

**APPLICATION TO DETERMINE
CERTIFICATION OF ADDED QUALIFICATION
(CAQ) ELIGIBILITY AND REQUEST
TO SIT FOR EXAMINATION IN
UNDERSEA AND HYPERBARIC MEDICINE**

*Applications must be received by January 15 for exams in the Spring and by August 15 for exams in the Fall
PLEASE NOTE: ALL MATERIALS MUST BE SUBMITTED BY THE APPLICATION DEADLINE*

TYPE OR PRINT LEGIBLY			
			DATE: _____
Last Name	First	Middle	
Home Address	City	State	Zip Code
Office Address	City	State	Zip Code
E-mail Address			
Mailing Address - Use Home _____ or Office _____			
Home Telephone Number ()	Office Telephone Number ()	Date of Birth: (Month - Day - Year)	
AOA Membership Number And Effective Date	Cell Phone Number ()	CAQ Interest in (Check One): ___ Undersea and Hyperbaric Medicine	
REQUIRED DOCUMENTATION AND OTHER REQUIRED ELEMENTS FOR SUBMISSION (Check if attached)			
<input type="checkbox"/> Notarized Copy of DO Degree	<input type="checkbox"/> Notarized copy of Primary Board Certification		
<input type="checkbox"/> Notarized copy of AOA approved Internship	<input type="checkbox"/> Notarized copy of a wholly unrestricted valid state license to practice osteopathic medicine		
<input type="checkbox"/> Notarized copy of government issued picture identification (example: driver's license)	<input type="checkbox"/> Curriculum Vitae		
<input type="checkbox"/>	<input type="checkbox"/>		

<p>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.</p> <p style="text-align: center;">Or</p> <p>Completed the Alternate Training and Clinical Practice Pathway (Must provide documentation of the three items listed below).</p>	<p>Check payable to AOBPM</p> <p>Credit Card payments are welcome. Please call 1-800-621-1773 x 8229.</p>
	<p>Two (identical) passport sized photos</p>
	<p>Questions</p> <p>Each applicant must submit ten (10) multiple choice questions (which must be textually referenced) in the area of Undersea and Hyperbaric Medicine. See "item writing guide" on the AOCUHM site for more information.</p>

Alternate Training and Clinical Practice Pathway

<p>Notarized documentation of successful completion of a basic course in Undersea and Hyperbaric Medicine approved by either the American College of Hyperbaric Medicine, the Undersea and Hyperbaric Medical Society, or the US Department of Defense. The length of the course must have been at least 40 hours followed by formal assessment.</p>	<p>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).</p>
<p>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.</p>	<p>Questions</p> <p>Each applicant must submit ten (10) multiple choice questions (which must be textually referenced) in the area of Undersea and Hyperbaric Medicine. See "item writing guide" on the AOCUHM site for more information.</p>

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 Committee and that the Committee may make inquiry of institutions named in this application 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 one 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 and 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.

Signature

Date

RETURN APPLICATION MATERIALS TO:

**AOBPM
c/o AOA
142 E. Ontario Street
Chicago, IL 60611-2864**

ELIGIBILITY APPLICATION FEE

\$250.00

EXAMINATION FEE

\$850.00

TOTAL TO REMIT

\$1100.00

CREDENTIALS COMMITTEE ACTION

CAQ ELIGIBILITY: _____ APPROVED
_____ DISAPPROVED

COMMENTS/EXPLANATION:

EFFECTIVE DATE OF REGISTRATION: _____ DATE OF TERMINATION: _____

CHAIRMAN'S SIGNATURE _____ DATE _____

EXAMINATION COMMITTEE ACTION

DATE OF EXAMINATION _____ PLACE OF EXAMINATION _____ EXAMINATION NUMBER _____

GRADES: _____ [] PASS
ESSAY _____ MULTIPLE CHOICE _____ [] FAIL

EXAMINER(S):
1. _____ 2. _____ 3. _____

CHAIRMAN'S SIGNATURE _____ DATE _____

CAQ 9/09

American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8229 - Fax (312) 202-8422 - www.aocuhm.org

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 Association.

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: _____

APPEALS POLICY OF THE
AMERICAN OSTEOPATHIC CONJOINT COMMITTEE
OF UNDERSEA AND HYPERBARIC MEDICINE

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 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 Committee will determine whether the AOCUHM accepts or denies the appeal.
- D. Notification of Candidates. Candidates will be advised by the AOCUHM 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. 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.)
 - 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 Committee.
 - 3. 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 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 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.

American Osteopathic Conjoint Committee of Undersea and Hyperbaric Medicine

142 East Ontario Street - Chicago, IL 60611 - Phone (312) 202-8229 - Fax (312) 202-8422 - www.aocuhm.org

Chair

Col Daniel K. Berry, DO, MS, PhD
Olathe, KS

Vice-Chair

Arnold Sokol, DO
Blue Bell, PA

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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 and
Hyperbaric Medicine

RE: Appeal 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)