



# Handbook of the Bureau of Osteopathic Specialists (BOS)

## *Containing:*

Policies and Procedures of the BOS  
and AOA Specialty Certifying Boards

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## **BOS Mission Statement**

The AOA Bureau of Osteopathic Specialists (BOS) is the supervisory body for the approved specialty certifying boards of the American Osteopathic Association (AOA) and is dedicated to establishing and maintaining high standards for certification of osteopathic and non-osteopathic (MD and equivalent) physicians. The BOS ensures that all physicians it certifies demonstrate expertise and competence in their respective areas of specialization. The BOS is deeply committed to the delivery of quality healthcare to all patients by working with all approved AOA specialty certifying boards in the enhancement and continuous improvement of its certification process.

Following adoption by the BOS and approval by the AOA Board of Trustees in July 2010, the Handbook of the BOS underwent multiple iterations through 2021. The 13<sup>th</sup> Edition of the Handbook of the BOS was adopted by the BOS and approved by the AOA Board of Trustees in February 2023.

## **Article I. Authority**

A. The BOS will function under the auspices of the AOA Board of Trustees (BOT) for which it serves as an action and advisory body and from which it receives its purpose.

B. The BOS will take final action on specialty certifying board recommendations for certification, subspecialty certification, certificate of added qualification, and Osteopathic Continuous Certification (OCC) completion, subject to appeal, and report these actions to the BOT for information only. By BOS majority vote, amendments to the Handbook of the BOS or revisions to BOS policy and procedures will be submitted to the BOT for final action.

C. The BOS has procedural safeguards in place to assure that each pathway to osteopathic specialty certifying board certification results in recognition of a terminal level of educational achievement for the respective specialty.

## **Article II. Purpose**

The AOA, through the BOS, will:

1. Monitor the processes for all certifications, including primary certification, continuous certification, and certificates of added qualification.

2. Provide a mechanism to evaluate the validity and reliability of all certification and certificate examinations conducted by AOA specialty certifying boards.
3. Assess examination scores and pass rates and ensure notification of appropriate examination information to the Accreditation Council for Graduate Medical Education (ACGME). Pass rates will be provided, as well as individual physician examination results (pass/fail), to physicians' training programs.

### **Article III. Duties**

#### **A. The BOS will:**

1. Convene twice per year for an annual and a midyear meeting. The BOS Chair may convene a special meeting at their discretion with at least two (2) weeks' notice.
2. Advise specialty certifying boards with reference to defining and determining the scope of the specialty(s), subspecialty(s) and/or area(s) of added qualification coming under the certifying boards' jurisdiction.
3. Consider and act on amendments and/or revisions to processes submitted by the specialty certifying boards.
4. Stay up to date and informed of the activities of the specialty certifying boards to ascertain conformity to the standards and procedures adopted, and to advise them, where indicated, regarding corrections in their processes. If necessary, the BOS will make appropriate recommendations to the BOT when a specialty certifying board fails to conduct its affairs in an acceptable manner.
5. Provide recommendations to the BOT concerning the assignment or change in jurisdiction of a specialty, subspecialty, or area of added qualification.
6. Provide a mechanism to evaluate the validity and reliability of all certification and certificate examinations conducted by AOA boards.
7. Provide recommendations to the BOT regarding the development of a new certifying board.
8. Establish procedures to determine the qualifications of the applicants for certification, certificates of added qualification (CAQ), and Osteopathic Continuous Certification (OCC).

- 1           9. Review and approve candidates presented for certification, CAQ, and continuous  
2           certification by specialty certifying boards.

### 3                                   **Article IV. Membership**

4   The membership of the BOS will consist of the BOS Executive Committee and a representative  
5   from each of the active specialty certifying boards.

#### 6   **Section 1. Officers**

7           A. The AOA President, with approval of the AOA Board of Trustees, will appoint a Vice Chair  
8           as a member-at-large from the membership of the BOS Executive Committee.

9           B. The Chair, Vice Chair, and Immediate Past Chair must have commitment to and experience  
10          in postdoctoral training and certification, be AOA board certified, and fully participate in all  
11          components of Osteopathic Continuous Certification (OCC).

12          C. The Chair, Vice Chair, and Immediate Past Chair terms will be for three (3) consecutive  
13          non-renewable years.

14          D. The Chair cannot represent the same specialty as the Vice Chair or Immediate Past Chair.

15          E. On completion of a three (3) year term, the Vice Chair will serve as Chair.

16          F. On completion of a three (3) year term, the Chair will serve as Immediate Past Chair.

17          G. On completion of a three (3) year term, the Immediate Past Chair's service on the BOS will  
18          conclude.

19          H. BOS term limit rules do not apply to the Chair, Vice Chair, and Immediate Past Chair  
20          leadership track.

21          I. In the event of a vacancy in the office of Chair or Vice Chair, the Vice Chair or most senior  
22          osteopathic physician member on the BOS Executive Committee will function as Chair or  
23          Vice Chair until the next regular meeting.

24          J. The BOS Chair will assume temporary leadership of a specialty certifying board, with  
25          restricted powers, to maintain its operating continuity until the next meeting of the BOS if  
26          that board ceases to function for any reason. In this capacity the Chair will arrange for the  
27          evaluation of candidates' credentials and for their examination but will not participate in the  
28          evaluation or examination.

**Section 2. Representatives from Specialty Certifying Boards**

- A. There will be one (1) representative, and one (1) alternate representative elected by and from the membership of each specialty certifying board. The results will be submitted within thirty (30) days to the BOS Secretary. If the representative is unable to attend a BOS meeting, the alternate representative will be empowered to act on their behalf but will not act in place of the representative on a committee.
- B. BOS representatives and alternate representatives must hold an active AOA board certification and fully participate in all components of OCC.
- C. BOS representative and alternate representative appointments are staggered and limited to no more than four (4) 3-year terms (lifetime of twelve (12) years). When a BOS representative or alternate representative has reached their term limit, they may not serve on the BOS in any capacity. Boards demonstrating hardship may petition the BOS Executive Committee for an exception to this policy.
- D. BOS representative and alternate representative terms on the BOS commence on August 1 of the year of appointment.
- E. BOS representative and alternate representative terms conclude on July 31 of the third year of the term.

**Section 3. Secretary**

- A. The BOS Secretary will be named by the AOA Chief Executive Officer.
- B. The BOS Secretary will have the following responsibilities:
  - 1. Keep a record of all meetings, transactions, and actions of the BOS and assist the Chair in other duties as appropriate.
  - 2. The policies and procedures as adopted by the BOS and approved by the AOA Board of Trustees will be compiled and maintained as the *Handbook of the Bureau of Osteopathic Specialists (BOS)*.
  - 3. Maintain a file of current policies and procedures, including amendments, pertaining to the BOS and its committees.
  - 4. Maintain a file of current processes, including amendments, pertaining to the specialty certifying boards.

- 1           5. Manage the standards review process cycle and distribute all psychometric reports to  
2           the Standards Review Committee for review and approval.
- 3           6. Review and retain specialty certifying board submissions for candidates recommended  
4           for certification, CAQ, and osteopathic continuous certification and notify the  
5           appropriate specialty certifying board and the BOS Chair if there is an issue that could  
6           defer certification, CAQ, or osteopathic continuous certification of a candidate.
- 7           7. Prepare the BOS meeting minutes and distribute them to the BOS members within ten  
8           (10) business days from the conclusion of meetings.

## **Article V. Committees**

### **Section 1. Executive Committee**

#### **A. Membership**

1. The BOS Executive Committee will be comprised of four (4) members each from a  
different specialty field, which will consist of the BOS Chair, the BOS Vice Chair, the  
BOS Immediate Past Chair, and one (1) member selected by the AOA President  
following consultation with the BOS Chair.

#### **B. Terms**

1. Members of this committee will serve a 3-year term that will commence on August 1 and  
end on July 31 of the appropriate year.

#### **C. Duties**

1. Final authority on approval of osteopathic specialty certification, certificates of added  
qualification (CAQ), and osteopathic continuous certification in between meetings of the  
BOS. Such approval will indicate the approval of the AOA, and these actions will be  
reported to the full BOS and to the BOT.
2. Final authority on denial of certification, CAQ, and osteopathic continuous certification  
in between meetings of the BOS, subject to the appeal process of the BOT.
3. Consider and act on requests from BOS committees and specialty certifying boards in  
between meetings of the BOS.
4. Provide a report of activities and actions to the BOS at its annual and midyear meetings.

1       D. Meetings

2           1. The Executive Committee will have authority to act for the BOS in between regularly  
3           scheduled BOS meetings. Executive Committee meetings will be set on notice by the  
4           BOS Secretary on behalf of the BOS Chair.

5           2. The Executive Committee may meet in conjunction with the BOS meetings (annual and  
6           midyear) and as necessary to conduct the business of the committee on behalf of the  
7           BOS.

8       E. Appeal Process

9           1. The specialty certifying board may appeal directly to the full BOS if the board does not  
10          agree with the action(s) taken by the BOS Executive Committee.

11          2. The specialty certifying board may request an appeal of the decision to the BOT if the  
12          full BOS concurs with the action(s) taken by the BOS Executive Committee.

13    **Section 2. Appeal Committee**

14       A. Membership

15          1. The Appeal Committee will be comprised of three (3) members and three (3) alternates,  
16          appointed by the BOS Chair from the membership of the BOS, who do not serve on the  
17          BOS Executive Committee or the Certification Compliance Review Committee and who  
18          are of different specialties.

19           a. One (1) member will be designated as Chair of the Appeal Committee.

20           b. An alternate will serve as a regular member on the Appeal Committee if one of the  
21           regular members is a representative of the specialty certifying board involved in the  
22           appeal.

23           c. No member of the Appeal Committee may vote in any appeal where that member  
24           has previously acted on the appellant's case.

25       B. Terms

26          1. Members of this committee will serve a 3-year term that will commence on August 1 and  
27          end on July 31 of the appropriate year.

28          2. A replacement committee member will be appointed by the BOS Chair if a member of  
29          the committee does not retain their appointment to the BOS.



C. Duties

1. The Appeal Committee will provide adjudication of any charges by an applicant for certification, subspecialty certification, certificate of added qualification, and osteopathic continuous certification (OCC) that meet the requirements as stated in Article XI.
2. Provide a report of actions to the BOS at its annual and midyear meetings. Appellant identifying information is confidential and will be withheld.

D. Meetings

1. The Appeal Committee may meet in conjunction with BOS Meetings (annual and midyear) and as necessary to conduct the business of the committee. Appeal Committee meetings will be set on notice from the BOS Secretary on behalf of the Appeal Committee Chair.

**Section 3. Certification Compliance Review Committee (CCRC)**

A. Membership

1. The Certification Compliance Review Committee (CCRC) will be comprised of six (6) members and two (2) alternates appointed by the BOS Chair from within the membership of the BOS who do not serve on the BOS Executive Committee or the BOS Appeal Committee and who are of different specialties. The Chair of the committee will be designated by the Chair of the BOS.

B. Terms

1. Members of this committee will serve a 3-year term that will commence on August 1 and end on July 31 of the appropriate year.
2. A replacement committee member will be appointed by the BOS Chair if a member of the committee does not retain their appointment to the BOS.

C. Duties

1. Evaluate actions taken on licensure for compliance with certification and OCC Component 1 requirements, including adherence to the AOA Code of Ethics.
2. Consider requests for waivers of special considerations related to licensure requirements.
3. Consider requests for waivers or special considerations related to OCC Component 4.

- 1 4. Provide a report of actions to the BOS at its annual and midyear meetings. Diplomate  
2 and candidate identifying information is confidential and will be withheld.

3 D. Meetings

- 4 1. The committee will meet by conference call and may meet face-to-face, if necessary,  
5 when issues arise requiring committee action. CCRC meetings will be set on notice from  
6 the BOS Secretary on behalf of the CCRC Chair.

7 **Section 4. Jurisdiction Committee**

8 A. Membership

- 9 1. The Jurisdiction Committee will be comprised of three (3) members and two (2)  
10 alternates appointed by the BOS Chair from within the membership of the BOS. The  
11 Chair of the committee will be designated by the BOS Chair.

12 B. Terms

- 13 1. Members of this committee will serve a 3-year term that will commence on August 1 and  
14 end on July 31 of the appropriate year.
- 15 2. A replacement committee member will be appointed by the BOS Chair if a member of  
16 the committee does not retain their appointment to the BOS.

17 C. Duties

- 18 1. The Jurisdiction Committee will make recommendations to the BOS concerning  
19 petitions for the establishment of new specialty certifying boards, the assignment or  
20 transfer of jurisdiction, initiation of retired status of a specialty certifying board or  
21 examination, or the reactivation of a retired specialty, subspecialty, or area of added  
22 qualification examination.

- 23 2. Provide a report of activities and actions to the BOS at its annual and midyear meetings.

24 D. Meetings

- 25 1. The Jurisdiction Committee will meet by conference call or may meet face-to-face, if  
26 necessary, when a request for a new specialty certifying board or change in jurisdiction  
27 request is received by the BOS Secretary.

**Section 5. Standards Review Committee (SRC)****A. Membership**

1. The Standards Review Committee will be comprised of seven (7) members and two (2) alternates appointed by the BOS Chair from within the membership of the BOS, which will include one (1) BOS Executive Committee member. The BOS Vice Chair will serve as the Chair of the SRC.

**B. Terms**

1. Members of this committee will serve a 3-year term that will commence on August 1 and end on July 31 of the appropriate year.
2. A replacement committee member will be appointed by the BOS Chair if a member of the committee does not retain their appointment to the BOS.

**C. Duties**

1. Evaluate the validity and reliability of all certification and certificate examinations conducted by AOA specialty certifying boards and assess board compliance with the AOA certification and certificate examination standards. The SRC will report its finding on specialty certifying board compliance and submit its recommendations regarding a board's noncompliance with the standards to the BOS for action.
2. Evaluate the OCC processes of the specialty certifying boards to ensure they are aligned with BOS policy.
3. Provide a report of activities and actions to the BOS at its annual and midyear meetings.

**D. Meetings**

1. The Standards Review Committee may meet in conjunction with BOS meetings (annual and midyear) and as necessary to conduct the business of the committee. SRC meetings will be set on notice from the BOS Secretary on behalf of the SRC Chair.

**E. Subcommittee I & II****1. Membership**

- a. Each subcommittee will be Chaired by a BOS Representative from the SRC. There will be seven (7) members on each subcommittee, including the Chair. An AOA psychometrician will serve as secretary of each subcommittee.

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## 2. Duties

- a. Evaluation of technical reports.
- b. Evaluate the quality of exams, correcting exam deficits.
- c. Evaluate performance standards.
- d. Report outcomes of the evaluations to the Standards Review Committee within sixty (60) days.

## **Article VI. Meetings and Reports**

### **Section 1. Meetings**

- A. The official call to meet for the annual and midyear meetings will be issued at least thirty (30) days prior to the meeting date.
- B. A majority of the designated membership will constitute a quorum at any session of a BOS meeting or a BOS committee or subcommittee meeting.
- C. Meetings of the BOS will be governed by the latest edition of *Robert's Rules of Order, Newly Revised*, unless otherwise specified in these policies.

### **Section 2. Reports to the AOA Board of Trustees**

- A. The BOS will provide a report to the AOA Board of Trustees at its annual and/or midyear meeting(s), which may include the following information:
  1. Number of diplomates awarded certification.
  2. Number of diplomates awarded subspecialty certification.
  3. Number of diplomates awarded certificates of added qualification.
  4. Number of diplomates who have successfully completed the OCC process.
  5. Appointments for membership on specialty certifying boards.
  6. Amendments to the *BOS Handbook*.
  7. Recommendations from the BOS or its Executive Committee, which require action by the BOT.

## **Article VII. Petition to Establish a Specialty Certifying Board**

The BOS may not waive any of the following protocols. All final determinations on petitions are the prerogative of the AOA Board of Trustees (BOT).

### **Section 1. Petition**

A. The BOS is charged by the BOT with providing recommendations concerning the creation of new specialty certifying boards and the assignment or change of specialty, subspecialty, and added qualification jurisdiction. The BOT is the final decision-making body concerning such questions.

B. Petitions to consider the establishment of a new certifying board with jurisdiction in a newly defined specialty may only be submitted by AOA approved practice affiliates to the BOS for study and recommendation. Petitions must be submitted electronically to the BOS Secretary.

C. To petition for the establishment of a new certifying board, an AOA approved practice affiliate must complete and submit an application for jurisdiction and include the following documentation:

1. The name of the proposed board.

2. A list of a minimum of twenty (20) physicians, osteopathic and/or non-osteopathic (MD or equivalent), interested in the establishment of the new board.

3. A written study conducted by the petitioning group that justifies the need for the proposed specialty board and its interrelations with established boards.

4. A list of the specialty(s) over which the new board is seeking jurisdiction.

5. A copy of the ACGME-approved or proposed training requirements in each proposed specialty.

6. A draft of the definition of each specialty and the requirements for examination in each specialty.

### **Section 2. Limitation**

Submission of the required documentation does not guarantee the establishment of a new specialty certifying board.

## **Article VIII. Petition for Jurisdiction in a New Specialty Field or Change in Jurisdiction of an Existing Specialty Field**

### **Section 1. Petition**

A petition requesting jurisdiction over a new specialty, subspecialty, area of added qualification, or change in jurisdiction of an existing specialty field must first be submitted for study and recommendation by an existing AOA specialty certifying board. Petitions must follow a two-step process:

A. Complete and submit the application for jurisdiction with the appropriate supporting documentation.

B. Complete and submit the “Guidelines for AOA Certification Exam Standards Report” form with the appropriate supporting documentation.

Prior to developing an exam or examining candidates, the full BOS must recommend approval of both steps of the petition to the BOT. Approval by the BOT must be obtained before the board receives full jurisdiction or a change in jurisdiction.

### **Section 2. Limitation**

Submission of the required documentation does not guarantee the granting or change of jurisdiction for a specialty, subspecialty, or area of added qualification.

## **Article IX. Petition Review Process**

### **Section 1. First Step of the Petition Process**

The first step of the petition process for the establishment of a specialty certifying board, granting of jurisdiction, or change in jurisdiction is submission of the application with the appropriate supporting documentation. The application and all supporting documentation must be submitted electronically to the BOS Secretary.

#### **A. First Step Petition Process Review**

1. The BOS Secretary will review petitions and supporting documentation to ensure proper completion. Completed petitions will be forwarded to the Jurisdiction Committee for initial assessment.

2. The Jurisdiction Committee will report its recommendation to either deny the petition or proceed with the second stage of the first step review process to the BOS at the annual or midyear meeting.

3. Petitions proceeding to the second stage of the first step review will be forwarded to all AOA approved specialty certifying boards with an established deadline by which all boards are to respond. The boards will be granted a minimum of thirty (30) days from the date the petition is forwarded for review to determine if the proposed board or specialty field overlaps into other specialty fields and has an identifiable body of knowledge and training common to those specialty fields.

4. The Jurisdiction Committee will review the responses received and present its recommendations regarding next steps to the BOS at the annual or midyear meeting.

5. Consideration must be given to establishing a Conjoint Certification Examination Committee (CCEC) if it is determined that the proposed board, specialty, or subspecialty overlaps into other specialty fields. Jurisdiction of an area of added qualification is only granted to an individual specialty certifying board.

6. After the BOS approves the first step of the petition process, the board may begin the second step of the petition process.

### **Section 3. Second Step of the Petition Process**

The second step of the petition process is submission of the “Guidelines for AOA Certification Exam Standards Report” form with the appropriate supporting documentation. The form and all supporting documentation must be submitted electronically to the BOS Secretary.

#### **A. Second Step Petition Review**

1. The BOS Secretary will review petitions and supporting documentation to ensure proper completion. Completed petitions will be forwarded to the Standards Review Committee (SRC) for initial assessment.

a. The SRC may request to meet with a representative of the specialty certifying board or the practice affiliate for further discussion of the petition.

#### **B. The SRC findings will be forwarded to the Jurisdiction Committee.**

1. The Jurisdiction Committee may request to attend the SRC meeting during the initial review of the petition.

C. The Jurisdiction Committee will review the submitted petition and findings of the SRC. The Jurisdiction Committee will present its recommendation to the BOS for action at the annual or midyear meeting.

Prior to developing a new specialty certifying board, examination, or examining candidates, the BOS must recommend approval of both steps of the petition to the BOT. Approval by the BOT must be obtained before full jurisdiction or change in jurisdiction is granted.

## **Article X. Retired Status, Relinquishing Jurisdiction, Noncompliance and Probation, and Reactivation**

### **Section 1. Requesting Retired Status or Relinquishing Jurisdiction**

A request to place the initial examination process and/or specialty certifying board into retired status or to relinquish jurisdiction of an examination must be submitted to the Jurisdiction Committee and include the following information:

A. The examination or the specialty certifying board to be placed in retired status or for which relinquishment of jurisdiction is requested.

B. Rationale for retired status or relinquishment of jurisdiction.

C. Description of the activity in the field resulting in the request, which must include:

1. The year in which original jurisdiction was granted.

2. The number of AOA approved and ACGME accredited training programs within the last seven (7) years.

3. The number of residents or fellows in AOA approved and ACGME accredited training programs within the last seven (7) years.

D. An explanation as to how retired status or relinquishment of jurisdiction may affect residents currently in training programs in the specialty field.

E. Description of the current osteopathic continuous certification process for diplomates.

F. The number of physicians certified in the field, specified by time-limited and non-time-limited diplomates.

G. The number of physicians that have taken the examination in the last five (5) years.

H. The number of physicians with active applications on file.



I. The proposed date for the start of retired status or for relinquishment of jurisdiction.

J. The plan for notifying constituents of the status change.

**Review Process**

K. The BOS Secretary will review requests and supporting documentation to ensure proper completion. Completed requests will be forwarded to the Jurisdiction Committee for assessment.

L. The Jurisdiction Committee may request OCC Component 3 status of the time-limited diplomates and non-time-limited diplomates voluntarily participating in OCC.

M. The Jurisdiction Committee will request AOA Certifying Board Services (CBS) provide a report on the financial implications of the request.

N. The Jurisdiction Committee will report its recommendation(s) to the BOS at the annual or midyear meeting.

O. Following BOS approval, the recommendation of the BOS will be submitted to the AOA Board of Trustees for final review and approval before the requested status is granted and put into effect.

P. Relinquishment of jurisdiction is permanent.

**Section 2. Noncompliance and Probation**

**A. Noncompliance**

1. When specialty certifying boards are notified that examinations do not comply with the standards review requirements, the board must submit a report to the SRC, along with evidence indicating that all certification and examination activities comply with the standards review requirements, within one (1) year. The board must submit its report at least forty-five (45) days before the SRC convenes. Only areas identified as not in compliance will be reviewed.

**B. Review Process**

1. The BOS Secretary will review the report and supporting documentation to ensure proper completion prior to submission to the SRC for review.

2. The SRC may request to meet with a specialty certifying board representative(s) to clarify any concerns. The SRC may make a recommendation to the BOS to place the examination into a probationary status.

C. Probation

1. The BOS may impose a one (1) year probation period if the BOS finds an examination does not comply with the standards review requirements. By the end of the probation period, the specialty certifying board must demonstrate that the examination is in compliance with the standards. The applicable specialty college will be notified of the specialty certifying board's probationary status.

**Section 3. Mandatory Placement of an Examination into Retired Status**

An examination that is not in compliance with the standards requirements and has completed a probationary period will be reviewed by the Standards Review Committee (SRC). The SRC may ask the CBS Senior Vice President (SVP), to report on the financial status and technical resources of the specialty certifying board for the purposes of reviewing whether placement of the examination in retired status is necessary. The SRC may then recommend retired status for the examination to the BOS.

On recommendation of the SRC, the BOS may mandate retired status for an examination that has not met the minimum standards required for the examination. The BOS mandate of retired status will be submitted to the AOA Board of Trustees for final review and approval before the status is put into effect.

A. Review Process

1. The specialty certifying board will be required to complete a self-study, which consists of submitting the "Guidelines for AOA Certification Exam Standards Report" form and written evidence that the standards requirements have been met.
2. All documentation must be submitted electronically to the BOS Secretary, who will ensure completion. Completed reports will be forwarded to the SRC for review.
3. The SRC will review the report to assess whether the specialty certifying board's examination activities comply with the standards requirements. A minimum of one (1) specialty certifying board member must be available to address concerns raised by the SRC during the review process.
4. The SRC will provide the specialty certifying board with a written evaluation. The SRC may request supplemental information to verify compliance and will detail the activities that are not in compliance with the standards' requirements.

1        B. Specialty Certifying Board Response and Action Plan

2            1. The specialty certifying board has sixty (60) days from the date of the SRC written  
3            evaluation to respond with comments on the evaluation and provide supplemental  
4            information, if requested. The response must include a written action plan for  
5            examination activities identified as not in compliance with the standards' requirements.

6            2. The SRC will report its recommendation to the BOS at the annual or midyear meeting or  
7            to the BOS Executive Committee at a regularly scheduled meeting.

8            3. Following BOS approval, the recommendation of the BOS will be submitted to the  
9            BOT for final review and approval before mandatory retired status is put into effect.

10    **Section 4. Examination Reactivation**

11    Retired examinations may be reactivated. To reactivate an examination, the board must submit a  
12    detailed rationale to include:

13            A. A listing of existing ACGME accredited training programs in the specialty field and the  
14            number of physicians in each program within the last seven (7) years.

15            B. A listing of physicians who have requested to take the examination and have met the training  
16            requirements.

17            C. Evidence that the board has the resources to create and maintain a valid certification  
18            examination in the specialty field.

19            D. A list of a minimum of five (5) qualified subject matter experts in the specialty field  
20            committed to serve on the examination committee. The list must include the physician's  
21            name, AOA member number or USMLE number (as applicable), certifications, including  
22            proof of board certification in good standing, dates and locations of all training programs,  
23            the percent of the physician's practice dedicated to the field, and a letter of commitment  
24            from the physician to the examination committee.

25            E. The CBS SVP will be asked to provide a statement related to the expenses for the  
26            development and administration associated with the examination.

27            F. The BOS Secretary will review reactivation requests and supporting documentation to  
28            ensure proper completion. Completed requests will be forwarded to the SRC and CBS SVP  
29            for the initial assessment.

1 G. The SRC will forward their recommendation to the Jurisdiction Committee who will  
2 conduct the final review and report its recommendation to the BOS at the annual or midyear  
3 meeting.

4 H. Following BOS approval, the recommendation of the BOS will be submitted to the AOA  
5 Board of Trustees for final review and approval before reactivation of an examination is  
6 granted.

7 **Section 5. Appeal Process for Specialty Certifying Boards Denied Retired Status and/or**  
8 **Reactivation of a Retired Examination**

9 A specialty certifying board that has requested retired status and/or reactivation of a retired  
10 examination may request an appeal of the decision to the AOA Board of Trustees.

11 **Article XI. Appeal Committee Hearing Procedures**

12 **Section 1. Scope of Possible Appeal**

13 A. An appeal hearing may be granted if the submitted appeal constitutes an unequal application  
14 of the regulations and requirements or standards, discrimination, prejudice, unfairness or  
15 improper conduct of all or any part of an examination conducted by a specialty certifying  
16 board or action by the BOS Executive Committee or the Certification Compliance Review  
17 Committee (CCRC).

18 B. The Appeal Committee will not consider issues related to examination content and does not  
19 have authority to change a failing exam grade to a passing grade. Committee members that  
20 represent the specialty area at issue will not be present at the appeal hearing. Committee  
21 members are not expected to have subject matter expertise in the specialty area of the  
22 appeal.

23 **Section 2. Procedures for Requesting an Appeal**

24 A. The appeal request must be submitted to the specialty certifying board appeal committee for  
25 consideration. Appeals that have not been initially reviewed by the specialty certifying board  
26 will be returned to the appellant. A request for an appeal must be submitted electronically  
27 within sixty (60) days of the date of the decision letter from the specialty certifying board's  
28 appeal committee.

29 B. The BOS Chair will determine whether sufficient grounds have been alleged, in accordance  
30 with Section 1 above. The BOS Secretary will notify the appellant, the specialty certifying

board involved (or Executive Committee or Certification Compliance Review Committee), and the Appeal Committee Chair, as applicable, of the outcome of the request for an appeal hearing.

#### **Section 3. Material in Support of Appeal**

The appellant, the specialty certifying board (or BOS EC or CCRC) must provide:

A. A position statement of no more than ten (10) pages in length that details their position on the appeal.

B. All relevant documentation in support of their position on the appeal.

1. Cross examination and presentation of third-party witness testimony is not allowed at the appeal hearing. Third party witness testimony should be presented in affidavit format and submitted with the initial appeal request.

The position statements and supporting documentation must be submitted to the BOS Secretary no later than ninety (90) days prior to the date scheduled for the appeal hearing. The BOS Secretary will provide the position statements and supporting documents to the committee members, the appellant, and the specialty certifying board.

#### **Section 4. Attendance at Hearing**

A. Barring documented extraordinary circumstances, appellant(s) and one (1) representative of the specialty certifying board involved (or the BOS Executive Committee Chair or CCRC Chair or their designee) must be present at the hearing in the format that is agreed upon (in-person or virtual).

B. BOS Executive Committee members may attend the hearing at the discretion of the appeal committee chair. With consent of the Appeal Committee Chair, BOS Executive Committee members may ask questions of the appellant and specialty certifying board member(s).

C. The appellant may be represented at the hearing by legal counsel. The appellant must inform the BOS Secretary by email of the name and address of the attorney a minimum of thirty (30) days in advance of the appeal hearing.

#### **Section 5. Conflicts of Interest**

A. Appeal Committee members will recuse themselves when a conflict of interest exists that prevents them from objectively reviewing the appeal. Additionally, the specialty certifying board and the appellant have the right to object to the participation of individual Committee

1 members. The Appeal Committee Chair will determine if an objection has merit and if a  
2 committee member will be excluded from the appeal hearing as a result of the objection.

### **3 Section 6. Record of Appeal**

4 A typed transcript of the appeal hearing will be maintained electronically in the permanent files of  
5 the BOS. Transcripts are confidential but may be made available upon request to an authorized  
6 representative of the appellant and specialty certifying board involved in the appeal (or CCRC),  
7 Appeal Committee members, BOS Executive Committee members, or members of the AOA Board  
8 of Trustees.

### **9 Section 7. Appeal Hearing Procedure**

10 A. Appeal hearings are held in closed session and are approximately ninety (90) minutes. The  
11 Appeal Committee Chair has discretionary authority to determine the format of the hearing;  
12 however, hearings typically follow the format as described below:

- 13 1. Appellant presentation (not to exceed twenty (20) minutes).
- 14 2. Specialty certifying board presentation (not to exceed twenty (20) minutes).
- 15 3. Appellant rebuttal (not to exceed five (5) minutes).
- 16 4. Specialty certifying board rebuttal (not to exceed five (5) minutes).
- 17 5. Questions and answers (not to exceed twenty (20) minutes).
- 18 6. Specialty certifying board closing statement (not to exceed five (5) minutes).
- 19 7. Appellant closing statement (not to exceed five (5) minutes).

20 B. The Appeal Committee Chair has the discretion to modify the appeal hearing format to  
21 consider the information provided by third party witnesses that has been submitted in  
22 affidavit format with the initial request.

23 C. Parties will then be excused from the hearing but will be requested to remain in the waiting  
24 area while the Appeal Committee deliberates in executive session. Following deliberations,  
25 all parties will be dismissed from the hearing.

**1    Section 8. Notification of Outcome**

2    Within thirty (30) days of the Appeal Committee rendering their decision, the appellant and the  
3    certifying board (or BOS Executive Committee or CCRC) will be notified of the outcome, which  
4    may include specific directions for the appellant or specialty certifying board. If applicable,  
5    appellants will be advised of the process regarding their right to request further appeal to the AOA  
6    Board of Trustees.

**7    Section 9. Appeal Process for Specialty Certifying Boards**

8    Specialty certifying boards' appeal process must adhere to the appeal process as detailed in Article  
9    XI (Appeal Committee Hearing Procedures) in the Handbook of the BOS.

**10                    Article XII. Specialty Certifying Board Operating Procedures**

11   Specialty certifying boards adhere to the directives of the BOS and the BOT as specified in the  
12   Handbook of the BOS. All actions of the specialty certifying boards relating to policy are subject to  
13   the approval of the BOS. Recommendations from specialty certifying boards or the BOS will be  
14   submitted by the BOS to the BOT for consideration prior to implementation.

**15   Section 1. Duties**

16   The duties of an American Osteopathic Association (AOA) specialty certifying board (hereinafter  
17   referred to as "Board") are to:

18        A. Recommend to the BOS the standards of education and formal training and/or experience  
19        required for certification in a specialty, subspecialty, or certificate of added qualification  
20        (CAQ) assigned to the board's jurisdiction.

21        B. Make recommendations to the BOS concerning eligibility for initial certification and CAQ,  
22        as well as compliance with Osteopathic Continuous Certification (OCC) in the board's  
23        respective specialty.

24        C. Issue paper and electronic certificates in all specialty and subspecialty certifications and/or  
25        CAQs assigned to the board.

26        D. Submit recommendations of certification and/or CAQ revocation to the Certification  
27        Compliance Review Committee (CCRC) for consideration.

28        E. Appoint a qualified member from the board to serve as the BOS representative.

1 F. Appoint a qualified member from the board to serve as the BOS alternate representative.

2 The BOS alternate representative will be empowered to act for the BOS representative, if  
3 they are unable to attend a BOS meeting.

4 G. Work with CBS team members to develop and implement specialty specific processes related  
5 to each OCC component in accordance with BOS policy.

6 H. Provide recommendations of best practices for physician credentialing and certification to  
7 the BOS.

8 I. Serve as ambassadors, marketing AOA board certification with program directors, residents,  
9 diplomates, and other stakeholders.

10 J. Boards will accept all applicants who have met the entry requirements into the certification  
11 process. Questions regarding an applicant's eligibility into the certification process will be  
12 submitted to the BOS for consideration.

13 K. Boards will establish criteria that must be met prior to granting entry into the re-entry  
14 process or the final entry process (refer to Article XIII). The established criteria must be  
15 approved by the Standards Review Committee.

16 L. Work with CBS team members to determine administration dates for each examination.

17 1. Examination dates must be posted no less than six (6) months prior to the first day of  
18 the exam administration, except in cases of individually arranged examinations.

19 M. Each board will submit the names and term dates of their officers upon appointment, to the  
20 BOS for informational purposes and to be kept current annually.

### 21 Examination Development

22 N. Serve as subject matter experts for board examinations and item bank content.

23 O. Ensure the development and administration of psychometrically valid examinations for all  
24 specialties, subspecialties, and areas of added qualification under the board's jurisdiction that  
25 includes relevant and osteopathically distinct items in every examination, including processes  
26 and methodologies.

27 P. Work with the AOA Psychometrics and Assessment team to:

28 1. Develop and maintain items to produce psychometrically defensible and  
29 osteopathically distinct examinations in the practice areas assigned to the board.

30 2. Complete a job task analysis (JTA).



3. Develop a table of specifications (TOS).

4. Review exam analytics and statistical information.

Q. Review the examination process as presented by the CBS and Finance Departments to assess if the board is fiscally viable and appealing to target demographics.

R. Declare any real or perceived conflict of interest and maintain strict confidentiality of all applicant information, test development, test content, and scoring methods.

S. Ensure all physicians participating in examination development and delivery are actively engaged in clinical practice, teaching physicians, or serving in an administrative role.

## **Section 2. Specialty Certifying Board Membership**

### **A. Membership**

1. Specialty Certifying Board membership will consist of a minimum of five (5) members and no more than eight (8) members.

a. An exception to the maximum number of board members may be requested for boards that have more than eight subspecialties or those boards with expanded/complex operational needs requiring additional physician leadership. Boards requesting more than eight members must submit a proposal to the BOS Executive Committee, which explains the rationale for the need for additional board members.

2. The board will seek AOA-board certified nominees and must submit for approval one (1) nomination, including CV to be maintained on file for the duration of the appointed term, to the BOS for each open position on the board in the case of new appointments or re-elections. If approved, the BOS will make a recommendation to the BOT, who will make the final decision regarding appointments to the board. If not approved, a new nomination, including CV, must be submitted.

a. Members of the board must be AOA board-certified and participating in the OCC process in their specialty or subspecialty.

3. All members who serve on a specialty certifying board must be actively engaged in clinical practice, teaching physicians, or serving in an administrative role.

a. Currently serving board members who retire during any of their first three terms may be nominated for re-appointment for one (1) additional term.

b. Board members serving in a retired status on a specialty certifying board must be AOA board-certified and participating in the OCC process in their specialty or subspecialty.

4. All members who serve on a specialty certifying board must have formal training in item writing. Board members must complete AOA or NBOME item-writing training within one (1) year of being appointed or reappointed to the board or the member will not be allowed to remain on the board.

#### **B. Term of Office**

1. Member terms are three (3) years in length and limited to four (4) full terms. Where possible, terms will be staggered so that new members elected in any year will not constitute a majority of the board.

2. Board members are restricted to a maximum of twelve (12) years of service on a specialty certifying board. A waiver may be granted by the BOT in extraordinary circumstances.

3. When an unexpected vacancy occurs on the board, a nominee will be submitted to the BOS to fill the remaining term in accordance with the procedure for certifying board membership (Section 2.).

4. All board member terms will commence on August 1 following approval by the BOT and end on July 31 of the appropriate year.

5. Members of the board who have served three (3) or more terms on the board may be given Emeritus status in recognition of their service. Emeritus members may attend board meetings and events at their own expense unless they are examining candidates.

### **Section 3. Officers**

#### **A. Chair: the responsibilities of the Chair are as follows**

1. Set schedule for meetings of the board in collaboration with the board director.

a. Meeting notices will be sent in advance by the board director on behalf of the board chair.

2. Lead the meetings of the board.

a. Only vote if there is a tie or when the vote is conducted by electronic ballot.

3. Make appointments to all board committees.

4. Facilitate board discussions focused on the development and maintenance of best practices for physician credentialing and certification.
5. Facilitate board involvement in the achievement of key quality indicators for examination performance.
6. Collaborate with the board director and provide feedback and input on board specific marketing plans and identify opportunities for the communication and marketing of services.
7. Lead recruitment efforts and assist with training new board members, subject matter experts, item writers, and examiners as appropriate.

B. Vice chair: the responsibilities of the Vice chair are as follows:

1. The Vice chair will assist the chair in the discharge of the duties as outlined above.
2. The Vice chair will preside over meetings of the board in the absence of the chair.
3. In the event of a vacancy in the chair position, the Vice chair will assume the duties of the chair until a new chair is elected at the next scheduled board meeting.

#### **Section 4. Subcommittees**

- A. Specialty certifying boards must maintain an appeal committee (refer to Article XI).
- B. Specialty certifying board subcommittees must have a prescribed set of duties as determined by the board and approved by the BOS.

#### **Section 5. Meetings**

- A. Boards should conduct business via video or telephone conference but may hold in person meetings in accordance with AOA meeting policy upon approval.
- B. Board meetings must be scheduled at a time that does not conflict with the board's BOS representative's attendance at each BOS meeting.
- C. Quorum
  1. A majority of the approved membership will constitute a quorum at board meetings.

1       D. Governing Rules

- 2           1. Board meetings will be governed by the latest edition of *Robert's Rules of Order, Newly*  
3           *Revised*, unless otherwise specified in these procedures.

4       **Section 6. Selection of On-Site Examination Locations**

5       Due to AOA insurance coverage restrictions, AOA specialty certifying boards will not administer  
6       on-site examinations outside the United States. Selection of examination sites must be within the  
7       continental US (board exams may be held in Alaska or Hawaii during the AOA annual convention if  
8       held in either those two (2) states). All factors, including cost and accessibility to certification  
9       candidates, must be taken into consideration when making the final selection for on-site examination  
10      location. Final selection of the on-site examination location must be approved by the AOA.

11      **Section 7. Penalties for Noncompliance**

- 12      A. The BOS may recommend one or more of the following actions be taken by the BOT if a  
13      specialty certifying board is noncompliant or fails to cooperate with the BOS and/or the  
14      AOA:

- 15          1. Replacement of specialty certifying board officers.  
16          2. Replacement of all specialty certifying board members.  
17          3. Other measures, such as retraining of the board officers and members.

- 18      B. The specialty certifying board must notify the BOS chair and CBS Senior Vice President  
19      (SVP) in writing prior to requesting a board member's resignation or removal.

- 20          1. The specialty certifying board and the board member in question may be asked to meet  
21          with the BOS Executive Committee and CBS SVP to discuss the issues and propose  
22          remediation.

- 23      C. On the recommendation of the BOS, the BOT has final approval on the removal of a  
24      specialty certifying board member.

- 25          1. The specialty certifying board, in collaboration with the CBS SVP, must provide the  
26          BOS with the rationale for the removal of the board member for submission to the  
27          BOT.

- 28          2. Final approval by the BOT must be obtained prior to the board member being notified  
29          of removal from the board.

**1    Section 8. Statements of Requirements for Applicants**

2    Statements of the requirements made to applicants for examination and certification must be made  
3    in writing and must be in conformity with the processes of the issuing specialty certifying board as  
4    approved at that time. Additions to training and/or practice requirements will go into effect one (1)  
5    year after the announcement of such a change.

**6    Section 9. Certification Status Inquiries**

7        A. All inquiries regarding certification status from entities such as credentialers, hospitals, or  
8        health plans will be referred to the American Osteopathic Information Association (AOIA).

9        B. All inquiries regarding certification status from patients will only include whether the  
10       physician is certified and the specialty and/or subspecialty in which the physician is certified.

11       C. Inquiries regarding board eligibility status will be referred to and addressed by the individual  
12       specialty certifying board.

13           1. Information provided will be limited to whether the physician is board eligible or  
14           currently in the certification process, unless otherwise required by a valid subpoena or  
15           court order or with the consent of the individual whose information is requested. All  
16           other information is confidential.

**17    Section 10. Services that the Department of Certifying Board Services Must Provide**

18    To facilitate the specialty certifying boards in fulfilling the functions assigned to them, the AOA  
19    Department of Certifying Board Services will provide and maintain the following:

20        A. Application forms.

21        B. Preservation of essential data for each applicant for certification and for diplomates of the  
22        specialty certifying board as noted in the records retention policy.

23        C. Maintain an accurate register of board certifications and/or CAQs issued, including  
24        diplomate name, certificate type and number, original and renewal issue date(s), and status.

25        D. Instructions for those serving as examiners describing the exact procedure for conducting  
26        and reporting examinations.

27        E. Electronic stationery, email, and a direct telephone number for specialty certifying board  
28        business communication.

F. An electronic file of past basic documents and current procedures and amendments pertaining to the specialty certifying board as noted in the records retention policy.

G. Secure candidate records and examination and item bank information as noted in the records retention policy.

H. Information for applicants detailing the requirements and processes for certification, subspecialty certification, OCC, and certificate of added qualification, where applicable.

I. Maintain a website for each specialty certifying board, which includes the following information:

1. Requirements for each certification type offered by the board.

2. Examination information.

3. Requirements for OCC for each certification type offered by the board.

4. All fees assessed by the specialty certifying board.

5. Appeal request and process information.

6. Board membership.

7. Specialty certifying board contact information.

## **Article XIII. Board Eligibility Status**

### **Section 1. Board Eligibility Status**

A. Definition:

The time frame between a physician's completion of a residency or fellowship training program in a specialty or subspecialty and when the physician achieves initial certification in that specialty or subspecialty or when the physician's board eligibility status expires.

B. Time Frame:

Board eligibility status commences upon the physician's completion of a residency or fellowship training program in a specialty or subspecialty. Board eligibility status terminates when the physician achieves initial certification in that specialty or subspecialty or on December 31<sup>st</sup> of the following sixth (6<sup>th</sup>) year.

C. Termination:

1. Board eligibility status will automatically be terminated and recorded by the appropriate specialty certifying board:
  - a. At the end of the board eligibility status time frame.
  - b. Following resolution of an appeal.
    - i. The designation of board eligibility status will not terminate until an active appeal has been resolved, if a physician's board eligibility status would have terminated as a result of expiration of the six (6) year time frame, but the physician has an active appeal.
  - c. Upon award of initial board certification in the specialty or subspecialty.
2. Physicians may not use the designation of board eligibility status at any time after the termination of board eligibility status.

**Section 2. Certification Examination Process**

A. Initial Entry Process

1. Approval of an application to take a specialty or subspecialty examination by an AOA specialty certifying board will initiate the initial entry process for a candidate.
2. Candidates must follow the specialty certifying board's certification examination process as outlined on the board's website. Candidates must complete the initial entry process by the conclusion of the six (6) year board eligibility status time frame.
3. Candidates who have not achieved board certification by the conclusion of the six (6) year board eligibility status time frame may petition the specialty certifying board as outlined in the post board eligibility process that follows.
4. Candidates who entered the AOA board certification process prior to July 1 2009, but have not achieved AOA board certification, must apply for examination to the specialty certifying board to enter the post board eligibility certification process by December 31, 2025.
  - a. Candidates who entered the AOA board certification process prior to July 1 2009, but do not apply for examination to the specialty certifying board to enter the post board eligibility certification process by December 31, 2025, will have no further opportunity to obtain AOA board certification in the specialty or subspecialty.

1       B. Post Board Eligibility Process

- 2           1. Candidates who did not achieve AOA board certification by the conclusion of the six (6)  
3           year board eligibility timeframe must apply for examination to the specialty certifying  
4           board to enter the post board eligibility certification process within three (3) years of  
5           termination of the board eligibility status timeframe.
- 6           2. Candidates must adhere to the process as outlined below:
- 7           a. Candidates must follow the specialty certifying board's certification examination  
8           application process as outlined on the board's website.
- 9           b. Candidates must participate in the first available administration of each exam.
- 10          c. Candidates will have four (4) attempts to pass each step of the examination process.
- 11          d. Candidates must participate in the next available examination administration if  
12          unsuccessful on an examination attempt.
- 13           i. Nonparticipation in the next available examination administration is considered  
14          a forfeiture and an unsuccessful examination attempt.
- 15          e. Candidates participating in the post board eligibility process may not claim "board  
16          eligible" status.
- 17          3. Candidates who do not achieve board certification through the post board eligibility  
18          process will have no further opportunity to obtain AOA board certification in the  
19          specialty or subspecialty.

20    **Section 3. Specialty Certifying Board Requirements**

- 21       A. All specialty certifying boards are required to ensure that the applicants have complied with  
22       the certification examination process as outlined in Section 2. (Certification Examination  
23       Process).
- 24       B. During the six (6) years of board eligibility status, a specialty certifying board may have more  
25       stringent requirements in the number of examination attempts a candidate may complete to  
26       achieve AOA board certification.
- 27       C. Each specialty certifying board will post its board certification process on their website.

28                   **Article XIV. Initial Certification**



**Section 1. Pathways for Initial Primary Certification**

A. Candidates have the choice of two (2) initial certification pathways to become certified:

1. Pathway 1: AOA Board Certification in (Specialty Name)

2. Pathway 2: AOA Board Certification in (Specialty Name) with Osteopathic Manipulative Treatment (OMT)

Eligibility Criteria: To qualify for initial primary certification from the AOA through a specialty certifying board, the applicant must first meet one of the following minimum requirements:

A. Physicians who graduated from a COCA accredited College of Osteopathic Medicine and an ACGME accredited residency program may qualify for Pathway 1 or Pathway 2.

B. Physicians who graduated from a COCA accredited College of Osteopathic Medicine and an AOA accredited residency program may qualify for Pathway 1 or Pathway 2.

C. Physicians who graduated from a medical school in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME) or have graduated from a medical school outside of the U.S. or Canada and hold a valid certificate, without expired examination dates, from the Educational Commission for Foreign Medical Graduates (ECFMG), and have completed an ACGME accredited residency program with osteopathic recognition may qualify for Pathway 1 or Pathway 2.

D. Physicians who graduated from a medical school in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME) or have graduated from a medical school outside of the U.S. or Canada and hold a valid certificate, without expired examination dates, from the Educational Commission for Foreign Medical Graduates (ECFMG), and have completed an ACGME accredited residency program without osteopathic recognition may qualify for Pathway 1 only.

E. Physicians who graduated from a medical school in the U.S. or Canada accredited by the Liaison Committee on Medical Education (LCME) or have graduated from a medical school outside of the U.S. or Canada and hold a valid certificate, without expired examination dates, from the Educational Commission for Foreign Medical Graduates (ECFMG), and have completed an ACGME accredited residency program without osteopathic recognition, but who have obtained AOA specialty board and BOS approved training in OMM may apply to the certifying board for approval to enter Pathway 1 or Pathway 2.

**Section 2. Qualifications for Initial Primary or Subspecialty Certification**

To qualify for initial primary or subspecialty certification from the AOA through a specialty certifying board, the applicant must meet the minimum requirements, which include:

A. A physician must maintain a valid, active, unrestricted medical license in at least one (1) jurisdiction (United States, including US territories, or Canada) and must adhere to the AOA Code of Ethics. If a physician is licensed in multiple jurisdictions, all licenses must be unrestricted.

C. Applicants must meet the individual requirements for the number of years of AOA approved training for each primary or subspecialty certification as established by the specialty certifying board.

D. Following satisfactory compliance with the prescribed requirements for examination, the applicant is required to pass the appropriate examination(s) planned to evaluate an understanding of the scientific basis of the problems involved in the given specialty or subspecialty; familiarity with the current advances in the given specialty or subspecialty; and possession of sound judgment and of a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of the given specialty or subspecialty. Specialty certifying boards will determine by examination the applicant's ability to use the osteopathic concepts in the practice of the specialty or subspecialty.

1. Examinations will be conducted and required in the case of each applicant. The method(s) and content of the examination procedure will be determined by the individual board and will be subject to the approval of the AOA Board of Trustees. Where applicable, the final portion of the examination will be conducted only after the required years of practice have been completed.

2. Where applicable, a member of the specialty certifying board will personally supervise the conduct of the oral examination.

3. Where applicable, the conduct of the clinical examination may be delegated to no fewer than two (2) individuals qualified in the specialty or subspecialty.

4. A full description of the method of conducting the examination is provided by each specialty certifying board.

E. Applications for board certification are provided on each specialty certifying board website and include the qualifications for examination in the specialty or subspecialty.

F. Subject to the recommendation of the BOS and to the approval of the AOA Board of Trustees, the board may require further training and/or practice in each of the fields coming under its jurisdiction. Additional requirements for each field are specified on each specialty certifying board website.

1           1. Changes to training and/or practice requirements will take effect for a minimum of one  
2           (1) year after the announcement of the change.

3           G. Applicants for board certification are not required to be a member of a specialty college or  
4           state society.

5           H. Submitted applications and all supporting material provided by an applicant to a specialty  
6           certifying board, will remain the property of the specialty certifying board.

7           I. Candidates must fulfill all requirements prior to board certification being conferred.

### **8   Section 3. Clinical Practice Definition and Pathway Eligibility**

9           A candidate must meet the requirements established by the specialty certifying board or Conjoint  
10          Certification Examination Committee (CCEC) for appropriate clinical practice experience if the  
11          candidate is applying for board certification through a clinical practice pathway.

12          A. The term “clinical practice” refers to time spent as a physician actively treating patients in a  
13          manner as defined by the specialty certifying board or CCEC.

14          B. Physicians engaged in full-time graduate medical education (GME) programs such as  
15          fellowship or additional residencies, or who are working part-time as a physician outside of  
16          the GME program, are not considered in “clinical practice” for the purposes of meeting the  
17          requirements for the clinical practice pathway.

18          C. Applicants who are not graduates of a COCA accredited osteopathic medical school must  
19          have documented education in osteopathic philosophy and techniques, as determined by the  
20          BOS, including as a minimum:

21           1. Osteopathic philosophy, history, terminology, and code of ethics.

22           2. Anatomy and physiology as related to osteopathic medicine.

23           3. Indications, contraindications, and safety issues associated with the use of osteopathic  
24           manipulative treatment; and

25           4. Palpatory diagnosis, osteopathic structural examination, and osteopathic manipulative  
26           treatment.

### **27   Section 4. Processing of Applications by AOA Specialty Certifying Boards**

28          Specialty certifying boards will verify AOA approval of the completed residency of each candidate  
29          prior to submission of the candidate for certification. Verification must include:

1       A. AOA Department of Certifying Board Services staff will receive and process all applications  
2       to verify credentials for entry into the AOA certification process. Where information  
3       submitted is clinical in nature, a physician credentialer may be asked to assist in this process.

4       B. Verification of training complete status.

5       C. Applicants are not required to have AOA, state, or specialty college membership at the time  
6       of the application.

7       D. Applicants will be subject to fees as designated by the specialty certifying board.

8       E. Applicants may be subject to additional requirements set by the specialty certifying board  
9       and approved by the BOS.

## **Article XV. Examination Policy**

### **Section 1. Code of Conduct: Irregular or Improper Behavior**

12    Because of the AOA's commitment to the high level of confidentiality and integrity of our certifying  
13    board examinations, board examination results and questions of improper conduct are reviewed by  
14    board members. Improper behavior, including but not limited to, giving, receiving, or otherwise  
15    obtaining unauthorized information or assistance, looking at or utilizing the test material of others,  
16    taking notes, failing to comply with computer site staff instructions, talking with other candidates or  
17    other disruptive behavior will be considered cause for review of conduct and a possible violation of  
18    the certification process. Candidates must not discuss the examination while the session is in  
19    progress. Candidates must not disclose the contents of the examination to others or reproduce the  
20    examination or any portion of the examination in any manner, including without limitation  
21    reconstruction through memorization, electronic means, or dictation. All AOA examinations are  
22    copyrighted and protected by federal law. The above policies apply to all examinations administered  
23    by any AOA specialty certifying board.

24    It is a criminal offense to copy or reproduce any portion of the certifying examinations. Each board  
25    will monitor examinations for irregular or improper behavior by direct observation, statistical  
26    analysis, and by other means. Irregular or improper behavior will constitute grounds for invalidation  
27    of the candidate's examination and each board reserves the right to invoke other sanctions, such as  
28    exclusion from future examinations, revocation of board certification, and reporting misconduct to  
29    licensing bodies or law enforcement agencies.

**Section 2. Compliance with Federal and State Regulations**

Each specialty certifying board will adhere to all applicable federal and state regulations, to ensure the following:

**A. Compliance with Americans with Disabilities Act (ADA)**

1. A disability under the ADA is defined as a physical or mental impairment that substantially limits one or more of the major life activities of the individual. An individual is not substantially limited in a major life activity if the limitation does not amount to a significant restriction when compared to the abilities of the average person.
2. All qualified candidates for board certification who suffer from a disability as defined by the ADA, may apply to the specialty certifying board for accommodation of that disability. Each specialty certifying board shall have discretionary authority, subject to review by the BOS Appeal Committee to determine if accommodation is appropriate.
3. Each specialty certifying board has a mechanism in place on their website to address and comply with ADA requirements related to the certification process.

**B. Compliance with the Health Insurance Portability and Accountability Act (HIPAA)**

1. Each specialty certifying board ensures that an individual's health information is properly protected, while allowing the flow of health information to provide and promote high quality health care.
2. All medical records submitted for review by candidates for board certification will be de-identified by the candidate prior to submission, such that the remaining information cannot be used to identify an individual patient.
3. Each specialty certifying board has a mechanism in place on their website to ensure that board operations comply with HIPAA privacy regulations.

**Article XVI. Examination Results****Section 1. Notification**

A. Candidates will be notified of the results of their examination within sixty (60) days of the final action of the specialty certifying board.

B. The BOS must be provided with the list of candidates who have passed and completed the certification process within three (3) weeks of candidate notification in the format specified

by the BOS. A complete list of candidates who have passed and completed the certification process is provided to the BOS at each annual and midyear meeting.

### **Section 2. Format of Notification**

Physicians who have passed all the prescribed examinations will receive a standardized letter, via email indicating that passing the examination may not fulfill all the requirements necessary for board certification or CAQ.

## **Article XVII. Certificates**

### **Section 1. Issuance**

A. Certificates are issued by the specialty certifying boards to diplomates who have fulfilled the requirements for certification, certificate of added qualification (CAQ), and osteopathic continuous certification (OCC). Specialty certifying boards will confirm that a candidate has met all requirements for certification, CAQ, or OCC prior to submission to the BOS for final processing.

B. Each certificate will be signed by the Chair of the AOA Bureau of Osteopathic Specialists, the Chair of the specialty certifying board, and the Chief Executive Officer of the AOA. No certificate is valid until it is signed by the Chief Executive Officer of the AOA.

C. The issue date on primary and subspecialty certifications and CAQ will correspond with the date on which verification of successful completion of all requirements established by the respective specialty certifying board occurred.

D. Initial board certifications issued will be no greater than three (3) years for specialties and/or subspecialties that have longitudinal assessment (refer to Article XVIII).

E. Initial board certifications issued will be no greater than ten (10) years for subspecialties that have high stakes assessment (refer to Article XVIII).

F. Upon approval of candidates for certification and CAQ by the BOS, the BOS Secretary will notify the candidate and the recommending specialty certifying board of the approval. Only upon receipt of notification from the BOS will the specialty certifying board have the certificate prepared and numbered. The certificate must be forwarded to the diplomate within ninety (90) days from the date of notification of approval of certification or CAQ.

G. The specialty certifying board will notify the diplomate, in writing, of the requirements for maintaining certification.

H. The term “certification” is to be used for certification in a specialty or subspecialty, and the only other term used by the AOA and the BOS is certificate of added qualification.

I. Duplicate certificates will only be issued for certifications with an active status.

## **Section 2. Certificate Format (Specialty and Subspecialty)**

The following standards for the format of certificates, including conjoint subspecialty certificates, which are issued by the diplomate’s primary specialty certifying board, are listed below. Proposed changes to the standards must be submitted to the BOS for approval prior to implementation.

A. Indication of certification by the AOA.

B. Indication of the specialty certifying board recommending certification.

C. Certification number (certifications are numbered consecutively by board).

D. Indication of the specialty or subspecialty without abbreviation.

E. Certification issue date as approved by the BOS and AOA.

F. Appearance of the DO and/or MD credential (no other credentials will appear on AOA issued certificates).

G. Physician name in format of: “John Smith, DO” or “John N. Smith, MD” or “John Name Doe-Smith, DO, MD”.

H. Seal of the AOA and the specialty certifying board.

I. Signatures of AOA Chief Executive Officer, the BOS Chair, and the specialty certifying board Chair (original or electronic reproduction).

J. Wording to indicate that the physician has pursued an accepted course of study and has satisfactorily completed all requirements for the specialty or subspecialty.

K. Printed certificate size will be 11 x 14 on manilla colored paper.

L. Electronic versions of certificates issued are identical to the printed certificate.

M. Electronic certificates must be provided in a secure and verifiable format and digitally signed and encrypted.

N. Electronic credentials cannot be printed and are only valid in electronic format.

**1    Section 3. Certificate Format (Certificate of Added Qualification)**

2    The standards for the format of issued certificates for CAQs are listed below. Proposed changes to  
3    the standards must be submitted to the BOS for approval prior to implementation.

4        A. Indication of CAQ by the AOA.

5        B. Indication of the specialty certifying board recommending CAQ.

6        C. Certificate number (certificate number corresponds with the primary board certification  
7        number).

8        D. Indication of the CAQ without abbreviation.

9        E. Certificate issue date as approved by the BOS and AOA.

10       F. Appearance of the DO and/or MD credential (no other credentials will appear on AOA  
11       issued certificates).

12       G. Physician name in format of: "John Smith, DO" or "John N. Smith, MD" or "John Name  
13       Doe-Smith, DO, MD".

14       H. Seal of the AOA and the specialty certifying board.

15       I.    Signatures of AOA Chief Executive Officer, the BOS Chair, and the specialty certifying  
16       board Chair (original or electronic reproduction).

17       J.    Wording to indicate that the physician has pursued an accepted course of study and has  
18       satisfactorily completed all requirements for the CAQ.

19       K. Printed certificate size will be 8 x 12 on white paper.

20       L. Electronic versions of certificates issued are identical to the printed certificate.

21       M. Electronic certificates must be provided in a secure and verifiable format and digitally signed  
22       and encrypted.

23       N. Electronic credentials cannot be printed and are only valid in electronic format.

**24    Section 4. Terminology**

25    The certificates issued by AOA specialty certifying boards will read as follows:

26        A. Primary Certification



1           1. Initial Certificate

2           (Name) Having Met the Requirements Prescribed by this Board, is Hereby Designated a  
3           Diplomate and Awarded Certification in (Specialty)

4           Ongoing certification is contingent upon meeting the requirements of Osteopathic  
5           Continuous Certification

6           2. OCC Time-Limited Certificate

7           (Name) Demonstrates Excellence through Compliance with all Requirements for  
8           Osteopathic Continuous Certification for Certification in (Specialty)

9           Ongoing certification is contingent upon meeting the requirements of Osteopathic  
10          Continuous Certification

11          3. OCC Non-Time-Limited Certificate (Voluntary)

12          (Name) Demonstrates Excellence through Voluntary Compliance with all Requirements  
13          for Osteopathic Continuous Certification for Certification in (Specialty)

14          Ongoing certification is contingent upon meeting the requirements of Osteopathic  
15          Continuous Certification

16          B. Subspecialty Certification

17           1. Initial Certificate

18           (Name) Having Met the Requirements Prescribed by this Board, is Hereby Awarded  
19           Subspecialty Certification in (Subspecialty)

20           Ongoing certification is contingent upon meeting the requirements of Osteopathic  
21           Continuous Certification

22           2. OCC Certificate

23           (Name) Demonstrates Excellence through Compliance with all Requirements for  
24           Osteopathic Continuous Certification for Subspecialty Certification in (Subspecialty)

25           Ongoing certification is contingent upon meeting the requirements of Osteopathic  
26           Continuous Certification

27          C. Certificate of Added Qualification

28           1. Initial Certificate

(Name) Having Met the Approved Requirements as Defined by this Board, is Awarded a Certificate of Added Qualification in (area of CAQ)

Continuous CAQ is contingent upon fulfilling the ongoing requirements

## 2. Continuous CAQ Certificate

(Name) Demonstrates Continued Compliance with all the Requirements for a Certificate of Added Qualification in (area of CAQ)

Continuous CAQ is contingent fulfilling the ongoing requirements

## **Section 5. Certification in More than One Field**

A physician may hold AOA board certification in more than one (1) specialty or subspecialty, either under the same specialty certifying board or under different specialty certifying boards. Diplomates that hold active AOA board certification in more than one (1) specialty or subspecialty must be listed under each specialty and/or subspecialty in the roster of AOA board certified physicians.

## **Section 6. Recording of Multiple Certifications**

The diplomate is assigned a certification number for life under each specialty certifying board. Successive certifications issued to the same diplomate by the same specialty certifying board retain the initial certification number assigned to the diplomate.

## **Section 7. Clinically Inactive, Inactive, and Retired Diplomates**

### A. Clinically Inactive Diplomates

1. Diplomates who are not involved in patient care, including academic physicians who do not supervise residents and/or fellows providing patient care, and unemployed physicians, must attest to and petition their specialty certifying board to place the certification(s) into a clinically inactive status.

a. Clinically inactive diplomates who re-enter clinical practice must notify the specialty certifying board within thirty (30) days following return to clinical practice.

2. Clinically inactive status is documented on the official physician profile available to credentialers through the American Osteopathic Information Association (AOIA) and is noted on the [findado.osteopathic.org](http://findado.osteopathic.org) website.

1       B. Inactive Diplomates

2           1. Inactive diplomates may retain the possession of their certificate(s). Their certification(s)  
3           and certificate(s) will continue to appear on the official physician profile with a  
4           designation of inactive status. A diplomate's certification and certificate status will be  
5           classified as inactive for the following reasons:

6           a. The diplomate has informed the BOS that they no longer practice in the specialty,  
7           subspecialty, or area of added qualification.

8           b. The diplomate has not met the OCC requirements as stipulated by the BOS and  
9           specialty certifying board.

10          c. The diplomate has voluntarily requested that a non-time-limited certification be  
11          inactivated with the right to request reactivation at a future time. Remedial  
12          requirements may be assessed by the diplomate's specialty certifying board as  
13          approved by the BOS to reactivate certification.

14       C. Retired Diplomates

15          1. Certifications and certificates will be listed as "retired" when the diplomate is  
16          permanently retired and not gainfully employed in any phase of professional activity.  
17          Retired diplomates may retain the possession of their certificate(s). Their certification(s)  
18          and certificate(s) will continue to appear on the official physician profile with a  
19          designation of retired status.

20          2. A retired diplomate must re-enter the certification process in accordance with the  
21          policies in Article XVIII, Section 10 of this Handbook if the retired diplomate holds a  
22          time-limited certification and requests to return to active status after the certification has  
23          expired.

24    **Section 8. Revocation of a Certification or Certificate**

25          A. The specialty certifying board may recommend to the BOS the review of the certification or  
26          certificate of any diplomate for revocation whose certification or certificate was obtained by  
27          fraud, misrepresentation, exploitation, violation of the AOA Code of Ethics, or is otherwise  
28          disqualified.

29          B. The specialty certifying board may recommend to the BOS the review of the certification or  
30          certificate of any diplomate for revocation concerning actions taken on medical licensure or  
31          other questions surrounding licensure status.

C. Upon official revocation of a certification or certificate the BOS Secretary will notify the diplomate, the Chair of the appropriate specialty certifying board, and AOA Physician Profile Services.

#### **Section 9. Reinstatement and Reactivation**

A. Reactivation and/or reinstatement of a certification or certificate may require additional remediation as specified by the specialty certifying board and approved by the BOS.

1. The process for reactivation of a certification or certificate that has expired or been placed in an inactive status is detailed in Article XVIII, Section 10 of this Handbook.

2. The process to fulfill deficiencies for reinstatement of a certification or certificate that has been revoked will be provided to the diplomate.

B. Reinstatement of a certification or certificate that was revoked will require fulfilling the BOS and specialty certifying board requirements with final approval of reinstatement by the BOS.

C. The Certification Compliance Review Committee (CCRC) may recommend that a time-limited certification is issued in lieu of a non-time-limited certification that has been inactivated or revoked.

#### **Section 10. Specialty Practice Requirement**

The specialty certifying board will notify the BOS Secretary for presentation to the BOS, where appropriate action will be taken if it is determined by the specialty certifying board that a diplomate does not qualify as a practicing physician in the particular specialty or subspecialty under the regulations and requirements of that specialty certifying board.

### **Article XVIII. Osteopathic Continuous Certification**

#### **Section 1. Osteopathic Continuous Certification (OCC)**

The Osteopathic Continuous Certification (OCC) process provides opportunities for continuous professional development centered on patient care, practice enhancement, and lifelong learning. The following components comprise the OCC process and are described more fully in the sections that follow:

A. Component 1: Active Licensure

B. Component 2: Lifelong Learning/Continuing Medical Education

C. Component 3: Competency Assessment

D. Component 4: Practice Performance Assessment and Improvement

Successful compliance of each OCC component will be documented and maintained in the AOA's Department of Certifying Board Services database as noted in the records retention policy.

Enforcement: Diplomates who fail to comply with the requirements of any of the components during an OCC cycle may have their board certification placed into an inactive status. Refer to Section 10 of this article for the certification reactivation process.

## **Section 2. OCC Cycle Length**

A. Three (3) Year OCC Cycle

1. Specialty certifying boards that develop and administer a longitudinal assessment will maintain an OCC cycle as established by the BOS, which will be no greater than three (3) years in length.

2. The OCC cycle must run concurrently with the certification CME cycle.

B. Ten (10) Year OCC Cycle

1. Specialty certifying boards that develop and administer a subspecialty certification or certificate of added qualification high stakes assessment will maintain an OCC cycle as established by the BOS, which will be no greater than ten (10) years for that subspecialty.

## **Section 3. OCC Component 1: Active Licensure**

A diplomate must maintain a valid, active, unrestricted medical license in at least one (1) jurisdiction (United States, including US territories, or Canada) and must adhere to the AOA Code of Ethics. If a diplomate is licensed in multiple jurisdictions, all licenses must be unrestricted.

## **Section 4. OCC Component 2: Lifelong Learning/Continuing Medical Education**

A. Continuing Medical Education (CME) requirements for diplomates participating in OCC are as follows:

1. Demonstrate your commitment to lifelong learning by fulfilling the required CME credits in your specialty area of certification during each certification CME cycle as specified on the CME policies and requirements webpage on the osteopathic.org website.

2. Diplomates holding a subspecialty certification must adhere to the certification CME requirements of the primary specialty area.

B. Boards that require more than the BOS approved minimum (60 CME credits) in the specialty area of certification must:

1. Examine current CME standards and guidelines for their specialty.

2. Petition the SRC with justification of the need for variance.

3. Receive final approval from the BOS Executive Committee upon SRC recommendation.

C. Requirements for in-person specialty CME programs are:

1. The educational presentation must be presented by an AOA or ABMS board certified physician in the specialty topic being discussed.

a. Exceptions will be reviewed on a case-by-case basis by BOS leadership.

b. The educational presentation must cover topic(s) of concern to the physicians in that specialty or subspecialty.

D. CME will be awarded for the completion of Component 4 activities (excluding quality improvement activity attestations).

1. Credits for Component 4 activities may be designated by each specialty certifying board.

E. Limits to CME activity types for each certification CME cycle are on the CME policies and requirements webpage on the osteopathic.org website.

### **Section 5. OCC Component 3: Competency Assessment**

A. Assessment of diplomates participating in OCC will be as follows:

1. Diplomates holding a primary certification must demonstrate continuous, active participation in the cognitive longitudinal assessment during each OCC cycle.

a. Diplomates must register for longitudinal assessment the year after obtaining initial primary certification.

b. Diplomates must begin participation in longitudinal assessment in the year following registration.

c. Using the “Goal and Methods for Longitudinal Assessment” document created and maintained by the SRC, specialty certifying boards will develop longitudinal assessment plans for approval by the SRC prior to implementation.

2. Diplomates holding a subspecialty certification and/or certificate of added qualification (CAQ) where a longitudinal assessment has not been developed must successfully pass one (1) (or more) psychometrically valid, high-stakes cognitive assessment during each OCC cycle.

a. The assessment may be taken no more than three (3) years prior to the expiration of the certification or certificate.

3. An oral, clinical, and/or performance examination may be required in addition to the longitudinal or high stakes assessment, the format of which will be determined by the specialty certifying board or CCEC and approved by the SRC.

4. The longitudinal or high stakes assessment must evaluate the diplomate’s knowledge and skill in the given specialty, subspecialty, or CAQ.

5. Diplomates who do not successfully complete the longitudinal assessment process by the end of the 3-year OCC cycle will be granted a six (6) month grace period prior to the inactivation of their certification during which time they must successfully complete an examination containing all longitudinal assessment items from the previous cycle. The examination must be delivered in a secure format. Alternative or additional requirements recommended by the specialty certifying board and approved by the BOS may apply.

#### **Section 6. OCC Component 4: Practice Performance Assessment and Improvement**

A. Diplomates must engage in continuous quality improvement by satisfying one (1) of the following:

1. Attestation to or online submission of evidence of participation in quality improvement activities.

2. Completion of practice performance assessment (PPA) modules developed by the specialty certifying board and approved by the SRC.

3. Completion of verifiable, quality driven or clinically focused encounters that assess the physician’s clinical acumen.

B. All activities will include a comparison of personal practice performance as measured against national benchmarks for the medical specialty.

- C. All activities must demonstrate the diplomate's direct involvement in the activity.
- D. For primary and subspecialty certification, each specialty board will establish the appropriate number of required activities in each OCC cycle and submit these requirements to the SRC for approval.
- E. The CCEC, with the approval of the SRC establishes the appropriate number of required activities in each OCC cycle for conjoint subspecialty certification(s) with approval from the SRC.
- F. Specialty certifying boards may audit a given percentage of diplomates' Component 4 activities; any data collected as part of the audit must be a retrievable activity from the original source.
- G. Diplomates with a clinically inactive certification status may propose a Component 4 activity that is applicable to their current role in osteopathic medicine. The specialty certifying board will determine the requirements for and acceptability of the proposed activity. All other OCC component requirements must be satisfied.
- H. Diplomates who verify and attest that 90% or more of their primary practice falls outside the scope of their AOA board certification may propose a Component 4 activity outside of what is offered by the specialty certifying board.
- I. Diplomates who hold an AOA board certification and an ABMS board certification in the same specialty, who participate in the Maintenance of Certification (MOC) process through the ABMS member board may petition the AOA specialty certifying board to accept the practice performance activities completed through MOC and apply them to the OCC Component 4 requirement.
1. The AOA specialty certifying board may require completion of an osteopathic component to suffice the Component 4 requirement.
- J. Diplomates in fellowship training are exempt from the Component 4 requirement during the training period only.
1. The Component 4 requirements may be prorated based on the fellowship training completion date.

## **Section 7. Entry into OCC by Physicians with Certification from an ABMS Member Board**

Physicians holding a current, valid certification from an American Board of Medical Specialties (ABMS) member board may qualify for AOA initial board certification in the specialty or subspecialty for which they hold ABMS certification without the requirement to sit for the initial



1 AOA board examination(s). Upon being awarded AOA board certification, the physician will enter  
2 the AOA Osteopathic Continuous Certification (OCC) process.

3 The following eligibility criteria must be met prior to being awarded AOA board certification for all  
4 applicable primary and subspecialty certifications for which the AOA offers certification:

5 Primary Specialty Certification

6 Physicians holding a current ABMS board certification may qualify to receive AOA board  
7 certification in that specialty upon fulfilling the following criteria:

8 A. Be a graduate of a COCA accredited College of Osteopathic Medicine, an LCME accredited  
9 medical school in the U.S. or Canada, or a medical school outside of the U.S. or Canada and  
10 hold a valid certificate, without expired examination dates, from the ECFMG.

11 B. A physician must maintain a valid, active, unrestricted medical license in at least one (1)  
12 jurisdiction (United States, including US territories, or Canada) and must adhere to the AOA  
13 Code of Ethics. If a physician is licensed in multiple jurisdictions, all licenses must be  
14 unrestricted.

15 C. Completion of an ACGME accredited residency or fellowship in the specialty or  
16 subspecialty of certification, or completion of an approved clinical pathway to certification.

17 D. Current, valid (including active participation in Maintenance of Certification [MOC] if  
18 applicable), verifiable board certification through an ABMS member board in a specialty or  
19 subspecialty for which there is an equivalent AOA certification with an active OCC process.

20 E. Submitting a completed application with all relevant materials and the required processing  
21 fee.

22 F. After obtaining AOA primary certification through the process outlined in this section, the  
23 diplomate may apply for subspecialty certification either through the process described  
24 below or through the application process, as eligibility allows.

25 Subspecialty Certification

26 Physicians holding a current ABMS subspecialty certification may qualify to receive AOA board  
27 certification in that subspecialty upon fulfilling the following criteria:

28 A. Subspecialties that require active AOA primary certification (refer to Appendix B for full  
29 list):

1. Physicians who do not already hold an active AOA certification in the required primary specialty must obtain an active AOA certification in the primary specialty as noted above, prior to entry into the OCC process for the subspecialty.
2. Physicians who hold an ABMS subspecialty certification that does not require maintenance of a primary certification by the ABMS will be required to obtain and hold an active AOA certification in the primary specialty.
- B. Physicians who hold an ABMS subspecialty certification in a subspecialty where an active AOA primary certification is not required; may apply for AOA subspecialty certification without obtaining an AOA primary certification (refer to Appendix C for full list).
- C. Be a graduate of a COCA accredited College of Osteopathic Medicine, an LCME accredited medical school in the U.S. or Canada, or a medical school outside of the U.S. or Canada and hold a valid certificate, without expired examination dates, from the ECFMG.
- D. A physician must maintain a valid, active, unrestricted medical license in at least one (1) jurisdiction (United States, including US territories, or Canada) and must adhere to the AOA Code of Ethics. If a physician is licensed in multiple jurisdictions, all licenses must be unrestricted.
- E. Completion of an ACGME accredited fellowship in the subspecialty of certification, or completion of an approved clinical pathway to subspecialty certification.
- F. Current, valid (including active participation in Maintenance of Certification [MOC] if applicable), verifiable board certification through an ABMS member board in a subspecialty for which there is an equivalent AOA subspecialty certification with an active OCC process.
- G. Submitting a completed application with all relevant materials and the required processing fee.

#### Certification Dates and Proration

- A. The certification issue date will be the date on which all eligibility criteria have been validated.
- B. Physicians will begin the specialty certifying board's longitudinal assessment process or enter the high stakes examination process upon notification that all eligibility criteria have been validated.
  1. The valid through date on AOA certifications issued to physicians who enter OCC holding a certificate from an ABMS member board for a specialty certifying board that administers longitudinal assessment will coincide with the end of the current OCC cycle.

1           a. The valid through date on AOA certifications issued to physicians who enter the  
2           OCC process in the final year of the OCC cycle after the longitudinal assessment  
3           registration deadline has passed will coincide with the end of the next OCC cycle.

4           2. The valid through date on AOA certifications issued to physicians who enter OCC  
5           holding a certificate from an ABMS member board for a specialty certifying board that  
6           administers high-stakes cognitive assessments will coincide with the expiration date on  
7           the ABMS certificate.

8           a. The valid through date on AOA certifications issued to physicians who enter the  
9           OCC process after the last high-stakes cognitive assessment has been administered  
10          before the ABMS certification expiration date will be extended until December 31 of  
11          the following year and must participate in the next available administration of the  
12          high-stakes examination.

13          C. OCC Component 2 requirements will be prorated based on the certification issue date  
14          according to the CME policies and requirements webpage on the osteopathic.org website.

15          D. OCC Component 3 requirements may be prorated based on the certification issue date.

16          E. OCC Component 4 requirements may be prorated based on the certification issue date.

## **Section 8. Non-Time-Limited Diplomates Voluntarily Participating in OCC**

18          The OCC process for diplomates holding a non-time-limited certificate is voluntary. Non-time-  
19          limited certificate holders who voluntarily participate in the OCC process will be issued an OCC  
20          certification. Failure to comply with or meet OCC requirements may result in the loss of the OCC  
21          certification but will not result in the loss of non-time-limited certification.

22          Diplomates holding a non-time-limited primary specialty certification and a time-limited subspecialty  
23          certification must fully participate in the OCC process for the subspecialty certification to maintain  
24          the subspecialty certification and be deemed compliant with OCC. The OCC process will remain  
25          voluntary for the non-time-limited primary specialty certification.

## **Section 9. Diplomates Certified Through Multiple AOA Specialty Certifying Boards**

27          A. Diplomates holding multiple primary certifications issued through two (2) or more AOA  
28          specialty certifying boards must meet each of the specialty certifying board's OCC  
29          requirements.

30          B. CME credits earned will apply to each specialty certifying board's requirement, except for  
31          specialty CME credits, which must be fulfilled according to each specialty certification.

**1    Section 10. Certification Reactivation Process**

2    Diplomates whose certification has expired or been placed in an inactive status for any reason may  
3    petition the BOS to reactivate the certification.

4        A. Diplomates seeking to reactivate their certification three (3) years or less from the expiration  
5        or inactivation of their certification must suffice all outstanding OCC requirements not  
6        fulfilled prior to their certification expiration or inactivation.

7            1. The valid through date of certifications that have been placed in an inactive status will be  
8            adjusted to reflect the date of inactivation.

9            2. Once reactivated, the issue date of certifications that have expired or been placed in an  
10          inactive status will reflect the date that all requirements have been satisfied.

11        B. Diplomates seeking to reactivate their certification three (3) or more years following the  
12        expiration or inactivation of their certification must take and pass at a minimum the primary  
13        written certification examination. Specialty certifying boards may require additional  
14        examination(s) and remedial activities as approved by the BOS, such as training or CME,  
15        prior to certification reactivation.

16            1. The valid through date of certifications that have been placed in an inactive status will be  
17            adjusted to reflect the date of inactivation.

18            2. Once reactivated, the issue date of certifications that have expired or been placed in an  
19          inactive status will reflect the date that all requirements have been satisfied.

**20                    Article XIX. Non-Time-Limited Diplomates**

21    Non-time-limited diplomates must adhere to the following requirements to maintain an active, non-  
22    time-limited certification:

**23    Section 1. Active Licensure**

24    A non-time-limited diplomate must maintain a valid, active, unrestricted medical license in at least  
25    one (1) jurisdiction (United States, including US territories, or Canada) and must adhere to the AOA  
26    Code of Ethics. If a non-time-limited diplomate is licensed in multiple jurisdictions, all licenses must  
27    be unrestricted.

**28    Section 2. Continuing Medical Education**

A. Non-time-limited diplomates must demonstrate a commitment to lifelong learning by fulfilling the CME credit requirement in the specialty area of certification during each certification CME cycle as specified on the CME policies and requirements webpage on the osteopathic.org website.

B. Boards that require more than the BOS approved minimum (120 CME credits) in the specialty area of certification must:

1. Examine current CME standards and guidelines for their specialty.
2. Petition the SRC with justification of the need for variance.
3. Receive final approval from the BOS Executive Committee upon SRC recommendation.

C. Requirements for in-person specialty specific CME programs are:

1. The educational presentation must be presented by an AOA or ABMS board certified physician in the specialty topic being discussed.
  - a. Exceptions will be reviewed on a case-by-case basis by BOS leadership.
  - b. The educational presentation must cover topic(s) of concern to the physicians in that specialty or subspecialty.

D. Limits to CME activity types for each certification CME cycle are on the CME policies and requirements webpage on the osteopathic.org website.

### **Section 3. Osteopathic Continuous Certification (OCC) Participation**

A. Non-time-limited diplomates who do not maintain their board certification may be required to petition the BOS for reactivation of certification through the certification reactivation process. Upon reactivation of the certification, a time-limited certification will be issued (refer to Article XVIII, Section 10).

B. Non-time-limited diplomates who voluntarily participate in the OCC process should refer to Article XVIII Section 8 of this Handbook.

### **Article XX. Conjoint Certification Examination Committee (CCEC)**

1 A Conjoint Certification Examination Committee (CCEC) is formed when a subspecialty overlaps  
2 into multiple specialty areas. CCECs develop the processes and procedures for subspecialty  
3 certifications issued in the respective subspecialty.

4 Processes and procedures developed by a CCEC must be submitted to the BOS for consideration.  
5 BOS approval must be obtained before the requested processes or procedures are implemented.

6 CCECs do not have formal representation or voting privileges on the BOS and must adhere to the  
7 directives as specified in the Handbook of the BOS.

## **8 Section 1. Duties**

9 The CCEC is responsible for developing the processes and procedures of the committee, as well as  
10 item writing, item banking, and other items relative to examination construction. Updates to  
11 processes or procedures of the committee must be submitted to the BOS. BOS approval must be  
12 obtained before the requested process or procedure is implemented.

13 A. Periodical review of candidate eligibility and OCC requirements within the guidelines of the  
14 BOS and make recommendations for updates, when appropriate, to the BOS Standards  
15 Review Committee (SRC) for consideration.

16 B. Serve as the liaison between the CCEC and their respective specialty certifying board.

17 C. Review the list of applicants for examination for subspecialty certification by the CCEC.

18 D. Provide a list to the BOS and specialty certifying board of candidates who meet all  
19 requirements for certification in the practice areas assigned to the CCEC.

20 E. When considering an appeal, the CCEC will adhere to the appeal process (refer to Article  
21 XI).

22 F. Declare any real or perceived conflict of interest and maintain strict confidentiality of all  
23 applicant information, test development and content, and scoring methods.

24 G. CCECs may create ad hoc committees when necessary.

## **25 Examination Development**

26 H. Complete an approved item-writing training program within one (1) year of appointment  
27 and serve as an item writer for examinations and item bank content for the CCEC for which  
28 they are a member.

29 I. Work with the AOA Psychometrics and Assessment team to:

1. Complete a job task analysis (JTA) and create and develop a table of specifications (TOS) for SRC consideration.
2. Develop and maintain items to produce psychometrically defensible and osteopathically distinct examinations in the practice areas assigned to the CCEC.
3. Ensure the inclusion of relevant osteopathically distinct items in every certification examination, including processes and methodologies.
4. Review exam analytics and statistical information.

## **Section 2. CCEC Membership**

- A. Each CCECs membership will consist of one (1) representative from each specialty certifying board with diplomates that express intentions to obtain certification in that subspecialty or with diplomates currently participating in the OCC process in that subspecialty.
- B. The specialty certifying board will nominate one (1) diplomate to each CCEC who meets the following criteria:
  1. Must hold an active certification in the subspecialty of the CCEC issued through the nominating specialty certifying board.
  2. Must actively participate in the OCC process for that subspecialty.
  3. Must actively engage in clinical practice, teaching physicians, or serving in an administrative role.
  4. A board with diplomates that express intentions to obtain certification in a subspecialty administered by a standing CCEC with no prior participation by diplomates certified through that board will nominate a representative to the CCEC who holds an active primary certification through that board and participates in OCC.
    - a. Compliance with the CCEC membership criteria to hold a subspecialty of the CCEC issued through the board will be required at such time as there is a diplomate certified in the subspecialty.
- C. The membership criteria may not be possible when developing a new CCEC. Boards must nominate a diplomate who holds an active primary certification issued through that board and who participates in OCC.

1. Compliance with the CCEC membership criteria to hold a subspecialty of the CCEC issued through the board will be required at such time as there is a diplomate certified in the subspecialty.

D. The nomination, including the diplomate's CV, must be submitted to the BOS for consideration. The BOS will make a recommendation to the BOT for final approval of appointments to the CCEC. CVs will be maintained on file for the duration of the appointed term.

E. CCEC membership will consist of no less than four (4) members.

1. Where only two (2) or three (3) boards have diplomates who hold active certification or express interest in the conjoint subspecialty, each board will nominate two (2) diplomates to serve on the CCEC.

F. When an unexpected vacancy occurs on the CCEC, the respective specialty certifying board will submit a nominee to fill the remaining term in accordance with the criteria for CCEC membership.

#### Officers

A. Officers of the CCEC are the Chair and Vice chair. To promote equity for the participating specialty certifying boards and their representatives on the CCEC, the officer positions will rotate among the participating boards.

1. Officers of the CCEC will work with the AOA Psychometrics and Assessment team to review items submitted by the subject matter experts for final approval or disapproval.

2. Each CCEC will submit the names and term dates of their officers upon appointment for informational purposes to the BOS and kept current at least annually.

#### Terms

A. CCEC officer positions run concurrently with elections to occur every three (3) years. CCEC officers are elected by the CCEC members for a three (3) year term.

B. Member terms are three (3) years in length and limited to four (4) full terms. Where possible, terms will be staggered so that new members elected in any year will not constitute a majority.

C. Members are restricted to a maximum of twelve (12) years of service on a CCEC.

D. All CCEC member terms, including terms for officer positions, will commence on August 1 following approval by the BOT and end on July 31 of the year the term is scheduled to end.



**1    Section 3. Meetings**

2        A. CCECs will hold at least one (1) annual meeting and should conduct business via video or  
3            telephone conference. In-person meetings must be held in accordance with AOA meeting  
4            policy upon approval.

5        B. A majority of the approved membership will constitute a quorum at CCEC meetings.

6        C. CCEC meetings will be governed by the latest edition of *Robert's Rules of Order, Newly Revised*,  
7            unless otherwise specified in these procedures.

**8    Section 4. Candidate Eligibility Requirements**

9        AOA Department of Certifying Board Services (CBS) will post the eligibility requirements for all  
10        conjoint subspecialty certifications. To participate in a conjoint subspecialty examination, candidates  
11        must:

12        A. Hold an active AOA primary board certification.

13        B. The candidate must fulfill one of the following:

14            1. Completed an AOA or ACGME approved training program.

15            2. Completed all requirements for an open clinical pathway for the specified conjoint  
16            subspecialty certification examination.

17                a. Criterion for a clinical pathway is developed by the respective CCEC and submitted  
18                for final approval to the BOS.

19                b. As established by the BOS, a clinical pathway may remain open for a maximum of  
20                five (5) years. Once a clinical pathway has closed, candidates must have completed an  
21                AOA or ACGME approved training program to meet the training eligibility  
22                requirement.

23        C. The CCEC may have additional eligibility requirements as approved by the BOS.

24        Most conjoint subspecialty certifications require diplomates to maintain an active primary board  
25        certification. When an active primary board certification is required to maintain the conjoint  
26        subspecialty certification, if the primary board certification is inactive, the conjoint subspecialty  
27        certification will be inactivated.

**28    Section 5. Examination Code of Conduct and Appeal Process**

1 Candidates must adhere to the code of conduct as detailed in Article XV (Examination Policy) in the  
2 Handbook of the BOS.

3 Candidates who oppose the outcome of an appeal from the CCEC may request an appeal through  
4 the BOS Appeal Committee. Appeals must adhere to the policy as detailed in Article XI (Appeal  
5 Committee Hearing Procedures) in the Handbook of the BOS.

## **6 Section 6. Certificate Issuance and OCC**

7 A. Certificates are issued and maintained by the specialty certifying boards on the  
8 recommendation of the CCEC to diplomates who have fulfilled the requirements for  
9 conjoint subspecialty certification and conjoint subspecialty osteopathic continuous  
10 certification (OCC).

11 B. The “valid through” date for initial subspecialty certifications will be December 31 of the  
12 tenth year following the issuance of the certification.

13 C. The OCC process for conjoint subspecialty certification will be for a period of ten years  
14 (refer to Article XVIII).

## **15 Section 7. Re-Entry into the Certification Process**

16 Candidates who have not achieved subspecialty board certification by the conclusion of the sixth  
17 (6th) year of the board eligibility status time frame may petition the CCEC as outlined in the re-entry  
18 process (refer to Article XIII, Section 2).

## **19 Article XXI. Distinct Osteopathic Examination Committee (DOEC)**

20 The DOEC develops the processes and procedures for the added designation of Osteopathic  
21 Manipulative Treatment (OMT) to the primary certification in accordance with Pathway II  
22 requirements (refer to Article XIV).

23 Processes and procedures developed by the DOEC must be submitted to the BOS for  
24 consideration. BOS approval must be obtained before the requested processes or procedures are  
25 implemented. When appropriate, the action may be submitted to the BOT for final approval.

26 The DOEC does not have formal representation or voting privileges on the BOS and must adhere  
27 to the directives as specified in the Handbook of the BOS.

## **28 Section 1. Duties**

1 The DOEC is responsible for developing the processes and procedures of the committee, as well as  
2 item writing, item banking, and other items relative to examination construction for the OMT  
3 written and practical examinations for obtaining the OMT designation. Updates to examination  
4 processes or procedures of the committee must be approved by the BOS upon SRC  
5 recommendation prior to implementation.

6 A. Periodical review of the candidate eligibility criteria and OCC requirements for the OMT  
7 designation within the guidelines of the BOS and make recommendations for updates, when  
8 appropriate, to the BOS for consideration.

9 B. Declare any real or perceived conflict of interest and maintain strict confidentiality of all  
10 information, test development and content, and scoring methods.

### 11 Examination Development

12 C. Complete an approved item-writing training program within one (1) year of appointment  
13 and serve as an item writer for examinations and item bank content for the DOEC.

14 1. Item writers must hold an active certification in their primary specialty by the respective  
15 specialty certifying board with an OMT designation. During the initial formation of the  
16 DOEC, item writers who do not hold an OMT designation must be considered subject  
17 matter experts in their respective fields.

18 D. Work with the AOA Psychometrics and Assessment team to:

19 1. Complete a job task analysis (JTA) and create and develop a table of specifications  
20 (TOS) for the DOEC examinations.

21 2. Develop and maintain items to produce psychometrically defensible and osteopathically  
22 distinct examinations.

23 3. Ensure the inclusion of relevant osteopathically distinct items in every certification  
24 examination, including processes and methodologies.

25 4. Review exam analytics and statistical information.

### 26 Section 2. DOEC Membership

27 A. DOEC membership will consist of one (1) representative from each specialty certifying  
28 board with diplomates that express intentions to obtain or maintain a designation in OMT.

29 B. Specialty certifying boards will nominate one (1) diplomate who meets the following criteria:

1. Must hold an active primary certification with the OMT designation issued through the nominating specialty certifying board.

2. Must actively participate in the OCC process for their primary specialty with the OMT designation.

3. Must actively engage in clinical practice, teaching physicians, or serving in an administrative role.

4. A board with diplomates that express intentions to obtain the OMT designation, which has no diplomates that currently have the OMT designation attached to their primary specialty, that board will nominate a representative who holds an active primary certification through that board and participates in OCC.

a. Compliance with DOEC membership criteria will be required at such time as there is a diplomate who has obtained the OMT designation attached to their primary specialty.

C. The nomination, including the diplomate's CV, must be submitted to the BOS. The BOS will make a recommendation to the BOT for final approval of appointments. CVs will be maintained on file for the duration of the appointed term.

D. Membership will consist of no less than four (4) members.

1. Where only two (2) or three (3) boards have diplomates who hold an active primary certification with the OMT designation or express interest in obtaining the OMT designation, each board will nominate two (2) diplomates to serve on the DOEC.

2. When an unexpected vacancy occurs, the respective specialty certifying board will submit a nominee to fill the remaining term in accordance with the membership criteria.

#### Officers

A. Officers of the DOEC are the Chair and Vice chair. To promote equity for the participating specialty certifying boards and their representatives, the officer positions will rotate among the participating boards.

1. Officers will work with the AOA Psychometrics and Assessment team to review items submitted by the subject matter experts for final approval or disapproval.

B. The DOEC will submit the names and term dates of their officers upon appointment for informational purposes to the BOS and kept current at least annually.

#### Terms

A. Officer positions run concurrently with elections to occur every three (3) years. DOEC officers are elected by the DOEC members for a three (3) year term.

B. Member terms are three (3) years in length and limited to four (4) full terms. Where possible, terms will be staggered so that new members elected in any year will not constitute a majority.

C. Members are restricted to a maximum of twelve (12) years of service on the DOEC.

D. All member terms, including terms for officer positions, will commence on August 1 following approval by the BOT and end on July 31 of the year the term is scheduled to end.

### **Section 3. Meetings**

A. The DOEC must hold one (1) annual meeting, and additional meetings may be held as necessary to conduct business. Meetings should be held via video or telephone conference. In-person meetings must be held in accordance with AOA meeting policy upon approval.

B. A majority of the approved membership will constitute a quorum at DOEC meetings.

C. DOEC meetings will be governed by the latest edition of *Robert's Rules of Order, Newly Revised*, unless otherwise specified in these procedures.

### **Section 4. Subcommittees**

There will be two (2) distinct subcommittees; one for the written assessment and one for the practical assessment.

### **Section 5. Candidate Eligibility Requirements**

AOA Department of Certifying Board Services (CBS) will post the eligibility requirements for the OMT designation. Candidates must hold an active AOA primary board certification. Refer to Article XIV for training and additional eligibility requirements.

### **Section 6. Examination Code of Conduct and Appeal Process**

Candidates must adhere to the code of conduct as detailed in Article XV (Examination Policy) in the Handbook of the BOS.

- 1 Candidates who oppose the outcome of an appeal may request an appeal through the BOS. Appeals
- 2 must adhere to the policy as detailed in Article XI (Appeal Committee Hearing Procedures) in the
- 3 Handbook of the BOS.

**4 Section 7. Certificate Issuance**

- 5 Primary specialty certificates with the addition of the OMT designation are issued and maintained by
- 6 the specialty certifying boards to diplomates who have fulfilled the requirements.

## Appendix A – Definitions and Terminology

A. Board certification issued by the AOA provides assurance to the public that a physician has demonstrated high levels of clinical competence and is an indication of excellence. Certification is issued upon successful completion of an AOA or ACGME accredited training program and by passing the associated examination(s) administered by an AOA specialty certifying board. Certification is issued by the AOA in the following categories:

### 1. Primary Certification

a. Primary certification indicates the diplomate's medical knowledge, professionalism, and training in a specialty field of medical practice under the jurisdiction of a specialty certifying board. It reflects completion of an AOA or ACGME accredited training program and successfully passing the certifying examination(s) in the specialty field administered by the AOA specialty certifying board. Primary certification represents a distinct and well-defined field of osteopathic medical practice.

### 2. Subspecialty Certification

a. Subspecialty certification indicates the diplomate's medical knowledge, professionalism, and training in a subspecialty field over and above that required for primary certification. It designates additional abilities in limited areas of the primary specialty field represented by that board. It constitutes a modification of a primary certification to reflect additional training by an AOA or ACGME accredited training program of at least one (1) year in length and successfully passing the certifying examination(s) in that subspecialty.

b. OCC completion in areas of subspecialty certification varies by subspecialty and may or may not require maintenance of valid primary certification.

c. When the identifiable body of knowledge for subspecialty certification overlaps with more than one (1) specialty, a conjoint examination program may be developed by the corresponding certifying boards.

d. Subspecialty certification requires prior attainment of primary certification. The subspecialty certification is awarded by the diplomate's primary certifying board.

B. A certificate issued by the AOA indicates that a diplomate has successfully completed an educational course in a specified field of study and has passed the associated examination(s) administered by an AOA specialty certifying board.

**1. Certificate of Added Qualification**

- a. A certificate of added qualification indicates the diplomate's advanced experience, medical knowledge, and professionalism by demonstrating excellence in a specific subject but not replaced through specialization. It signifies additional competencies following an educational course of at least one (1) year in length and successfully passing the certificate examination(s) within six (6) years of completing the training in that subject. The training required for a certificate of added qualification must incorporate a specific and identifiable body of knowledge related to the area of added qualification.

**C. Pathways for Initial Certification Definitions (*Glossary of Osteopathic Terminology*):****1. Osteopathic Philosophy**

A concept of health care supported by expanding scientific knowledge that embraces the concept of the unity of the living organism's structure (anatomy) and function (physiology). Osteopathic philosophy emphasizes the following principles:

- a. The human being is a dynamic unit of function.
- b. The body possesses self-regulatory mechanisms that are self-healing in nature.
- c. Structure and function are interrelated at all levels.
- d. Rational treatment is based on these principles.

**2. Osteopathic Manipulative Medicine (OMM)**

The application of osteopathic philosophy, structural diagnosis, and use of OMT in the diagnosis and management of the patient.



## 1 Appendix B – Subspecialties that Require Active AOA Primary Certification

### 2 Anesthesiology

- |                            |                              |
|----------------------------|------------------------------|
| 3 ➤ Addiction Medicine     | 5 ➤ Pain Management          |
| 4 ➤ Critical Care Medicine | 6 ➤ Pediatric Anesthesiology |

### 7 Dermatology

- |                               |                            |
|-------------------------------|----------------------------|
| 8 ➤ Dermatopathology          | 10 ➤ Pediatric Dermatology |
| 9 ➤ Mohs Micrographic Surgery |                            |

### 11 Emergency Medicine

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 12 ➤ Addiction Medicine            | 16 ➤ Sports Medicine                |
| 13 ➤ Emergency Medical Services    | 17 ➤ Surgical Critical Care         |
| 14 ➤ Hospice & Palliative Medicine | 18 ➤ Undersea & Hyperbaric Medicine |
| 15 ➤ Medical Toxicology            |                                     |

### 19 Family Practice

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 20 ➤ Addiction Medicine            | 24 ➤ Pain Medicine                  |
| 21 ➤ Correctional Medicine         | 25 ➤ Sleep Medicine                 |
| 22 ➤ Geriatric Medicine            | 26 ➤ Sports Medicine                |
| 23 ➤ Hospice & Palliative Medicine | 27 ➤ Undersea & Hyperbaric Medicine |

### 28 Internal Medicine

- |   |                                     |
|---|-------------------------------------|
| 29 ➤ Addiction Medicine                 | 36 ➤ Hospice & Palliative Medicine  |
| 30 ➤ Advance Heart Failure &            | 37 ➤ Interventional Cardiology      |
| 31 Transplant Cardiology                | 38 ➤ Pain Medicine                  |
| 32 ➤ Clinical Cardiac Electrophysiology | 39 ➤ Sleep Medicine                 |
| 33 ➤ Correctional Medicine              | 40 ➤ Sports Medicine                |
| 34 ➤ Critical Care Medicine             | 41 ➤ Undersea & Hyperbaric Medicine |
| 35 ➤ Geriatric Medicine                 |                                     |

### 42 Neuromusculoskeletal Medicine

- |                         |                      |
|-------------------------|----------------------|
| 43 ➤ Addiction Medicine | 45 ➤ Sports Medicine |
| 44 ➤ Pain Medicine      |                      |

### 46 Neurology & Psychiatry

- |                                    |                      |
|------------------------------------|----------------------|
| 47 ➤ Addiction Medicine            | 50 ➤ Neurophysiology |
| 48 ➤ Geriatric Psychiatry          | 51 ➤ Pain Medicine   |
| 49 ➤ Hospice & Palliative Medicine | 52 ➤ Sleep Medicine  |

**Appendix B – Subspecialties that Require Active AOA Primary Certification**  
**(cont.)**

### 3 Ophthalmology & Otolaryngology

- ## 4 ➤ Sleep Medicine

## 5 Orthopedic Surgery

- 6      ➤      Hand Surgery

- 7 ➤ Orthopedic Sports Medicine

## 8 Pediatrics

- 9
- 
- Sports Medicine

## 10 Physical Medicine & Rehabilitation

- Hospice & Palliative Medicine

- 12 ➤ Sports Medicine

- 11 ➤ Pain Medicine

## 13 Preventive Medicine

- 14 ➤ Addiction Medicine

- 16 ➤ Undersea & Hyperbaric Medicine

- 15      ➤      Correctional Medicine

## 17 Radiology

- 18
- 
- Neuroradiology

- 20 ➤ Vascular & Interventional Radiology

- 19 ➤ Pediatric Radiology

## 21 Surgery

- 22 ➤ Addiction Medicine

- 23      ➤ Surgical Critical Care

24 Continuous, active AOA primary certification is required for all certificates of added qualification.

**Appendix C – Subspecialties that Do Not Require Active AOA Primary Certification**

### 3 Internal Medicine

- |   |                        |    |                       |
|---|------------------------|----|-----------------------|
| 4 | ➤ Allergy & Immunology | 9  | ➤ Infectious Diseases |
| 5 | ➤ Cardiology           | 10 | ➤ Nephrology          |
| 6 | ➤ Endocrinology        | 11 | ➤ Oncology            |
| 7 | ➤ Gastroenterology     | 12 | ➤ Pulmonary Diseases  |
| 8 | ➤ Hematology           | 13 | ➤ Rheumatology        |

## 14 Neurology &amp; Psychiatry

- 15 ➤ Child & Adolescent Psychiatry

## 17 Obstetrics &amp; Gynecology

- |    |                           |    |   |
|----|---------------------------|----|---|
| 18 | ➤ Gynecologic Oncology    | 21 | ➤ Reproductive Endocrinology & Infertility      |
| 19 | ➤ Maternal Fetal Medicine | 22 | ➤ Urogynecology & Reconstructive Pelvic Surgery |

26     **Pediatrics**

- 27 ➤ Allergy & Immunology 28 ➤ Neonatology  
29