



Mission Statement:

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

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.

1. I consent to have the following information published on the **ARP website**:

☐ Name/State/Country ☐ Email ☐ Do NOT share my information on the ARP website

2. I consent to have the following information shared with **promoters**:

☐ Email ☐ Phone ☐ Do NOT share my information with promoters

3. I consent to have the following information shared with **commissions**:

☐ Email ☐ Phone ☐ Do NOT share my information with commissions

First Name: _____ Middle Initial: _____ Last Name: _____

Email: _____

Address (line 1): _____

Address (line 2): _____

City: _____ State: _____ Zip Code: _____

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.