

DATE

American Osteopathic Board of Surgery
142 East Ontario Street, 4th Floor
Chicago, IL 60611

Dear AOBS,

My name is _____, and I'm a licensed osteopathic
_____ (specialty) surgeon practicing in _____
(city, state).

I'm writing to request registration for the upcoming oral certifying
examination scheduled for _____ (date) in

(city, state).

Enclosed please find my fee in the amount of \$ _____.

If you need to contact me for any reason, my phone number is
_____, and my email address is _____.

Thank you for your assistance with this matter.

Sincerely,

Encl.