SPORTS MEDICINE CONJOINT
EXAM FOR RECERTIFICATION
OF
ADDED QUALIFICATIONS

APPLICATION PACKET – 2012 Exam

CONTACT: AOA – Certifying Board Services
Phone: (312) 202-8195
Email: ekraynak@osteopathic.org

Examination Date  Tuesday, April 17, 2012
During AOASM 27th Annual Clinical Conference
April 18-22, 2012

Location  Marriott Louisville Downtown Hotel in Louisville, Kentucky

First Application Deadline Postmark – Tuesday, January 17, 2012 (no penalty)
Final Application Deadline Postmark – From January 18 – February 17, 2012 ($100.00 penalty)
The Sports Medicine Examination process for recertification of added qualifications is conjointly developed by interested osteopathic specialty boards and the American Osteopathic Academy of Sports Medicine. A Sports Medicine Conjoint Examination Committee has representation from each participating specialty board and academy.

This process is designed to recognize excellence among those who provide care to persons who participate in athletics or exercise programs. The examination evaluates an understanding of the scientific basis of the problems involved in Sports Medicine, the familiarity with the current advances in Sports Medicine, the possession of sound judgment and of a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of Sports Medicine.

Definition

Sports Medicine is that branch of the healing arts profession that utilizes a holistic, comprehensive team approach to the prevention, diagnosis, and adequate management of sports and exercise-related injuries, disorders, dysfunctions and exercise-related disease processes.

The specialty of Sports Medicine consists of the following:

A. The comprehensive medical management of the athlete which requires an understanding across a broad scope of specializations.

B. An understanding of performance aids, coaching techniques and training skills.

C. The science of injury prevention and recognition, advanced rehabilitation techniques and epidemiology.

D. The application of wellness through cardiovascular training of the general public as well as athletes with disability.

E. The application of sports science in improving the health care of athletes.

F. The recognition of the special medical problems of athletes.

G. The application of osteopathic principles to athletes.

H. The term athlete refers to an individual who is engaged in sport, exercise or physical activity at the recreational, competitive, industrial, professional or elite level.
INFORMATION FOR THE SPORTS MEDICINE EXAMINATION FOR RECERTIFICATION OF ADDED QUALIFICATIONS

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Eligibility

Applicants must meet the following minimum requirements:

- Primary certification and Sports Medicine CAQ is current and in good standing.
- Hold a full, unrestricted license to practice medicine in state where practice is conducted. A suspended or revoked license in any jurisdiction at the time of application will not be admitted to the examination.
- Current member in good standing of the AOA for at least the two consecutive years immediately prior to application.
- Current practice to include at least 20% in Sports Medicine.
- Documentation on the AOA Activity Report for 2010-2012 and the current cycle of at least 120 CME hours for the previous three years with 50 of those hours in approved Sports Medicine courses; 25 hours must be from AOASM sponsored programs. The remaining 25 hours may be distributed among the following sources –
  - AMSSM sponsored programs.
  - ACSM Team Physician Course.
  - AAFP or ACOFP Sports Medicine course.
  - Presenting Sports Medicine lectures at state or national conferences; a maximum of 3 hours per lecture (for speaking and preparation) will be awarded by the Committee with a maximum total of 9 hours for 3 lectures. Original documentation required would be confirmation from the sponsoring organization or a program schedule with date and location noting you as a speaker along with the lecture title.
  - Sports Medicine preceptor hours; up to a maximum of 10 hours given by the Committee (1 hr. given for every 5 hours recorded on the AOA activity report, up to a maximum of 50 recorded hours). Original documentation from an institution confirming these hours would be necessary, as the Activity Report does not classify preceptor hrs. by specialty area.
  - Home study hrs. in Sports Medicine, including self-testing quizzes, up to a maximum of 5 hrs.
  - Attendance at AOA or ACGME University or hospital-based CME programs in Sports Medicine recognized by the AOA CME Activity Report; original documentation from sponsor would be necessary if not clearly defined on Activity Report.
Examination

Dates/Location

The CAQ recertification examination in Sports Medicine will be offered at a time and site as determined by the Committee, but no less than once every two years.

Fees/Deadlines

The nonrefundable application fee of $50 must accompany the application by the published postmark deadline date. The registration period ends at least ninety days prior to the examination date. The examination fee will be $750 and payment is requested after approval of a candidate for examination and is due by a published postmark deadline date of at least 45 days prior to the examination date. There is a nonrefundable penalty fee of $100 for withdrawal later than at least 14 days prior to the examination date.

Format

The examination will be a proctored half-day examination consisting of 100 multiple-choice questions of the "one best answer" type. Questions will cover the following four major categories:

<table>
<thead>
<tr>
<th>Basic Science – 15%</th>
<th>Injury Management/Prevention – 20%</th>
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<tbody>
<tr>
<td>A. Anatomy</td>
<td>A. On-site immediate acute care</td>
</tr>
<tr>
<td>B. Physiology</td>
<td>B. Post event care</td>
</tr>
<tr>
<td>C. Pharmacology</td>
<td>C. Sports knowledge, sports rules</td>
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<td>D. Nutrition</td>
<td>D. Protective equipment</td>
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</tbody>
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<tr>
<th>Diagnostics - 30%</th>
<th>Treatment – 25%</th>
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<tr>
<td>A. History</td>
<td>A. Pharmacological</td>
</tr>
<tr>
<td>B. X-ray &amp; lab</td>
<td>B. OMT</td>
</tr>
<tr>
<td>C. Performance</td>
<td>C. Rehab modalities (acute and reinjury prevention)</td>
</tr>
<tr>
<td>D. Consultation</td>
<td>D. Psychological</td>
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| Miscellaneous – 10% | |
|--------------------| |
Preparation

No specific recommendation about study methods or review courses may be made. However, extensive self-study of Sports Medicine in texts and journals and participation in continuing medical education programs and review courses in Sports Medicine should be useful.

Results

Candidates will be informed of the results of the examination within 90 days following the examination date. Successful candidates will receive a certificate for Recertification of Added Qualifications in Sports Medicine noting an expiration date of ten years thereafter. The certificate will be awarded after the AOA Bureau of Osteopathic Specialists gives final approval of the exam process for each candidate. This approval process may take about six months following the notification of successful completion of the examination. Upon written request and payment of a fee of $50, candidates may obtain rescoring of the examination within a year of receiving the results. The answer sheets of candidates will be destroyed three years after administration.

Reexamination

Candidates may reapply for the next scheduled examination upon submitting a letter of intent, updated application information and the examination fee of $750.

Application Process

The Sports Medicine Conjoint Examination Committee will review applicant files after the close of the registration period. Candidates will be notified in writing by the Certifying Board Services (CBS) of their eligibility.
APPLICATION FOR ADMISSION TO SPORTS MEDICINE EXAMINATION FOR RECERTIFICATION OF ADDITIONAL QUALIFICATIONS

The application and supporting documents must be directed to the participating specialty board from which you have received primary certification. Check one of the following to indicate your primary specialty board:

- AOBNMM
- AOBEM
- AOBIM
- AOBP
- AOBPMR
- AOBFP

The application may be legibly printed or typed and accompanied by the required application fee of $50 in the form of a check. The application fee is nonrefundable.

Application Date __________________________

1. Name _____________________________________________________________
   Last   First   MI

2. ________________________________________________________________
   Home Address   City   State   Zip Code

   ________________________________________________________________
   Office Address   City   State   Zip Code

   Mailing Address - Use Home____ or Office____

   E-Mail Address ________________________________________________

   __________________________
   (Area Code) - Office Tel. No.             (Area Code) - Home Tel. No.

   Cell phone number: __________________________

3. Are you a member of the AOA? _____ Year joined? _____ AOA No. ____________

4. In what states are you licensed to practice? (state license no.)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
**Initial CAQ Eligibility**

5. AOA-Approved training in Sports Medicine? Yes _____ No _____
   
   Training institution _____________________________________________________

   Completion of Clinical Practice Pathway? Yes _____ No _____

**CAQ Certificate**

6. Certificate number __________ Date of Certificate __________
   
   Expiration date ________________________

**Hospital Affiliation**

7. Principal hospital staff membership(s). Please list the name and address of the Medical Director at the institution where you hold your staff membership(s).

   A. ___________________________________________________________
      
      Medical Director     Institution

      Address                         Membership Dates

      City                            State            Zip Code

   B. ___________________________________________________________
      
      Medical Director     Institution

      Address                         Membership Dates

      City                            State            Zip Code
Professional Affiliations

8. List professional society memberships -

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9. Please answer each of the following questions. If the answer to any is yes, please append full details to this application.

   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 five 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?  ____  ____

   Have you ever been involved in a proceeding in which professional malpractice on your part was alleged?  ____  ____

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

American Osteopathic Conjoint Sports Medicine Examination Committee:
Fee Payable via check or credit card

Make check payable: AOA - Certifying Boards Services

Credit card type: ________________________________

Name on credit card: ________________________________

Account number: ________________________________

Expiration Date: __________________

Security code (3 numbers found on the back of your credit card): __________
APPLICANT RELEASE STATEMENT
The following statement of release is required of each applicant by the AOA.

I hereby make application to the American Osteopathic Association (AOA) Division of Certifying Board Services (CBS) for examination leading to recertification of added qualifications in Sports Medicine. This action is made in accordance with and subject to the Constitution, Bylaws, Regulation and Requirements of the CBS and the American Osteopathic Association (AOA). I understand that the examination is a proprietary document of the CBS and the AOA and that I do not and will not have the right to review the examination or any examination questions at any time prior to or following the administration of the examination.

I agree to disqualification from examination or from issuance of CAQ status or to the surrender of such certification as directed by the CBS and/or the AOA in the event that any of the Bylaws, Rules, Regulations and Requirements governing such examinations are violated by me or in the event that I did not comply with any of the provisions of the Constitution, Bylaws, Regulations and Requirements of the CBS and/or the AOA.

I agree that my professional qualifications, including my moral and ethical standing in the osteopathic medical profession and my competence in clinical skills, will be evaluated by the Committee and that the Committee may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals, program directors or other institutions as the Committee may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Committee in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any person acting on my behalf. I agree that the Committee and the American Osteopathic Association shall be the sole judges of my credentials and qualifications for admission to the examination and for recertification of added qualifications.

I hereby authorize the CBS to release my grade or grades given with respect to any examination in accordance with the guidelines as set forth within the Handbook of the AOA Bureau of Osteopathic Specialists and the CBS.

I hereby release, discharge, exonerate and agree to hold harmless the American Osteopathic Association, the American Osteopathic Association Division of Certifying Board Services, their members, examiners, trustees, officers, representatives and agents and free from any action, suit, obligation, damage, expense, claim, demand or complaint by reason of any action they or any one of them may take in connection with this application, such certifying examinations, the grade or grades given with respect to any certifying examination and/or the failure of the CBS to recommend issuance to me of such CAQ status, or the revocation of any certification issued pursuant to this application. It is understood that the decision as to whether my performance on any recertification examination qualifies me for recertification rests solely and exclusively with the CBS and the AOA, and that their decision is final.

In the event that any dispute shall arise concerning the CAQ examination's content and/or administration, or any other issue relating to the recertification process, I understand that the AOA has an administrative appeal process available and I agree to first pursue all available administrative appeals and internal reviews before pursuing any other forms of relief.

I further agree that Illinois law shall apply to the resolution of any dispute that I may have with the CBS or the AOA. I have this day carefully read and agreed to full compliance with the foregoing.

I have hereunto set my hands this ____________ day of ____________________, 20_________.

_____________________________________________________________
Signature
The American Osteopathic Conjoint Sports Medicine Examination Committee (AOCSMEC) is committed to assuring that aggrieved candidates for certification have access to an appeal process to address concerns regarding all certification and recertification examinations and other decisions of the AOCSMEC. In accordance with the policies of the American Osteopathic Association (AOA), candidates for certification may appeal decisions of the AOCSMEC 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/RECERTIFICATION FROM THE AOCSMEC SHALL FIRST APPEAL DECISIONS RELATED TO ANY EXAMINATION TO THE AOCSMEC AS SET FORTH IN THE FOLLOWING POLICY.

I. Scope of Appeal
   A. Appealable Issues. Candidates may appeal to the AOCSMEC 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 AOCSMEC 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 his/her appeal on an Appeal Request Form and submit the form to the Examination Proctor. Appeal Request Forms will be provided to all certification/recertification candidates prior to the commencement of the examination. Additional copies of the Appeal Request Form will be available upon request to the Examination Proctor. The appellant must submit the completed Appeal Request Form to the Examination Proctor within two hours after he/she has completed the examination.
   B. Late Appeals. All appeals submitted after the two hour deadline for submission of the Appeal Request Form will be denied.
   C. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form within two hours of completion of the examination will be considered by the AOCSMEC. A majority vote of the Committee will determine whether the AOCSMEC accepts or denies the appeal.
   D. Notification of Candidates. Candidates will be advised by the AOCSMEC of the decision by certified mail.

III. Effect of Decision.
   A. Decision to Accept Appeal.
      1. No Scoring or Recording of Exam. If the Committee accepts an appeal, then the candidate’s examination will not be scored and recorded.
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.) At that time, the examination will be conducted by a different examination team. The candidate’s original log 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, his/her appeal shall be considered null and void and the candidate will be required to reapply for the certification/recertification examination and his/her application shall be considered in accordance with the criteria in effect at the time he/she submits the new application. Exceptions (for good cause) to this stipulation will be considered on an individual basis by the Committee.

4. **Further Appeals.**
   a. **Current Examination.** The candidate whose initial appeal is accepted by the committee shall not have the right to further appeal of the current examination results, either within the AOCSMEC 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 AOCSMEC 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 AOCSMEC, 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.

Your signature indicates that you have read and understand the above:

_______________________________________
Print Name:

_______________________________________
Signature:

_______________________________________
Date:
RETURN ALL APPLICATION MATERIALS WITH POSTMARK DEADLINE DATE OF NO LATER THAN Tuesday, January 17, 2012 TO:

American Osteopathic Association Division of Certifying Board Services
142 East Ontario Street, 4th floor
Chicago, IL  60611-2864
Ellie Kraynak : (312) 202-8195

NOTE:
Final Application Deadline Postmark - Between Wednesday, January 18, 2012 through Friday, February 17, 2012 ($100.00 penalty)

APPLICATION MATERIALS:

■ Application fee in the amount of $50 (check made payable to AOA – Certifying Board Services) plus $100.00 late fee if applicable (between January 18-February 17, 2012)

■ Completed legible application signed and dated by applicant

■ Signed statement by applicant on office stationery that a minimum of 20% of current practice is devoted to the practice of Sports Medicine.

■ Two (2) original passport-size photos

■ AOA Activity Reports for 2010-2012 and current cycle outlining required 120 CME hours (inc. 50 Sports Medicine hrs.; minimum of 25 AOASM)

■ Copy of unrestricted state medical license(s) with expiration date

■ Written verification from the AOA confirming membership in good standing for two consecutive years; contact AOA Membership Services Dept. (800) 621-1773

■ Questions: Once your application is approved, question topics will be sent to you via email by Certifying Board Services. Each applicant must submit five (5) multiple choice Sports Medicine questions with references and page numbers