

# AOA PROGRAM DIRECTOR CHANGE FORM



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

New Program Director appointments for AOA approved osteopathic graduate medical education (OGME) programs must be approved by the appropriate Specialty College Evaluating Committee (SPEC) and acknowledged by the AOA Division of Postdoctoral Training. The AOA Program and Trainee Review Council (PTRC) is advised of all such acknowledgements.

Please send this form, a copy of the candidates current CV, and an appointment letter signed by either the CEO or Director of Medical Education (DME) to your OPTI to submit to the AOA via FileWorks. Please contact your OPTI for more information.

## BASIC INFORMATION

Name of the Proposed Program Director	Effective Date of Appointment	
Program Name	AOA Program ID Number	Program Specialty

## QUALIFICATIONS

The following are minimum qualifications for the position of Program Director as listed in the *AOA Basic Document for Postdoctoral Training Section VI, C*. Specialty specific basic standards may have additional position requirements that must be adhered to. Please be sure to review the relevant specialty specific standards - <http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Pages/default.aspx>.

### PLEASE MARK THE CORRESPONDING CHECK BOX TO INDICATE THAT THE CANDIDATE MEETS THE QUALIFICATION

1. Holds a DO degree (or MD degree if documented that qualified DO is not available)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Certification in the appropriate specialty by the AOA or ABMS Board Certified (if ABMS certified please include a copy of your certificate)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has practiced in the appropriate specialty area for a number of years, as determined by the specialty college/ academy (refer to the specialty specific standards)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Minimum of three years experience as teaching faculty in an AOA or ACGME accredited training program	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Maintains clinical practice and teaching involvement in the respective specialty	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Attitudinally suited to conduct a training program.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Meets the Continuing Medical Education (CME) requirements of the AOA	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Meets any and all specialty specific requirements as defined in the relevant specialty basic standards	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Maintains membership in AOA and appropriate Specialty College	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. You may request a waiver of qualifications where exceptional circumstances exist. If you believe that exceptional circumstances exist you may submit a letter requesting special consideration. The letter must explain the exceptional circumstance and identify the qualification(s) that are not being met. It must also explain how the program plans to come into compliance with the standard. The letter must be signed by the DME, Hospital CEO or OPTI Officer and be submitted with this form. If the DME is the candidate then he/ she may not be the signor.	<p><b>Special request letter is included:</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Signature of CEO or DME (if the DME is the candidate then he/ she may not sign this form)	Printed Name and Title
Signature of OPTI Officer	Printed Name and Title