

ADDENDUM FOR ONLINE BOARD EXAMINATIONS

Dear Doctors,

Available for the first time, the Board Certification exams for Clinical Neurosurgery, Clinical Orthopaedic Surgery, Spinal Surgery and Neurology from the American Federation of Medical Accreditation can be taken online. Now, any of the above examinations can be taken at 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 completed the following in your native country:

1. Medical School
2. Internship, if required in your country
3. 1 yr. General Surgery, if required in your country
4. Residency program, if required in your country
  - a. For Clinical Neurosurgery, Orthopaedic Surgery and Spinal Surgery four years of residency is required (US)
  - b. For Neurology, a 3-yr. residency is required.

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

- 1) Internet Explorer 5.00
- 2) 32 MB RAM
- 3) 56 k modem connection
- 4) OS Windows 98, NT or higher
- 5) Pentium 200 MHz

Currently, we have board certified physicians in the following countries: Australia, Japan, Germany, India, Philippines, Italy, South American, North American countries and other parts of the world.

To find out more, call us at (702) 388-7390.

Sincerely,

Professor Kazem Fathie, M.D., F.I.C.S., F.A.C.S., Ph.D.  
Chairman of the Board, American Academy of Neurological and Orthopaedic Surgeons

A) 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 granted the board certificate. Please verify that you are qualified before completing this application since your payment may be forfeited.

B) The American Academy of Neurological and Orthopaedic Surgeons will not be held liable for any actions pending from the use of our Board Certifications. The American Academy of Neurological and Orthopaedic Surgeons makes no limitations and warranties, neither expressed nor implied. No guarantees are made on the physicians 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 of Medical Accreditation

*Under the authority of The American Academy of Neurological and Orthopaedic Surgeons*

## Application for Board Certification

(If you plan 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:

10 Cascade Creek Lane  
Las Vegas, NV 89113  
Email: [aanos@aanos.org](mailto:aanos@aanos.org)

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### Board Exam Application for:

- |  |   |
|--|---|
| <input type="checkbox"/> American Board of Clinical Neurological Surgery | <input type="checkbox"/> American Board of Spinal Surgery     |
| <input type="checkbox"/> American Board of Clinical Orthopaedic Surgery  | <input type="checkbox"/> American Board of Clinical Neurology |

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### Fees Enclosed:

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

- |  |             |
|--|-------------|
| <input type="checkbox"/> Application Cost, Including Exam Fees | \$ 1,850.00 |
|--|-------------|

Send Check to the above address or call (702) 388-7390 to pay by Visa or Mastercard.

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### Contact Information:

Name \_\_\_\_\_ Degree \_\_\_\_\_

Bus. Address \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Bus. Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Specialty \_\_\_\_\_ Secondary Specialty \_\_\_\_\_

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### 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you had a physical, emotional, alcohol / substance abuse problem that may impair your judgement or performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been subject to a disciplinary action by a medical society, hospital, or board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have your privileges, medical or surgical, been revoked or curtailed by any hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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**

To Complete

- Fees \$1,850.00
- Signed Application
- Peer Recommendation Letters (2)
- \* (CME only if required for United States applicants.)
- Medical School Certificate
- Training & Residency Certificates
- CV or Resume
- \*150 hrs. CME (last 3 yrs.)

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 American Academy of Neurological and Orthopaedic Surgeons admits students 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.