

---

# APPLICATION FOR CAQ IN HAND SURGERY EXAMINATION

---

*American  
Osteopathic Board of  
Orthopedic Surgery*

The CAQ in Hand Surgery examination is given in the fall of the year at the time of the fall meeting of the American Osteopathic Academy of Orthopedics. 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 \$3,000.00.
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. Surgical log.
5. Copy of Fellowship certificate.
6. A copy of your unrestricted state license.
7. Copy of a letter from the AOA granting approval of Hand Fellowship program/training and stating that the program is complete.
8. 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:  
Email: [msc@osteopathic.org](mailto:msc@osteopathic.org) Fax: (312) 202-8206 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 _____
POST RESIDENCY FELLOWSHIP _____	
PROGRAM DIRECTOR/S _____	

Send to: **AOBOS**  
800 Military Street, Suite 307 Phone: (877) 982-6267  
Port Huron, MI 48060 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 a CAQ in Hand Surgery certification. 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 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 a 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 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 CAQ in Hand Surgery.

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 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 the 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. 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 CAQ in Hand Surgery 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