INFORMATION FOR BOARD EXAMINATION

Applicants,

The Board Certification exams for Clinical Neurosurgery, Clinical Orthopaedic Surgery, Spinal Surgery and Clinical Neurology authorized by the American Federation of Medical Accreditation and administered by the American Academy of Neurological and Orthopaedic Surgeons (AANOS) are taken online. The above examinations can be taken in the convenience of your own home, office or wherever Internet access is available. The exams can also be scheduled to fit your busy practice, even on weekends or holidays.

To be eligible, you must have successfully completed the following education and training or its equivalent and supply supporting documentation:

1. Medical School
2. Internship
3. 1 yr. General Surgery residency
4. Residency program in specialty of the certification for which you are applying
    a. For Neurosurgery, Orthopaedic Surgery and Spinal Surgery four years of residency is required.
    b. For Neurology, a 3-yr. residency is required.
5. A minimum of 25 case reports must be submitted where applicant is primary provider. Additional case reports will be required if residency training is not in the USA. Cases may be used for oral exam. See website for more details related to these requirements.

To take the examinations online, the following **minimum** system specifications are recommended:

1) High speed cable or DSL Internet Connection
2) Windows XP Operating System (Mac OS X also acceptable)
3) Either Internet Explorer 8, Firefox or Google Chrome Browser

To find out more, call us at (312) 787-1608.

Sincerely,

Lucia Zamorano, MD, FAANOS, FICS
Chair of the Board, American Academy of Neurological & Orthopaedic Surgeons

You may take any of the board examinations after you pay the application fee; however if we find your training to be deficient and you do not send us the appropriate training certificates and CV, you may not be allowed to take the exam. Please verify that you are qualified before completing this application since your payment may be forfeited.

The American Federation for Medical Accreditation (AFMA) and the American Academy of Neurological and Orthopaedic Surgeons will not be held liable for any actions resulting from the use of the Board Certifications issued.

The AFMA and the AANOS make no limitations and warranties, neither expressed nor implied. No guarantees are made on the physician's ability to use the board certifications in certain situations. The credentialing body always has the right to final judgement. Your certificate will be issued for your practice in the country from which you are applying. Only US applicants will receive a US certification.

American Federation for Medical Accreditation

Application for Board Certification

(In order to take the Board Examination Online, you must be familiar with the attached addendum.

Please fill out this form completely and return with all requested documents to:

1524 N. Lake ShoreDrive
Chicago, IL 60610
Email: aanos1977@gmail.com

Board Exam Application for:

❒ American Board of Clinical Neurological Surgery
❒ American Board of Clinical Orthopaedic Surgery
❒ American Board of Spinal Surgery
❒ American Board of Clinical Neurology

Fees Enclosed:

All fees must be enclosed with the application for processing. Only members of The American Academy of Neurological and Orthopaedic Surgeons qualify for the AFMA board examinations.

❒ Application and Exam Fees $ 1,850.00

Send check (payable to A.A.N.O.S.) to the address above or call (312) 787-1608 to pay by Visa/Mastercard/AMEX.

Contact Information:

Name _____ Degree _____

Bus. Address _____

Bus.Phone _____ Bus. Fax _____ Email _____

Date of Birth _____ Primary Specialty _____ Secondary Specialty _____

Medical Education

Names, Addresses and dates of attendance must be provided.

Medical School: _____

Internship: _____

General Surgery: _____

Residency (Only 3 Yrs. required for Neurology Board Examination)
Include Hospital Name, complete address and dates of service. Residency Certificates must be attached.

1st Year : _____

2nd Year : _____

3rd Year : _____

4th Year : _____

Please Answer the following

If the answer to any question below is yes, please explain on your business letterhead and attach it to this application.

1. Have you ever had your medical license, pharmacy or DEA license reclassified, suspended, restricted or revoked?	❒ Yes	❒ No
2. Have you had a physical, emotional, alcohol / substance abuse problem that may impair your judgement or performance?	❒ Yes	❒ No
3. Have you been subject to a disciplinary action by a medical society, hospital, or board?	❒ Yes	❒ No
4. Have your priviledges, medical or surgical, been revoked or curtailed by any hospital?	❒ Yes	❒ No

Peer Recommendations

To Complete this application, please enclose two letters of recommendation from colleagues in your specialty. The letters must be on their letterhead with verifiable contact information. The letters also must include dates of practice observation and signature.

Required Enclosures and Attachments Checklist

Please be sure all items are checked and included in your application packet

❒ Fees $1,850.00
❒ Signed Application
❒ Peer Recommendation Letters (2)
❒ Medical School Certificate
❒ Training & Residency Certificates
❒ CV or Resume
❒ *150 hrs. CME (last 3 yrs.)
❒ Case Reports (25)

* (CME only required for United States applicants.)

I hereby certify that under the penalty of perjury by law, the aforementioned are all true and there is no ill intent or bad faith involved in my application for membership. I also understand that any falsifications of reports, misrepresentations of material, significant omissions, dishonesty, forgery, and unethical practices will automatically render my application null and void. I agree to indemnify, release and hold harmless the American Federation of Medical Accreditation (AFMA) and its agents of any torts by reason of their acts or omissions regarding my application. I authorize full investigation of my application. My signature below is an authorization to anyone to release information you may request on me to help the AFMA make an accurate assessment and/or evaluation of me.

Signature Implied by Submitting This Form online

Signature Date

The AFMA and the AANOS accept qualified physicians of any race, color, national origin, sex, age, handicap or religious preference in its educational program, activities, and employment as required by the Civil Rights Act of 1964 and the Amendments including Title IX of the Educational Amendments of 1972.