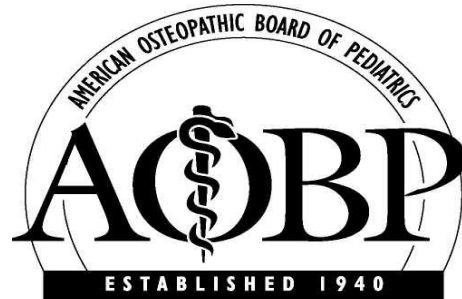




AMERICAN OSTEOPATHIC ASSOCIATION

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# Policies and Procedures of the American Osteopathic Board of Pediatrics

Adopted in its Entirety April 2010  
Revised 4/11, 11/11, 4/12, 11/12, and 11/13

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## POLICIES AND PROCEDURES OF THE AMERICAN OSTEOPATHIC BOARD OF PEDIATRICS

### Article I. Procedures

To expedite and direct its activities, the American Osteopathic Board of Pediatrics (hereinafter also referred to as “the Board” or AOBP) shall place into effect this set of Policies and Procedures.

This document is in addition to, and based upon, the American Osteopathic Association (AOA) Procedures of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards (“*Policies and Procedures of the BOS*”) and the Bylaws of the Board.

### Article II. Committees

Board committees will be established and administered as denoted in the Bylaws of the Board.

### Article III. Board Eligibility

The AOBP will follow the board eligibility process and procedure as outlined in Article VII of the *Policies and Procedures of the BOS*.

### Article IV. Certification Eligibility Requirements

#### Section 1. Eligibility Criteria

To be eligible to receive certification from the AOA through the AOBP, applicants for examination for certification are required to file an application which shall set forth their qualifications for examination. Applicants must demonstrate:

- A. The minimum requirements for AOA board certification outlined in Article IX of the *Policies and Procedures of the BOS*.
- B. Board eligibility or Board approval of reentry into the certification process.
- C. Satisfactory completion of a formal three (3) year pediatric residency training program approved by the AOA. If the internship year was a pediatric specialty track, two (2) years of AOA-approved training shall be required. (3/91, B-02/04)

#### Section 2. Resident Application

Senior, third year residents and fellows in the last year of their fellowship, may apply to take the exam prior to completion of their residency or fellowship. Residents and fellows must have completed a minimum 80% of their residency or fellowship program. The resident or fellow must submit a letter from the program director recommending that they are qualified and well prepared to take the exam.

Exam scores will not be released until after the resident or fellow has successfully completed the program, has submitted all required documentation and received approval from all involved parties. (4/10, 11/11)

Section 3. Subspecialties of Pediatrics

AOA-approved subspecialties of Pediatrics include: Adolescent Medicine, Pediatric Allergy & Immunology, Pediatric Endocrinology, Neonatology and Pediatric Pulmonary Medicine. These programs require a minimum of two (2) years fellowship training after completion of a three year pediatric residency. A subspecialty certificate is issued to the successful candidate in these fields. In addition, the AOBP offers a subspecialty certificate in Sports Medicine in cooperation with the Sports Medicine Conjoint Examination Committee and is governed by the rules and regulations of that committee. All subspecialties are time-limited to ten (10) years. (8/08) (11/08)

Each applicant for certification in a subspecialty of pediatrics shall:

- A. Hold current and active certification in pediatrics by the AOA through the AOBP. (11/08)
- B. Have completed one (1) year of AOA approved subspecialty residency training and shall have practiced in the subspecialty for two (2) years, if training was completed prior to January 1, 1980.

If training was completed between January 1, 1980 and December 31, 1989, two (2) years of AOA approved subspecialty residency training and one (1) year of subspecialty practice shall be required.

If training was completed after January 1, 1990, completion of an AOA approved subspecialty fellowship program shall be required. The length of the fellowship is determined by the specialty track being pursued. (8/08)

- C. Individuals certified in pediatrics by the AOA through the AOBP may, under special circumstances, petition the Board to be admitted to the subspecialty examination process.

Section 4. Application Requirements

A. Specialty – Each applicant shall:

- 1. Make application on a form provided by this Board.
- 2. Have the application endorsed by the trainer(s), who will vouch for pediatric training. (4/10)
- 3. Submit the application, required documentation and application fee to the secretary-treasurer by the deadline established for the published exam date. All items remain the property of the Board even if the application is withdrawn. (8/08)

B. Subspecialty – Each candidate for the written and oral examinations shall: (3/91) (4/10)

- 1. Make application on a form provided by this Board.

2. Have the application endorsed by the trainer and/or the chair of the pediatrics department in the hospital where the applicant's subspecialty practice is conducted.
3. Submit the application, required documentation and application fee to the secretary-treasurer by the deadline established for the published exam date. All items shall remain the property of the Board even if the application is withdrawn. (8/08)

Section 5. CME policy for Applications

A. OCC Cognitive Assessment Examination

The requirements include 120 credit hours (every 3 years) to include 30 hours in Category 1A and 90 hours in Category 1A, 1B, 2A or 2B and at least 50 hours in your primary specialty. Applicant must provide a copy of the last completed CME Cycle Report . The AOBP Credentialing Committee will review the report for compliance.

B. Initial Certification

If three (3) or more years have passed since graduating from residency, applicant must submit CME and/or other documentation of related training. This includes 120 credit hours (every 3 years) to include 30 hours in Category 1A and 90 hours in Category 1A, 1B, 2A or 2B and at least 50 hours in your primary specialty.

Applicant must provide a copy of the last completed CME Cycle Report. The AOBP Credentialing Committee will review the report for compliance.

If three (3) or more years have passed since graduating from residency, applicant must submit documentation that they have fulfilled their state licensing CME requirements.

**Article V. Examination**

Section 1. General Examination Information

Following satisfactory compliance with the prescribed requirements for examination, the applicant is required to pass appropriate examinations planned to evaluate an understanding of the scientific basis of the problems involved in pediatrics, familiarity with the current advances in pediatrics, possession of sound judgment and a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of pediatrics. (4/07)

- A. Written examinations are conducted and required in the case of each applicant. (3/91, 7/03, 8/08)
- B. The members of the Board shall review the grading of each written examination. (7/03, 8/08, 4/11)
- C. A full description of the method of conducting the examination is found in Article VI of this document (4/11).

- D. Osteopathic physicians desiring examination for certification are required to file an application which shall set forth the applicant's qualifications for examination as stated in Article IV of this document.

Section 2. Examination Opportunities

The certification examination is offered annually in a computerized format. The AOBP Policy and Procedure for re-examination after failure is found in Article VII of this document.

Section 3. Examination Fees

Examination fees shall be determined by the Board at its annual meeting and shall be paid by the applicant by the deadline established for that exam date. (8/08). The AOBP will set two deadlines. If the application and exam fees are not received by the first deadline, the applicant will incur a late fee. If the application and exam fees are not received by the second and final deadline, the applicant will incur a much larger late fee. All application documentation must be submitted by the first deadline or the candidate will incur a late fee. Please refer to the AOBP website ([www.aobp.org](http://www.aobp.org)) for details on the specific fees.

Section 4. Retake Fees and Refund Policy

- A. Retake fees will be the same as the current yearly rate of the individual fee for the appropriate examination. Fees apply to this year only and are subject to change on a yearly basis.
- B. Candidates who are registered at a Prometric Center and wish to cancel or withdraw their examinations must contact the AOBP in writing 15 full days prior to their examination date. Candidates will NOT be able to cancel their appointments online. These candidates may elect to have the examination fee refunded, less a processing fee.
- C. Any candidate who does not qualify to take the exam, for whatever reason, will have the examination fee refunded, less a processing fee. The Board will not hold the fee to be applied for future exams.

Section 5. Accommodation Requests

Candidates seeking accommodations under the Americans with Disabilities Act (ADA) should be advised that the AOBP reserves the right to administer traditional “paper-and-pencil” (rather than computerized) examinations for candidates who have requested extra time or any other special accommodations. If it is determined by the board that the computerized examination cannot be administered for whatever reason, a written examination will be administered to the candidate at a time and location determined by the AOBP. Refer to Article XI of this document for compliance with federal regulations. (4/12)

**Article VI. Rules for the Conduct of Examinations**

Section 1. Examiners

The Examination Committee shall appoint the examiners, who shall be diplomates of this Board. The Committee shall recommend to the Board at its midyear meeting the number of examiners to be utilized in that examination year.

- A. Associate. An examiner present in this role for the first time shall be an associate examiner. The associate examiner shall observe other examiners during the conduct of the examination. (4/10)
- B. Contact with Candidates. Examiners shall refrain from non-examination contact with candidates unless such contact is a sanctioned event of the Board of Examiners during examination sessions. Sanctioned events may include a social event in which a majority of the examiners and a majority of the candidates are present in a public setting. During such sanctioned events, there shall be no conversation related directly or indirectly to the examination content.
- C. Examination Bank. The Committee shall assign to each examiner responsibility to write and maintain a written examination bank.

Section 2. Written Examination

- A. The written examination is designed to evaluate academic knowledge. Multiple choice questions are based on factual information relating to the clinical care of pediatric patients. (4/10)
- B. The written examination may be taken after completion of a minimum of thirty (30) months of a residency program with the approval of the program director or upon completion of the required formal training and in conformity with these Policies and Procedures and the requirements for certification. (8/08)
- C. The Chair shall arrange for the appropriate proctoring of the written examination. (8/08)
  - 1. A physician proctor shall be present in the exam room at all times. (8/08)
  - 2. The doors of the examination room will be closed promptly at the time designated for the examination to begin. No one will be granted entry into the room for purposes of taking the examination after that time.
  - 3. All loose items brought into the room (such as briefcases, purses and similar items) will be placed with the proctor for retrieval after the examination is completed.
  - 4. No electronic devices will be allowed at the exam table. Exceptions for medically necessary devices will be made but the Board must be notified prior to exam administration. All other electronic devices (cellular phones, pagers, cameras, MP3 players, computers, calculators, etc.) must be left with the proctor. If at any time during the exam a prohibited device is activated or seen at the exam table, the candidate's exam booklet will be confiscated and the candidate disqualified. (11/08)

Section 3. – Oral Examinations

An oral exam shall include a thorough review of all supporting credentials and documents required to sit for the exam, and be performed by a member of the Board. All requirements, supporting documents and credentials must be considered satisfactory before taking an oral exam. (4/07)

Section 4. - Examination Scoring

The board shall use a criterion-referenced standard for the multiple-choice (written) portion of the exam. (7/03) Passing standards are established by psychometric evaluation after each examination administration and are approved by the AOBP. (4/07)

Section 5. Notification to Applicants

Following the examinational meeting of the Board, the secretary-treasurer shall notify each applicant of the results of the examination and inform the applicant that the action of the Board is subject to the final approval of the BOS. The AOBP will follow the procedures outlined in Article VIII of the *Policies and Procedures of the BOS*. (4/10)

**Article VII. Reexamination after Failure of Certification Examination**

The AOBP will follow the board eligibility process and procedure as outlined in Article VIII of the *Policies and Procedures of the BOS*.

Section 1. Examination Opportunities

Initial examination may occur during residency, per Article IV, Section 2 of this document.

During the initial certification pathway, examinees who fail the exam may retake the exam at the next available administration of the exam.

Candidates who have not completed certification during the board eligibility period may reenter the certification process via the first reentry process delineated in Article VIII of the *Policies and Procedures of the BOS*.

**Article VIII. Certificates**

Section 1. Process

The AOBP will issue and maintain certificates of certification and Osteopathic Continuous Certification (OCC) in accordance with the *Policies and Procedures of the BOS*.

Section 2. Certificate Dates – Primary Certification

The date carried by all general pediatric certification certificates shall correspond with the date on which verification of successful completion of all specialty board requirements by the respective specialty boards occurred. All general certifications issued after 1994 will be time limited to ten (10) years or less. The expiration date of all time limited certificates will be December 31<sup>st</sup> of the tenth year after issuance. Non-time-limited certifications, which were issued prior to this date without a time limit, will remain in effect. (BOT A-07/02) (8/08)

Section 3. Certificate Dates – Subspecialty Certification

The date carried by subspecialty certificates shall correspond to the date on which verification of successful completion of all subspecialty board requirements by the respective specialty boards occurred.



All subspecialty certificates will be time-limited to ten (10) years or less. The expiration date of the subspecialty certificates will be December 31 of the tenth year after issuance. (BOT A-07/02) (4/07, 8/08) (11/08)

Section 4. Certificate Dates –OCC Certificates

The date carried by OCC certificates shall correspond with the date on which successful completion of all Board requirements is confirmed by the Board. All OCC certificates shall be time-limited to ten (10) years. The certificate will expire on December 31 of the tenth year following issuance of the certificate.

Section 5. Issuance Timeline

The Chair (or Secretary-Treasurer) of this Board shall forward the certificate to the diplomate within sixty (60) days of receipt of notification of approval from the AOA in accordance with procedures as outlined in the *Policies and Procedures of the BOS*.

Section 6. Inactivation, Revocation, Reinstatement, and Reactivation

The AOBP will follow the procedures regarding certificate inactivation, revocation, reinstatement and reactivation in accordance with Article XI, Section 6 of the *Policies and Procedures of the BOS*.

**Article IX. Osteopathic Continuous Certification**

Section 1.

On January 1, 2013, the AOA initiated Osteopathic Continuous Certification (OCC). The complete AOBP OCC plan can be reviewed in Addendum A of these Policies and Procedures. The AOBP recertification examination has been incorporated into Component 3 of the OCC process (Cognitive Assessment Examination).

OCC is offered on a volunteer basis to those diplomates holding certificates issued by the AOBP prior to 1994. An application and further information for the diplomate with a non-time-limited certification can be found on the AOBP Website (aobp.org). Diplomates certified after 1993 must participate in the OCC process.

Section 2. Notification of the Cognitive Assessment Examination Deadline

The AOBP will notify all holders of time-limited certificates by mail at least six (6) months prior to such time as the cognitive assessment examination is to be undertaken. (4/10)

Section 3. Timeline for Cognitive Assessment Examination

Diplomates will be notified by mail that they may sit for the cognitive assessment examination. A candidate for the cognitive assessment examination may take that exam in the year prior to the expiration of their certificate. Special circumstances and requests for exemptions may be appealed in writing directly to the AOBP. The new OCC certificate will become effective as of the date of the expiration of the previous certificate. (4/10, 4/11, 11/12)

Section 4. Eligibility for Cognitive Assessment Examination To be eligible for the cognitive assessment examination, a diplomate must demonstrate eligibility as outlined in Article XII of the *Policies and Procedures of the BOS*.

Section 5. Cognitive Assessment Examination Application Requirements

Candidates must submit the required application, fees, release form and supporting documents as required by the Board within established deadlines as determined by the Board.

Section 6. Cognitive Assessment Examination

An examination will be required and conducted in the case of each applicant. The method and content of the examination shall be determined by the Board. Each applicant shall be notified of the results of the examination and informed that the action of the Board is subject to the approval of the BOS. Candidates will not be permitted to review past examinations or questions at any time.

Section 7. Failure to Meet Requirements

If a time-limited certificate expires or lapses for any reason, the member must meet all requirements in order to reinstate the certificate, including application, payment of fees, taking and passing the examination. The new certificate, when issued, will expire on December 31 of the tenth (10<sup>th</sup>) year after approval.

**Article X. Appeals**

Section 1. Right of Appeal

If a candidate feels that the actions of the AOBP, with regard to any part of the examination, constitute unequal application of the policies and procedures or standards, unwarranted discrimination, prejudice, unfairness or improper conduct of the examination, the applicant has the right to appeal to the AOBP. (4/10)

Section 2. Appeal Timeframe

All appeals must be made in writing to the Board and must be received within 30 days of receipt of notification of failure. If the exam in question is an oral exam, appeal must be made within two (2) hours after completion of the oral exam process. If these deadlines are not met, no further appeal is permitted.

Section 3. Levels of Appeal

If the candidate is not satisfied with the results of an appeal before this Specialty Certifying Board, the applicant has the right to further appeal to the BOS and the AOA Board of Trustees. (4/10)

Section 4. Limitation

Appeals disputing the content of any written or oral exam are not permitted and will not be accepted.

Section 5. AOBP Appeals Policy

The American Osteopathic Board of Pediatrics is committed to assuring that aggrieved candidates for certification have access to an appeal process to address concerns regarding certification and OCC processes and other decisions of the AOBP. In accordance with the policies of the American Osteopathic Association (AOA), candidates for certification may appeal decisions of the AOBP to the AOA Bureau of Osteopathic Specialists (BOS). Thereafter, where necessary, candidates may appeal the decision of the BOS to the Board of Trustees. **Before pursuing an appeal with the AOA, candidates for certification from the AOBP shall first appeal decisions related to any examination to the AOBP as set forth in the following policy.**

### I. Scope of Appeal

- A. Appealable Issues. Candidates may appeal to the AOBP to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice/unfairness of the exam or of a member of an examination team or failure to follow established examination procedures).
- B. Non-Appealable Issues. The AOBP will not consider appeals based on examination content, sufficiency or accuracy of answers given to examination questions, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score.

### II. Procedure for Appeal.

- A. Appeal Request Form. In order to appeal concerning the examination, a candidate must set forth the basis for the appeal on an Appeal Request Form and submit the form to the chair of the AOBP. Appeal Request Forms are available to all certification candidates on the AOBP website. The appellant must submit the completed Appeal Request Form to the board within 30 days of receipt of notification of failure in the case of all written exams or within **two hours** after the candidate has completed any oral examination. (2/23)
- B. Late Appeals. All appeals submitted after the thirty (30) day deadline for written exams or the two hour deadline, in case of an oral exam, will be denied.
- C. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered by the AOBP. A majority vote of the Board will determine whether the AOBP accepts or denies the appeal.
- D. Notification of Candidates. Candidates will be advised by the AOBP of the decision by certified mail.

### III. Effect of Decision.

- A. Decision to Accept Appeal.
  - 1. No Scoring or Recording of Exam. If the Board accepts an appeal, then the candidate's examination will not be recorded in the case of a written exam or scored and recorded in the case of an oral exam.
  - 2. Right to Retake Examination. A candidate whose appeal is accepted shall have the right to a new examination at the next scheduled examination date at no additional application or examination fee. (All other fees incurred are the responsibility of the candidate.) In the case of an oral examination, the examination will be conducted by a different examination team. The candidate's original logs may be utilized and the examination will be conducted in accordance with the format for the current examination.

3. Failure to Retake Examination. If for any reason the candidate elects NOT to retake the examination at the next scheduled date, the appeal shall be considered null and void and the candidate will be required to reapply for the certification examination and the application shall be considered in accordance with the criteria in effect at the time that the new application is submitted. Exceptions (for good cause) to this stipulation will be considered on an individual basis by the Board.
4. Further Appeals.
  - a. Current Examination. The candidate whose initial appeal is accepted by the board shall *not* have the right to further appeal of the current examination results, either within the AOBP or to the AOA.
  - b. Subsequent Examination. The candidate whose initial appeal is accepted shall *not* have the right to appeal the next scheduled examination to the AOBP under this Policy. However, the candidate shall have the right to appeal to the AOA.
- B. Decision to Deny Appeal. If the initial appeal is denied by the AOBP, the candidate shall have the right to appeal to the AOA. Candidates interested in appealing to the AOA should contact the American Osteopathic Association, Department of Education, Division of Certification, at 142 East Ontario St., Chicago, IL 60611. (4/10)

### **Article XI. Compliance with Federal Regulations**

The Board supports the intent of the Americans with Disabilities Act (ADA) or candidates who meet ADA eligibility. The board will make a reasonable effort to provide qualified board candidates who have documented disabilities the necessary auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge the board assessment process is intended to test or result in an undue burden. Please refer to Addendum B for full ADA policy and procedures.

### **Article XII. Inquiries Regarding Status of a Physician**

The AOBP will process inquiries regarding a physician's application and certification status as outlined in Article XIII, Section 13, of the *Policies and Procedures of the BOS*.

### **Article XIII. Amendments**

Subject to the review and recommendation of the BOS and to the approval of the AOA Board of Trustees, these Regulations and Requirements may be amended by a two-thirds (2/3) vote of the total membership of this Board at any meeting provided each member has been notified at least thirty (30) days prior to the date of the meeting of its being called and of the intention to amend.

## ADDENDUM A

### Osteopathic Continuous Certification (OCC) (11/12)

#### Definition of OCC:

- A process developed to incorporate practice performance and improvement into the board certification process.
- It provides opportunities to evaluate and improve knowledge.
- Insures the incorporation of evidence based medicine into clinical practice.
- The goal is to provide quality patient centered care.

#### The OCC Cycle:

- The OCC cycle is a nine year period consisting of three - three (3) year CME cycles and is independent of the AOBP's specialty certificate term length which is ten (10) years.
- There are specific requirements which must be met for each three year CME cycle as well as the nine year OCC cycle and the ten year cognitive assessment examination requirement. These will be explained in the following sections.

#### The Components of OCC:

- There are five components of OCC.
  - Licensure
  - Lifelong Learning and Assessment
  - Demonstration of Cognitive Expertise
  - Practice Performance Assessment
  - Professional Association
- The five components of OCC must be integrated with the seven Osteopathic Core Competencies which were developed and adopted by the AOA Board of Trustees (BOT). These core competencies form the foundation of OCC and are assessed throughout a physician's career. They are:
  - Osteopathic Philosophy and Manipulative Medicine
  - Medical Knowledge of the medical sciences and their application to patient care.
  - Patient Care that promotes health care and the treatment of health problems.
  - Interpersonal and Communication Skills facilitating information exchange with patients, their families and other health care professionals.
  - Professionalism demonstrating mature assumption of responsibilities, ethical principles and societal/cultural sensitivity.
  - Practice Based Learning and Assessment involving self-evaluation and leading to improvement in patient care.
  - Systems Based Practice demonstrating an awareness and ability to use system resources to provide quality patient care.

## Osteopathic Continuous Certification (OCC) Component 1: Licensure

### Component 1: Licensure

- A board certified osteopathic pediatrician must hold an active license to practice medicine. If the physician holds more than one license, each license must meet this requirement.
- ~~The AOA will monitor state licensing board's data banks for information regarding licensure, and report restrictions to the respective specialty board.~~
- ~~Restrictions will be reviewed by a committee appointed by the BOS and recommendations made regarding the specialty certificate. The committee will include a member from the individual's specialty board if that board is not represented on the committee.~~
- ~~Recommendations will be reported to the specialty board and decisions may be appealed to the BOS Appeals Committee.~~

## Osteopathic Continuous Certification (OCC) Component 2: Lifelong Learning and Self-Assessment

### Component 2: Lifelong Learning and Self-Assessment - OVERVIEW

- The purpose of this component is to enhance the osteopathic pediatrician's medical knowledge and practice skills.
- There are two parts to component 2:
  - Lifelong Learning which is Continuing Medical Education (CME). Requirements remain the same as they have in the past.
  - Self-Assessment

### Component 2: Part 1: Lifelong Learning

- CME Requirements
  - A total of 120 CME hours must be obtained in each three (3) year CME cycle.
  - Thirty (30) hours must be in AOA Category 1A.
  - Fifty (50) hours must be Pediatric specialty hours and can be from AOA Category 1 or 2.
  - The subspecialist must obtain at least 25% of these hours in the subspecialty.
- CME requirements must be completed every three (3) years in order to maintain specialty certification.
- The process for verification and processing CME hours through the AOA will not change.
- The AOA website will link to a reporting platform maintained for each individual. The status of OCC and CME requirements for every AOA member will be maintained in this platform. Each physician and their respective board will have access to this system for monitoring purposes. An annual fee (of \$30.00) will be added for each specialty certificate to the annual specialty fee for a total of \$95.00 which is paid as a part of the annual AOA dues.

**Component 2: Part 2: Self-Assessment**

- Pediatricians will assess and enhance clinical knowledge and practice skills in areas important to their practice using activities developed by the AOBP and ACOP. These self-assessment modules support and promote lifelong learning which is vital in providing quality patient care.
- Part 2 consists of two separate and required sections:
  - eJournal articles and assessment
  - POMT modules and assessment
- eJournal articles and assessment
  - The ACOP eJournal, which is published quarterly, will have a topic included in each edition which has been chosen because it is clinically focused and of relevance to pediatric practice. Invited experts will discuss various aspects of the chosen topic and a written quiz consisting of ten questions will be presented at the end of each review. These questions may be answered and submitted to the ACOP for CME credit and the AOBP for OCC credit. These sections will be archived and available to members for study and completion at any time.
  - In each three (3) year CME cycle, the ACOP will publish a total of twelve review topics which will be identified as OCC articles in the eJournal. The AOBP suggests that half of these six (6) be completed in each three (3) year CME cycle and the AOBP requires that a total of eighteen (18) of the available thirty six (36) topics are completed in each nine (9) year OCC cycle.
  - This activity has been approved for 1 hour of AOA Category 1B credit per quarterly section.
  - Each quiz must be submitted to the ACOP and a minimum score of 70% must be achieved for credit. The ACOP will directly submit the activity to the AOA for CME credit and to the AOBP for OCC credit.

OR

- Any osteopathic pediatrician who chooses to take the AAP PREP course or who successfully meets requirements for an ABP self-assessment exam (Knowledge, Decision Skills or Sub-Specialty) may receive OCC credit for this activity in lieu of the eJournal activity.
  - One (1) PREP Self-Assessment fulfills the eJournal requirement of eighteen (18) eJournal articles and assessments in a 9 year OCC cycle.
  - Eighteen (18) Pediatrics' in Review articles fulfill the eJournal requirement of eighteen (18) eJournal articles and assessments in a 9 year OCC cycle.
- Sub-specialists may participate in self-assessment reviews for credit which have been approved by the AAP or ABP such as:
  - NeoReviewsPlus™
  - PREP Adolescent Medicine™
  - PREP Endo™
  - PREP ICU™
  - PREP E-Med™
  - Pediatric Endocrine Society self-assessment program
  - Various other sub-specialty self-assessment programs developed by the ABP
- Written documentation of successful completion of the program must be submitted to the board for OCC credit.
- An attestation form is available on this website which must be submitted along with written documentation that the physician has met or exceeded basic standards for this program. If basic standards have not been met, the program will not be accepted for OCC credit.

- The AOA generally provides AOA CME Category 2 credits for this type of activity and this activity may also qualify for specialty requirements. Individuals must submit the activity to the AOA for CME credit.
  - POMT (Pediatric Osteopathic Manipulative Therapy)
    - The ACOP and AOBP have collaborated in developing nine (9) POMT modules which are relevant to the practice of osteopathic pediatric medicine.
    - These modules are available on the AOBP website.
    - Each module has been approved for 1 hour of AOA Category 1B credit.
    - The AOBP requires that all nine (9) modules be successfully completed during each nine year OCC cycle. A short quiz must be taken, passed (with a passing grade of 70%) and submitted to the AOBP for Category 1B CME credit. The AOBP will report this activity to the AOA CME Department for OCC credit.
    - There is currently no charge for quiz submission for both the eJournal and POMT modules and CME credits for both the eJournal and POMT modules.
- 

## **Osteopathic Continuous Certification (OCC) Component 3: Demonstration of Cognitive Expertise**

### **Component 3: Demonstration of Cognitive Expertise**

- This component represents the cognitive assessment examination.
- Individual physicians must take and pass a secure, proctored, written examination every ten years to maintain certification. The cognitive assessment examination in general pediatrics and the recognized subspecialties have been developed by the AOBP to test the knowledge of the practicing osteopathic pediatrician. The general pediatrics exam is a multiple choice examination. Subspecialty exams vary in length and type of administration. These are either written or oral examinations. Applications, requirements and deadlines are posted on the AOBP website and AOA Certifying Services is available to assist you in the application process. OCC requirements can be viewed on the AOBP website.
- All AOBP certified pediatricians with a certificate dated after January 1, 2009 are required to take and pass the exam once every ten (10) years. The individual may take the exam one year prior to the expiration of the certificate. If passed, the new certificate is issued for ten years from the date of the expiring certificate.
- All AOBP certified pediatricians with a certificate issued before January 1, 2009 was certified for seven (7) years. The individual must take and pass the exam prior to the date the certificate expires and may take the exam the year prior to the expiration date. If passed, the new certificate will be re-issued with an expiration date ten years from the expiration of the certificate.
- Any osteopathic pediatrician who is certified by the AOBP and holds a non-time limited certificate is NOT required to participate in ANY component of the OCC process. It is strongly suggested that all individuals with non-time limited certificates volunteer to participate in OCC.
- The member with a non-time limited certificate who volunteers to participate in OCC will be required to participate in all components of OCC. All OCC activity will be monitored, recorded and reported as usual. Exam failures will not result in loss of certification but will be recorded. Retakes of a failed exam will be allowed according to the regular policies and procedures of the AOBP as



noted in the Policies and Procedures of the BOS Handbook, Article VIII, Board Eligibility. The AOBP OCC Volunteer Form for Non Time Limited Certificate Holders can be found on the AOBP website.

- OCC requirements will be pro-rated based upon when the individual enters the OCC cycle. This will be determined individually. Individuals will be required to take the exam within a year of initiating the OCC process.
  - The individual who elects to not continue in the OCC process after initially volunteering will retain the original non-time limited certificate without penalty.
  - Any member who elects to not participate in OCC will be reported as possessing a non-time limited specialty certificate and that he/she is not required to participate in OCC.
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## **Osteopathic Continuous Certification (OCC) Component 4: Practice Performance Assessment**

### **Component 4: Practice Performance Assessment**

- The AOBP, in compliance with the AOA Bureau of Osteopathic Specialists, requires that the osteopathic pediatrician successfully complete a minimum of two (2) PPA projects in each nine (9) year OCC cycle to fulfill component 4 requirements. One of these must be the O-CAT communications module. The other may be chosen from any of the approved modules provided from the AOA CAP, NBOME OPAIM or O-CAT (see below). These modules may be completed at any time during the nine (9) year OCC cycle.
- The AOBP requires that the osteopathic pediatrician demonstrate competency in quality improvement (QI). Competency is defined as the ability to assess and improve the quality of care provided to patients by having knowledge of quality improvement methods and implementing QI methods in practice. Successful completion of a PPA module should result in improvement in patient care and development of additional medical knowledge and skills.
- Standards for the PPA modules address:
  - Relevance to clinical practice
  - Focused improvement goals
  - Use of standard quality improvement methods
  - HIPAA compliance and ethical issues
- The BOS Policies and Procedures state the following under Article XII. Osteopathic Continuous Certification, Section 5. OCC Component 4: Practice Performance Assessment and Improvement:
  - Diplomates must engage in continuous quality improvement through comparison of personal practice performance as measured against national benchmarks for the medical specialty or condition. The Standards Review Committee has set minimum standards for each practice performance assessment activity as follows:
    - Minimum of 10 patient charts extracted for a designated condition, disease or procedure.
    - All patient chart information submitted by the diplomate must be from patients treated by the diplomate, rather than from other physicians in a group practice.
    - The diplomate provides the extracted patient data to his/her Specialty Certifying Board in a specified format.

- Diplomat data will be compared to accepted national benchmarks. These benchmarks must be identified and included with the Board's submission the Standards Review Committee.
- Benchmarks and associated criteria must be clearly defined prior to the diplomate engaging in the process. Some Specialty Certifying Boards must establish benchmarks based upon accepted standards of care, as national benchmarks may not exist for the specialty.
- Certifying Board provides the findings and comments to the diplomate.
- If the diplomate did not meet benchmarks, a remediation plan is developed.
  - If remediation is necessary, the diplomate will engage in a remediation program as specified or approved by the Board. The remediation must be completed with appropriate evidence submitted within the time frame established by the Board.
  - After a specified period of time, the diplomate extracts patient data from a minimum of 10 new charts again.
- An analysis of improvement or maintaining of benchmarks is performed.
- All individual data are confidential. Only aggregate data may be made public and only with prior permission of the BOS and AOA.
- Specialty Certifying Boards must own the data diplomates submit for OCC Component 4 and be the entity that provides the feedback report to the individual.
- Specialty Certifying Boards may audit a given percentage of diplomates' Component 4 activities; chart data collected as part of each activity must be retrievable in the event of an audit.
- The Standards Review Committee reviews each practice performance assessment activity for each of the boards to ensure that it meets the minimum criteria established by the BOS.
- Practice Performance Assessment (PPA) modules have been developed and approved by the AOA from 3 vendors: American Osteopathic Association Clinical Assessment of Practice (AOA CAP), National Board of Osteopathic Medical Examiners Osteopathic Performance Assessment and Improvement Modules (NBOME OPAIM), and Osteopathic Continuous Assessment and Training (O-CAT) for use by the osteopathic pediatrician to meet OCC component 4 requirements.
  - AOA CAP
    - These modules address:
      - Pediatric Asthma
      - Childhood Immunization
      - Adolescent Immunization
      - Pediatric Newborn Assessment (*currently in development*)
      - Pediatric Health Maintenance and Preventive Medicine (*currently in development*)
  - NBOME OPAIM
    - Modules are currently under development.
  - O-CAT
    - All AOBP members participating in OCC are required to participate in the O-CAT communications module. This required module provides OCC and CME credits in both Component 2 and 4 of OCC depending on the activity chosen and satisfies the OCC requirement in interpersonal and communication skills. Participation will be reported directly to the AOA reporting platform, the Division of CME and the AOBP.

- Access to the approved PPA vendors can be found in the following locations:
  - AOA CAP is available at [DOCMEonline.com](http://DOCMEonline.com)
  - NBOME OPAIM is available at [opaim.nbome.org](http://opaim.nbome.org)
  - O-CAT is available at [osteopathic-cat.com](http://osteopathic-cat.com)
- There will be a fee charged to the diplomate to participate in each PPA. These charges are made directly to the AOA, NBOME or O-CAT vendors.  
PPA modules may be used by the general pediatrician as well as the pediatric sub-specialist.

**Component 4, Non-AOA Projects**

- Pediatricians boarded by the AOBP are encouraged to participate in AOA sponsored PPA activity for OCC component 4 credit. Individuals who may be involved in quality improvement activities developed by other healthcare entities may apply for OCC credit if they meet the following criteria:
  - The QI project must be sponsored by a recognized healthcare entity.
  - The QI project must be approved by the American Board of Pediatrics and must qualify for a minimum of 25 points for MOC part 4 activity.
  - The individual must demonstrate meaningful participation in the project. Patient information from the individual's practice must be entered into the project database. This information must be evaluated and compared to established standards and reported to the individual. The individual must meet or exceed those standards. Individuals who do not meet basic standards will not receive credit for that project.
  - The project should have an osteopathic component.
  - Data from a minimum of ten (10) patients must be used.
- An application must be submitted to and approved by the AOBP and the BOS SRC prior to submission of completed project data.
- Upon completion, an attestation form must be submitted from the individual and the project manager confirming meaningful individual participation and demonstrate that the individual met or exceeded minimum standards.
- Each approved project will be the equivalent to one (1) PPA module. OCC component 4 requirements remain the same: one (1) PPA project plus the O-CAT communications module must be completed during the nine (9) year OCC cycle.

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**Osteopathic Continuous Certification (OCC)  
Component 5: Professional Association**

**Component 5: Professional Association**

- Membership in the AOA is required.
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## **Osteopathic Continuous Certification (OCC) OCC Forms**

### **AOBP OCC Practice Performance Forms**

- Component 4 - Special Circumstances Forms:
    - Non-Clinical Physicians
      - AOBP Program for the Professional Evaluation of the Non-Clinical Physician
      - Attestation Form
    - Physicians with a Limited Scope of Practice
      - AOBP Practice Performance Form (Limited Scope of Practice)
      - Attestation Form
  - Component 2 - Self-Assessment Forms:
    - AOBP Component 2 Self-Assessment - Attestation Form
      - Complete this Attestation Form if you are an AOBP-certified physician seeking credit under Osteopathic Continuous Certification (OCC) for Self-Assessment (Part 2) in lieu of the ACOP eJournal activity.
  - AOBP OCC Volunteer Form for Non-Time Limited Certificate Holders
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**Osteopathic Continuous Certification (OCC)  
Seven Core Competencies**

Seven Core Competencies	Five Components of Osteopathic Continuous Certification				
	1. Medical Licensure	2. Lifelong Learning	3. Cognitive Expertise	4. Practice Performance	5. AOA Membership
Patient Care	*	*		*	
Medical Knowledge		*	*		
Practice Based Learning & Improvement		*		*	
Interpersonal & Communication Skills	*			*	
Professionalism	*			*	*
Systems Based Practice		*		*	
Osteopathic Philosophy & Manipulative Medicine	*	*	*	*	*

**Osteopathic Continuous Certification (OCC)  
Special Circumstances**

- Component 4 - Special Circumstances Forms:
  - Non-Clinical Physicians
    - AOBP Program for the Professional Evaluation of the Non-Clinical Physician
    - Attestation Form
  - Physicians with a Limited Scope of Practice
    - AOBP Practice Performance Form (Limited Scope of Practice)
    - Attestation Form
- Component 2 - Self-Assessment Forms:

- AOBP Component 2 Self-Assessment - Attestation Form
  - Complete this Attestation Form if you are an AOBP-certified physician seeking credit under Osteopathic Continuous Certification (OCC) for Self-Assessment (Part 2) in lieu of the ACOP eJournal activity.
- AOBP OCC Volunteer Form for Non-Time Limited Certificate Holders

## **Addendum B**

### **American Osteopathic Association Bureau of Osteopathic Specialists Americans with Disabilities Act and Special Testing Accommodations**

The American Osteopathic Association (AOA) is committed to a policy of compliance with federal, state and local laws and regulations. The AOA's Bureau of Osteopathic Specialists supervises eighteen (18) certifying boards that develop and administer board certification examinations. The BOS, in compliance with the Americans with Disabilities Acts (ADA), adopts the following policy, which shall be applicable to all certifying boards.

Physicians who are eligible for examination by a certifying board may submit an application for accommodation of a disability by using the attached Application Form.

#### **Definition of Disability**

Under the ADA, a disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of the individual. An individual is not substantially limited in a major life activity if the limitation does not amount to a significant restriction when compared with the abilities of the average person.

#### **Policy Statement**

All qualified candidates for board certification who suffer from a disability that as defined in the ADA may apply to a certifying board for accommodation of that disability. Boards shall have the discretionary authority, subject to review by the BOS Appeals Committee and the AOA Board of Trustees, to determine if an accommodation is appropriate.

#### **Procedure for Applying for Accommodation of Disability**

1. Requests for accommodation of a disability must be submitted in writing to the appropriate certifying board at least ninety (90) days prior to the examination date. The request must be supported by appropriate documentation of the diagnosis of disability and the need for accommodation, including the evaluation of the candidate by a qualified professional. (See Documentation Requirements, below.)
2. Requests for accommodation must be complete and submitted on time. Certifying Boards will not delay scheduled administrations of examinations because of an applicant's failure to submit a complete application.
3. Certifying boards must complete their review of requests for accommodation in a timely fashion and advise the applicant within thirty (30) days of its receipt of a request for accommodation if:  
(a) the requested accommodation will be granted, (b) the requested accommodation will be

granted in part; (c) additional information is required; or (d) the requested accommodation will be denied.

4. Certifying boards may request additional information, including requiring an applicant to secure a second opinion from an outside expert or submitting the applicant's documentation to an outside expert. The cost of review by an outside expert will be paid by the certifying board.
5. In general, reapplication for special accommodation is not required for each examination administration. However, applicants seeking accommodation of a new disability or a different accommodation of the same disability must submit new applications.

### Documentation Requirements<sup>1</sup>

Requests for accommodation must be supported by appropriate documentation of the disability and the need for the requested accommodation. At a minimum, the application should provide the certifying board with the following information and documentation, which is to be prepared and ***furnished at the applicant's expense***:

1. **Identification of the disability**
2. **Identification of the requested accommodation(s)** for each identified disability
3. **The name and current contact information** (address, telephone number, email address) of each professional providing a report(s) in support of the disability and/or requested accommodation
4. **A Verification and Authorization form** signed by the certification candidate
5. **An Education and examination history**, including the following information: (1) the name, location and dates of attendance for all schools you attended from elementary school to the present, (2) identify the schools which provided accommodations of your disability in examination settings and the nature of accommodations made for your disability, (3) identify standardized tests completed in the course of your education (e.g., ACT, SAT, MCAT, COMLEX/NBOME); (4) for each test identified, please indicate whether you received an accommodation for your stated disability and please identify the nature of the accommodation; and (5) if you have sought an accommodation that has been denied, please explain the circumstances involved. If you have never received an accommodation, please provide a detailed explanation as part of the neuropsychological evaluation discussed below concerning the reasons no accommodation was given in the past and the reason one is needed now.
6. **For applicants seeking accommodation of a learning disability, a comprehensive neuropsychological evaluation report.** The report should be issued by a qualified professional (psychiatrist or licensed psychologist) who regularly practices neuropsychology. The report must be based upon examination of the applicant within the last five years. The report must be written on, or accompanied by a letter written on, the evaluating professional's letterhead. The requisite elements of a comprehensive evaluation are an intelligence test, an assessment of neuropsychological functions, an academic achievement test and

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<sup>1</sup> Candidates should note that the certifying boards may require additional information and/or examination by an outside expert to evaluate the application for accommodation. In the event that questions arise concerning the existence of the disability or the need for accommodation.



psychiatric/psychological history. For candidates seeking accommodations on the basis of attention deficit disorder or hyperactivity disorder, the evaluation must include a behavioral index. The requirements for the neuropsychosocial report are identified and described in greater detail in Appendix A.

### **Evaluation of Accommodation Requests**

Certifying boards will review requests for accommodation upon receipt of the information identified above. The review process will attempt to determine (1) if an applicant is disabled and the nature of a disability, (2) whether the disability interferes with the candidate's ability to take the certifying examinations, (3) whether the requested accommodation is necessary to allow the candidate to take the examinations, (4) whether a different accommodation would better serve the purpose of the certifying exam while still allowing the candidate to take the examination.

Answers to these questions may not be clear from the documentation presented. Therefore, the certifying boards may request an opinion from an outside expert and either send the documentation submitted by the applicant to the expert for review or ask the applicant to be examined by an outside expert. Cost of consultation with an outside expert will be paid by the certifying board.

Based on their review of all documentation, certifying boards may decide to: (1) grant a request for accommodation, (2) grant a request for accommodation that is different than the requested accommodation, (3) deny the request for accommodation. Certifying Boards will notify the candidate in writing of their decision. Where certifying boards decide to not grant a requested accommodation because a requested accommodation is a fundamental alteration or an undue burden, the boards should notify the candidate of any alternative methods of accommodation suggested by the expert which are acceptable to it or, if no such alternatives have been suggested, the certifying boards should inform the candidate and invite the candidate to suggest alternative accommodations.

### **Appeals**

If a request for accommodation has not been granted, a candidate may request that the Board reconsider its decision or appeal the certifying board's decision to the Appeal Committee of the Bureau of Osteopathic Specialists. Any appeal must be submitted to the Secretary of the Bureau of Osteopathic Specialists President within sixty (60) days of the date of the certifying board's written decision concerning the request for accommodation.

### **Procedures for Examination Administration**

Where possible, examinations for disabled persons will be proctored and will be given on the same day as other examinations. The location of the examination administration will be determined by the Board on the basis of feasibility of providing necessary services and convenience to the candidate. Where appropriate, to reduce the effect of the candidate's disability on his or her performance on the examination, the following accommodations may be provided: (1) disabled persons may be tested separately, (2) disabled persons may be given assistance in reading or recording answers, (3) auxiliary aids and services can be offered, but only if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test and they would not result in an undue burden to the

Board; and/or (4) time extensions may be granted to accommodate disabled candidates. Other accommodations will be made upon presentation of appropriate information and documentation supporting the requested documentation.

### **Required Elements of the Neuropsychosocial Report.**

1. Intelligence Tests. The Wechsler Adult Intelligence Scale-Revised is mandatory. The Report may include other estimates of verbal and nonverbal intelligence deemed appropriate by the professional preparing the report, such as Peabody Picture Vocabulary Test, Raven's Progressive Matrices or Leiter International.
2. Assessment of Neuropsychological Functions, including: (a) a complete, integrated neuropsychological battery, such as the Halstead-Reitan Neuropsychological Battery or the Luria Nebraska Neuropsychological Battery ; (b) memory assessments that utilize an age-normed, standardized instrument assessing both verbal and nonverbal memory such as the Wechsler Memory Scale-Revised; and (c) assessments of the specific cognitive and perceptual processes affected by the disability. Examples: in cases of auditory-verbal learning disabilities, include specific tests of phonemic processing. In cases of attention deficit disorder, include specific tests of sustained attentional resources, such as the Continuous Performance Test.
3. Academic Achievement Test Results. Standardized, comprehensive academic achievement test, appropriately normed for the candidate's age group, including assessment of spelling, arithmetic and reading comprehension.
4. Psychological/Psychiatric History, including (a) standardized psychometric assessment of personality and emotional functioning (MMPI-2 or MCMI-II); (b) standard diagnostic interview for presence of current psychiatric disorder; and (c) if the candidate has undergone treatment for a psychological or psychiatric condition within the past three years, provide a report, including diagnosis, from the treating mental health professional.
5. Behavioral Indices (**required only for candidates seeking accommodations on the basis of attention deficit disorder or hyperactivity disorder**) using standardized psychometric assessments of behavioral indices of attention deficit disorder, such as the Wender Scales or the Achenbach Scale.

The Professional's report should address all appropriate elements relevant to the request for accommodation of disability. With respect to each element, the report should include the name of each test administered, its date, a description of the candidate's performance in each of the areas of the test battery, a summary of test scores, and a complete diagnostic formulation in standard DSM-IV terminology utilizing all diagnostic axes. Diagnostic formulations should integrate current testing findings with academic and psychiatric histories. Raw test data should be available upon request.

# AMERICAN OSTEOPATHIC BOARD OF PEDIATRICS REQUEST FOR ACCOMMODATION OF DISABILITY

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 1. Verification of Information

I am applying for examination by the American Osteopathic Board of \_\_\_\_\_  
\_\_\_\_\_ (AOB\_\_\_). By signing this statement, I declare, under penalties of perjury, that all of  
the information and documentation I am providing is true, accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2. Authorization to Release Information

By signing this statement, I expressly consent to the following:

- AOB\_\_\_'s use of the information and documentation in evaluating my request for accommodation of a disability.
- AOB\_\_\_'s disclosure of the information and documentation to independent reviewers ("Consultants") in seeking an independent review of my request for accommodation
- AOB\_\_\_'s and/or its Consultants contacting any individual and/or entity that provided information concerning my disability and authorize the individuals who provided information about my disability to disclose information and/or additional documentation concerning their evaluation to the AOB\_\_\_ and its Consultants.
- The release and disclosure of any pertinent information to the AOB\_\_\_ by any person or entity that has provided or submitted information concerning my disability

I release the AOB\_\_\_'s Consultants and individuals and entities that submitted information concerning my disability from any and all liability in connection with their providing information to the AOB\_\_\_ including, without limitation, liability under HIPAA or any other state or federal law in connection with their release of information.

\_\_\_\_\_