

ARP CERTIFIED RINGSIDE PHYSICIANSM Examination Application



Mission Statement:

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

Certified Ringside Physician Recommendation Form

Physician Name _____

The above physician is a current candidate to become a Certified Ringside Physician through the Association of Ringside Physicians. This physician has asked you to help them in this process by filling out this form. Please indicate your relationship to this physician and how long you have approximately known him/her. Please also include a comment or two about why you believe this physician should be a Certified Ringside Physician.

Relationship to the candidate

- ☐ Ringside Physician Colleague
- ☐ State/Country Athletic Board Member
- ☐ Other _____

How long have you known the candidate: _____

Comments

Signature

Date

Print Name

State or Country of Employment