



# RECERTIFICATION APPLICATION

MROA Certification: An Online Examination from MROCC

Or Register Online at [www.mrocc.org](http://www.mrocc.org)

The completed application, documentation and full payment must be submitted to MROCC: 836 Arlington Heights Road, Suite 327, Elk Grove Village, Illinois 60007. A confirmation email from MROCC ([regonline@mrocc.org](mailto:regonline@mrocc.org)) will be sent once the application has been processed. The email will contain detailed log on information. If you paid by credit card, an email receipt from PayPal (MROCC's credit card processor) will be sent once your card is charged.

## RECERTIFICATION PREREQUISITES and REQUIREMENTS

MRO Assistants who currently hold (or previously held) Certification through MROCC may recertify every three years upon completing these steps:

1. Submitting a letter of recommendation from the supervising MRO attesting to the Assistant's competency
2. Reading the **MRO TEAM MANUAL: MROCC GUIDE FOR MROs AND MRO ASSISTANTS** available from OEM Press ([www.oempress.com](http://www.oempress.com)), and submitting the MROA self-assessment tool available from the MROCC website at [www.mrocc.org/MROA\\_SelfAssessment.pdf](http://www.mrocc.org/MROA_SelfAssessment.pdf)
3. Taking and Passing the current Online MRO Assistant Certification Examination
4. Recertifying MRO Assistants may substitute requirement #2 by attending any of the available MRO Assistant training courses described below. **Proof of course registration or completion must accompany this application.**

MRO Assistant training course information may be obtained from DATIA (800) 355-1257, SAPAA (800) 672-7229, ACOEM (847) 818-1800. All three organizations have detailed information on their specific course offerings posted at their websites.

## FEES and PAYMENT METHOD:

The MROA Recertification Examination fee of \$100.00 **includes** a non-refundable \$50.00 application fee. Returned checks or charge backs will incur a \$50.00 fee. All payments are in U.S. funds. If paying by check or money order, make payable to Medical Review Officer Certification Council. MROCC's tax ID number is 36-3829342.

- Checks made payable to Medical Review Officer Certification Council must accompany this application for processing.
- Credit Cards (Visa, MasterCard, Discover and American Express) must include all information below:

Name on Card \_\_\_\_\_

Phone Number \_\_\_\_\_

Billing Address \_\_\_\_\_

Card Number \_\_\_\_\_

\_\_\_\_\_

Security Number \_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

(3 digit number following account number on  
or 4 digit number on front of card if using AmEx)

\_\_\_\_\_

Card Type (indicate) VISA MasterCard Amex Discover

City

State

Zip

Credit Card payments may be securely faxed to (847) 483-1282. All documentation must be submitted with the application.

### - NOTE -

It is the applicant's responsibility to review the MROCC policies and information, including the MRO Assistant Competencies document, from the MROCC web site – [www.mrocc.org/mroassistantprogram.htm](http://www.mrocc.org/mroassistantprogram.htm) -- prior to taking the MROA online examination.

## MROA RECERTIFICATION: An Online Examination from MROCC

### GENERAL INFORMATION:

|   |  |                            |
|---|--|----------------------------|
| LAST NAME -   | FIRST NAME -   | DATE OF BIRTH (MM/DD/YY) - |
| PRINT NAME AS IT SHOULD APPEAR ON VERIFICATION LETTER AND (optional) CERTIFICATE -  |  |                            |
| COMPANY NAME (optional) -   |  |                            |
| ADDRESS -   |  |                            |
| ADDRESS CONT -  |  |                            |
| CITY  | STATE  | POSTAL CODE                |
| CONTACT PHONE NUMBER -  | CONTACT FAX NUMBER -   |                            |
| EMAIL ADDRESS (WILL BE USED TO SEND CONFIRMATION AND LOG-ON DETAILS) -  |  |                            |
| <div style="display: flex; justify-content: space-between;"> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> </div> |  |                            |
| I HAVE FULFILLED THE RECERTIFICATION PREREQUISITES BY (CHOOSE ONE):   | <input type="checkbox"/> Submitting recommendation letter and self-assessment<br><input type="checkbox"/> Submitting recommendation letter and attending an MRO Assistant Training Course:<br>Course Taken: <input type="checkbox"/> DATIA <input type="checkbox"/> SAPAA <input type="checkbox"/> ACOEM<br>Course Date: _____ |                            |
| <b>MROCC RECOMMENDS YOU MAKE A COPY OF THIS APPLICATION FOR YOUR FILES</b>  |  |                            |

### RELEASE STATEMENT (MUST BE READ AND SIGNED):

I have read and I understand all MROCC's policies concerning this application, the application process, examination failure, cheating on the examination, and certification revocation – all viewable from the MROCC web site. Additionally, I agree that I have (or will) read the MRO Assistant Competencies document prior to logging on to the examination.

I understand that the exam is online, is open-book, and I have 30 days to complete it, once I have logged on the first time. I may log on and off until I am ready to submit the exam (see website the details and computer system requirements).

Further, I agree to (i) 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, any 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 Council of any changes in material eligibility status subsequent to the submission of this application and during the period of time for which any certificate is valid.

My signature signifies that I have read and agree to the above statement, and warrant that each of the statements made in support of this application is true and correct.

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|