



## Mission Statement:

**“To serve, protect, and educate all involved in combative sports”**

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## Online Certified Ringside Physician Listing

### Application Form

Please complete the following information to be used in the Association of Ringside Physicians online database. The information you provide below will be listed on the [ARP's website](#).

All information provided below will be published in the ARP website listing for credentialed ringside physicians. By joining this online service, you will be able to promote yourself as a qualified professional, allowing prospective clients to locate the expert of their choice. For questions concerning this application, please email [info@RingsideARP.org](mailto:info@RingsideARP.org).

☐ Yes, I agree      ☐ No, I do NOT want my information listed on the ARP website.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Certification ID#: \_\_\_\_\_ Email: \_\_\_\_\_

Address (line 1): \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I state that all information contained on this form is true and I give ARP the right to verify my credentials. By signing above, I acknowledge that this information will be made available to the public. I understand that I will be disqualified from participating in the ARP online certified professional listing if I have given false or misleading information or if my credential becomes invalid (recertification has not been completed). I also understand that ARP has the right to revoke my participation in the ARP online certified professional listing for any reason whatsoever.

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