

**IMPORTANT NOTICE:** The recent guideline/regulations changes require in drug testing for HHS/DOT on the updates. If you are using MROCC's Self-Study CME Activity to fulfill the training requirement for recertification, you also need to complete training on the new regulations separately as the 5th Edition MRO Manual is currently being updated to include the changes. MROCC has a 2 Hour Online CME activity, The Latest Federal Drug Testing Regulations, that covers the updated guidelines and regulations. If you would like to be registered for that activity, please indicate so in the payment section. All onsite courses completed after January 1, 2018 include training in the updated guidelines/regulations.



## MROCC RECERTIFICATION APPLICATION

**MROCC: 3231 S HALSTED St, Ste Front #167  
CHICAGO, IL 60608  
(T) 847.631.0599 | (F) 847.483.1282  
www.mrocc.org | mrocc@mrocc.org**

### EXAMINATION OPTIONS (PLEASE CHOOSE ONE):

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

The completed application, supporting documentation, and **\$395** examination fee must be in the MROCC Office 5 days prior to examination date.  
DATE OF ONSITE EXAM: \_\_\_\_\_

**ONLINE:** For physicians who choose not to take the certification examination following the MRO training course, the exam may be taken online. 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. Once the exam is started, you will have 30 days to complete it. An Immediate Pass-Fail determination is awarded upon submitting the exam.

My previous certification was through  MROCC  AAMRO

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):

**Address to use for ALL correspondence from MROCC:**

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 below:**

**Special Accommodations:**

Please include a separate letter with appropriate documentation for any special accommodations required.

**Documents and Payment to Application:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Copy of your current Medical License</li> <li>• Proof of MRO Training if exam is not taken immediately following a scheduled onsite MRO course</li> <li>• Payment of \$395 for onsite exam or \$495 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 when your check in for your exam.</li> <li>• It is your responsibility to review MROCC policies on cheating and certificate revocation – available at <a href="https://www.mrocc.org/getcertified.cfm">https://www.mrocc.org/getcertified.cfm</a> (under Exam Preparation)</li> </ul> |
|---|---|

**MRO Training Prerequisite:**

Please indicate how you are meeting the Training Prerequisite to take the MRO Recertification Examination. *Note: A training course that was used to fulfill requirements for your previous MRO Certification cannot be reused for recertification.*

I completed MROCC's 15 Hr Self-Study CME Activity  **OR**  MRO Course Taken (date/city): \_\_\_\_\_  
(Important: see note at top of page)

**Payment Method:**

Applications should be emailed ([mrocc@mrocc.org](mailto:mrocc@mrocc.org)) or securely faxed to 847-483-1282. (If paying by check, make check payable to Research Triangle Institute and mail to MROCC-RTI, 3231 S HALSTED St, Ste Front #167 CHICAGO, IL 60608.)

**RECERTIFICATION EXAM OPTIONS (CHOOSE ONE):**

**\$395 Onsite Paper Exam**  **\$495 for Online Exam**

**Registration for The Latest Federal Drug Testing Regulations 2 Hour Online Activity (CHOOSE ONE):**

**\$40 Please register me for the 2 Hour Online Activity (no AAFP credits included)**

**\$70 Please register me for the 2 Hour Online Activity (includes 2 hours of AAFP credit)**

**I have already registered/completed the 2 Hour Online Activity or I am not involved in HHS/DOT drug testing.**

Name on Credit Card Number: \_\_\_\_\_

Billing address: \_\_\_\_\_

Credit Card:  VISA  MASTERCARD  DISCOVER  AMEX

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):



**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:**

The retest policy permits the examination to be taken two additional times for free within a 12 month period from the date of registration for recertification. If after two retests, you have not passed the recertification examination, a new application and full examination fee will be required before attempting the examination again.

**REQUIRED TRAINING**

If you have not taken an onsite MRO training course and need to meet the MROCC CME Prerequisite for taking the recertification examination, please use the application found at [https://www.mrocc.org/MROCC\\_CME\\_app.pdf](https://www.mrocc.org/MROCC_CME_app.pdf) that includes the 25 Hr Self-Study CME activity that fulfills the prerequisite training.

**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 ( <https://www.mrocc.org/examprep.cfm>). 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.

**CHEATING AND CERTIFICATION REVOCATION**

This examination is copyrighted by MROCC. YOU MAY NOT ATTEMPT TO PRINT, WRITE DOWN, COPY OR SHARE THE CONTENTS OF THIS EXAMINATION. While you may refer to your reference materials during this open book examination, you must take it without the assistance of others. In order to be able to offer an online examination, MROCC RELIES UPON YOUR INTEGRITY. It is your responsibility to read and be familiar with MROCC's cheating and revocation policies. You can view the MROCC Policy on Cheating at [https://www.mrocc.org/mrocc\\_cheating\\_policy.pdf](https://www.mrocc.org/mrocc_cheating_policy.pdf). The MROCC Revocation Policy is available at Certification Revocation Policy [https://www.mrocc.org/mrocc\\_revocation\\_policy.pdf](https://www.mrocc.org/mrocc_revocation_policy.pdf)

**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

a digital signature is acceptable

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

a digital signature is acceptable

**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, download, 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

a digital signature is acceptable

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. Once you have registered for the online examination no refunds are awarded.