



AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS
2209 Dickens Road
Richmond, VA 23230-2005
(800) 741-2626
(804) 282-0090 FAX

EXPENSE REIMBURSEMENT – PART I PRIMARY CERTIFICATION WRITTEN EXAM

Receipt of payment must accompany this form. Reimbursement will be sent by check by USPS.

PLEASE PRINT OR TYPE

PROVIDE ADDRESS WHERE CHECK SHOULD BE MAILED

NAME _____ PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

EXAM DATE _____

EXAM EXPENSE

\$500

Signature _____

TO RECEIVE PAYMENT, SUBMIT THIS FORM WITH RECEIPT TO:
Form and receipts will be accepted by mail, fax or email

Attn: AOA, Joye Stewart
2209 Dickens Road
Richmond, VA 23230-2005
804-565-6370
Fax: 804-282-0090
joye@aoao.org