



AMERICAN OSTEOPATHIC BOARD OF PEDIATRICS

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[www.aobp.org](http://www.aobp.org)

TO: ALL CANDIDATES  
(General Pediatric Certification Examination)

FROM: FERNANDO GONZALEZ, D.O.  
AOBP Chairman

SUBJECT: GENERAL PEDIATRICS CERTIFICATION EXAMINATION  
**Spring 2010 – Saturday, May 15, 2010 – Prometrics nationwide (computerized)**

The 2010 General Pediatrics Certification Examination will be given over a single day (Saturday, May 15, 2010). The exam is a written, multiple choice type exam. The “clinical” portion of the written exam relies heavily upon pictures of clinical scenarios.

When successfully completed, this examination will constitute the examination requirement set forth by this Board and the American Osteopathic Association for certification through the American Osteopathic Board of Pediatrics.

**PLEASE NOTE:**

Candidates from osteopathic programs with written approval from the American College of Osteopathic Pediatricians (ACOP) will be allowed to sit for the exam. Candidates with allopathic, federal or military training must have written approval from both the ACOP **and** the AOA Council on Post Doctoral Training (COPT). Any candidate whose training is incomplete at the time of the exam may be allowed to sit for the exam after signing a waiver that states that results will not be released until after training approval is completed. **If you have not submitted annual reports (resident and program director) to the ACOP, have not completed training, and/or received allopathic training contact: Bob Specht (at the ACOP immediately 1-877-231-2267 ext. 6304) for instructions.**

All applicants must apply for board eligibility. Board eligibility is not granted automatically. **Each candidate must apply for eligibility within six (6) years of completing an AOA approved residency training program.**

GENERAL PEDIATRICS EXAM:

CLINICAL: (Approximately 100 items)

Book 1: **Saturday, May 15, 2010**

Time: To be Announced (TBA)

WRITTEN: (Approximately 360 items, 120 per Book)

Book 1: **Saturday, May 15, 2010**

Time: TBA

Book 2: **Saturday, May 15, 2010**

Time: TBA

Book 3: **Saturday, May 15, 2010**

Time: TBA.

Enclosed with this pack of materials are test specifications for the written examination, which indicate the approximate percentages by categories as well as a partial list of examples of the topics under each category. The test specifications were determined by the AOBP to reflect a representative breakdown of knowledge which should be possessed by a competent General Pediatrician.

Registration for this examination will begin at TBA. The examination will start at TBA. No one will be seated for the examination after any other candidate has left the room. **There will be no exceptions to this rule**

Written Examination

The administration of the written examination will follow the published policy of the AOBP and shall be strictly followed.

We hope this information is helpful. Best of luck in the examination.



TO: CANDIDATE (General Pediatrics Certification Examination)

FROM: ELLEN WOODS, MSC  
Director, Certifying Board Services

SUBJECT: 2010 GENERAL PEDIATRICS CERTIFICATION EXAMINATION  
**Spring 2010 – Saturday, May 15, 2010 – Prometrics nationwide (computerized)**

PLEASE READ THE ACCOMPANYING GUIDELINES AND SUBMIT ALL MATERIALS BY **Monday, February 15, 2010**. However, we strongly encourage candidates to submit the following material as soon as possible so that any inconsistencies are addressed and verified in a timely manner.

- \_\_\_\_\_ Application fee, payable to AOBP
- \_\_\_\_\_ Completed application endorsed and signed by two (2) Board Certified Pediatricians (either AOBP and ABP) who are personally acquainted with the applicant and who vouch for the applicant's personal character, experience and specialty practice.
- \_\_\_\_\_ Appeals Policy

DOCUMENTATION OF:

- \_\_\_\_\_ Osteopathic Degree
- \_\_\_\_\_ Internship completion (certificate)
- \_\_\_\_\_ Residency completion (certificate)
- \_\_\_\_\_ Evidence of ACOP approval must accompany the copy of the certificate (Letter from the ACOP, must be received by March 31, 2010)
- \_\_\_\_\_ If allopathic, evidence of AOA approval must accompany the copy of certificate. (Letters from the ACOP and AOA Council on Postdoctoral Training, must be received by March 31, 2010)
- \_\_\_\_\_ Copy of Current State license(s)
- \_\_\_\_\_ Evidence of AOA membership for the past two (2) years (Verification letter from AOA membership)
- \_\_\_\_\_ Board Eligibility
- \_\_\_\_\_ Completed application for Board Eligible status, with notarized or certified letter indicating satisfactory completion of programs (Internship & Residency) or photocopies of certificates, if program is completed.
- \_\_\_\_\_ 2 passport-size photos (Pictures must be recent and in the format requested, if produced on a computer use photo paper please)
- \_\_\_\_\_ Questions: each applicant must submit 5 multiple choice questions with references and page numbers. **Your 5 questions will relate to a specific table of specification category assigned to you by Certifying Board Services. Please call 800-621-1773 x 8267 for your topics.** (See "Item Writing Guide" on the AOBP website for more information.)



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**2010 Examination Fees**

General Pediatrics Certification Examination      **\$1,350.00**  
**Payable via check or credit card.** Make all checks payable to: AOBP

Credit Card Type: \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Account Number: \_\_\_\_\_

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

Security Code (3 numbers found on the back of your card): \_\_\_\_\_

**Processing Fees**

Any candidate who does not qualify to take the exam, for whatever reason, will have the examination fee refunded, less a **\$200.00** processing fee.

Applicant who applies and qualifies to take (or retake) the examination and does not take the certifying examination within a three (3) year period **forfeits the fee.**

**THE COMPLETED APPLICATION AND FEE MUST BE RECEIVED  
PRIOR TO MONDAY, FEBRUARY 15, 2010.**

A late fee of **\$150** will be assessed to applicants applying for the certification examination after the **February 16, 2010** deadline date. This applies to applications post marked **February 16, 2010** through **March 16, 2010.**

**NO APPLICATIONS WILL BE ACCEPTED AFTER Friday, March 16, 2010!!!**

**VERIFICATION OF TRAINING APPROVAL DEADLINE: March 31, 2010**

Applications received after the final late deadline of Friday, March 16th will be processed for 2011 examinations.

**Retake Fees**

The above mentioned fees do not include retake fees. 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 (2010) and are subject to change on a yearly basis.

<b>General Pediatrics Examination Question Categories</b>		
<i>Category</i>	<i>Percent of Exam</i>	<i>Examples</i>
I. Growth and Development	4.4%	Developmental milestones, developmental delay
II. Eye, Ear, Nose, Throat Systems	4.3%	Otitis media, strep throat
III. Respiratory System	4.3%	Pneumonia, cough, asthma
IV. Cardiovascular System	4.2%	Congenital heart disease, high blood pressure
V. Central Nervous System	4.2%	Seizures, Sturge Weber Syndrome, tuberous sclerosis
VI. Cognition, Language, Learning, Psychosocial Issues	4.2%	ADD, learning disabilities
VII. Endocrine Systems/Metabolic Disorders	4.2%	Diabetes, thyroid disease, inborn errors of metabolism
VIII. Fetal and Newborn Medicine	4.2%	Premature lung disease, transition problems
IX. Gastrointestinal System	4.2%	Obstructions, appendicitis, diarrhea
X. Integument System	4.2%	Eczema, toxic shock syndrome
XI. Musculoskeletal System	4.2%	Fractures, muscle/bone diseases, arthritis
XII. Nutrition, Fluids, Electrolytes	4.2%	Dehydration, electrolyte imbalances, obesity
XIII. Pharmacology	4.2%	Drug choices & dosing, side effects
XIV. Preventive Medicine	4.2%	Vaccinations, anticipatory guidance
XV. Allergy/Immunology	4.1%	Allergic rhinitis, allergic reactions, immune deficiencies, lupus
XVI. Renal/Reproductive/Urinary Tract	4.1%	Nephrotic syndrome, menstrual disorders, STD's, urinary tract infection
XVII. Child Abuse/Sexual Abuse	4.0%	Rape, physical trauma, neglect
XVIII. Ethics	4.0%	End-of-life issues, medical decision making
XIX. Hematology/Oncology	4.0%	Anemias, leukemia, Wilm's Tumor
XX. Critical Care/Emergency Care	3.8%	Trauma, ventilatory care, PALS
XXI. Toxicology (Poisoning, Substance Abuse, Environmental Exposure)	3.7%	Poisoning, substance abuse, environmental exposure
XXII. Osteopathic Principles and Practices	3.6%	Somatic dysfunction, OMT
XXIII. Genetics	3.5%	Down's Syndrome, Wilson's Disease, chromosome abnormalities
XXIV. Medical Practice Management Principles	3.2%	Practice management decisions, HMO's
XXV. Basic Applied Statistics	2.8%	Standard deviation, population studies

IN ADDITION, THE EXAMINATION ADDRESSES PROBLEMS ACROSS ALL THE AGE GROUPS IN PEDIATRICS, WHICH INCLUDE:

- Neonates
- Infants
- Toddlers
- School children
- Adolescents
- Unspecified/non-specific to age



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**APPLICATION FOR EXAMINATION**

Submit completed application to:

**Program Coordinator**  
**A.O.B.P**  
**142 East Ontario Street**  
**Chicago, IL 60611**  
**(800) 621-1773 ext. 8267 phone**  
**(312) 202-8224 fax**

Attach recent  
passport size  
photograph here  
and include an  
additional copy  
of photograph  
with application

Name \_\_\_\_\_  
Last First Middle

Business Address \_\_\_\_\_  
Street

City State Zip

Home Address \_\_\_\_\_  
Street

City State Zip

Mailing Address – Use Home \_\_\_\_\_ or Office \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Home \_\_\_\_\_

I hereby make application in:  
\_\_\_\_\_ General Pediatrics

**Application for Spring, 2010**

AOA #: \_\_\_\_\_

Date Joined: \_\_\_\_\_ In good standing: **Yes No** (Circle appropriate response)

Member, state or divisional society? \_\_\_\_\_ Date joined: \_\_\_\_\_

**PROGRAM/RESIDENCY DIRECTOR'S INFORMATION**

Residency Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Program Director's Email: \_\_\_\_\_

Program Director's Phone Number: \_\_\_\_\_

Residency Director's Name: \_\_\_\_\_

Residency Director's Email: \_\_\_\_\_

Residency Director's Phone Number: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

**Please attach the most recent copy of your curriculum vitae, or fill out additional page**

Information required on the curriculum vitae:

- Undergraduate Degree, School, year of graduation
- Osteopathic Degree, School, year of graduation
- Internship site and dates, AOA approved
- Residency site and dates, AOA approved
- Additional residency/specialty training, site and dates

**PROFESSIONAL INFORMATION**

Teaching experience: (list details of when and where)

Specialty Practice: (list hospital(s) appointments and exact dates)

Have you ever had hospital privileges denied, restricted or rescinded? \_\_\_\_\_Yes \_\_\_\_\_No  
(If yes, give details on a separate page)

State Licensure: (list states and dates)

**(Please enclose copies of state licenses)**

Has your license ever been revoked, suspended or restricted? \_\_\_\_\_Yes \_\_\_\_\_No  
(If yes, give details on a separate page)

**SPONSOR'S ENDORSEMENT**

This application must be endorsed by two board-certified pediatricians (either AOBP or ABP) who are personally acquainted with the applicant and who vouch for the applicant's personal character, experience and specialty practice.

As a sponsor of this candidate, I certify that I have reviewed the application and consider the applicant's qualifications worthy of favorable consideration.

1. Type/Print name \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

2. Type/Print name \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Fill this page out only if curriculum vitae is not attached/doesn't include required information

Undergraduate Degree: \_\_\_\_\_

School: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Osteopathic Medical School: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

**AOA APPROVED EDUCATION AND TRAINING**

**Internship:**

\_\_\_\_\_  
Internship Site

\_\_\_\_\_  
Dates of Internship

\_\_\_\_\_  
City and State  
**Residency:**

\_\_\_\_\_  
AOA Approved (Yes/No)

\_\_\_\_\_  
Residency Site

\_\_\_\_\_  
Dates of Training

\_\_\_\_\_  
City and State

\_\_\_\_\_  
AOA Approved (Yes/No)

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Specialty

**Additional Residency Information:**

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Residency Site

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Dates of Training

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City and State

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AOA Approved (Yes/No)

---

Specialty

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Residency Site

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Dates of Training

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City and State

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AOA Approved (Yes/No)

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Specialty

**PERMISSION TO REPORT SCORES - WAIVER**

The Pediatric Residency/Program Directors routinely request a copy of all exam score information regarding their graduates.

If you agree to permit Certifying Board Services (CBS) to send your scores to your respective Residency/Program Director – please sign/print your signature and date this waiver.

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Print Name

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Signature

Date \_\_\_\_\_

**EXAMINATION RELEASE STATEMENT**

I hereby agree to disqualification from examination and forfeiture of fee or from issuance of a certificate of specialization or to the surrender of such certificate of specialization as directed by the American Osteopathic Association in the event that any of the forgoing statements made by me are false or in the event that any of the rules, regulations and requirements governing such examinations are violated by me or in the event that I did not comply with, or shall violate any of the provisions of the Constitution and Bylaws of the American Osteopathic Board of Pediatrics.

I agree to hold the American Osteopathic Association, the American Osteopathic Board of Pediatrics, their members, examiners, officers and agents free from any damage, expense or complaint by reason of any action they or any one of them may take in connection with this application, or the failure of the American Osteopathic Board of Pediatrics to recommend issuance to me of such certificate of specialization, or the revocation of any certificate of specialization issued pursuant to this application.

I pledge that, if recommended by the American Osteopathic Board of Pediatrics and if certified by the Board of Trustees of the American Osteopathic Association, I shall abide by and uphold the Constitution and Bylaws of the American Osteopathic Association.

I further pledge that, if recommended by the American Osteopathic Board of Pediatrics and if certified by the Board of Trustees of the American Osteopathic Association, any violation of ethical conduct on my part, particularly as it related to hospital procedures or pediatric practice, shall be deemed cause for revocation of my certificate by the American Osteopathic Association.

I hereby certify that all information recorded on this application and any accompanying documents are accurate and support my application for certification, for which I now apply. And I agree to full compliance with the information set forth above.

Signature of applicant: \_\_\_\_\_

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

**AMERICAN OSTEOPATHIC ASSOCIATION  
APPLICATION FOR BOARD ELIGIBLE CLASSIFICATION**

Please Type or Print Neatly

**Return all copies of this form to the secretary of the appropriate examining board.**

**TO BE COMPLETED BY APPLICANT**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Osteopathic College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Internship Site: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Residency Site: \_\_\_\_\_ Specialty: \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Residency Site: \_\_\_\_\_ Specialty/  
Subspecialty: \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_  
Mo Day Yr Mo Day Yr

Residency Site: \_\_\_\_\_ Specialty/  
Subspecialty: \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_  
Mo Day Yr Mo Day Yr

AOA Membership: From \_\_\_\_\_ to \_\_\_\_\_

(Note: at the time of presentation of certificate, a candidate must have been an AOA member for at least the immediately preceding *two* years).

I request to be registered as board eligible in: \_\_\_\_\_  
Specialty/Subspecialty

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

**TO BE COMPLETED BY EXAMINING BOARD** Return Bureau Copy to Certifying Board Services, AOA Central Office.  
American Osteopathic Board of Pediatrics

1. This board has reviewed the above named candidate's credentials and the candidate has documented AOA approval of all training listed above.
2. In lieu of an AOA-approved residency training program the above named candidate has met this Board's practice requirement.
3. This Board has verified the AOA membership of the above named candidate.

Date registered: \_\_\_\_\_ Date Board eligibility will terminate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Examining Board Secretary

APPEALS POLICY OF THE  
AMERICAN OSTEOPATHIC BOARD OF PEDIATRICS

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 all certification and recertification examinations 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 his/her appeal on an Appeal Request Form and submit the form to the chairman of the AOBP. Appeal Request Forms are available to all certification candidates on the AOBP website. Additional copies of the Appeal Request Form can be made available upon request at the examination site. 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 he/she has completed any oral examination.
- 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, his/her appeal shall be considered null and void and the candidate will be required to reapply for the certification 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 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, and 142 East Ontario St., Chicago, IL 60611.

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

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Print Name:

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Signature:

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Date: