

Defining Excellence in Today's Practice Manager

Application for Certification in Otolaryngology Practice Management

Celebrating more than 25 years of Excellence!



**CERTIFICATION IN
OTOLARYNGOLOGY
PRACTICE
MANAGEMENT**



**ASSOCIATION OF
OTOLARYNGOLOGY
ADMINISTRATORS**

1844 Ardmore Blvd. | Pittsburgh, PA 15221
(412) 243-5156 | fax (412) 243-5160

COPM@oto-online.org | www.oto-online.org

Rev. 06/2009

Applicant Information:

ATTACH RECENT COLOR PHOTOGRAPH or email digital photo to: COPM@oto-online.org

Mr. ___ Ms. ___ Dr. ___ Other _____
 Name: Last _____ First _____ Middle _____ Suffix: _____
 Title _____
 Organization _____

Business Address _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____ Fax _____

Home Address _____
 City _____ State _____ Zip _____
 Email _____
 Phone _____ Fax _____

Communications: My preferred method of communication is by: EMAIL LETTER FAX
 (please circle one)

Job Type (Administrator Category):

- Administrator
- Office Manager
- Business Office Manager
- Front Office Manager
- Operations Manager
- Chief Executive Officer
- Chief Operating Officer
- Other, please specify _____

Summary of Application: (Transfer summary totals to this page from sections within the application)

<u>Section</u>	<u>Maximum Points Allowed</u>	<u>Points Earned</u>
I. Career History	35	_____
II. Management Responsibility	25	_____
III. Formal and Continuing Education	35	_____
IV. Memberships	10	_____
V. Professional Contributions in Otolaryngology Management	20	_____
Total Points Earned		_____

- A minimum of 70 points is required to qualify for the COPM examination

For Office use only
 Acknowledgement Sent
 Committee _____

Verification: _____ Action: Approved Disapproved

Comments: _____

Notified via: _____

Section I: Career History

Please list your positions and roles throughout your career. Specifically, we are interested in your practice management experience but if you have other office experience please list relevant experience. Use additional pages if necessary.

Management, Director, Administrator, Chief Positions in Otolaryngology	10 points per year of service
Office Positions, Otolaryngology	5 points per year of service
Office Management, Non-otolaryngology	5 points per year of service
Office Positions, Non-otolaryngology	3 points per year of service
Industry/Commercial, Practice or Business Related	5 points per year of service

1. Position _____ Points _____
 Company/Organization: _____
 From: ___/___/___ To: ___/___/___ Otolaryngology related: Yes No
 Address: _____
 City, State, Zip _____
 Phone Number: _____
 Major Responsibilities: _____

2. Position _____ Points _____
 Company/Organization: _____
 From: ___/___/___ To: ___/___/___ Otolaryngology related: Yes No
 Address: _____
 City, State, Zip _____
 Phone Number: _____
 Major Responsibilities: _____

3. Position _____ Points _____
 Company/Organization: _____
 From: ___/___/___ To: ___/___/___ Otolaryngology related: Yes No
 Address: _____
 City, State, Zip _____
 Phone Number: _____
 Major Responsibilities: _____

4. Position _____ Points _____
 Company/Organization: _____
 From: ___/___/___ To: ___/___/___ Otolaryngology related: Yes No
 Address: _____
 City, State, Zip _____
 Phone Number: _____
 Major Responsibilities: _____

<p>Total Point Count for Section I (Maximum Allowed – 35) _____ (record points on page 2 of the application)</p>
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Section II: Management Responsibility

A. Management of People- 10 points maximum

Number of people you have management responsibility for:

Full-time employees		}
Part-time employees		
Contracted employees (part-time or full-time)		
<i>TOTAL</i>		

1 point is allowed for each person.

Total Point Count for Section II – Part A (Maximum Allowed – 10) _____

B. Management of Office - 15 Points Maximum

What functions have you been responsible for during the past ten years? Circle and tally the appropriate points beside each function:

Financial Management	Operations	
▪ Budgeting	▪ Policy Development/Writing	2
▪ Financial Statement Preparations	▪ Appointment templating	1
▪ Financial Analysis	▪ In-servicing/Training	1
▪ Accounts Receivable	▪ Front office/Clinical operations	1
▪ Accounts Payable	▪ Credentialing	1
▪ Contracting	▪ Scheduling	1
▪ Payroll	▪ Medical Records	1
▪ Accounting	▪ Transcription	1
▪ Coding		
Administrative		
▪ Strategic Planning		2
▪ Business Plan Development		2
▪ Job Descriptions		1
▪ Benefits		1
▪ Employee/ Human Resources		1
▪ Patient Satisfaction Surveys		1

Total Point Count for Section II – Part B (Maximum Allowed – 15) _____

TOTAL SECTION II:

	Maximum Allowed	Points Earned
Part A. Management of People	10	_____
Part B. Management of Office	15	_____

Total Section II - Parts A & B (Maximum Allowed – 25) _____
 (record points on page 2 of application)

Section III – Formal and Continuing Education

A. Formal Education and Internships – 10 points Maximum

Indicate the highest level of formal education attained. An applicant may only claim points for the highest level of formal education achieved. For example, if the applicant has indicated four points for a bachelor's degree, he or she may not claim an additional point for a high school diploma. To receive credit, the applicant must enter the name of the institution in the space below, and must be able to document graduation from the college, university or graduate school. This proof must be in the form of a transcript, copy of diploma or certificate of completion and *attached to this application*.

Highest Level of Formal Education (check only one level of education from the list below.)

- Bachelor's Degree and post-baccalaureate degree 10 points
- Bachelor's Degree in business major 9 points
- Bachelor's Degree in non-business major 8 points
- Associate Degree in business major 5 points
- Attended greater than two years of college but no degree 4 points
- Associate Degree in non-business major 4 points
- Attended less than two years of college but no degree 2 points
- Completed business school 2 points
- Completed High School 1 point

Name of Institution _____

Address _____

Degree _____ Date Received _____

Total Point Count for Section III – Part A (Maximum Allowed -10) _____

Section III – Formal and Continuing Education (continued)

B. Continuing Education- 25 points Maximum

Please indicate any continuing education programs in practice management/otolaryngology that you have attended in the past 5 years. Attach an additional sheet if necessary. You must clearly specify whether the courses directly pertain to practice management or to other related business topics. The AOA Annual Education Conferences typically provide 14.0 course hours. One hour or CEU hour is equal to one point.

1. Name of Program _____ Points _____
 Sponsor _____ Date _____
 Location _____ # hours (CEU hours) _____
 Type of program: ___ Practice management ___ Business topic

2. Name of Program _____ Points _____
 Sponsor _____ Date _____
 Location _____ # hours (CEU hours) _____
 Type of program: ___ Practice management ___ Business topic

3. Name of Program _____ Points _____
 Sponsor _____ Date _____
 Location _____ # hours (CEU hours) _____
 Type of program: ___ Practice management ___ Business topic

4. Name of Program _____ Points _____
 Sponsor _____ Date _____
 Location _____ # hours (CEU hours) _____
 Type of program: ___ Practice management ___ Business topic

5. Name of Program _____ Points _____
 Sponsor _____ Date _____
 Location _____ # hours (CEU hours) _____
 Type of program: ___ Practice management ___ Business topic

Total Point Count for Section III – Part B (Maximum Allowed – 25) _____
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	Maximum Allowed	Points Earned
Part A. Formal Education	10	_____
Part B. Continuing Education	25	_____

Total Point Count for Section III – Parts A & B (Maximum Allowed – 35) _____ (record points of page 2 of the application)

Section IV - Memberships

Which of the following management/otolaryngology organizations have you been a member of in the past three years?

Additional professional memberships may qualify for points if you can demonstrate the organization’s mission is consistent with promoting management or otolaryngology.

Points may be claimed for professional memberships in recognized state, region, and chapter organizations that are directly related to the practice management industry. State, region or chapter memberships must be a separate membership from the national organizations. Memberships in associations not directly related to practice management or otolaryngology practice do not qualify for points. (Chamber of Commerce, Women in Business, YMCA).

Candidates are required to submit proof of membership status (such as copy of membership certificate or listing of the membership in their directory, paid dues invoice) with the application.

Check all that apply:

- Association of Otolaryngology Administrators (**valued at 2 memberships**)
- American Academy of Otolaryngology -Head and Neck Surgery
- MGMA
- PAHCOM
- SOHN
- AAPC
- Other please list _____

For other practice management organizations, do not use acronyms. Documentation, including the organization’s mission statement, must be attached.

Total number of memberships _____ x 5 points per membership = _____ points

<p>Total Point Count for Section IV (Maximum Allowed – 10) _____</p> <p>(record points on page 2 of the application)</p>

Section V - Professional Contributions in Otolaryngology Management

Professional contributions include:

1. publishing articles
2. teaching for continuing education program
3. serving in leadership capacity in practice management organizations.

The contributions must be outside of work, substantially relate to the profession of practice management and have occurred within the past 5 years.

A. Authoring and publishing an article - 5 points maximum

List each article you have written and had published in a recognized national or regional industry publications. To claim points in this area, a copy of each published article must be attached to the application.

Type of publication: **National 3**
 Regional 2

1. Title of Article _____
 Publication _____ Date of publication _____
 Type of publication ____ National ____ Regional Points _____ Article attached

2. Title of Article _____
 Publication _____ Date of publication _____
 Type of publication ____ National ____ Regional Points _____ Article attached

3. Title of Article _____
 Publication _____ Date of publication _____
 Type of publication ____ National ____ Regional Points _____ Article attached

Total Point Count for Section V – Part A (Maximum Allowed – 5) _____

Section V - Professional Contributions in Otolaryngology Management (continued)

B. Teaching and Speaking at Programs and Meetings- 5 Points Maximum

List any teaching or speaking engagements at meetings or education programs for practice management. For each assignment, claim points as either a speaker or a panelist, not both. Practice managers may not claim points for weekly or regular staff meetings or training courses within your practice group. Instructors of formal practice management courses (college or university) receive 10 points for semester course. The contributions must be outside of work, substantially relate to the profession and have occurred in the past 5 years. Documentation in the form of a course outline or syllabus must be attached to receive points for teaching a college level course. Attach an additional sheet if necessary.

<u>Role</u>	<u>Points</u>
College Instructor	5
Speaker on specific topic	2
Panelist or discussion leader	1

1. Name of Program _____
 Sponsor _____ Date _____
 Location _____
 Role _____ Speaker _____ Panelist/ Discussion leader _____ Instructor _____ Points

2. Name of Program _____
 Sponsor _____ Date _____
 Location _____
 Role _____ Speaker _____ Panelist/ Discussion leader _____ Instructor _____ Points

3. Name of Program _____
 Sponsor _____ Date _____
 Location _____
 Role _____ Speaker _____ Panelist/ Discussion leader _____ Instructor _____ Points

Total Point Count for Section V – Part B (Maximum Allowed – 5)	_____
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C. Professional Leadership, Designations and Awards – 10 points Maximum

List your leadership roles in Professional organizations in the last 5 years. List individual awards recognizing your practice management expertise, or professional designations. Group awards do not qualify for points. Awards must be related to contributing to the otolaryngology or practice management industry. Employee of the month does not qualify because they do not reflect achievement in the field. Attach another piece of paper if necessary.

<u>Designations / Awards</u>	<u>Points</u>	<u>List</u>
Designation	3	_____
National Award	2	_____
Regional/Local Award	1	_____
Regional / Local Board Leadership	3	_____

C. Professional Leadership, Designations and Awards (continued)

<u>Designations / Awards</u>	<u>Points</u>	<u>List</u>
National Board Leadership	3	_____
Committee Chair	2	_____
Committee Member	1	_____

Total Point Count for Section V – Part C (Maximum Allowed – 10)	_____
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	Maximum Allowed	Points Earned
Part A. Authoring / Publishing an article	5	_____
Part B. Teaching / Speaking	5	_____
Part C. Professional Leadership	10	_____

Total Point Count for Section V - Parts A, B & C (Maximum Allowed – 20) (record points on page 2 of the application)	_____
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Testing Preference:

- I would like to take the written exam at this fall’s annual meeting.
- I would like to take the exam through one of the computer -based testing centers near me.

Attestation:

I hereby certify that all entries on the application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of the COPM certification. I understand that all information on this application is subject to verification and I consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the AOA or its representatives to rely upon and use, as it sees fit, any information received from such contacts for the purpose of this certification.

Upon acceptance of my application I agree to allow the AOA to use my information and/or photograph for promotional purposes.

Signature

Date

References: Choice of Managing Physician or AOA Member Peer Reference

Please provide the following information regarding your senior managing physician or AOA peer reference.

_____ AOA Peer Reference Name	_____ Managing Physician Name
_____ AOA Peer Reference Signature	_____ Managing Physician Signature
_____ Street Address	_____ Street Address
_____ City, State, Zip	_____ City, State, Zip
_____ Telephone #	_____ Telephone #
_____ AOA Member #	_____ Date
_____ Date	

Note to Managing Physician or AOA Member Peer Reference:

By signing the above, you are affirming that the applicant is, to the best of your knowledge, an AOA member and currently actively involved in otolaryngology practice management.

Writing sample:

Please write a short essay on why you would like to become a COPM. This should be limited to a one page typed attachment. Use one inch margins all around, place your name in the upper left hand corner and attach to the application.

The written examination will be administered on Wednesday morning, September 22nd, 2010, from 8:00 a.m. to 11:00 a.m. during the Annual Educational Conference in Boston, MA.

Computer-based testing (CBT) is scheduled at a location chosen by the candidate in April or October following acceptance of his/her application.

The exam fee is \$250.00 and is valid for a two-year period. In addition to the exam fee there is a \$25.00 application fee.

There is an additional fee of \$100.00 for computer-based testing (entire \$375.00 fee may be included in single payment).

- Application deadline-
 - AOA Annual Meeting written exam: 15 days prior to meeting.
 - Computer-based testing: Applications are accepted on a rolling basis and must be received at least 30 days prior to applicant's desired test date. CBT testing dates are in April and October.
- Notification of acceptance - Within 2 weeks of receipt of application.
- Examination date
 - Written exam– September 22, 2010
 - Computer-based testing - April or October

Thank you for completing the application. You will be notified within two weeks of receipt of your application if you qualify to sit for the exam. You should submit the application and a check for \$275.00 (plus an additional \$100 for computer-based testing applicant) made **payable to the AOA** to:

**COPM Application
c/o AOA
1844 Ardmore Blvd.
Pittsburgh, PA 15221**

Please retain a copy for your records. No faxed applications will be accepted.

Did you remember to include?

- ✓ _____ Completed and signed application
- ✓ _____ Color Photograph or e-mailed copy of digital photo to COPM@oto-online.org.
- ✓ _____ Proof of Formal Education, if applicable
- ✓ _____ Proof of Organization Membership Status, if applicable
- ✓ _____ Proof of Published Articles, if applicable
- ✓ _____ Proof of Teaching and/or Speaking at Programs and Meetings, if applicable
- ✓ _____ Signature of Managing Physician/AOA Peer Reference
- ✓ _____ Short Essay on why you would like to become a COPM
- ✓ _____ Payment Enclosed