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Handbook of the Bureau of Osteopathic Specialists (BOS)

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4 *Containing:*

5

**Policies and Procedures of the BOS
and AOA Specialty Certifying Boards**

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Adopted in its entirety by the Board of Trustees: Feb. 2023

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13th Edition

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BOS Mission Statement

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

9 Following adoption by the BOS and approval by the AOA Board of Trustees in July 2010, the
10 Handbook of the BOS underwent multiple iterations through 2021. The 13th Edition of the
11 Handbook of the BOS was adopted by the BOS and approved by the AOA Board of Trustees in
12 February 2023.

13

Article I. Authority

- 14 A. The BOS will function under the auspices of the AOA Board of Trustees (BOT) for which
15 it serves as an action and advisory body and from which it receives its purpose.
- 16 B. The BOS will take final action on specialty certifying board recommendations for
17 certification, subspecialty certification, certificate of added qualification, and Osteopathic
18 Continuous Certification (OCC) completion, subject to appeal, and report these actions to
19 the BOT for information only. By BOS majority vote, amendments to the Handbook of the
20 BOS or revisions to BOS policy and procedures will be submitted to the BOT for final
21 action.
- 22 C. The BOS has procedural safeguards in place to assure that each pathway to osteopathic
23 specialty certifying board certification results in recognition of a terminal level of educational
24 achievement for the respective specialty.

25

Article II. Purpose

26 The AOA, through the BOS, will:

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

1 Section 2. Representatives from Specialty Certifying Boards

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

18 Section 3. Secretary

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

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.

1 C. Duties

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

7 D. Meetings

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

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

13 A. Membership

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

19 B. Terms

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

24 C. Duties

- 25 1. Evaluate actions taken on licensure for compliance with certification and OCC
26 Component 1 requirements, including adherence to the AOA Code of Ethics.
- 27 2. Consider requests for waivers of special considerations related to licensure requirements.
- 28 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. Diplomat
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.

1 **Section 5. Standards Review Committee (SRC)**

2 A. Membership

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

7 B. Terms

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

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

12 C. Duties

13 1. Evaluate the validity and reliability of all certification and certificate examinations
14 conducted by AOA specialty certifying boards and assess board compliance with the
15 AOA certification and certificate examination standards. The SRC will report its finding
16 on specialty certifying board compliance and submit its recommendations regarding a
17 board's noncompliance with the standards to the BOS for action.

18 2. Evaluate the OCC processes of the specialty certifying boards to ensure they are aligned
19 with BOS policy.

20 3. Provide a report of activities and actions to the BOS at its annual and midyear meetings.

21 D. Meetings

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

25 E. Subcommittee I & II

26 1. Membership

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

1 Article VII. Petition to Establish a Specialty Certifying Board

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

4 Section 1. Petition

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

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

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

15 1. The name of the proposed board.

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

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

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

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

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

25 Section 2. Limitation

26 Submission of the required documentation does not guarantee the establishment of a new specialty
27 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.

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

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

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

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

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

18 Section 3. Second Step of the Petition Process

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

22 A. Second Step Petition Review

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

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

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

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

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

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

7 **Article X. Retired Status, Relinquishing Jurisdiction, Noncompliance and** 8 **Probation, and Reactivation**

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

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

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

15 B. Rationale for retired status or relinquishment of jurisdiction.

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

17 1. The year in which original jurisdiction was granted.

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

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

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

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

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

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

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

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

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

3 Review Process

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

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

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

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

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

16 P. Relinquishment of jurisdiction is permanent.

17 **Section 2. Noncompliance and Probation**

18 A. Noncompliance

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

25 B. Review Process

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

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

1 C. Probation

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

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

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

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

18 A. Review Process

- 19 1. The specialty certifying board will be required to complete a self-study, which consists of
20 submitting the “Guidelines for AOA Certification Exam Standards Report” form and
21 written evidence that the standards requirements have been met.
- 22 2. All documentation must be submitted electronically to the BOS Secretary, who will
23 ensure completion. Completed reports will be forwarded to the SRC for review.
- 24 3. The SRC will review the report to assess whether the specialty certifying board’s
25 examination activities comply with the standards requirements. A minimum of one (1)
26 specialty certifying board member must be available to address concerns raised by the
27 SRC during the review process.
- 28 4. The SRC will provide the specialty certifying board with a written evaluation. The SRC
29 may request supplemental information to verify compliance and will detail the activities
30 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

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

4 Section 3. Material in Support of Appeal

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

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

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

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

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

16 Section 4. Attendance at Hearing

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

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

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

27 Section 5. Conflicts of Interest

28 A. Appeal Committee members will recuse themselves when a conflict of interest exists that
29 prevents them from objectively reviewing the appeal. Additionally, the specialty certifying
30 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).

- 1 3. Develop a table of specifications (TOS).
- 2 4. Review exam analytics and statistical information.
- 3 Q. Review the examination process as presented by the CBS and Finance Departments to assess
4 if the board is fiscally viable and appealing to target demographics.
- 5 R. Declare any real or perceived conflict of interest and maintain strict confidentiality of all
6 applicant information, test development, test content, and scoring methods.
- 7 S. Ensure all physicians participating in examination development and delivery are actively
8 engaged in clinical practice, teaching physicians, or serving in an administrative role.

9 Section 2. Specialty Certifying Board Membership

10 A. Membership

- 11 1. Specialty Certifying Board membership will consist of a minimum of five (5) members
12 and no more than eight (8) members.
 - 13 a. An exception to the maximum number of board members may be requested for
14 boards that have more than eight subspecialties or those boards with
15 expanded/complex operational needs requiring additional physician leadership.
16 Boards requesting more than eight members must submit a proposal to the BOS
17 Executive Committee, which explains the rationale for the need for additional board
18 members.
- 19 2. The board will seek AOA-board certified nominees and must submit for approval one
20 (1) nomination, including CV to be maintained on file for the duration of the appointed
21 term, to the BOS for each open position on the board in the case of new appointments
22 or re-elections. If approved, the BOS will make a recommendation to the BOT, who will
23 make the final decision regarding appointments to the board. If not approved, a new
24 nomination, including CV, must be submitted.
 - 25 a. Members of the board must be AOA board-certified and participating in the OCC
26 process in their specialty or subspecialty.
- 27 3. All members who serve on a specialty certifying board must be actively engaged in
28 clinical practice, teaching physicians, or serving in an administrative role.
 - 29 a. Currently serving board members who retire during any of their first three terms may
30 be nominated for re-appointment for one (1) additional term.

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

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

8 B. Term of Office

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

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

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

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

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

23 Section 3. Officers

24 A. Chair: the responsibilities of the Chair are as follows

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

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

28 2. Lead the meetings of the board.

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

30 3. Make appointments to all board committees.

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

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

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

15 Section 4. Subcommittees

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

19 Section 5. Meetings

- 20 A. Boards should conduct business via video or telephone conference but may hold in person
21 meetings in accordance with AOA meeting policy upon approval.
- 22 B. Board meetings must be scheduled at a time that does not conflict with the board’s BOS
23 representative’s attendance at each BOS meeting.
- 24 C. Quorum
- 25 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.

- 1 F. An electronic file of past basic documents and current procedures and amendments
2 pertaining to the specialty certifying board as noted in the records retention policy.
- 3 G. Secure candidate records and examination and item bank information as noted in the records
4 retention policy.
- 5 H. Information for applicants detailing the requirements and processes for certification,
6 subspecialty certification, OCC, and certificate of added qualification, where applicable.
- 7 I. Maintain a website for each specialty certifying board, which includes the following
8 information:
 - 9 1. Requirements for each certification type offered by the board.
 - 10 2. Examination information.
 - 11 3. Requirements for OCC for each certification type offered by the board.
 - 12 4. All fees assessed by the specialty certifying board.
 - 13 5. Appeal request and process information.
 - 14 6. Board membership.
 - 15 7. Specialty certifying board contact information.

16 **Article XIII. Board Eligibility Status**

17 **Section 1. Board Eligibility Status**

18 A. Definition:

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

22 B. Time Frame:

23 Board eligibility status commences upon the physician’s completion of a residency or
24 fellowship training program in a specialty or subspecialty. Board eligibility status terminates
25 when the physician achieves initial certification in that specialty or subspecialty or on
26 December 31st of the following sixth (6th) year.

1 C. Termination:

2 1. Board eligibility status will automatically be terminated and recorded by the appropriate
3 specialty certifying board:

4 a. At the end of the board eligibility status time frame.

5 b. Following resolution of an appeal.

6 i. The designation of board eligibility status will not terminate until an active appeal
7 has been resolved, if a physician’s board eligibility status would have terminated
8 as a result of expiration of the six (6) year time frame, but the physician has an
9 active appeal.

10 c. Upon award of initial board certification in the specialty or subspecialty.

11 2. Physicians may not use the designation of board eligibility status at any time after the
12 termination of board eligibility status.

13 **Section 2. Certification Examination Process**

14 A. Initial Entry Process

15 1. Approval of an application to take a specialty or subspecialty examination by an AOA
16 specialty certifying board will initiate the initial entry process for a candidate.

17 2. Candidates must follow the specialty certifying board’s certification examination process
18 as outlined on the board’s website. Candidates must complete the initial entry process by
19 the conclusion of the six (6) year board eligibility status time frame.

20 3. Candidates who have not achieved board certification by the conclusion of the six (6)
21 year board eligibility status time frame may petition the specialty certifying board as
22 outlined in the post board eligibility process that follows.

23 4. Candidates who entered the AOA board certification process prior to July 1 2009, but
24 have not achieved AOA board certification, must apply for examination to the specialty
25 certifying board to enter the post board eligibility certification process by December 31,
26 2025.

27 a. Candidates who entered the AOA board certification process prior to July 1 2009,
28 but do not apply for examination to the specialty certifying board to enter the post
29 board eligibility certification process by December 31, 2025, will have no further
30 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**

1 Section 1. Pathways for Initial Primary Certification

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

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

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

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

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

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

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

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

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

31 Section 2. Qualifications for Initial Primary or Subspecialty Certification

- 1 To qualify for initial primary or subspecialty certification from the AOA through a specialty
2 certifying board, the applicant must meet the minimum requirements, which include:
- 3 A. A physician must maintain a valid, active, unrestricted medical license in at least one (1)
4 jurisdiction (United States, including US territories, or Canada) and must adhere to the AOA
5 Code of Ethics. If a physician is licensed in multiple jurisdictions, all licenses must be
6 unrestricted.
 - 7 C. Applicants must meet the individual requirements for the number of years of AOA
8 approved training for each primary or subspecialty certification as established by the
9 specialty certifying board.
 - 10 D. Following satisfactory compliance with the prescribed requirements for examination, the
11 applicant is required to pass the appropriate examination(s) planned to evaluate an
12 understanding of the scientific basis of the problems involved in the given specialty or
13 subspecialty; familiarity with the current advances in the given specialty or subspecialty; and
14 possession of sound judgment and of a high degree of skill in the diagnostic and therapeutic
15 procedures involved in the practice of the given specialty or subspecialty. Specialty certifying
16 boards will determine by examination the applicant’s ability to use the osteopathic concepts
17 in the practice of the specialty or subspecialty.
 - 18 1. Examinations will be conducted and required in the case of each applicant. The
19 method(s) and content of the examination procedure will be determined by the
20 individual board and will be subject to the approval of the AOA Board of Trustees.
21 Where applicable, the final portion of the examination will be conducted only after the
22 required years of practice have been completed.
 - 23 2. Where applicable, a member of the specialty certifying board will personally supervise
24 the conduct of the oral examination.
 - 25 3. Where applicable, the conduct of the clinical examination may be delegated to no fewer
26 than two (2) individuals qualified in the specialty or subspecialty.
 - 27 4. A full description of the method of conducting the examination is provided by each
28 specialty certifying board.
 - 29 E. Applications for board certification are provided on each specialty certifying board website
30 and include the qualifications for examination in the specialty or subspecialty.
 - 31 F. Subject to the recommendation of the BOS and to the approval of the AOA Board of
32 Trustees, the board may require further training and/or practice in each of the fields coming
33 under its jurisdiction. Additional requirements for each field are specified on each specialty
34 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 by the BOS. A complete list of candidates who have passed and completed the certification
2 process is provided to the BOS at each annual and midyear meeting.

3 Section 2. Format of Notification

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

7 Article XVII. Certificates

8 Section 1. Issuance

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

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

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

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

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

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

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

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

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

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

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

8 A. Indication of certification by the AOA.

9 B. Indication of the specialty certifying board recommending certification.

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

11 D. Indication of the specialty or subspecialty without abbreviation.

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

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

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

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

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

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

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

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

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

26 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

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

3 Continuous CAQ is contingent upon fulfilling the ongoing requirements

4 **2. Continuous CAQ Certificate**

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

7 Continuous CAQ is contingent fulfilling the ongoing requirements

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

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

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

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

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

18 **A. Clinically Inactive Diplomates**

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

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

25 2. Clinically inactive status is documented on the official physician profile available to
26 credentialers through the American Osteopathic Information Association (AOIA) and is
27 noted on the 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.

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

4 **Section 9. Reinstatement and Reactivation**

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

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

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

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

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

16 **Section 10. Specialty Practice Requirement**

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

21 **Article XVIII. Osteopathic Continuous Certification**

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

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

27 A. Component 1: Active Licensure

28 B. Component 2: Lifelong Learning/Continuing Medical Education

1 C. Component 3: Competency Assessment

2 D. Component 4: Practice Performance Assessment and Improvement

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

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

8 **Section 2. OCC Cycle Length**

9 A. Three (3) Year OCC Cycle

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

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

14 B. Ten (10) Year OCC Cycle

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

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

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

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

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

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

- 1 2. Diplomates holding a subspecialty certification must adhere to the certification CME
2 requirements of the primary specialty area.
- 3 B. Boards that require more than the BOS approved minimum (60 CME credits) in the
4 specialty area of certification must:
- 5 1. Examine current CME standards and guidelines for their specialty.
- 6 2. Petition the SRC with justification of the need for variance.
- 7 3. Receive final approval from the BOS Executive Committee upon SRC recommendation.
- 8 C. Requirements for in-person specialty CME programs are:
- 9 1. The educational presentation must be presented by an AOA or ABMS board certified
10 physician in the specialty topic being discussed.
- 11 a. Exceptions will be reviewed on a case-by-case basis by BOS leadership.
- 12 b. The educational presentation must cover topic(s) of concern to the physicians in that
13 specialty or subspecialty.
- 14 D. CME will be awarded for the completion of Component 4 activities (excluding quality
15 improvement activity attestations).
- 16 1. Credits for Component 4 activities may be designated by each specialty certifying board.
- 17 E. Limits to CME activity types for each certification CME cycle are on the CME policies and
18 requirements webpage on the osteopathic.org website.

19 Section 5. OCC Component 3: Competency Assessment

- 20 A. Assessment of diplomates participating in OCC will be as follows:
- 21 1. Diplomates holding a primary certification must demonstrate continuous, active
22 participation in the cognitive longitudinal assessment during each OCC cycle.
- 23 a. Diplomates must register for longitudinal assessment the year after obtaining initial
24 primary certification.
- 25 b. Diplomates must begin participation in longitudinal assessment in the year following
26 registration.

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

- 4 2. Diplomates holding a subspecialty certification and/or certificate of added qualification
5 (CAQ) where a longitudinal assessment has not been developed must successfully pass
6 one (1) (or more) psychometrically valid, high-stakes cognitive assessment during each
7 OCC cycle.
 - 8 a. The assessment may be taken no more than three (3) years prior to the expiration of
9 the certification or certificate.

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

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

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

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

- 22 A. Diplomates must engage in continuous quality improvement by satisfying one (1) of the
23 following:
 - 24 1. Attestation to or online submission of evidence of participation in quality improvement
25 activities.

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

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

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

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

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

30 Physicians holding a current, valid certification from an American Board of Medical Specialties
31 (ABMS) member board may qualify for AOA initial board certification in the specialty or
32 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 1. Physicians who do not already hold an active AOA certification in the required primary
2 specialty must obtain an active AOA certification in the primary specialty as noted
3 above, prior to entry into the OCC process for the subspecialty.

- 4 2. Physicians who hold an ABMS subspecialty certification that does not require
5 maintenance of a primary certification by the ABMS will be required to obtain and hold
6 an active AOA certification in the primary specialty.

- 7 B. Physicians who hold an ABMS subspecialty certification in a subspecialty where an active
8 AOA primary certification is not required; may apply for AOA subspecialty certification
9 without obtaining an AOA primary certification (refer to Appendix C for full list).

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

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

- 17 E. Completion of an ACGME accredited fellowship in the subspecialty of certification, or
18 completion of an approved clinical pathway to subspecialty certification.

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

- 22 G. Submitting a completed application with all relevant materials and the required processing
23 fee.

24 Certification Dates and Proration

- 25 A. The certification issue date will be the date on which all eligibility criteria have been
26 validated.

- 27 B. Physicians will begin the specialty certifying board's longitudinal assessment process or enter
28 the high stakes examination process upon notification that all eligibility criteria have been
29 validated.

- 30 1. The valid through date on AOA certifications issued to physicians who enter OCC
31 holding a certificate from an ABMS member board for a specialty certifying board that
32 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.

17 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.

26 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

- 1 A. Non-time-limited diplomates must demonstrate a commitment to lifelong learning by
2 fulfilling the CME credit requirement in the specialty area of certification during each
3 certification CME cycle as specified on the CME policies and requirements webpage on the
4 osteopathic.org website.
- 5 B. Boards that require more than the BOS approved minimum (120 CME credits) in the
6 specialty area of certification must:
- 7 1. Examine current CME standards and guidelines for their specialty.
- 8 2. Petition the SRC with justification of the need for variance.
- 9 3. Receive final approval from the BOS Executive Committee upon SRC recommendation.
- 10 C. Requirements for in-person specialty specific CME programs are:
- 11 1. The educational presentation must be presented by an AOA or ABMS board certified
12 physician in the specialty topic being discussed.
- 13 a. Exceptions will be reviewed on a case-by-case basis by BOS leadership.
- 14 b. The educational presentation must cover topic(s) of concern to the physicians in that
15 specialty or subspecialty.
- 16 D. Limits to CME activity types for each certification CME cycle are on the CME policies and
17 requirements webpage on the osteopathic.org website.

18 Section 3. Osteopathic Continuous Certification (OCC) Participation

- 19 A. Non-time-limited diplomates who do not maintain their board certification may be required
20 to petition the BOS for reactivation of certification through the certification reactivation
21 process. Upon reactivation of the certification, a time-limited certification will be issued
22 (refer to Article XVIII, Section 10).
- 23 B. Non-time-limited diplomates who voluntarily participate in the OCC process should refer to
24 Article XVIII Section 8 of this Handbook.

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

8 Section 2. CCEC Membership

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

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

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

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

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

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

15 Officers

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

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

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

23 Terms

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

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

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

30 D. All CCEC member terms, including terms for officer positions, will commence on August 1
31 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 1. Must hold an active primary certification with the OMT designation issued through the
2 nominating specialty certifying board.
- 3 2. Must actively participate in the OCC process for their primary specialty with the OMT
4 designation.
- 5 3. Must actively engage in clinical practice, teaching physicians, or serving in an
6 administrative role.
- 7 4. A board with diplomates that express intentions to obtain the OMT designation, which
8 has no diplomates that currently have the OMT designation attached to their primary
9 specialty, that board will nominate a representative who holds an active primary
10 certification through that board and participates in OCC.
 - 11 a. Compliance with DOEC membership criteria will be required at such time as there is
12 a diplomate who has obtained the OMT designation attached to their primary
13 specialty.
- 14 C. The nomination, including the diplomate’s CV, must be submitted to the BOS. The BOS
15 will make a recommendation to the BOT for final approval of appointments. CVs will be
16 maintained on file for the duration of the appointed term.
- 17 D. Membership will consist of no less than four (4) members.
 - 18 1. Where only two (2) or three (3) boards have diplomates who hold an active primary
19 certification with the OMT designation or express interest in obtaining the OMT
20 designation, each board will nominate two (2) diplomates to serve on the DOEC.
 - 21 2. When an unexpected vacancy occurs, the respective specialty certifying board will submit
22 a nominee to fill the remaining term in accordance with the membership criteria.

23 Officers

- 24 A. Officers of the DOEC are the Chair and Vice chair. To promote equity for the participating
25 specialty certifying boards and their representatives, the officer positions will rotate among
26 the participating boards.
 - 27 1. Officers will work with the AOA Psychometrics and Assessment team to review items
28 submitted by the subject matter experts for final approval or disapproval.
- 29 B. The DOEC will submit the names and term dates of their officers upon appointment for
30 informational purposes to the BOS and kept current at least annually.

31 Terms

- 1 A. Officer positions run concurrently with elections to occur every three (3) years. DOEC
2 officers are elected by the DOEC members for a three (3) year term.
- 3 B. Member terms are three (3) years in length and limited to four (4) full terms. Where possible,
4 terms will be staggered so that new members elected in any year will not constitute a
5 majority.
- 6 C. Members are restricted to a maximum of twelve (12) years of service on the DOEC.
- 7 D. All member terms, including terms for officer positions, will commence on August 1
8 following approval by the BOT and end on July 31 of the year the term is scheduled to end.

9 Section 3. Meetings

- 10 A. The DOEC must hold one (1) annual meeting, and additional meetings may be held as
11 necessary to conduct business. Meetings should be held via video or telephone conference.
12 In-person meetings must be held in accordance with AOA meeting policy upon approval.
- 13 B. A majority of the approved membership will constitute a quorum at DOEC meetings.
- 14 C. DOEC meetings will be governed by the latest edition of *Robert's Rules of Order, Newly Revised*,
15 unless otherwise specified in these procedures.

16 Section 4. Subcommittees

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

19 Section 5. Candidate Eligibility Requirements

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

23 Section 6. Examination Code of Conduct and Appeal Process

- 24 Candidates must adhere to the code of conduct as detailed in Article XV (Examination Policy) in the
25 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.

1 **1. Certificate of Added Qualification**

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

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

10 1. Osteopathic Philosophy

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

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

18 2. Osteopathic Manipulative Medicine (OMM)

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

1 Appendix B – Subspecialties that Require Active AOA Primary Certification

2 Anesthesiology

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

7 Dermatology

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

11 Emergency Medicine

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

19 Family Practice

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

28 Internal Medicine

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

42 Neuromusculoskeletal Medicine

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

46 Neurology & Psychiatry

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

