



American Osteopathic Board of Pathology

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8227 - Fax (312) 202-8224 – aobpath.org

TO: ALL CANDIDATES (Pathology Recertification)

FROM: ELLEN WOODS, MSC
Director, Certifying Board Services

SUBJECT: RECERTIFICATION EXAMINATION
Fall 2011 – October 30, 2011 – Orlando, Florida
(Hotel TBA)

PLEASE READ THE ACCOMPANYING GUIDELINES AND SUBMIT ALL MATERIALS BY **Friday, July 29, 2011**. 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 recertification application
_____ Appeals Policy Document

DOCUMENTATION OF:

_____ Curriculum Vitae/Resume

_____ Current state license(s)

_____ AOA membership card (or verification letter from Membership)

_____ 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 AOBPath website.

_____ If applicable, submit evidence of medical staff privileges and scope of healthcare organization privileges. Applicant who is not a member of the staff of a health care facility must submit a description of his/her practice.



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APPLICATION FOR 2011 RECERTIFICATION EXAMINATION

Application Deadline: Friday, July 29, 2011

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

Submit completed application to:
Ellen Woods, MSC
American Osteopathic Board of Pathology
142 E. Ontario Street, 4th Floor
Chicago, IL 60611

EXAM INFORMATION

The 2011 administration will be **October 30** in Orlando, FL during the AOA Annual Meeting.

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

- Anatomic Pathology Board Recertification: () ALL (written/practical)
- Laboratory Medicine Board Recertification: () ALL (written/practical)
- Forensic Pathology Board Recertification (CSQ): () ALL (written/practical)
- Dermatopathology Recertification (CAQ): () ALL (written/practical)

Is this the first time you are taking a recertification examination? _____

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

CANDIDATE INFORMATION

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

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)** Identify group(s) and Date Joined: _____

How would you like your name to appear on your certificate?

(Please include all pertinent information including: First, Middle, and Last Names, and Suffixes (i.e. DO)—It is recommended that your full middle name be used).

First Middle Last Suffixes



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EXAM FEES

Application Fee: \$50.00 (required per application)	\$50.00
Written & Practical Exam: \$900.00 (applies to all categories)	\$ _____
Fee to take any 2 recertification exams: \$1,550.00	\$ _____
Fee to take all 3 recertification exams: \$2,350.00	\$ _____
Total	\$ _____

Fee Payable via check or credit card - Make check payable to: AOBPa

Credit card type: _____ Name on credit card: _____

Account number: _____ Expiration Date: _____

Security code (3 numbers found on the back of your credit card): _____



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RE-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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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: