



AOA Training Pathway

Beginning January 2018, any physician who satisfactorily completed 36-months of training in an AOA-accredited family medicine residency program, or an AOA-accredited family medicine residency program that has received ACGME accreditation or pre-accreditation, is eligible to apply for initial Family Medicine Certification with ABFM. Qualifying candidates have a board eligibility period to gain initial certification that expires 1) seven years from January 1, 2018 if training was completed before this date or 2) seven years from the date of successful, verified completion of AOA-accredited family medicine residency training for those completed training on or after January 1, 2018.

Qualified candidates must meet the following AOA Training Pathway requirements within three calendar years of starting the process. Candidates who initiate the process, but do not gain initial ABFM certification within three calendar years will be required to complete the [Certification Entry Process](#) to gain certification, provided they are still within their seven-year period of board eligibility.

- Completion of a 36-month AOA-accredited family medicine residency training program or an AOA-accredited family medicine residency program that has received ACGME accreditation or pre-accreditation.
- Completion of ABFM-approved self-assessment and performance improvement requirements prior to completing the online application process for the certification examination:
 - Minimum of one (1) Knowledge Self-Assessment Activity
 - Minimum of one (1) Performance Improvement Activity with Patient Population
 - Minimum of 50 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities
- Application for and successful completion of the Family Medicine Certification examination
- Compliance with ABFM [Guidelines](#) for Professionalism, Licensure, and Personal Conduct which includes holding medical license(s) which meet the licensure requirements of the Guidelines

Candidates who do not gain initial ABFM certification by the expiration of their seven-year period of board eligibility may obtain an additional seven-year board eligibility period by completing one year of additional training in an ACGME-accredited Family Medicine residency training program (or an ABFM-approved alternative).

Note: Physicians who completed family medicine residency training programs that were *dually accredited* by AOA and ACGME follow the traditional pathway for initial certification and are subject to ABFM's standard policy for [board eligibility](#).

Instructions

Qualified candidates must complete the form that follows and submit to Erik Tousseau via one of the following:

Email	Fax	Mail
etousseau@theabfm.org	859-335-7516 (ATTN: Erik Tousseau)	ATTN: Erik Tousseau American Board of Family Medicine 1648 McGrathiana Parkway, Suite 550 Lexington, KY 40511

Once the completed form has been submitted, candidates will be contacted within 5-7 business days with further details regarding next steps in the certification process.



Osteopathic Residency Training Pathway Form

Personal Information

Last Name: _____ Last 4 Digits of Social Security Number: _____
First Name: _____ Date of Birth: _____
Middle Name: _____ Gender: Male Female
Email Address: _____
Daytime Phone: _____ Work Home Mobile

Medical School Training Information

Program Name: _____
Completion Date: _____ (mm/dd/yyyy)

Residency Training Information

Program Name: _____
AOA Program Number: _____ (if available)
Program Address: _____
Program Phone: _____

<u>Residency Training Year</u>	<u>Start Date</u> (mm/dd/yyyy)	<u>End Date</u> (mm/dd/yyyy)	<u>Months of Training</u> <u>Successfully Completed</u>
PGY-1			
PGY-2			
PGY-3			

**If your residency training requires further explanation due to unique circumstances (extended duration, extended leave, multiple programs, etc.), please provide details on the Additional Notes page.*

Attestation

Program Director Email: _____ Phone: _____
Program Director Name: _____
(type or print)
Program Director Signature: _____ Date: _____

Submit completed form to Erik Tousseau via one of the following:

<u>Email</u>	<u>Fax</u>	<u>Mail</u>
etousseau@theabfm.org	859-335-7516 (ATTN: Erik Tousseau)	ATTN: Erik Tousseau American Board of Family Medicine 1648 McGrathiana Parkway, Suite 550 Lexington, KY 40511

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Additional Notes: This page may be used to include additional notes regarding requirements.
