

# American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8229 - Fax (312) 202-8495 - www.aocuhm.org

## APPLICATION TO SIT FOR CERTIFICATION OF ADDED QUALIFICATION (CAQ) EXAMINATION IN UNDERSEA AND HYPERBARIC MEDICINE

|  |                           |   |                           |                         |                           |                        |                           |           |           |                     |           |
|--|---------------------------|---|---------------------------|-------------------------|---------------------------|------------------------|---------------------------|-----------|-----------|---------------------|-----------|
| Date   | Last Name                 | First   | Middle                    |                         |                           |                        |                           |           |           |                     |           |
| Home Address   |                           | City  | State Zip Code            |                         |                           |                        |                           |           |           |                     |           |
| Office Address   |                           | City  | State Zip Code            |                         |                           |                        |                           |           |           |                     |           |
| Mailing Address: Use Home _____ <b>OR</b> Office _____   |                           |   |                           |                         |                           |                        |                           |           |           |                     |           |
| Email Address  |                           |   |                           |                         |                           |                        |                           |           |           |                     |           |
| Home Phone<br>( )  |                           | Office Phone<br>( )   | Cell Phone<br>( )         |                         |                           |                        |                           |           |           |                     |           |
| AOA Membership #   |                           | Date Joined AOA   |                           |                         |                           |                        |                           |           |           |                     |           |
| CAQ Interest In<br>___ Undersea and Hyperbaric Medicine  |                           | I plan to take the following part(s) of the examination<br><br><div style="display: flex; justify-content: space-around;"> <span>Multiple Choice (MC)</span> <span>First Time</span> <span>Retake</span> </div> |                           |                         |                           |                        |                           |           |           |                     |           |
| <p>Examination and Processing Fees: Payable to AOBPM via check or credit card, for credit card payments see page 2 of application. <b>Please circle amounts.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Initial application fee</td> <td style="width: 25%;">\$250.00 (non-refundable)</td> <td style="width: 25%;">Retake application fee</td> <td style="width: 25%;">\$150.00 (non-refundable)</td> </tr> <tr> <td>Full exam</td> <td>\$850.00*</td> <td>Repeat of component</td> <td>\$500.00*</td> </tr> </table> <p>*Upon receipt of application approval you will be charged the exam fee. The fee is due by a published postmark deadline date of at least 30 days prior to the examination date of March 17, 2012.</p> <p><b>Late Fee</b> <span style="float: right;"><b>\$ 100.00**</b></span></p> <p>**Please note, if application is postmarked after the <b>Thursday, January 5, 2012</b> deadline, please also remit a \$100.00 late fee. No applications will be accepted that are postmarked after <b>Monday, February 6, 2012</b>.</p> |                           |   |                           | Initial application fee | \$250.00 (non-refundable) | Retake application fee | \$150.00 (non-refundable) | Full exam | \$850.00* | Repeat of component | \$500.00* |
| Initial application fee  | \$250.00 (non-refundable) | Retake application fee  | \$150.00 (non-refundable) |                         |                           |                        |                           |           |           |                     |           |
| Full exam  | \$850.00*                 | Repeat of component   | \$500.00*                 |                         |                           |                        |                           |           |           |                     |           |
| <p>*The question below is for office use only.<br/>How did you hear or find out about the American Osteopathic Board of Preventive Medicine?</p>   |                           |   |                           |                         |                           |                        |                           |           |           |                     |           |
| <p>How would you like your name to appear on your certificate?<br/>(Please include all pertinent information including: First, Middle, and Last Names, and Suffixes (i.e. DO)—It is recommended that your full middle name be used).</p>   |                           |   |                           |                         |                           |                        |                           |           |           |                     |           |
| First  | Middle                    | Last  | Suffixes                  |                         |                           |                        |                           |           |           |                     |           |

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**Please use Page 2 of the application for Credit Card Payments only.**

|  |                           |  |
|--|---------------------------|--|
| Examination and Processing Fees: <b>Please circle amounts.</b>   |                           |  |
| Initial Application Fee  | \$250.00 (non-refundable) | Retake Application Fee \$150.00 (non-refundable) |
| Full Exam  | \$850.00*                 | Repeat of Component \$500.00*                    |
| <p>*Upon receipt of application approval you will be charged the exam fee. The fee is due by a published postmark deadline date of at least 30 days prior to the examination date of March 17, 2012.</p> <p><b>Late Fee</b> <span style="float: right;"><b>\$ 100.00**</b></span></p> <p>**Please note, if application is postmarked after the <b><u>Thursday, January 5, 2012</u></b> deadline, please also remit a \$100.00 late fee. No applications will be accepted that are postmarked after <b><u>Monday, February 6, 2012</u></b>.</p> |                           |  |
| Total Amount to Charge   |                           |  |
| Credit card type   | Card Expiration Date      | Security Code (3 digit # found on back of card)  |
| Name on credit card  |                           | Card Number                                      |

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## Required documentation for submission (Check if attached)

- Please note: **ALL** materials must be submitted by the application deadline

|  |   |
|--|---|
|  | Completed application   |
|  | Two (identical) passport sized photos   |
|  | Copy of DO Degree   |
|  | Copy of AOA approved Internship   |
|  | Notarized copy of Primary Board Certification   |
|  | Copy of current State License(s) – include statement detailing any and all restrictions on your medical license in the state in which you practice  |
|  | Notarized copy of government issued picture identification (example: driver's license)  |
|  | Curriculum Vitae  |
|  | Evidence of AOA membership for the past two (2) years (Copy of AOA membership card or verification letter from Membership)  |
|  | Notarized copy of Undersea and Hyperbaric Medicine Fellowship training certificate (Do not need to provide documentation of the three items listed below). For information on AOA approval of your fellowship, please contact Maria Santiago at 800-621-1773 x 8087. The AOA can not grant your certification until your UHM fellowship is approved.<br><b>OR</b><br>Complete the <b>Alternate Training and Clinical Practice Pathway</b> (Must provide documentation of the three items listed below).                     |
|  | Questions: Each applicant must submit ten (10) multiple choice questions (which must be textually referenced) in the area of Undersea and Hyperbaric Medicine. <b>See page 8 of application for a "Question (Item) Writing Guide."</b> Questions need to be submitted <u>via email</u> to Ellie Kraynak, <a href="mailto:ekraynak@osteopathic.org">ekraynak@osteopathic.org</a> . Each candidate is eligible to receive one 1b Continuing Medical Education (CME) credit for each of the ten (10) test questions submitted. |
|  | Applicable application fee, payable to AOBPM via check or credit card. For credit card payments, see page 2 of the application.   |
|  | <b>Cancellation Fees: Exam fee minus the cancellation fee (below) = refundable amounts</b><br>Cancellation 3 weeks prior to exam: \$100.00<br>Cancellation less than 3 weeks prior to exam: \$200.00<br>Cancellation after start of exam: Entire fee is forfeited   |

## Alternate Training and Clinical Pathway

|  |   |
|--|---|
|  | Notarized documentation of successful completion of a basic course in Undersea and Hyperbaric Medicine approved by either the American College of Hyperbaric Medicine and the Undersea and Hyperbaric Medical Society. US Department of Defense courses will be reviewed on an individual basis. The length of the course must have been at least 40 hours followed by formal assessment. All coursework must be in person, NOT online. |
|  | Documentation of a two-year period of time in which a minimum of 25% of practice time was in the practice of Undersea and Hyperbaric Medicine. Documentation of Undersea and Hyperbaric Medicine research and teaching activities may also be submitted for review. During this two-year period, the practice must be devoted to one or more of the 13 treatment indications of Undersea and Hyperbaric Medicine.                       |
|  | Documentation of supervision of at least 500 treatments (with a distribution across the 13 treatment indications in proportion to the frequency with which they are encountered at the institution).  |

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## APPLICATION STATEMENT

I hereby make application to the AOCUHM for admission to the Certification for Added Qualification (CAQ) examination in Undersea and Hyperbaric Medicine.

I agree that my professional qualifications, 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 anyone acting on my behalf. I agree that the AOCUHM and the AOA shall be the sole judge of my credentials and qualifications for admission to the examination for certification.

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. I also agree, if awarded a CAQ, to maintain the required CME hours, and will forward a copy of the AOA CME printout, every 3 years, to the AOCUHM.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **Return all application materials to:**

Ellen Woods, MSC  
American Osteopathic Board of Preventive Medicine  
142 E Ontario Street, 4<sup>th</sup> Floor  
Chicago, IL 60611-2864

### **Contact us:**

(800) 621-1773, ext. 8229  
[aobpm@osteopathic.org](mailto:aobpm@osteopathic.org)

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## CERTIFICATION 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 Preventive Medicine.

I agree to hold the American Osteopathic Association, the American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine, 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 Conjoint Committee of Undersea and Hyperbaric Medicine 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 Conjoint Committee of Undersea and Hyperbaric Medicine 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 Conjoint Committee of Undersea and Hyperbaric Medicine 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 preventive medicine practice, shall be deemed 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. I agree to full compliance with the information set forth above.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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## APPEALS POLICY

The American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine 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 AOCUHM. In accordance with the policies of the American Osteopathic Association (AOA), candidates for certification may appeal decisions of the AOCUHM 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 AOCUHM SHALL FIRST APPEAL DECISIONS RELATED TO ANY EXAMINATION TO THE AOCUHM AS SET FORTH IN THE FOLLOWING POLICY.**

### I. Scope of Appeal

- A. Appealable Issues. Candidates may appeal to the AOCUHM 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 AOCUHM 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 AOCUHM. Appeal Request Forms are available to all certification candidates on the AOCUHM 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 and oral exams.
- B. Late Appeals. All appeals submitted after the thirty (30) day deadline will be denied.
- C. Evaluation of Appeal. Each appeal submitted on an Appeal Request Form will be considered by the AOCUHM. A majority vote of the Board will determine whether the AOCUHM accepts or denies the appeal.
- D. Notification of Candidates. Candidates will be advised by the AOCUHM within 10 working days 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. 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.
2. 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.
3. 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 AOCUHM 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 AOCUHM 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 AOCUHM, the candidate shall have the right to appeal (within 30 days) to the AOA. Candidates interested in appealing to the AOA should contact Cheryl Gross at the American Osteopathic Association, Department of Education, Division of Certification, and 142 East Ontario St., Chicago, IL 60611.

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**Chair**  
Brian McCrary  
San Antonio, TX

**Vice-Chair**  
Arnold Sokol, DO  
Norrstown, PA

**Members**  
Gary Slick, DO  
Tulsa, OK

**Executive Director**  
Ellen Woods, MSC  
Chicago, IL

**TO:** Candidates for Certification in Undersea and Hyperbaric Medicine

**FROM:** Executive Committee  
American Osteopathic Conjoint Committee of Undersea  
Hyperbaric Medicine

**RE:** Appeals Policy for Certificate of Added Qualifications in  
Undersea and Hyperbaric Medicine

As required by the American Osteopathic Association (AOA) Bureau of Osteopathic Specialists (BOS), it is the responsibility of the American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine (AOCUHM) to offer all candidates a primary appeal mechanism prior to pursuing those appeal mechanisms offered by the BOS Bureau of the Osteopathic Specialists and/or the AOA Board of Trustees.

Acknowledgement of your receipt of the AOCUHM Appeal Policy is required prior to sitting for the certification examination and is verified by your signature below.

I, (print name) \_\_\_\_\_  
acknowledge receipt of the AOCUHM examination Appeal Policy.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## Question (item) Writing Guidelines For the American Osteopathic Board of Preventive Medicine for both Certification and Recertification Examinations<sup>1</sup>

1. All questions (items) should be multiple choice. These can be of two types: One-best-answer; and Matching
  - a. One-Best-Answer items involve a question or incomplete statement followed by five possible answers. We prefer 5 equally plausible answers, if possible. Only one of the answers is correct. These one-best-answer type of questions can, in turn, be of two types:
    - i. Single items or
    - ii. Cases.
      1. A SINGLE ITEM is independent of all other items. That is to say, it stands alone and the answer is dependent only the information contained in the question stem itself.
      2. A CASE is a group of one-best-answer items preceded by a header, or introduction, which sets up a scenario to be used in completing a group of items that follow the scenario.
        - a. Each item should be dependent on the case history;
        - b. Each item should NOT give away the answer to any other item
    - b. A Matching set includes a list of similar words or phrases (distractors) followed by numbered items (Case Scenarios) to be matched.
      - i. Matching sets can contain 5 answers
      - ii. The answers should be alphabetized
      - iii. You DO NOT have to have the same number of items as possible answers
      - iv. Each answer may be used once, more than once, or not at all.
  2. We require the content of the questions to be:
    - a. Generally accepted as correct
    - b. Appropriate for Residency trained individuals
    - c. Verifiable with standard medical publications
    - d. Consistent with the current standard of care
  3. General Guidelines
    - a. The question stem must lead to one specific answer
    - b. DO NOT test the concept of “which one is not like the others”. This means DO NOT use stems including the words EXCEPT, LEAST, or NOT
    - c. Please avoid using the terms ALWAYS, NEVER, FREQUENTLY, AND RARELY.

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- d. We do not accept items that use as possible answers: "All of the above", "none of the above", "A and B are both correct (or other combinations).
- e. Try not to teach in the stem of the question. AVOID the use of unnecessary information.
- f. If Osteopathic terminology is to be used, it should be referenced to the latest copy of the *Glossary of Osteopathic Terminology* prepared by the Educational Council on Osteopathic Principles of the AACOM.
- g. Include the correct answer
- h. THE SOURCE OF THE CORRECT ANSWER MUST BE INCLUDED AT THE BOTTOM OF THE QUESTION. Identify the source, author, page, and publisher. Information should be sufficient enough to enable one to locate the source and to verify the answer.

## Examples

### 1) One-Best-Answer

The major environmental source of lead absorbed in the human blood stream in adults is:

- a. Air
- b. Food
- c. Lead-based paint
- d. Soil
- e. Water

Correct answer is a.  
Source\_\_\_\_\_

The phrase "The major environmental source of lead absorbed in the human blood stream in adults is:" is called the stem of the question. The responses a,b,c,d,e are each called a distractor or an answer. There must be only one correct answer.

### 2) Case study

You are asked to do a prospective surveillance of nosocomial infections in a local hospital.

1. Based on national data, you expect the incidence of nosocomial infections to be
  - a. <1%
  - b. 1-2%
  - c. 3 – 5%
  - d. 6-8%
  - e. 9-10%

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2. You expect the most common site of infection to be

- a. Urinary Tract
- b. Surgical wounds
- c. Respiratory tract
- d. Blood stream
- e. Gastrointestinal Tract

Correct Answer 1c 2 a  
Source(s) \_\_\_\_\_

Both the above questions refer to nosocomial infections in a hospital. The first question does not influence the second question. All questions have the correct answer shown

3) Matching

For each item listed below select one lettered option, that is most closely associated with it. Each lettered option may be selected once, more than once, or not all.

Please match the researcher for whom each theory is most likely to be associated.

- 1. The distribution of consumption model, which showed that minor variations in availability of alcohol has no effect on consumption.
- 2. A psychoanalytic theory that states that drug use might represent an attempt to cope with painful emotions.

- a. De lint
- b. Horton
- c. Khantzian
- d. Rado
- e. Smart

Correct answer 1a 2d  
Source \_\_\_\_\_

The statements numbered 1 and 2 above are considered phrases against which the possible answers are to be matched. Options a through e are the answers (or distractors). Notice that there are more possible responses than questions. This is permissible.

<sup>1</sup> Adapted from the National Board of Osteopathic Medical Examiners Item Writing Guide. 1999, National Board of Osteopathic Medical Examiners