
BOARD ELIGIBILITY

*American
Osteopathic Board of
Orthopedic Surgery*

Board Eligibility is necessary to participate in the AOBOS certification process. The only exception is the Written Exam, when it is taken in the senior year of Orthopedic Residency.

Board Eligibility is ***not automatic!*** You must complete this application for official Board Eligibility status to take effect. This is to be done after completion of your Orthopedic Residency.

You shall be considered as board eligible for a period of six (6) years after the completion of your residency. Regardless of when you apply, your board eligibility will expire at the end of the sixth year following the completion of your residency program. For example, if the date you completed your residency was 6/30/2010 and you applied for board eligibility in 2010, your board eligibility would expire 12/31/2016.

Please complete the application form on the following page and submit along with the following documents and application fee.

Applicant must attach the following copies: (All documents must be enclosed.)

- Osteopathic Diploma
- Unrestricted State License
- Internship Certificate, if applicable
- Residency Certificate(s) or Affidavit from Hospital Administrator regarding completion of training
- AOA Board Eligible Application (following page)
- Application fee of one hundred dollars (\$100.00)

**THIS FORM IS TO BE
SUBMITTED UPON COMPLETION
OF RESIDENCY PROGRAM
(NOT BEFORE)**

APPLICATION FOR REGISTRATION AS BOARD ELIGIBLE

*American Osteopathic Board
of Orthopedic Surgery*

Name: _____
Last First Middle

AOA No: _____ E-mail Address: _____

Telephone: _____ Cell Phone: _____

Address: _____
Street City State Zip

AOA-APPROVED EDUCATION AND TRAINING

Osteopathic College: _____ Graduation Date: _____

Internship: _____ Date: _____ to _____
Hospital/Program mm/dd/yyyy mm/dd/yyyy

Residency: _____ Specialty: Orthopedic Surgery
Hospital/Program

Dates: _____ to _____
mm/dd/yyyy mm/dd/yyyy

Fellowship: _____ Subspecialty: _____
Hospital

Dates: _____ to _____
mm/dd/yyyy mm/dd/yyyy

If you do not want your fellowship information shared with the AOA and its respective specialty sections, please send the AOBOS a letter stating your desire to keep this information confidential and return your letter with this Board Eligible application.

AOA Membership: From _____ to _____

NOTE: At the time of presentation for certification, a candidate must have been an AOA member for at least the immediately preceding *two* years.

State License: I hold an unrestricted license to practice in the state or territory where my practice is conducted.
 Yes No

I request to be registered as Board Eligible in Orthopedic Surgery. 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.

Signature: _____ **Date:** _____

SEND TO: AOBOS, 800 Military Street, Suite 307, Port Huron, MI 48060

TO BE COMPLETED BY EXAMINING BOARD

1. This Board has reviewed the above named candidate's credentials and the candidate has documented AOA approval of all training listed above.
2. This Board has verified the AOA membership of the above named candidate.

Date registered: _____ Date board eligibility will terminate: _____

Signature: _____ Date: _____
(Examining Board – Executive Director)