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# APPLICATION FOR CLINICAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

The Clinical Examination is conducted at your practice hospital(s) usually during the months of June, July, and August or December, January and February. Time and place will be determined by you and the senior examiner.

**Submit:**

1. This signed application. [*Signature required on the following form.*]
2. Examination fee of two thousand seven hundred fifty dollars (**\$2,750.00**). If not accepted for examination, the Board will return two thousand five hundred dollars (\$2,500.00).
3. Your logs should be submitted both printed and on a CD. These logs shall include all major cases performed for at least (12) twelve consecutive months since entering orthopedic practice. To be accepted, **NO LESS THAN 200 MAJOR CASES** must be documented.
4. A completed **Hospital Location Sheet**.
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: e-mail; [msc@osteopathic.org](mailto:msc@osteopathic.org), fax: (312) 202-8206, or phone: (800) 621-1773, press 1.
6. A copy of your unrestricted state license.
7. Affidavit from hospital administrator or medical director attesting that your practice is 75% orthopedic medical and surgical practice.
8. Mortality Review Summary Report. See page 41 for instructions.
9. Applicant must attach a copy of their Fellowship Certificate, if a fellowship was completed.

**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 the case logs attached to this application are surgical cases performed by me and are not first assists or the work product of any other person, and that further, I have been a member in good standing of the American Osteopathic Association for a period of more than two (2) years prior to the submission of this application.

Signature \_\_\_\_\_

Name \_\_\_\_\_ AOA # \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Practice Subspecialty \_\_\_\_\_

Submit to: **AOBOS**, 800 Military Street, Suite 307, Port Huron, MI 48060

**DEADLINES** for application: Feb. 15<sup>th</sup> for summer exams, Aug. 15<sup>th</sup> for winter exams. ***Logs and required supporting documentation that is received after these application deadlines will not be accepted.***

I hereby make application to the American Osteopathic Board of Orthopedic Surgery (AOBOS) for examination leading to primary certification in Orthopedic Surgery. 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 certifying 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 also understand that my examination score, subscale scores, and performance information shall be the property of the AOA and the AOBOS and understand they may provide such information on a confidential basis to the American Osteopathic Academy of Orthopedics (AOAO) for purposes of improving postdoctoral education programs.

I agree to disqualification from examination or from issuance of certification or to the surrender of such certification 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 AOBOS and that the AOBOS 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.

I agree that the sources of all information furnished to the AOBOS 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 certification.

I hereby release, discharge, exonerate, and agree to hold harmless the AOA, the AOBOS, 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 any one of them may take in connection with this application, such certifying examinations, the grade or grades given with respect to any certifying examination, and/or failure of the AOBOS to recommend issuance to me of the certification, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any certification examination qualifies me for certification rests solely and exclusively with the AOBOS and the AOA, and that their decision is final. I also agree that the extent of any liability arising out of errors or omissions or other misconduct of the AOBOS or the AOA shall be limited to the amount of fees paid to the AOBOS and AOA in connection with the board certification process.

In the event that any dispute shall arise concerning the certification examination's content and/or administration, or any other issue relating to the certification 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, without regard to its provisions concerning conflict of laws, 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.

I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
D.O.  
Print Name