



IROM-C APPLICATION

General Information:

Full Name: _____ Degree(s): _____

Practice Name: _____

Address: _____ City: _____ ST: _____ Zip/Postal: _____

Country: _____ Telephone: _____

Email: _____ Website: _____

Medical Specialty: _____ Subspecialties: _____

Professional Degrees/Training and schools where obtained:

Undergraduate: _____

Graduate: _____

Medical School: _____

Internship: _____

Residency: _____

Other: _____

Practice Information:

Type of Current Practice: _____ How Long? _____

How Many Years RIT/Prolotherapy? (minimum 3 years): _____

Items Needed:

- Submit as an attachment a copy of your **current active state license**
- Submit an attachment **100 documented prolotherapy/injection therapy cases** & accompanying log

Signature

Date

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

American Association of Orthopaedic Medicine - IROM – C Program
3700 E Quebec Street, Unit 100-236 | Denver, CO 80207-1639
Email: aaom@aaomed.org | Website: www.aaomed.org

*Complete and return this application, with appropriate fees, at least 30 days prior to the testing event.
Application can be scanned/emailed with a phone call to 719-232-4084 to process credit card payment.*

Applications are reviewed and approved by the AAOM Certification Committee. Submit only the non-refundable application fee of \$100 with this application. Written and practical examination fees are due once applicant is approved to sit for the AAOM IROM - C examination.