



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

ACKNOWLEDGEMENT FORM

For Program Directors & Directors of Medical Education

Instructions: This form is to be completed (and signed electronically) in conjunction with the program or institutional crosswalk in preparation for a scheduled review. The Director of Medical Education is required to complete this form for institutional reviews and the Program Director is required to complete this form for program reviews. This form is required to be submitted electronically to the AOA along with the other required pre-review documents.

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| Program/Institutional Name: | |
| Program Specialty: (Program Reviews Only) | |
| AOA Number: | |
| Review Date: | |
| Name (print) of Program Director/DME | |

I, as Program Director or Director of Medical Education, acknowledge the completion and submission of the appropriate review crosswalk to AOA.

| | |
|--|-------------|
| Signature of Program Director/DME | Date |
|--|-------------|