

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 Certified Ringside Physician through the Association of Ringside Physicians. In order for a physician to be eligible for this qualification, he/she must have experience in a minimum amount of ringside event coverage. He/She must have provided ringside event coverage for a minimum of three professional cards with a minimum of fifteen total fights or five amateur cards with a minimum of 30 total fights.

Has the above physician provided the minimum amount of ringside event coverage?

☐ Yes ☐ No

Is the above physician in good standing with the state or country commission where will be working?

☐ Yes ☐ No

Signature

Date

Print Name

State/Country Athletic Commission

Position