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# APPLICATION FOR ORAL EXAMINATION

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*American  
Osteopathic Board of  
Orthopedic Surgery*

NOTE: **You must be Board Eligible to take the Oral Exam!** This is not automatic, and requires an application. (See Board Eligible section starting on page 9.) The Oral Examination is given in the fall of the year, one day prior to the opening of the annual meeting of the American Osteopathic Academy of Orthopedics at the Annual Clinical Assembly. Examination times will be assigned fifteen (15) days before the Examination.

***Submit:***

1. This signed application. [*Signature required on the following form.*]
2. Examination fee of one thousand, two hundred fifty dollars (**\$1,250.00**).
3. Application and fee must reach the AOBOS office no later than August 15<sup>th</sup> of the year the Examination is given.

I hereby affirm that I have successfully completed the Written Examination, 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.

Signature: \_\_\_\_\_

**DEADLINE FOR APPLICATION IS AUGUST 15<sup>th</sup>**  
(No applications will be accepted after Aug. 15<sup>th</sup>)

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

Address \_\_\_\_\_

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

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

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

(CHECK ONE) I am a  Fellow  In Practice  Other: \_\_\_\_\_

Type (and location) of Fellowship \_\_\_\_\_

**While I understand AM or PM session preferences cannot be guaranteed, I would prefer the examination session indicated.**  AM  PM  No Preference (check one)

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

**READ AND SIGN THE FOLLOWING FORM**

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