

# INITIAL MROCC CERTIFICATION APPLICATION

**MROCC: 836 Arlington Heights Rd., #327  
Elk Grove Village, Illinois 60007  
(T) 847.631.0599 | (F) 847.483.1282  
www.mrocc.org | mrocc@mrocc.org**

**Please Indicate Your Choice:**

**1. ONSITE (scheduled examinations are offered after MRO Training Courses sponsored by ACOEM and ASAM)**

The completed application, supporting documentation and full payment of examination fee must be in the MROCC Office 14 days prior to examination date. If the application is submitted after this date you must include a \$25.00 late fee in addition to the \$495.00 onsite examination fee.

**2. ONLINE (examinations may be taken via the Internet on a Home or Office Computer)**

For physicians choosing not to take the initial certification examination following an MRO training course, the exam may be taken using a high-speed Internet connection. The examination fee for the online examination is \$595.00, and the following conditions apply (no exceptions can be made):

- The exam must be taken within 12 months of the training course
- The exam is a three-hour timed examination (a PC or Mac computer may be used)
- The exam must be completed in one sitting (no logging on and off)

Last Name:		First Name:		Middle:	
Full Name and Degree as it should appear in the MROCC Directory:			Degree (s):		Date of Birth (MM/DD/YY):
<b>Address to use for ALL correspondence from MROCC:</b>					
Company Name (if applies):			Street or PO Box:		
Suite/Floor/Department:			City:		
State:		Postal Code:		Country:	
Telephone where you may be reached:		Fax where you may be reached:		Email where you may be reached (PRINT LEGIBLY):	

Please indicate your Social Security Number or a unique **NINE DIGIT** number that you will remember. The last four digits of the ID should be the last **FOUR DIGITS** of your Social Security Number. It is **your** responsibility to write this number down for future access to your online information!

Enter the NINE DIGIT number you chose:

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Special Needs: Please include a separate letter describing need.

Medical School:		School Location:		Graduation Date (MM/YY):	
Medical Degree (check one): <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> MBBS		Medical License Number:		Issuing State:	

Scheduled Exam Date for which you are applying     /    /     **OR**  Online: an email from regonline@mrocc.org will confirm your registration and provide directions for logging on to exam

**Documents and Payment to Include with Application:**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of your current U.S. Medical License (or from where you reside and practice if outside the USA)</li> <li><input type="checkbox"/> Proof of MRO Training if exam is not taken immediately following a scheduled onsite MRO course</li> <li><input type="checkbox"/> Payment of \$495 for onsite exam or \$595 if taking exam online</li> </ul> | <ul style="list-style-type: none"> <li>• If you are taking an onsite exam you must present a photo ID to enter the exam room.</li> <li>• It is your responsibility to review MROCC policies on cheating and certificate revocation – available at www.mrocc.org</li> </ul> |
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**MRO Training (completion of an approved course is required):**

• Indicate Sponsor of MRO Training Course:     ACOEM     ASAM     AAMRO

• Will the Course be Taken Immediately Preceding the Examination?     Yes     No

▶ If **NO**, Enter the Exact Dates of Training Course (MM/DD/YY): From     /    /     To     /    /    

▶ Attach a Copy of the Certificate/Statement of Completion if training is not taken immediately preceding the examination.

**Payment Method – Check or Credit Card:**

You may fax this application if paying by credit card. You must include all registration documentation. Fax to 847-483-1282

Credit Card:  VISA  MASTERCARD  DISCOVER  AMEX

\$495 for Onsite or \$595 for Online plus any late fees

Credit Card Number \_\_\_\_\_ Expiration Month/Year \_\_\_\_ / \_\_\_\_

Security Code (3 digit code on back of card following account number **or** 4 digit code on front of American Express card):

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If paying by check or money order, please indicate check number: \_\_\_\_\_ and amount: \$ \_\_\_\_\_

#### RELEASE STATEMENT (must be read, signed and returned with application)

In connection with this application, I enclose herewith the examination fee. I agree that no fee shall be refundable after the 14-day period prior to the examination unless circumstances approved by the MROCC Board preclude attending the examination. I have read and understand MROCC's policies concerning application, retesting, cheating, refunding of fees and certification revocation. If I am registering for the online examination, I have read the conditions as detailed within this application. I agree (i) to indemnify and hold harmless each and all of the members, trustees, officers, examiners and agents from and against any liability whatsoever in respect to any act or omission in connection with this application, such examination, the grades given upon such examination, and/or granting or issuance of or failure to grant or issue a certificate; and (ii) that any certificate which may be granted and issued shall be and remain the property of the Medical Review Officer Certification Council. As a candidate for certification, I am under the obligation to inform the Medical Review Officer Certification Council of any changes in material eligibility status subsequent to the submission of this application and during the period of time for which the certificate is valid.

I hereby authorize MROCC to request information from organizations referred to in this application, and to verify academic and/or clinical training deemed necessary to make a determination of my eligibility.

Signature

Date

I have read and understand the contents of this application and warrant that each of the statements made in support of this application is true.

Signature

Date

#### DESIGNATE YOURSELF AS A CERTIFIED MRO SEEKING CLIENTS

MROCC's online directory offers government agencies, clinics, companies, and those in need of MRO services an opportunity to locate certified medical review officers. And, while the directory lists all MROCC-certified physicians, if you wish to be specifically designated as a certified MRO seeking potential clients, please check this box:

#### RETEST POLICY FOR INITIAL MRO CERTIFICATION

##### Initial Certification Retest Policy (after failure of examination):

Those who have failed the initial certification examination may, upon timely re-application, be admitted to one re-examination within a 12-month period for a \$125 processing fee. Requests for re-examination must be received in the MROCC office in a timely manner after the failed exam. Upon a second failure of the examination, a candidate must submit a new application and payment for a third exam opportunity.

#### PREPARATION PRIOR TO TAKING THE EXAMINATION

It is the applicant's responsibility to properly prepare for the certification examination by utilizing the resources recommended on the MROCC web site. While the primary study tool is the materials obtained from MRO training courses, several additional study aides are provided by MROCC, including the examination blueprint, MRO competencies document, and sample test items. ([www.mrocc.org/examprep.htm](http://www.mrocc.org/examprep.htm))

#### CHEATING AND CERTIFICATION REVOCATION

MROCC has well-defined and published policies regarding cheating and certification revocation. It is the applicant's responsibility to be aware of these policies and to understand them. These, and all MROCC policies, are found on the MROCC website. ([www.mrocc.org/examprep.htm](http://www.mrocc.org/examprep.htm))

#### IMPORTANT INFORMATION REGARDING YOUR FEE:

The examination fee includes a \$100 non-refundable application fee. There are no refunds for the online examination. There is a \$50.00 charge for bank returned checks/credit card charge-backs. Payment must be made in U.S. dollars. If paying by check or money order make payable to: **Medical Review Officer Certification Council**. Cancellations must be made in writing and received in the MROCC office no later than 14 days prior to the examination in order to receive a refund or not incur a transfer fee of \$100.00. If applying for an onsite examination immediately following an onsite training course and the application is being submitted within 14 days of the exam, you must include the \$25.00 late processing fee. Registration for training courses requires a separate form and application to the sponsoring organization. MROCC's tax ID number is 36-3829342.