) and date(s) of prior attempts: _____

Examination Fees:

- Application Fee: \$50.00 (required per application) **\$50.00**
- Written: \$600.00 \$ _____
- Practical: \$600.00 \$ _____
- Oral: \$600.00 \$ _____
- All 3 Components: \$1,800.00 \$ _____
- Any two full-component examinations: \$3,000.00 \$ _____

TOTAL: \$ _____

Instructions: All items listed below *must* be completed except where indicated as not applicable (N/A)

CANDIDATE INFORMATION

AOA # _____ Date Submitted (mm/dd/yyyy): _____

Name: _____

Street: _____

City/State/ZIP+4: _____

E-Mail: _____

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



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

Member of state or divisional society? **Yes No (Circle)** Identify group(s) and Date Joined: _____

PROGRAM DIRECTOR INFORMATION

Program Name: _____

Program Director Name: _____

Program Director Email Address: _____

Program Director Phone: _____

ACADEMIC BACKGROUND INFORMATION

UNDERGRADUATE

College Name: _____

Date of Graduation:

Day: _____ **Month:** _____ **Year:** _____ **Degree:** _____

City: _____ **State:** _____

MEDICAL SCHOOL

Osteopathic College Name: _____

Date of Graduation:

Day: _____ **Month:** _____ **Year:** _____ **Degree:** _____

City: _____ **State:** _____

POST-GRADUATE TRAINING:

Internship Hospital: _____

City: _____ **State:** _____ **ZIP:** _____

Dates of Training:

Month: _____ **Day:** _____ **Year:** _____ **To:** **Month:** _____ **Day:** _____ **Year:** _____



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Residency Hospital: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Dates of Training:

Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

2nd Residency Hospital: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Dates of Training:

Month: _____ Day: _____ Year: _____ To: Month: _____ Day: _____ Year: _____

Date of Graduation: _____

Training in: () Forensic Pathology, Years: _____

Termination Date of AOA Board Eligibility: _____

Documents that *must* be submitted with application:

- Copy of diploma from accredited osteopathic college of medicine.
- Certificate of AOA approved internship or equivalent.
- Documentation of completion of AOA approved residency training program attested to by Trainer or Accredited Designee.
- Letter from AOCP, Secretary, indicating completion and approval of residency program.
- Evidence of successful completion of On Site Evaluation if necessary (inspection scheduled after application received)
- Two (2) letters of recommendation from osteopathic physicians, one of which **must** be from Trainer(s).
- Evidence of active membership status in American or Canadian Osteopathic Association.
- Evidence of Licensure in State or Province in which practice is conducted (photocopy of current license)
- Letter from hospital administrator stating percentage of time spent in hospital.
- Hospital administrator's name: _____
- Pathologist Trainer's name: _____

Documentation of other information may be requested at the discretion of the American Osteopathic Board of Pathology.

Application Fee must accompany application when it is submitted.



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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 Pathology.

I agree to hold the American Osteopathic Association, the American Osteopathic Board of Pathology, 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 Pathology 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 Pathology 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 Pathology 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 pathology 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 any accompanying documents are accurate and support my application for certification, for which I now apply. And I agree to full compliance with the information set forth above.

Signature of applicant: _____

Date: _____



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AMERICAN OSTEOPATHIC ASSOCIATION APPLICATION FOR BOARD ELIGIBLE CLASSIFICATION

Please Type or Print Neatly

Return all copies of this form to the secretary of the appropriate examining board.

TO BE COMPLETED BY APPLICANT

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Osteopathic College: _____ Graduation Date: _____

Internship Site: _____ Dates _____ to _____
Mo Day Yr Mo Day Yr

Residency Site: _____ Specialty: _____

Dates _____ to _____
Mo Day Yr Mo Day Yr

Residency Site: _____ Specialty/
Subspecialty: _____

Dates _____ to _____
Mo Day Yr Mo Day Yr

Residency Site: _____ Specialty/
Subspecialty: _____

Dates _____ to _____
Mo Day Yr Mo Day Yr

AOA Membership: From _____ to _____

(Note: at the time of presentation of certificate, a candidate must have been an AOA member for at least the immediately preceding *two* years).

I request to be registered as board eligible in: _____
Specialty/Subspecialty

Signature: _____ Date: _____

TO BE COMPLETED BY EXAMINING BOARD

Return Bureau Copy to Certifying Board Services, AOA Central Office.
American Osteopathic Board of Pathology

- | | |
|----|---|
| 1. | This board has reviewed the above named candidate's credentials and the candidate has documented AOA approval of all training |
| 2. | In lieu of an AOA-approved residency training program the above named candidate has met this Board's practice requirement. |
| 3. | This Board has verified the AOA membership of the above named candidate. |

Date registered: _____ Date Board eligibility will terminate: _____

Signature: _____ Date: _____
Examining Board Secretary



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APPEALS POLICY

The American Osteopathic Board of Pathology is committed to assuring that aggrieved candidates for certification have access to an appeal concerning the certification and recertification examinations. In accordance with the policies of the American Osteopathic Association (AOA), candidates for certification may appeal decisions of the AOBPa to the AOA Bureau of Osteopathic Specialists (BOS). Thereafter, where necessary, candidates may appeal the decision of the BOS to the Board of Trustees of the AOA. Before pursuing an appeal within the AOA, candidates shall appeal decisions to the AOBPa related to the examination in accordance with the following policy:

A. Initial Appeal

1. Scope of Appeal

- a. Appealable Issues. Candidates may appeal to the AOBPa to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice of a member of an examination team or failure to follow established examination procedures).
- b. Non-Appealable Issues. The AOBPa 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.

2. Procedure for Appeal.

- a. Appeal Petition. In order to appeal concerning the examination, a candidate must set forth the basis for his/her appeal on an Appeal Petition and submit the form to the Board. Appeal Petitions will be provided to all certification candidates prior to the commencement of the examination. The appellant must submit the completed Appeal Petition to the Board or Board representative within thirty (30) days after he/she has completed the written/practical examinations only or within **two hours** after he/she has completed any oral examination.
- b. Late Appeals. All appeals submitted after the two hour deadline for oral exams and 30 day deadline for written/practical exams for submission of the Appeal Petition will be denied.
- c. Evaluation of Appeal. Each appeal submitted on an Appeal Petition within two hours of completion of the oral examination and 30 days for written/practical exams will be considered by the AOBPa's Examination Committee. A majority vote of the Committee will determine whether the AOBPa accepts or denies the appeal.
- d. Notification of Candidates. Candidates will be advised by the AOBPa of the Examination Committee's decision by certified mail.

3. Effect of Decision.

- a. Decision to Accept Appeal.
 - i. No Scoring or Recording of Exam. If the Appeal Committee accepts an appeal, then the candidate's examination will not be scored or recorded.
 - ii. 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



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responsibility of the candidate.) At that time, the examination will be conducted by a different examination team. The candidate's original application documents will be utilized and the examination will be conducted in accordance with the format for the current examination.

- iii. 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 Executive Committee.

B. Further Appeals.

1. Current Examination. The candidate whose appeal is accepted by the Board shall not have the right to further appeal the current examination results to either the Bureau or to the AOA.
2. Subsequent Examination. The candidate whose appeal is accepted by the Board shall not have the right to appeal the next scheduled examination to the Board under this Policy. However, the candidate shall have the right to appeal to the Bureau.
3. Decision to Deny Appeal. If an appeal is denied by the Board's Appeals Committee, the candidate shall have the right to appeal to the Bureau. Candidates interested in appealing to the Bureau should contact the American Osteopathic Association, Department of Education, Division of Certification, and 142 East Ontario St., Chicago, IL 60611.

Your signature indicates that you have read and understand the above:

Print Name:

Signature:

Date: