

# Osteopathic Recognition Update

Session: SES114

*Presentation Date: February 22, 2025*

# Conflict of Interest Disclosure

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## Speaker(s):

Joanne Baker, DO – Chair, Osteopathic Recognition Committee  
Tiffany Moss, MBA – ACGME Executive Director

## Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Introductions



***Joanne Baker, DO***  
***Chair, Osteopathic  
Recognition Committee***



***Tiffany Moss, MBA***  
***ACGME Executive Director***

# Objectives

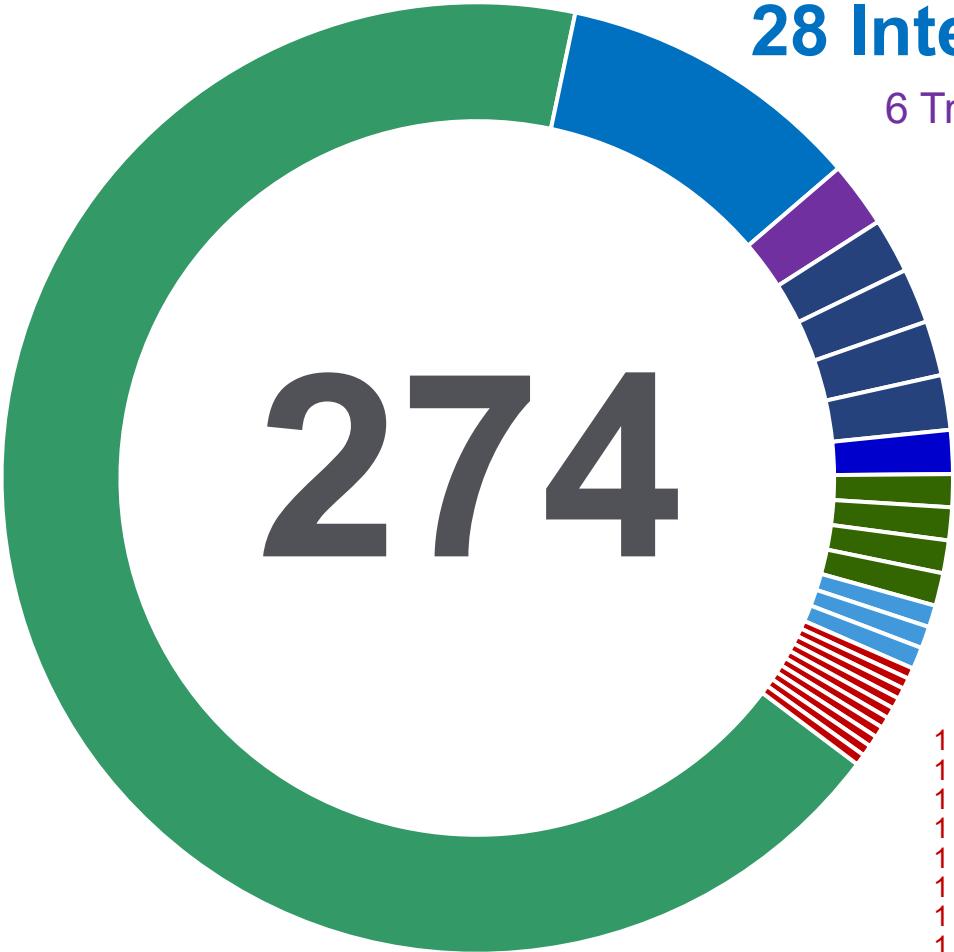
- Review Osteopathic Recognition program statistics
- Discuss committee announcements and updates
- Identify the top five areas of citations/Areas for Improvement (AFIs)
- Review the Osteopathic Recognition resources



# Program Statistics

# Number of Programs with Osteopathic Recognition (by Specialty)

187  
Family  
Medicine



28 Internal Medicine

6 Transitional Year

5 Emergency Medicine

5 Orthopaedic Surgery

5 Sports Medicine (Family Medicine)

5 Surgery

4 Obstetrics and Gynecology

3 Anesthesiology

3 Dermatology

3 Otolaryngology – Head and Neck Surgery

3 Physical Medicine and Rehabilitation

2 Cardiovascular Disease

2 Hospice and Palliative Medicine

2 Psychiatry

1 Allergy and Immunology

1 Geriatric Medicine

1 Internal Medicine-Pediatrics (Combined)

1 Neurology

1 Neurological Surgery

1 Ophthalmology

1 Pediatrics

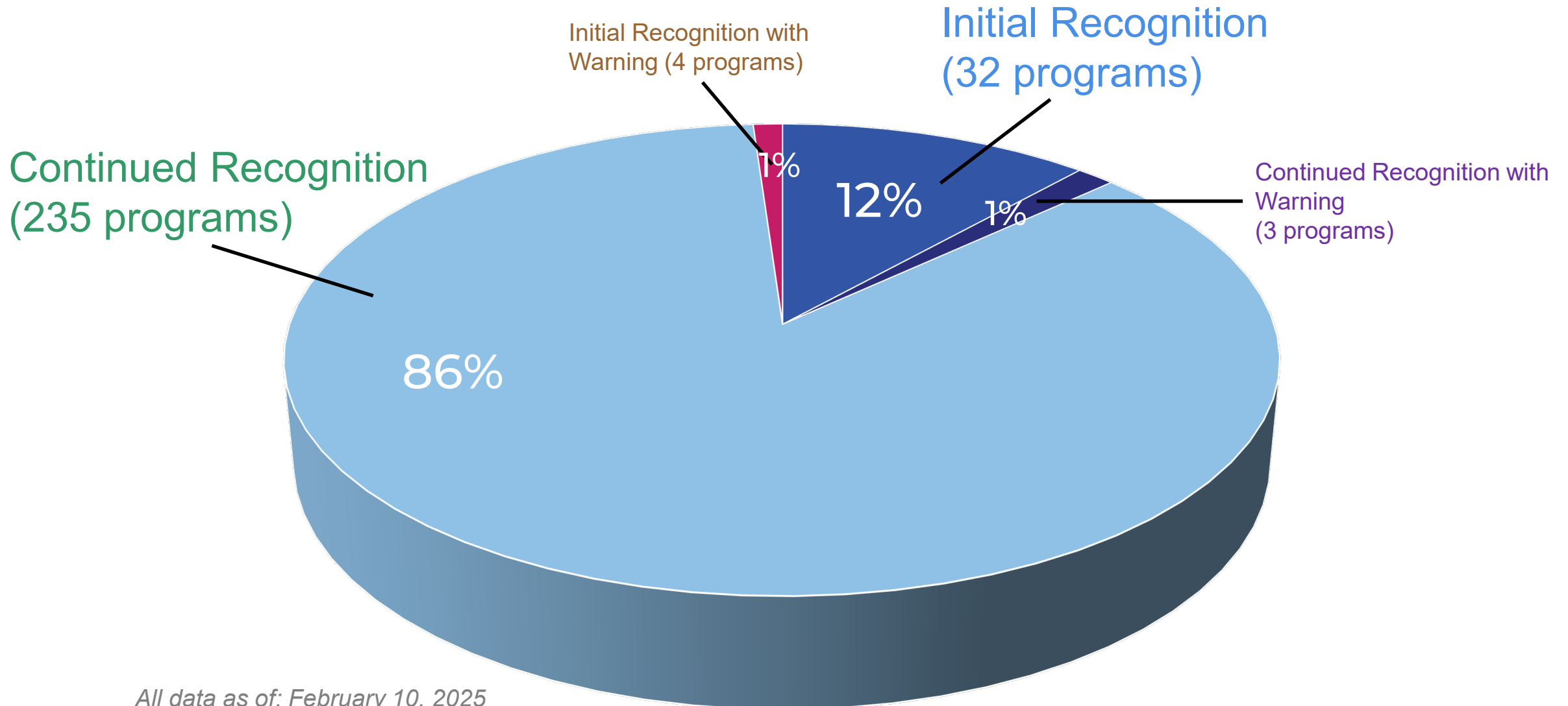
1 Pediatric Sports Medicine

1 Plastic Surgery

1 Pulmonary-Critical Care Medicine

1 Urology

# Number of Programs with Osteopathic Recognition (by Status)



*All data as of: February 10, 2025*

# Committee and Staff Composition Updates



# New Osteopathic Recognition Committee Staff Member



**Kayla Stroner**  
Senior Accreditation Administrator

# Committee Leadership



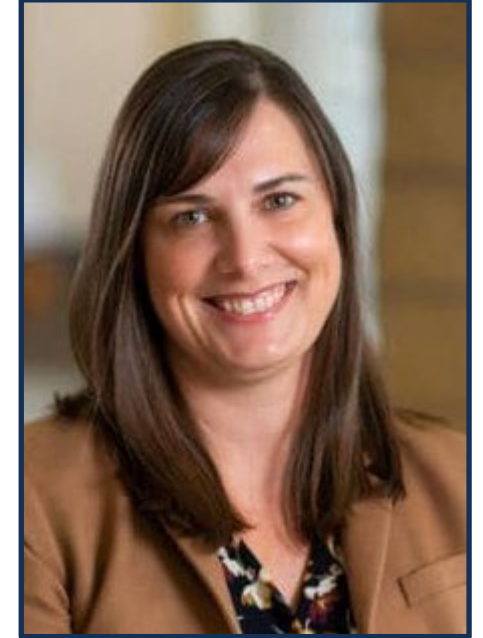
**Joanne Baker, DO**  
Chair



**James Arnold, DO**  
Vice Chair



**Dominique Fons, MD**  
Executive Committee  
Member



**Erin Westfall, DO**  
Executive Committee  
Member

# Osteopathic Recognition Committee Members



Joanne Baker, DO, FACOI, FACP,  
FAODME, FHM  
*Chair*



James J. Arnold, DO, FACOFP, FAAFP  
*Vice Chair*



Kyle Sherwin, DO  
*Resident Member*



Ken R. Coelho, DHSc, MSc, FRSPH  
*Public Member*



Sarah Carroll, DO, Maj, USAF, MC



John Casey, DO, MA, FACOEP, FACEP



Kristen Conrad-Schnetz, DO



J. Michael Finley, DO



Jeremy Fischer, DO



Dominique Fons, MD, MEd, FAAFP



Yvette M. Gross, DO



Jacklyn D. Kiefer, DO, FAMSSM



Albert J. Kozar, DO, FAOASM, R-MSK



Katheryn C. Norris, DO



Erin Westfall, DO, FACOFP



Kathleen Sweeney, DO, FAAFP, FACOFP



Ryan Zimmerman, DO, FACOI, FACP

# Departing Members

Thank you to the following Osteopathic Recognition Committee members with a term ending June 30, 2025:

James Arnold, DO

Albert Kozar, DO



# Incoming Members

The following new Osteopathic Recognition Committee members will start their term July 1, 2025:

Marta Bringhurst, DO

Shawna Duncan, DO

# Public Member Search

- Search for the next public member of the committee will begin the summer of 2025 and will be announced in the ACGME *e-Communication*.
- The next public member will begin their term July 1, 2026, and serve a six-year term.
- Candidates must not be physicians and must not be employed by an ACGME-accredited Sponsoring Institution or work in medical education.



# Frequent Areas of Citations/AFIs

# Top Five Areas of Citations and AFIs

- Appointment Policy
- Faculty Development
- Osteopathic Manipulative Medicine (OMM) Learning Activities
- Assessment of Skill Proficiency in Osteopathic Manipulative Treatment (OMT)
- Final Evaluation





# Appointment Policy

Question	Answer
<p>What does a program with Osteopathic Recognition need to include in its eligibility policy?</p> <p><i>[Recognition Requirement: II.C.-II.C.1.]</i></p>	<p>The committee expects that programs with Osteopathic Recognition will specify in an eligibility policy the minimum prerequisite requirements to be completed prior to entry into a designated position. Prerequisite requirements for each of the following types of applicants must be individually delineated within the policy, including:</p> <ul style="list-style-type: none"><li>• graduate of a Commission on Osteopathic College Accreditation (COCA)-accredited college of osteopathic medicine (COM) who holds a DO degree</li><li>• graduate of a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME)</li><li>• graduate from a medical school outside of the United States or Canada</li></ul> <p>Though it is expected that graduates of a COCA-accredited COM (with a DO degree) demonstrate sufficient background and/or instruction to enter a designated osteopathic resident position, physicians who have not graduated from a COCA-accredited COM must be expected to demonstrate some level of preparation prior to entry into a designated osteopathic resident position. It is through the program's eligibility policy that a program will demonstrate it requires an adequate level of preparation of all applicants prior to entry into a designated osteopathic resident position.</p> <p>Additionally, the policy should:</p> <ul style="list-style-type: none"><li>• use terminology consistent with the Osteopathic Recognition Requirements (i.e. designated osteopathic resident)</li><li>• clearly state when a resident may be designated (i.e., upon matriculation into the program, six months after matriculation into the program, etc.)</li><li>• identify what is required prior to designation (i.e., prerequisite requirements)</li><li>• include all medical school types, including graduates of COCA-accredited COMs</li></ul>

# Appointment Policy

Key parts:

- Specify medical school graduates that are accepted.
- Clearly identify what is required of a resident (based on medical school) prior to matriculation.
- State when residents matriculate into designated positions in the program (e.g., at matriculation into the program, within the first six months of the program).

# Appointment Policy

## Reminders:

- Terminology must align with the requirements. (No references should be made to a “track.” Instead, programs should refer to “designated osteopathic residents.”)
- Programs that previously utilized the CORRE exam should ensure references to it have been removed from their policy.
- Update medical school references to align with Common Program Requirements changes effective July 1, 2025.

# Current Common Program Requirement Language

## **III. Resident Appointments**

### **III.A. Eligibility Requirements**

**III.A.1. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: <sup>(Core)</sup>**

**III.A.1.a) graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, <sup>(Core)</sup>**

**III.A.1.b) graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications: <sup>(Core)</sup>**



# Common Program Requirement Language Effective July 1, 2025

## III. Resident Appointments

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III.A.1.b) graduation from a medical school outside of the United States ~~or-Canada~~, and meeting one of the following additional qualifications: <sup>(Core)</sup>

# Faculty Development

- I.B.4. Osteopathic faculty members must:
  - I.B.4.a) annually participate in a structured faculty development program that includes OPP; <sup>(Core)</sup>
  - I.B.4.a).(1) This program must include ongoing education addressing evaluation and assessment in competency-based medical education. <sup>(Core)</sup>

# Faculty Development

IV.B.2. The program must:

IV.B.2.c) ensure the annual availability of structured faculty development for osteopathic faculty members that includes OPP and ongoing education addressing evaluation and assessment in competency-based medical education. <sup>(Core)</sup>

# Faculty Development

<p>What does the committee consider “faculty development”?</p> <p><i>[Recognition Requirements: I.B.4.-I.B.4.a).(1)]</i></p>	<p>The Committee views faculty development as a structured program of regularly scheduled development activities designed to enhance the effectiveness of teaching, administration, leadership, scholarship, and the clinical and behavioral components of the osteopathic faculty members’ performance. It is important to note that the faculty development program should include an integration of OPP throughout the scheduled activities.</p> <p>A faculty development program may be offered using local resources.</p>
<p>How frequently should faculty development that integrates OPP occur?</p> <p><i>[Recognition Requirements: I.B.4.-I.B.4.a).(1), IV.B.2.c)]</i></p>	<p>It is suggested that faculty development integrating OPP occur at least annually and should incorporate evaluation and assessment of competence in medical education.</p>
<p>Does attendance at a conference or meeting where AOA CME credit is earned qualify as faculty development?</p> <p><i>[Recognition Requirements: I.B.4.-</i></p>	<p>Conferences and meetings where AOA CME credit or ACCME CME credit are earned do not <i>necessarily</i> qualify as faculty development; the conference or meeting must meet the definition of osteopathic faculty development as previously specified to qualify.</p>



# Faculty Development

- Must be provided to all osteopathic faculty members and not just core osteopathic faculty members.
- Must incorporate Osteopathic Principles and Practice (OPP) and occur annually.
- Must attend an actual session that incorporates OPP and not just a meeting coordinated by an osteopathic organization.
- Does not need to be a session that is CME eligible.

# Faculty Development

- A session that is eligible for American Osteopathic Association (AOA) CME does not automatically satisfy the requirement.
- Programs and institutions are responsible for providing and ensuring completion.

# OMM Learning Activities

## IV.A. Experiences

Programs must:

- IV.A.4. provide learning activities to advance the procedural skills acquisition in OMM for both designated osteopathic residents and osteopathic faculty members; <sup>(Core)</sup>

# OMM Learning Activities

- Programs and institutions are responsible for providing and ensuring completion.
- Must include all osteopathic faculty members and not just core osteopathic faculty members.
- Must be a live, in-person, and hands-on OMT activity.
- Watching a video or reviewing a journal article about OMT does not satisfy this requirement.
- Must occur annually.



# Assessment of Skill Proficiency in OMT

How frequently does the Committee expect programs to administer an assessment of skill proficiency in OMT?

*[Recognition Requirements: V.A.2.h) and V.A.2.h).(2)]*

The frequency of administration of an assessment of skill proficiency in OMT will be dependent on the assessment process defined by the program. If the program utilizes a single comprehensive assessment of skill proficiency in OMT, such as a mock practical board examination, it would be acceptable for the assessment to occur once during the program. If the program utilizes an assessment that is comprised of a series of longitudinal assessments (e.g., standardized OMT skill observation and evaluation) that equate to a comprehensive assessment of skill proficiency, then the assessment will need to occur multiple times during the program as defined by the program's established assessment process.

# Assessment of Skill Proficiency in OMT

- Program must develop an assessment process that includes direct observation of patient encounters with feedback through a standardized evaluation form.
- Examples of the acceptable standardized evaluation forms: mock practical board examination, OSCE, mini-CEX.
- Should cover a range of OMT techniques, as applicable to the specialty/ subspecialty.

# Final Evaluation

V.A.3.c)

The final evaluation must:

V.A.3.c).(2)

document the resident's performance related to the application of OPP in each of the ACGME Competencies during the final period of education; and, <sup>(Core)</sup>

V.A.3.c).(3)

verify that the designated osteopathic resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and to apply OPP to patient care. <sup>(Core)</sup>

# Final Evaluation

<p>How can a program's final evaluation be updated to include documentation of a resident's performance related to the application of OPP in each of the ACGME Competencies?</p> <p><i>[Recognition Requirements: V.A.3.c).(2).]</i></p>	<p>A section may be added to the program's existing final evaluation that includes an assessment of the application of OPP in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The application of OPP must be assessed for each competency area individually. The format of this evaluation section may vary.</p> <p>Example:</p> <table><tr><th>Competency</th><th>Description</th><th>At expected level for graduation</th><th>Below expected level for graduation</th></tr><tr><td>Patient Care and Procedural Skills</td><td>Resident integrates OPP into patient care and applies OMT as indicated.</td><td></td><td></td></tr><tr><td>Medical Knowledge</td><td>Resident demonstrates application of OPP in the domain of medical knowledge.</td><td></td><td></td></tr><tr><td>Practice-based Learning and Improvement</td><td>Resident integrates OPP into practice-based learning and improvement.</td><td></td><td></td></tr><tr><td>Interpersonal and Communication Skills</td><td>Resident demonstrates appropriate interpersonal and communication skills in the application of OPP.</td><td></td><td></td></tr></table>				Competency	Description	At expected level for graduation	Below expected level for graduation	Patient Care and Procedural Skills	Resident integrates OPP into patient care and applies OMT as indicated.			Medical Knowledge	Resident demonstrates application of OPP in the domain of medical knowledge.			Practice-based Learning and Improvement	Resident integrates OPP into practice-based learning and improvement.			Interpersonal and Communication Skills	Resident demonstrates appropriate interpersonal and communication skills in the application of OPP.		
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# Final Evaluation

- Must include a concise evaluation of each of the ACGME Competencies.
  - ACGME Competencies: Professionalism, Patient Care and Procedural Skills, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Systems-Based Practice.
  - OPP/OMM is not an ACGME Competency. OPP/OMM must be integrated into the Competencies.
- Must not be the Milestones or a Milestones summary report.

# Final Evaluation

- Final verification statement must be exactly as it appears in the Osteopathic Recognition Requirements, which also align with the Program Requirements:
  - “demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and to apply OPP to patient care.”
- The old verification language must no longer be used:
  - ~~“verify that the designated osteopathic resident has demonstrated sufficient competence to apply OPP to patient care, upon entering practice, without direct supervision.”~~
- Form must include the signature of the Director of Osteopathic Education.

# Citation Responses

- Must address the concern/issue noted in the citation text and note how the program is addressing it.
- Must detail what changes have been made and whether the issue has been resolved. If it is not resolved, then the response should detail the steps taken and when it is anticipated to be resolved.
- Must be provided annually in the Accreditation Data System (ADS), so long as the citation is active.
- Responses will be reviewed by the Osteopathic Recognition Committee at the program's next review. (Note: Programs on Initial Recognition will be asked to provide a response to citations during several ADS Annual Updates prior to review by the Committee.)

# Areas for Improvement (AFIs)

- Identified on the Letter of Notification.
- Not currently identified in ADS, like citations, because they do not require a formal response.
- Programs are expected to address the issues noted in the AFIs.
- Osteopathic Recognition Letters of Notification must be reviewed as part of the Annual Program Evaluation, which includes citations and AFIs.



# Requirement Updates



# Requirement Reformatting 2025

- All ACGME Requirements (Institutional, Program, and Recognition) are being re-formatted.
- Requirement references will no longer include Roman numerals.
- The renumbered and reformatted documents will be posted on the ACGME website starting February 2025 and will be effective July 1, 2025.
- No Osteopathic Recognition Requirement revisions were made during the reformatting.



# Updates

# Osteopathic Terminology

- The Osteopathic Recognition Committee considers the Glossary of Osteopathic Terminology, coordinated by the American Association of Colleges of Osteopathic Medicine's (AACOM) Educational Council on Osteopathic Principles (ECOP), as the authority on osteopathic terminology.
- ECOP recently published a definition of Osteopathic Principles and Practice that has been adopted by the Osteopathic Recognition Committee.
- Programs must ensure that they are using terminology appropriately.

*Glossary of Osteopathic Terminology: [https://www.aacom.org/docs/default-source/publications/glossary2017.pdf?sfvrsn=bf1c3b97\\_6](https://www.aacom.org/docs/default-source/publications/glossary2017.pdf?sfvrsn=bf1c3b97_6)*

## What are Osteopathic Principles and Practice?

Osteopathic principles and practice, also known as OPP, are the application of the philosophy of osteopathy in healthcare, framed in the models of osteopathic care, which may include osteopathic manipulative treatment (OMT).

*AACOM ECOP Webpage: <https://www.aacom.org/medical-education/councils-committees/educational-council-on-osteopathic-principles>*



# Combined Programs

- The ACGME will begin accrediting combined programs effective July 1, 2025.
- Combined programs that choose to become ACGME accredited are eligible to apply for Osteopathic Recognition as soon as they have a status of Initial Accreditation.

*ACGME Combined Program Accreditation Webpage:*  
<https://www.acgme.org/programs-and-institutions/programs/combined-programs/>

# Evaluation of Scholarly Activity

- Residents must receive at least annually, if not more frequently.
- May be incorporated into an existing evaluation, such as the semi-annual evaluation completed by the Director of Osteopathic Education.
- Purpose: To ensure the designated osteopathic residents integrate OPP into their scholarly pursuits, receive feedback on their integration, and are encouraged to do so beyond what is required in the Osteopathic Recognition Requirements.



# Committee Meeting Dates

Meeting Date	Agenda Closing Date
<b>April 25-26, 2025</b>	January 6, 2025
<b>August 22-23, 2025</b>	June 1, 2025
<b>January 23-24, 2026</b>	October 1, 2025
<b>April 25-26, 2026</b>	January 5, 2026
<b>August 28-29, 2026</b>	June 1, 2026

# Reminders

# Standardized Assessment of OPP Knowledge

- May be satisfied with a standardized in-training exam administered by a national organization (e.g., ACOFP ISE or CORTE<sub>x</sub>).
- May be a locally created exam, so long as it is benchmarked internally within the program and externally with other programs.
- Note: American College of Osteopathic Internists (ACOI) has discontinued their in-training exam.



# CCC Membership

- The Director of Osteopathic Education (DOE) should be a member of the Clinical Competency Committee (CCC), unless they are the program director.
- The CCC or a subcommittee of the CCC must include at least two osteopathic faculty members (including the DOE).
- If a subcommittee of the CCC is utilized, then it is expected that the DOE serve as the liaison between the subcommittee and the CCC.

# Resources

# New! Program Coordinator Handbook

## Program Coordinator Handbook

The Program Coordinator Handbook is a comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group. This handbook serves as a guide for both new and experienced program coordinators seeking to expand their knowledge of specific topics, tasks, and responsibilities associated with their role.

- [Program Coordinator Handbook](#)
- 

This handbook aligns with the free online Learning Path in [Learn at ACGME](#), called [Program Coordinator Handbook Companion: Paving Your Path to Success](#).

*Coordinator Resources Page: <https://www.acgme.org/additional-resources/>*

# Program Coordinator Handbook



## Program Coordinator Handbook

A comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group (Terry Bennett, Timothy Burns, Coranita Burt, Michelle Cichon, Anne Hardie, Laurie Hein, Megan Kinane Hosmer, Krista Lombardo-Klefos, Kandice McLeod, Vicky Norton, Thea Stranger-Najjar, and Joseph Stuckelman).

# Annual Update for Osteopathic Recognition

## Announcements



AOA Distinction of Advanced Osteopathic Training



Memo – Temporary Waiver for Board Certification Qualification



ADS Annual Update Guide for Osteopathic Recognition



Memo – Adding Osteopathic Faculty to the Faculty Roster



Osteopathic Principles and Practice Definition



# Annual Update Resource



## Accreditation Data System (ADS) Annual Update Guide for Osteopathic Recognition Osteopathic Recognition Committee

This guidance document identifies the information that programs with Osteopathic Recognition must review and update during their assigned ADS Annual Update window each year to ensure it is current and accurate. The Osteopathic Recognition Committee will use the information provided by programs in ADS in making recognition decisions.

**Note: The report generated for the Annual Update on the Overview tab in ADS will not include information from ADS that is specific to Osteopathic Recognition. It is critical that programs review the Osteopathic Recognition Summary report discussed at the end of this document to ensure all recognition information is reviewed and updated if necessary.**

The following areas of ADS should be reviewed and updated, as appropriate, during a program's Annual Update window:

- **Major Changes – Osteopathic Components**

A dedicated field in the Major Changes section of ADS allows for a brief update on any significant changes to the osteopathic components of the program since the last academic year. Programs are encouraged to comment on such program changes that may include the osteopathic curriculum and osteopathic leadership (Director of Osteopathic Education, osteopathic faculty members, etc.). Programs that received an Osteopathic Resident Survey report that included areas of non-compliance are encouraged to comment on how the program is addressing those areas. If the program was impacted by the COVID-19 pandemic and temporary changes to the osteopathic curriculum were necessary, the program is encouraged to comment on those changes.

- **Response to Osteopathic Recognition Citations (if applicable)**

Programs with active Osteopathic Recognition citations must annually provide a response or an updated response for each in the Citation section of ADS.


- **Block Diagram**

The program should review its block diagram, maintained in ADS, to ensure it accurately indicates where and when the following osteopathic experiences are integrated into the curriculum: osteopathic education/experience in the clinical setting; osteopathic clinic (either osteopathic manipulative treatment (OMT) clinic or integrated specialty clinic); and osteopathic didactics/labs. Programs should refer to the Block Diagram Guide for Programs with Osteopathic Recognition, located in the Block Diagram section of ADS and on the [Osteopathic Recognition page](#) of the ACGME website, for additional instructions. As the program's osteopathic curriculum changes, those changes must be reflected appropriately on the block diagram. Temporary changes to the osteopathic curriculum, such as any resulting from the COVID-19 pandemic, should not be reflected on the block diagram.

# ADS Osteopathic Recognition Annual Update Report Review

Annual Update

Complete ^


 Print

Osteopathic Recognition Annual Update

▼

Programs with Osteopathic Recognition are responsible for reviewing and updating recognition-related information provided in ADS during the program's assigned ADS Annual Update window to ensure it is up-to-date and accurate. [This guidance document](#) will identify the information that programs with Osteopathic Recognition must review and update during their assigned ADS Annual Update window.

Programs may click on the 'Print' button to review the Osteopathic Recognition information currently provided by the program in ADS.

 Print



# Osteopathic Recognition Summary Report Review

## Osteopathic Recognition

**Osteopathic Recognition Status:** Continued Recognition

**Effective Date:** January 07, 2022

### Osteopathic Recognition Summary

View a current copy of the program's Osteopathic Recognition Summary. This document contains the Osteopathic Recognition information provided by the program in ADS that is utilized by the Osteopathic Recognition Committee during the recognition reviews of the program. Additional information can be found on the ACGME [Osteopathic Recognition Committee](#).

Osteopathic Recognition Summary



### Manage Designation of Residents/Osteopathic Personnel

Manage the designation of residents, faculty, and the Director of Osteopathic Education.

Manage Residents

Manage Faculty

Director of Osteopathic Education

# Clinical Osteopathically Integrated Learning (COLs) Scenarios

## Resources



List of Programs Applying for and with Osteopathic Recognition by Specialty



Glossary of Osteopathic Terminology



Clinical Osteopathically Integrated Learning Scenarios (Provided by ECOP/AACOM)

# Clinical Osteopathically Integrated Learning Scenarios (COILS)

*These clinical scenarios incorporate the DO philosophy and OMM/OMT into the training of routine patient care. They are both case-based textbook and treatment manual, providing general medical cases and recommended OMM/OMT that should be used along with other treatments.*

## Introduction

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## Systemic COILS

1. Patient with a Headache
- 

## Musculoskeletal COILS

1. Patient with Carpal Tunnel Syndrome
  2. Patient with Degenerative Disc Disease
- 

## Cardiac COILS

1. Patient with a Myocardial Infarction
2. Patient with Congestive Heart Failure

### In This Section

Clinical Osteopathically  
Integrated Learning Scenarios  
(COILS)



# ADS Guidance for DOE Changes



## ADS Guidance for Appointment of a New Director of Osteopathic Education Osteopathic Recognition Committee

If a program appoints a new physician to the role of Director of Osteopathic Education, the appointment must be reflected in the ACGME's Accreditation Data System (ADS) at the time of appointment. Programs must not wait until the ADS Annual Update to reflect the appointment in the system. If there are concerns about the qualifications of a physician being considered for the role, contact the Executive Director of the Osteopathic Recognition Committee for guidance (contact information can be found on the [Osteopathic Recognition](#) page of the ACGME website).

Prior to appointing a new physician to the role of Director of Osteopathic Education, the program's Faculty Roster physician profile in ADS must be updated for the newly appointed and prior Director of Osteopathic Education. Below is a checklist of updates that must be completed in ADS.

- ☐ Review the physician profile of the previous Director of Osteopathic Education, if still a faculty member for the program, to ensure the title entered in the "Program Specific Title" field has been updated and is no longer 'Director of Osteopathic Education' or 'DOE.'
- ☐ Ensure the newly appointed physician has been designated as an osteopathic faculty member on the program's Faculty Roster.
- ☐ Consider adding 'Director of Osteopathic Education' or 'DOE' to the "Program Specific Title" field in the newly appointed Director of Osteopathic Education's physician profile.
- ☐ Review all dates within the faculty member's profile (i.e., date of appointment as faculty member, year started teaching, medical school graduation, residency and fellowship attendance, state licensure).
- ☐ Ensure the physician's board certification information is accurately reported in the physician's profile.
- ☐ Add/update the description provided for the newly appointed and prior Director of Osteopathic Education's "Role in Program as it Relates to Osteopathic Education." This should describe the physician's actual roles and responsibilities related to formal osteopathic education within the program. The description should be consistent with responsibilities outlined in the Osteopathic Recognition Requirements but must not be a copy and paste of the Requirements.
- ☐ Add/update the "Additional Information on Qualifications Related to Osteopathic Education" field. This area should only be used for qualifications not captured elsewhere in the faculty member's profile.

After the newly appointed Director of Osteopathic Education's physician profile has been reviewed and updated, the role change in ADS should be completed next. This is done by clicking "Director of Osteopathic Education" under the "Recognition" tab in the "Manage

## Documents



ADS Guidance for Appointment of a New Director of Osteopathic Education



Initial Recognition Site Visit and Review



Elements of an Osteopathic Learning Environment



Guide to the Classification of Osteopathic Faculty on the ADS Roster



Osteopathic Recognition Information Brochure

# Osteopathic Recognition Application Instructions



## Application Instructions for Osteopathic Recognition

This instructional document was created to assist programs applying for Osteopathic Recognition, so they can better prepare for and navigate the ACGME Osteopathic Recognition application process.

### APPLICATION PROCESS

ACGME-accredited programs with an accreditation status other than Probationary Accreditation can apply for Osteopathic Recognition. Newly accredited programs can apply as soon as they achieve Initial Accreditation.

There are several parts to the Osteopathic Recognition application, which includes information provided by the program in the Accreditation Data System [ADS], which is a web-based system that is accessed through a web browser), as well as specific documents that must be uploaded into the system as attachments.

Note: The entire program will apply for Osteopathic Recognition and the entire program will receive Osteopathic Recognition. The program must determine if all its residents will receive formal osteopathic education and be in designated osteopathic resident/fellow positions, or if only a portion of the residents/fellows will be in such designated positions.

# Application for Recognition

New applications for Osteopathic Recognition must use the online application process within the Accreditation Data System (ADS). For further information, review the "Osteopathic Recognition Application Instructions."



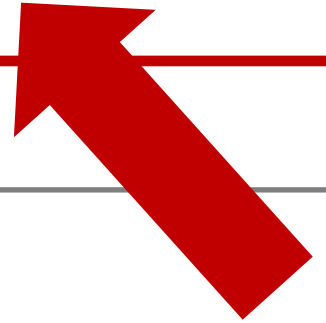
Osteopathic Recognition-Specific Question Document



Block Diagram Guide for Osteopathic Recognition



Osteopathic Recognition Application Instructions



# Thank you!

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