

# MROCC RECERTIFICATION 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 **\$395.00** 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 **\$495.00**.

- The exam must be taken within 12 months of the training course or CME activity
- The exam must be completed within 30 days of first logging on to it (does NOT need to be completed in one sitting)
- An Immediate Pass-Fail determination is awarded upon submitting the exam

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:
Phone where you may be reached:		Fax where you may be reached:		Current and Active Email Address (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.

**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 Medical License</li> <li><input type="checkbox"/> Proof of MRO Training if exam is not taken immediately following a scheduled onsite MRO course (or submit CME activity w/app.)</li> <li><input type="checkbox"/> Payment of \$395 for onsite exam or \$495 if taking exam online (add \$25 if submitting within 7 days of a scheduled onsite exam)</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 <a href="http://www.mrocc.org">www.mrocc.org</a></li> </ul> |
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**MRO Training Prerequisite:**

Please indicate how you are meeting the Training Prerequisite to take the MRO Recertification Examination:

MRO Course Taken: \_\_\_\_\_ through \_\_\_\_\_ **OR** CME Activity (Name of Activity): \_\_\_\_\_  
 Please include **EITHER** the CME Certificate **OR** Completed CME Activity

Scheduled Exam Date for which you are applying \_\_\_\_\_ **OR**  Online: an email from [regonline@mrocc.org](mailto:regonline@mrocc.org) will confirm your registration and provide directions for logging on

**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 \$395 for Onsite or \$495 for Online plus any late fees

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

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: \$ \_\_\_\_\_

**NOTE: There are no refunds for the online examination. Please read the policy in full at [www.mrocc.org/policy.htm](http://www.mrocc.org/policy.htm)**

**Designate Yourself as a Certified MRO Seeking Clients (Upon Passing the Examination):**

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 MRO RECERTIFICATION**

**MRO Recertification Retest Policy (after failure of examination):**

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

**CLAIMING CME OR MOC CREDIT**

If you have not taken an MRO training course and need to meet the MROCC CME Prerequisite for taking the recertification examination you may obtain and submit the 18 CME activity found on the MROCC website at [www.mrocc.org/MRO\\_Manual\\_18.pdf](http://www.mrocc.org/MRO_Manual_18.pdf). The activity requires a separate fee of \$60 and must be submitted along with this recertification application.

**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))

**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.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR APPLICANTS TAKING THE ONLINE RECERTIFICATION EXAM:**

Physicians applying for the online recertification examination must agree to and sign the following statement:

In consideration of my application, I agree to the following statements:

1. MROCC's recertification examination contains privileged proprietary information. Therefore, I will take reasonable steps to maintain the security of the information contained therein.
2. I will not copy, disclose or disseminate any information, test item or answer of whatever kind, from the examination.
3. I attest that I will personally take this examination without the assistance of other individuals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon submitting this application MROCC will email the instructions for logging on to the online examination. Make sure the email address you entered on this application is valid. No other confirmation will be mailed to you.