



AMERICAN OSTEOPATHIC BOARD OF PHYSICAL MEDICINE & REHABILITATION

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8226 - Fax (312) 202-8422 - aobpmr@osteopathic.org

TO: CANDIDATE (General Certification Examination)

FROM: ELLEN WOODS, MSC
Director, Certifying Board Services

SUBJECT: GENERAL CERTIFICATION EXAMINATION
Fall 2010 – October 23 & October 24, 2010 – San Francisco, CA

PLEASE READ THE ACCOMPANYING GUIDELINES AND SUBMIT ALL MATERIALS BY **July 15, 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.

_____ Non-refundable check payable to AOBPMR for \$1000 global processing & exam fee
(includes both Part I written and Part II oral)

_____ Completed application

DOCUMENTATION OF:

_____ CV/Resume

_____ Osteopathic degree

_____ Internship completion (certificate)

_____ Residency completion (certificate)

_____ Current state license(s)

_____ Current membership in AOA (copy of membership card or letter from membership)

_____ Three (3) passport size photos (picture must be recent)

_____ Three (3) letters of reference

_____ Questions: each applicant must submit 5 multiple choice questions with references and page numbers. See “Item Writing Guide” on the AOBPMR website for more information.



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AOBPMR GENERAL CERTIFICATION EXAMINATION TEST SPECIFICATIONS

CATEGORY

- | | | |
|------|--|-----|
| I. | Joint/Connective; Pediatric rehabilitation; Rehabilitation of brain dysfunction Rehabilitation of nerve and muscle disease and Rehabilitation of spinal cord injury | 39% |
| II. | Cancer/cardiac/pulmonary/burn rehabilitation; Physiatric therapeutics and Prosthetics/orthotics/assistive devices | 22% |
| III. | Electrodiagnostic medicine; Industrial/occupation rehabilitation; Musculoskeletal/sports rehabilitation medicine and Osteopathic manipulative treatment | 39% |



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APPLICATION FOR 2010 CERTIFICATION EXAMINATION

Application Deadline: July 15, 2010

Submit completed application to:

American Osteopathic Board of Physical Medicine & Rehabilitation
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 & October 24** in San Francisco during the AOA Annual Convention.

APPLICATION FOR ENTRY INTO THE CERTIFICATION PROCESS

<submit with CV/resume and check for \$1,000 global processing & exam fee>
< check for \$400 for re-take fee>

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

- General Certification: () ALL () Written () Oral
- Re-take General Certification () ALL () Written () Oral

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

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

CANDIDATE INFORMATION

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

Name: _____

Business
Street: _____

City/State/ZIP+4: _____

Name: _____

Home
Street: _____

City/State/ZIP+4: _____

Mailing Address – Use Home _____ or Office _____



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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: _____

ACADEMIC BACKGROUND INFORMATION

D.O. Degree (School/Dates): _____

Internship (Type/Location/Dates): _____ AOA approved Y/N or Pending

Residency (Type/Location/Dates): _____ AOA approved Y/N or Pending

Residency (Type/Location/Dates): _____ AOA approved Y/N or Pending

Fellowships (Type/Location/Dates): _____ AOA approved Y/N or Pending

Certifications (Board, Certificate #, Date issued): _____

Licenses Held (State, license #, Date issued): _____

NOTE: Copies of corresponding Diplomas, Certificates, and Licenses **MUST** be provided, but do not have to accompany submission of this application.

Current Practice Setting: _____
(Type/Location/Dates)

Hospital Affiliations: _____
(Status/Facility/Location/Dates)

CV/resume should list Other Professional Organization Memberships or Affiliations (National, Regional, & Specialty Societies), Publications, and any other information you may wish to provide.

(Please **SIGN** and **DATE** above this line, both on this page and the second page, attesting to the veracity of your application.)
Falsification of any submitted information is grounds for disqualification from AOBPMR certification.



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THREE PHYSICIAN REFERENCES (Two MUST be Board Certified Physiatrists)

These letters must be mailed directly to the **Board** by the provider, using appropriate letterhead stationary.

Name: _____

Credentials Reference Check

Address: _____

City/State/ZIP+4: _____

E-Mail: _____

Business Phone: (____) ____ - _____

Name: _____

Credentials Reference Check

Address: _____

City/State/ZIP+4: _____

E-Mail: _____

Business Phone: (____) ____ - _____

Name: _____

Credentials Reference Check

Address: _____

City/State/ZIP+4: _____

E-Mail: _____

Business Phone: (____) ____ - _____



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**JULY 15TH ANNUAL POSTMARK DEADLINE FOR THIS FORM & ACCOMPANYING \$1000 FEE.
ALL SUPPORTING DOCUMENTATION REQUIRED WITH APPLICATION.**

**ALL DOCUMENTS MUST BE VERIFIED PRIOR TO SUBMISSION OF ANY CANDIDATE TO THE
AOA (BOS) BUREAU OF OSTEOPATHIC SPECIALISTS FOR APPROVAL OF CERTIFICATION.**

- (1) Non-refundable check payable to AOBPMR for \$1,000 global processing & exam fee (includes both initial exams – Part I written and Part II oral). Note: Re-take fee is \$400. Credit card payments are acceptable. Please call 1-800-621-1773 ext. 8226.
- (2) A minimum of two consecutive years of AOA membership is required prior to eventual certification date.
- (3) Satisfactory completion of AOA approved Internship (*separate AOA application process needed for allopathic training programs*).
- (4) Satisfactory completion of AOA approved 3-year Residency in PMR (*separate AOA application process needed for allopathic training programs*).
- (5) **OSTEOPATHIC RESIDENCY** - Submit signed Program Director's Annual Evaluations (for each year of PMR training) & and the separate Final Summary to the **American Osteopathic College of Physical Medicine & Rehabilitation. Attention: Stephanie Wilson (email: Stephanie.wilson@aocpmr.com) (fax: 908-213-8903).**
- (6) Initially sit for examination no later than December 31st of the sixth year following completion of PMR training, unless waiver petition granted.
- (7) Pass Part I (Written) Examination administered (twice annually) each Spring and Fall; which may be taken in the final three-months prior to Residency ending.
- (8) Possession of unrestricted state license required prior to registration sign-up deadline for sitting for Part II (Oral) Exam.
- (9) Pass Part II (Oral) Exam, offered only in the Fall, with prerequisite of one-year full time Physiatry practice, acceptable Fellowship training post-Residency or a combination of these.
- (10) Although Parts I & II may be taken on the same weekend, passing Part II (Oral) is contingent on concurrent or subsequent passing of Part I (Written).

Fall Exams are held the weekend immediately preceding the AOA Convention opening session, with Part I on Saturday and Part II on Sunday. **Note the July 15th deadline to register in writing for any Fall exam. Non-approved withdrawal after that date is considered failing the exam.**

*** Any additional AOA application procedures will be explained, and forms provided as needed, after review of this AOBPMR application***

**(Please SIGN and DATE above this line, both on this page and the first page, attesting to the veracity of your application.)
Falsification of any submitted information is grounds for disqualification from AOBPMR certification.**



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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 Physical Medicine and Rehabilitation.

I agree to hold the American Osteopathic Association, the American Osteopathic Board of Physical Medicine and Rehabilitation, 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 Physical Medicine and Rehabilitation 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 Physical Medicine and Rehabilitation 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 Physical Medicine and Rehabilitation 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 physical medicine and rehabilitation 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: _____

Printed Name: _____

Date: _____

APPEALS POLICY OF THE AMERICAN OSTEOPATHIC BOARD OF PHYSICAL MEDICINE AND REHABILITATION

The American Osteopathic Board of Physical Medicine and Rehabilitation is committed to assuring that aggrieved candidates for certification have access to an appeal process to address concerns regarding all certification and recertification examinations and other decisions of the AOBPMR. In accordance with the policies of the American Osteopathic Association (AOA), candidates for certification may appeal decisions of the AOBPMR to the AOA Bureau of Osteopathic Specialists (BOS). Thereafter, where necessary, candidates may appeal the decision of the BOS to the Board of Trustees. **BEFORE PURSUING AN APPEAL WITH THE AOA, CANDIDATES FOR CERTIFICATION FROM THE AOBPMR SHALL FIRST APPEAL DECISIONS RELATED TO ANY EXAMINATION TO THE AOBPMR AS SET FORTH IN THE FOLLOWING POLICY.**

- I. Scope of Appeal
 - A. Appealable Issues. Candidates may appeal to the AOBPMR to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice/unfairness of the exam or of a member of an examination team or failure to follow established examination procedures).
 - B. Non-Appealable Issues. The AOBPMR 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.
- II. Procedure for Appeal.
 - A. Appeal Request Form. In order to appeal concerning the examination, a candidate must set forth the basis for his/her appeal on an Appeal Request Form and submit the form to the chairman of the AOBPMR. Appeal Request Forms are available to all certification candidates on the AOBPMR website. Additional copies of the Appeal Request Form can be made available upon request at the examination site. The appellant must submit the completed Appeal Request Form to the board within 30 days of receipt of notification of failure in the case of all written exams or within **two hours** after he/she has completed any oral examination.
 - B. Late Appeals. All appeals submitted after the thirty (30) day deadline for written exams or the two hour deadline in case of an oral exam will be denied.
 - C. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered by the AOBPMR. A majority vote of the Board will determine whether the AOBPMR accepts or denies the appeal.
 - D. Notification of Candidates. Candidates will be advised by the AOBPMR of the decision by certified mail.
- III. Effect of Decision.
 - A. Decision to Accept Appeal.
 1. No Scoring or Recording of Exam. If the Board accepts an appeal, then the candidate's examination will not be recorded in the case of a written exam or scored and recorded in the case of an oral exam. 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 responsibility of the candidate.) In the case of an oral examination, the examination will be conducted by a different examination team. The candidate's original logs may be utilized and the examination will be conducted in accordance with the format for the current examination.
 2. 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 Board.
 3. Further Appeals.
 - a. Current Examination. The candidate whose initial appeal is accepted by the board shall *not* have the right to further appeal of the current examination results, either within the AOBPMR or to the AOA.
 - b. Subsequent Examination. The candidate whose initial appeal is accepted shall *not* have the right to appeal the next scheduled examination to the AOBPMR under this Policy. However, the candidate shall have the right to appeal to the AOA.
 - B. Decision to Deny Appeal. If the initial appeal is denied by the AOBPMR, the candidate shall have the right to appeal to the AOA. Candidates interested in appealing to the AOA should contact the American Osteopathic Association, Department of Education, Division of Certification, and 142 East Ontario St., Chicago, IL 60611.



American Osteopathic Board of Physical Medicine & Rehabilitation

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Barboursville, WV

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Ellen Woods, MSC
Chicago, IL

TO: Candidates for Certification in Physical Medicine and Rehabilitation

**FROM: Executive Committee
American Osteopathic Board of Physical Medicine and Rehabilitation**

RE: Appeal Policy for Physical Medicine and Rehabilitation

As required by the American Osteopathic Association (AOA) Bureau of Osteopathic Specialists (BOS), it is the responsibility of the American Osteopathic Board of Physical Medicine and Rehabilitation (AOBPMR) to offer all candidates a primary appeal mechanism prior to pursuing those appeal mechanisms offered by the BOS Bureau of the Osteopathic Specialists and/or the AOA Board of Trustees.

Acknowledgement of your receipt of the AOBPMR Appeal Policy is required prior to sitting for the certification examination and is verified by your signature below.

I, (print name)
acknowledge receipt of the AOBPMR examination Appeal Policy.

(Signature)

(Date)