

**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 Department of Education, 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