

AMERICAN BOARD OF PROLOTHERAPY, INC.

Application for Accreditation

Name: _____

Address: _____

Phone: Office _____

Mobile _____

Email _____

Date of Birth _____

Undergraduate College, Degree and Year _____

Graduate College, Degree and Year _____

Licensed in State _____

Licensing exams taken _____

Hospital(s) Affiliation _____

Enclose photocopy of current license

Enclose photocopy of postgraduate diploma

Enclose small color photograph

- A. In 1000 words or less, please give brief history of your introduction to the art of prolotherapy.
- B. State types of pathology that you feel are amenable to treatment with prolotherapy. "Please be specific."
- C. State types of pathology that you treat with prolotherapy. "Please be specific."
- D. Approximately how many patients do you treat per week?
- E. Approximately how many patients per week have pathology directly attributable to musculoskeletal complaints?
- F. Approximately how many patients per week do you treat with prolotherapy?
- G. How many of your patients per week receive manipulative therapy?
- H. Briefly discuss the use of sclerotherapy in conjunction with manipulative therapy.
- I. Do you treat varicose veins with sclerotherapy? If so, how many cases per month?

- J. Do you treat hemorrhoids with sclerotherapy? If so, how many cases per month?

- K. Do you treat joints with prolotherapy? If so, how many cases per month?

- L. Do you treat esophageal varices with sclerotherapy? If so, how many cases per month? _____
- M. Do you belong to the American Osteopathic Association of Prolotherapy Regenerative Medicine?
- N. If so, how long have you been a member? _____
- O. How did you receive hands-on introduction in the art and science of prolotherapy? Name or Names of trainers. _____
- P. Please submit three cases in S.O.A.P Format including differential diagnoses, and treatment options.
- Q. Please enclose three letters of Reference.**
- R. Applications must be "Notarized."**
- S. Provide copies of public and professional literature business cards, Stationary, advertisements, brochures.
- T. How long have you practiced Prolotherapy?
- U. Submit 10 questions regarding Prolotherapy. Each question to have 5 answers A thru E. The correct answer must be noted and must be supported by photo copy of reference material.
- V. Use additional paper to answer question, if necessary.

Signed and sealed by affiant this day _____ of _____ 20____.

Signature of Affiant _____

On this _____ day of _____, 20____, before me personally

Appeared _____ known to me to be the individual who executed the foregoing instrument, and being duly sworn, did depose and say the statements contained therein are true.

(Affix Notarial Seal) My commission expires _____.

Notary Public _____.