



International  
Association of  
Orofacial  
Myology

**APPLICATION FOR CERTIFICATION**

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
FAX: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

**EDUCATION**

Highest Degree: \_\_\_\_\_ Institution: \_\_\_\_\_

Before applying for certification a member must have taken a 28-hour Introductory Course or Internship in orofacial myology. Please list below any coursework/training/internship experiences that you have had in orofacial myofunctional disorders. IAOM conventions and clinical sessions may be included. (Use reverse side if necessary.)

<b>Course Title</b>	<b>Instructor</b>	<b>Date</b>	<b># of Hours</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What year did you join the IAOM? \_\_\_\_\_

Please attach copies of course certificates or registration forms as well as the course objectives or description and return to the address listed below along with the certification fee of \$100.00.

Certification Application

P.O. Box 278 • Georgetown, KY 40324 • U.S.A

Ph. (502) 370-4071 Fax (503) 345-6858

Email: iaomec@msn.com • Web: www.iaom.com