

## Application

General Information:

Full Name: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip or Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Subspecialties: \_\_\_\_\_

### **Professional Degrees/Training and schools where obtained:**

Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

Medical School: \_\_\_\_\_

Internship: \_\_\_\_\_

Residency: \_\_\_\_\_

Other: \_\_\_\_\_

(continued)

**Practice Information:**

Type of Current Practice: \_\_\_\_\_

How Long? \_\_\_\_\_

How Many Years RIT/Prolotherapy (minimum 3 years): \_\_\_\_\_

**License:**

Submit as an attachment a copy of your current active state license

Submit as an attachment 100 documented prolotherapy/injection therapy cases and accompanying log

Complete and return this application, with appropriate fees, at least 30 days prior to the testing event.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Submit application and non-refundable \$100.00 (US funds) registration fee to:**

American Association of Orthopaedic Medicine

IROM – C Program

555 Waterview Lane, Ridgway, CO 81432

Questions:

Phone: 888.687.1920, (outside US, 719.232.4084)

Email: [aaom@aaomed.org](mailto:aaom@aaomed.org)

Website: [www.aaomed.org](http://www.aaomed.org)

Applications are reviewed and approved by the AAOM Certification Committee. Submit only the non-refundable application fee of \$100.00 with this application. Written and practical examination fees are due once applicant is approved to sit for the AAOM **IROM - C** examination.