

---

# APPLICATION FOR CAQ RECERTIFICATION IN HAND SURGERY EXAMINATION

---

*American  
Osteopathic Board of  
Orthopedic Surgery*

The CAQ in Hand Surgery recertification examination is given in the fall of the year at the time of the annual meeting of the American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. The exact time and date of the examination will be on our website [www.aobos.org](http://www.aobos.org) in the Calendar of Events.

**Submit:**

1. This signed application.
2. Examination fee of \$2,500.00.
3. Application and fee must reach the office of the Executive Director of the American Osteopathic Board of Orthopedic Surgery prior to August 15<sup>th</sup> of the year the examination is given.
4. A copy of your unrestricted state license.
5. A letter from the AOA confirming you are in good standing. NOTE: It is your responsibility to obtain this letter and send in with application. This information can be requested from the AOA via:
  - a. Email: [msc@do-online.org](mailto:msc@do-online.org)
  - b. Fax: (312) 202-8206
  - c. Phone: (800) 621-1773, press 1

**State License:** I hold an unrestricted license to practice in the state or territory where my practice is conducted.

Yes       No

I hereby affirm that I have been previously certified in orthopedic surgery by the American Osteopathic Board of Orthopedic Surgery, that I am a member in good standing of the American Osteopathic Association, and further that I will personally appear for the examination and supply suitable identification if requested.

**SIGNATURE:** \_\_\_\_\_

**DEADLINE FOR APPLICATION IS AUGUST 15TH**

NAME _____	AOA No. _____
ADDRESS _____ _____	DATE _____
TELEPHONE _____	EMAIL _____

Send to:      **AOBOS**  
1117 Stone Street, Suite 4  
Port Huron, MI 48060

Phone:      (877) 982-6267  
Fax:         (810) 984-2530

**READ AND SIGN THE FOLLOWING PAGE**

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to CAQ in Hand Surgery recertification. This action is made in accordance with and subject to the Constitution, Bylaws, Regulations, and Requirements of the AOBOS and the American Osteopathic Association (AOA). I understand that the CAQ in Hand Surgery examination is a proprietary document of the AOBOS and AOA, and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of CAQ in Hand Surgery or to the surrender of such CAQ in Hand Surgery as directed by the AOBOS and/or the AOA in the event that any of the statements made by me in this application are false, or in the event any of the bylaws, rules, regulations, and requirements governing such examinations are violated by me, or in the event that I do not comply with any of the provisions of the Constitution, Bylaws, Regulations, or Requirements of the AOBOS or the AOA. I agree that my professional qualifications, including my moral and ethical standing in the osteopathic 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 or licensing bodies, hospitals, program directors, and other institutions as the Board may deem appropriate with respect to such matters; and I agree that the sources of 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 any persons acting on my behalf. I agree that the AOBOS and the AOA shall be the sole judges of my credentials and qualifications for admission to the examination for CAQ in Hand Surgery.

I hereby release, discharge, exonerate, and agree to hold harmless the AOBOS, the AOA, their members, examiners, trustees, officers, representatives, and agents and free from any action, suit, obligation, damage, expense, claim, demand, or complaint by reason of any action they or anyone of them may take in connection with this application, such CAQ in Hand Surgery examinations, the grade or grades given with respect to any CAQ in Hand Surgery examination, and/or failure of the AOBOS to recommend issuance to me of the CAQ in Hand Surgery, or the revocation of any CAQ in Hand Surgery issued pursuant to this application. It is understood that the decision as to whether my performance on any CAQ in Hand Surgery examination qualifies me for CAQ in Hand Surgery rests solely and exclusively with the AOBOS and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the recertification examination and or administration, or any other issue relating to the recertification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the AOBOS or AOA.

I have this date carefully read and agreed to full compliance with the forgoing.

\_\_\_\_\_, D.O.

Date \_\_\_\_\_