ACSM/ARP CERTIFIED RINGSIDE PHYSICIANSM Examination Application



Mission Statement:

"To serve, protect, and educate all involved in combative sports"

Event Coverage Documentation

(To be completed by state/country athletic commission)

Physician Name	
The above physician is a current candidate to become a College of Sports Medicine and Association of Ringside Physiqualification, he/she must have experience in a minimum amorprovided ringside event coverage for a minimum of three profesor five amateur cards with a minimum of 30 total fights.	cians. In order for a physician to be eligible for this ount of ringside event coverage. He/She must have
Has the above physician provided the minimum amo ☐ Yes ☐ No Is the above physician in good standing with the stat ☐ Yes ☐ No	
Signature	Date
Print Name	State/Country Athletic Commission
Position	