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**APPLICATION FOR CERTIFICATION - COM®**

Name: \_\_\_\_\_ Professional Credentials: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ *(This is the email where your exam will get sent to)*

**EDUCATION**

Degree: \_\_\_\_\_ Institution Name: \_\_\_\_\_

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

Before applying for certification you must be an **Active member** of the IAOM and completed a 28-hour Introductory Course. Please list below any coursework or training experiences that you have had in orofacial myofunctional disorders. IAOM conventions and clinical sessions may be included. (Use additional pages if necessary.)

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

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

What is your primary language? \_\_\_\_\_

Please attach and include a copy of your 28-hour introductory course certificate and verification of your professional healthcare background as Dental or Dental Specialist (DDS/DMD), Medical Physician (MD/DO), Registered Dental Hygienist (RDH), Dental Therapist (DT), Oral Health Therapist, Speech Language Pathologist (SLP), Physical Therapist (PT), Occupational Therapy (OT) or Other (by special Executive Committee approval). Return to the address listed below, email and/or fax application along with the certification fee of \$225.00. Credit card payments can be invoiced for direct payment once application is received via email to [info@iaom.com](mailto:info@iaom.com). Checks are also accepted. Please make payable to IAOM.

PO Box 485 • Maricopa, AZ 85139 • U.S.A  
Ph. (360) 912-4547 (MST) Fax (503) 345-6858  
Email: [info@iaom.com](mailto:info@iaom.com) • Web: [www.iaom.com](http://www.iaom.com)

## **IAOM Examination Non-Disclosure Agreement**

This Non-Disclosure IAOM Exam Agreement is made and entered into as of the electronic or manual signature dated below by and between the International Association of Orofacial Myology (IAOM) and you (the “*Examinee*”). This Exam is confidential IAOM information and is protected by intellectual property laws. It is made available to the Examinee solely for the purpose of demonstrating competency in the content area referenced in the title of this Exam

### **Breach**

The Examinee may be prohibited from membership and/or may be decertified from the IAOM if the IAOM believes the Examinee violated this Exam Agreement and/or engaged in any misconduct. This policy is enforced to ensure the integrity of the Exams and the IAOM Certification Program. Examples of misconduct and/or misuse of the Exam include, but are not limited to, the following:

- a) Modifying and/or altering the original results/score report for this Exam or any other exam records.
- b) Fraudulently impersonating another to gain access to the Exam.
- c) Submission of any work that is not completely your own.
- d) Providing or accepting improper assistance.
- e) Using unauthorized materials in an attempt to satisfy Exam requirements and/or unauthorized publication of Exam questions with or without answers.
- f) Disseminating actual Exam content or answers.
- g) Misconduct as determined by statistical analysis.
- h) Copying, publishing, disclosing, transmitting, selling, offering to sell, posting, downloading, distributing in any way, or otherwise transferring, modifying, making derivative works of, reverse engineering, decompiling, disassembling or translating any Exam in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.
- i) Using the Exam content in any manner that violates applicable law.

### **Miscellaneous**

1. This Agreement constitutes the entire understanding between the parties and supersedes any and all prior or contemporaneous understandings and agreements, whether oral or written, between the parties, with respect to the subject matter hereof. This Agreement can only be modified by a written amendment signed by the party against whom enforcement of such modification is sought.
2. The validity, construction and performance of this Agreement shall be governed and construed in accordance with the laws of \_\_\_\_\_ (state) applicable to contracts made and to be wholly performed within such state, without giving effect to any conflict of laws provisions thereof. The Federal and state courts located in

\_\_\_\_\_ (state) shall have sole and exclusive jurisdiction over any disputes arising under the terms of this Agreement.

3. Any failure by either party to enforce the other party's strict performance of any provision of this Agreement will not constitute a waiver of its right to subsequently enforce such provision or any other provision of this Agreement.

4. Although the restrictions contained in this Agreement are considered by the parties to be reasonable for the purpose of protecting the Confidential Information, if any such restriction is found by a court of competent jurisdiction to be unenforceable, such provision will be modified, rewritten or interpreted to include as much of its nature and scope as will render it enforceable. If it cannot be so modified, rewritten or interpreted to be enforceable in any respect, it will not be given effect, and the remainder of the Agreement will be enforced as if such provision was not included.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Course Waiver Acknowledgement Form

### Course Curriculum:

By joining the International Association of Orofacial Myology (IAOM), as an **Active Member**, I acknowledge that I have a current professional health care licensure in the state, province and/or country in which I work and that will be provided in my membership application.

In addition, I acknowledge I have completed an orofacial myofunctional course for a minimum of 28 hours and that certificate of attendance and course completion will be provided in my membership application.

It's my own personal responsibility for my education and course(s) pertaining to orofacial and myofunctional therapy. It is not in any way for the IAOM to determine what course is deemed acceptable for admittance into the organization other than meeting the minimum 28 hours of the introductory course I attended, providing verification of attendance from that course, and having a current professional health care licensure.

### Certification:

I understand that by joining the IAOM as an **Active Member** I am then eligible to enroll (*with a separate certification application and fee*) in the Certification Program with the goal to become a Certified Orofacial Myologist/COM®. Once enrolled in the Certification Program, the IAOM will provide topics and areas of study that the certification and examination will cover.

I understand that it's up to me as an individual to obtain my own educational course(s), seminar(s), webinar(s), and learning(s) to prepare me for the completion of the certification process and not the IAOM responsibility to determine courses for my certification to be successful.

The IAOM encourages all members to take as many educational courses and learning opportunities as possible.

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Signature

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Date

**DISCLAIMER:** While a Certified Orofacial Myologist (COM®) is determined by the IAOM to be proficient in the practice of Orofacial Myology, including the evaluation and treatment of those conditions described above, the matter of whether a licensed professional (e.g., SLP, RDH, DDS/DMD, MD) holding Certified Orofacial Myologist (COM®) certification is authorized by law to engage in specific evaluation and treatment practices is properly determined by the appropriate state, provincial, or national licensing board and not by the IAOM.