

**APPLICATION FOR RECERTIFICATION
EXAMINATION IN
NEUROMUSCULOSKELETAL MEDICINE**

AOA # _____

DATE: _____

Last Name First Middle

Home Address City State Zip

(Area Code) Home Telephone No. Email (Personal/Home)

Office Address City State Zip

(Area Code) Office Telephone No. (Area Code) Office Fax No.

Social Sec. Number E-mail address (work/business)

Mailing Contact/Address Info
Prefer Home/Personal _____ or Prefer Work/Office _____

ORIGINAL CERTIFICATION:

AOBSPOMM/AOBNMM Certificate NO. _____ Date of Certification _____

Qualified for AOBSPOMM Examination by Completion of Practice Years: _____

or Residency Program _____

Residency Location City, State Year of Completion

Certified in other specialties? Yes _____ No _____ If yes, list specialties:

Specialty Date Certified: _____

Specialty Date Certified: _____

EDUCATION:

Name of Osteopathic Institution City, State Year of Graduation

RETURN ALL APPLICATION MATERIALS TO:

Attn: AOBNMM Coordinator
RECERTIFICATION
3500 DePauw Boulevard, Suite 1080
Indianapolis, IN 46268

Please insert
your photo here
(head and shoulders pose)

Remember to attach a copy of your AOA CME printout for the current 36 months

LICENSURE: (Please forward copy of current license to practice)

State License No. Date Issued Date Expires

State License No. Date Issued Date Expires

PROFESSIONAL MEMBERSHIPS:

BASIC ELIGIBILITY REQUIREMENTS:

- 1) Certification by the AOBSPOMM or AOBNMM
- 2) Current practice of osteopathic manipulative medicine (specialized or integrated practice of any other AOA certifying board discipline)
- 3) Membership in the American Osteopathic Association
- 4) Compliance with the AOA's CME requirements (provide individual Activity Report)
- 5) Full, unrestricted, current medical license in the state where practice is conducted

EXAMINATION AND PROCESSING FEES:

- \$600.00 Examination fee (*payable at the time of application*)
- \$ 75.00 *Non-refundable fee withheld from examination fee for application processing when applicant is ineligible or requests a refund*
- \$100.00 **Re-scheduling fee*
(Please note that if you fail the written recertification examination, you will be given one more chance to pass at no additional charge.)

*Candidate will have one retake option at no charge. Additional retakes will be assessed at \$100.00 each.

Payment must accompany the application. Please indicate method of payment below:

Check Number Date of Check \$ _____
Amount Paid

Credit Card Number Expiration Date \$ _____
Amount Paid

AOBNMM Recertification Application

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Please answer each of the following questions. If the answer is yes to any, please give detailed explanation in comments area.

YES NO

Has your license to practice, in any jurisdiction, ever been revoked, restricted or suspended? _____

Have you been the subject of any disciplinary action by any medical society or staff within the past 5 years? _____

Has a hospital appointment been terminated or restricted or have you resigned after being notified you would be terminated or restricted within the past five years? _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

Within the past 5 years, have you been involved in a proceeding in which professional malpractice on your part was alleged? _____

Have you been subject to disciplinary action for substance abuse? _____

COMMENTS:

APPLICATION STATEMENT:

I hereby make application to the AOBNMM for admission to the recertification examination in Neuromusculoskeletal Medicine.

I agree that my professional qualification, including my moral and ethical standing in the medical profession and my competence in clinical skills, will be evaluated by the Board and that the Board may make inquiry of institutions named in this application as the Board may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Board in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any one acting on my behalf. I agree that the AOBNMM and the AOA shall be the sole judge of my credentials and qualifications for admission to the examination and for recertification.

I hereby declare under penalty of perjury that the information given in this application is true and correct to the best of my knowledge and belief.

Signature

Date