

Bylaws of the American Academy of Ozonotherapy (AAO)

CHAPTER I

Article 1.

THE AMERICAN ACADEMY OF OZONOTHERAPY, Inc. (AAO) is a corporation established on December 1, 2010 in Carson City, Nevada, USA, and is hereafter referred to as the AAO.

Article 2.

The AAO is established for an indefinite period.

Article 3.

The objectives of the AAO are the following:

a) The AAO is an academy of health professionals dedicated to establishing standards for the art and science of ozone therapy, educating the public and other health professionals about the many uses of ozone therapy in medicine, and promoting research in ozone therapy. Our goal is to enhance the health and well being of people through this safe, inexpensive, and effective therapy. Among the AAO's activities are:

1. Annual meeting.
2. Funding research.
3. Establishing standards for and certifying ozonotherapy training programs.
4. Establishing standards of therapy.
5. Establishing ethical practice standards for ozonotherapy.
6. Interacting with the international ozone medical community.
7. Promoting research in ozone therapy.
8. Working to bring ozone therapy into the mainstream of medicine.

b) Assist in the preparation of research studies, recommendations, projects, specific activities of AAO members, press releases, and any legislative actions affecting ozone therapy.

c) Define and standardize the application and use of ozone therapy in specific diseases and conditions.

d) Approve and support protocols for the application of ozone therapy.

e) Establish, maintain, and promote contact and collaboration with national and international institutions of similar nature and purpose.

f) Standardize and certify training programs in ozone therapy.

g) To publish and disseminate research conducted by the AAO or by others in the international ozone community. Priority is given to AAO members.

h) To promote, sponsor, organize and conduct meetings, symposia, workshops, seminars and the like, both nationally and internationally for the achievement of the purposes of the AAO. These activities may be held jointly with other organizations that share similar interests.

i) To defend members and the use of ozone therapy before regulatory authorities and news agencies to the extent that it is able. The AAO recognizes that all legal costs for the defence of any member shall be borne by the member.

j) To obtain public, private, national, and international funding to advance the scientific research, legislative actions, and medical uses of ozone therapy for the general health and welfare of people.

k) To administer and dispose of its own resources in accordance with the aims and activities of the association.

l) To promote the use of properly performed and standardized ozone therapy to the medical profession and to the general public.

m) To investigate and standardize any equipment used in ozone therapy.

n) To fund and establish research into ozonotherapy.

Article 4.

To fulfill its purposes, the AAO accepts the rules of professional, technical, ethical, and good clinical practice adopted by the 18th World Medical Association Declaration of Helsinki adopted by the 18th World Medical Assembly, Finland, June 1964.

Article 5.

The AAO administrative office and registered office is 1231 Country Club Drive in Carson City, NV 89703, USA.

CHAPTER II

AAO ADMINISTRATION

Article 6.

a) The AAO shall be managed and represented by an advisory board and a President and Vice-President. The AAO president shall be Frank Shallenberger, MD. The president will determine the Vice-President and the members of the Board at his discretion.

Article 7.

The purpose of the Board is to advise and assist the President in the management of the AAO. The Board members will work directly with the President to help achieve the AAO's stated mission and objectives. All final decisions regarding the management of the AAO shall be made by the President under the advisement of the Board.

Article 8.

The Board will meet physically or virtually (teleconference, email, etc.) at least every twelve months. The president shall establish special meetings between these annual meetings at his own discretion, or at the request of two or more members. All meetings must be noticed by the President to all Board members no less than four weeks before the meeting. Each notice shall include the agenda for the meeting.

Article 9.

The advisory duties of the Board shall extend generally to all activities and aims of the Association as follows:

- a) To plan, organize, manage, implement, authorize or delegate the performance of activities necessary to achieve the mission and objectives of the Association.
- b) To create working committees as necessary, appointing members of the Board to serve as chairs of same.
- c) To approve the proposals submitted to it by the all working committees.
- d) To create and approve all needed internal regulations in accordance with the stated goals and objectives of the AAO. All said regulations will be posted in the member area of the AAO website. All posted regulations will enter into force two months after being placed in the member area of the AAO website.
- e) To decide on the admission of new members, scientific advisors, and honorary members.
- f) To determine medical fees as a reference guideline for insurance carriers.
- g) To rule on the expulsion of a member according to Article 13 of these statutes.
- h) To rule on whether or not the AAO should form or join a federation and be part of one or several international associations, or to merge with another association who shares the same general purposes.

Article 10.

The President has the following functions:

- a) To legally represent the Association before any public or private bodies, and to perform for the Board and the general membership on their behalf all necessary judicial and extrajudicial functions without limitation.
- b) To administer and manage the association's finances and accounting.
- c) To call, preside over and adjourn the meetings held by the general membership and the Board.

d) To order and authorize payment by signing documents, records and correspondence.

e) To adopt any urgent measures regarding the business or activities of the AAO as may be necessary or desirable subject to consideration at the next meeting of the Board.

CHAPTER IV

MEMBERSHIPS

General Membership

All actively licensed medical doctors, osteopathic doctors, naturopathic doctors, veterinarians, chiropractic doctors, dentists, oriental medical doctors, nurse practitioners, and physician assistants no matter what country they are licensed in are eligible for general membership.

Fellowship

General members may be inducted into the academy as Fellows. Only Fellows of the academy will be listed in the academy's patient resource directory.

The requirements for Fellowship status are:

1. General membership.
2. Attending an ozonotherapy certification course endorsed by the AAO. The AAO will maintain a list of all certified courses. If a member attends a course that has not been certified by the AAO, the member is required to submit a course description. Based on the submitted course description the AAO at its discretion may certify the course as being satisfactory for Fellowship induction.
3. Passing the academy's written examination.
4. Submitting three case studies in which he/she has used ozone therapy.

Fellows may add the initials "FAAO" (Fellow of the American Academy of Ozonotherapy) after their name.

Any practitioner with a qualifying licensure as listed above who has previously attended another training course in ozone therapy deemed acceptable by the Board, has been practicing ozone therapy for over three years, and who has a demonstrated knowledge of the proper use and safe practice standards may at the academy's discretion be eligible for Fellowship without the need to pass a certifying examination and/or submit case studies.

Founding Member

A founding member designates a Fellow of the academy who received their fellowship in the first year of the academy prior to March 1, 2012. Founding members receive special recognition in the academy as being instrumental in the academy's formation. In addition, founding member dues are fixed for life as long as they maintain a current membership status.

Supporting Member. The academy recognizes that there are many persons in our society with a desire to promote our mission objectives who are not professionally involved in using ozonotherapy for patient care. The academy welcomes these lay members as an integral part of

our success. Any person who is interested in furthering the objectives of the AAO is welcomed with lay member status.

Prolozone Practitioner

Any Fellow of the academy may qualify to become a Prolozone Practitioner. The requirements for Prolozone Practitioner status are:

1. Attending the Beginning and Advanced Prolozone certification courses endorsed by the AAO. The AAO approved Prolozone certification seminars are offered twice per year.
2. Passing the academy's written Beginning and Advanced Prolozone examinations.
3. Submitting one case study each demonstrating expertise of Prolozone therapy on a shoulder, knee, hip, ankle, lower back, and neck.

Prolozone Practitioners may add the initials "APT" (Academy Prolozone Therapist) after their name.

Membership Privileges

All members who are current in the payment of AAO dues, shall have the following rights:

- a) To take part in all activities organized by the AAO.
- b) To enjoy all the advantages and benefits associated with AAO membership:
 1. All members will be issued certificates demonstrating their professional status.
 2. All Fellows who desire to will be listed on the academy's patient referral site. All those also certified in Prolozone® will receive this additional certification and designation.
 3. All Fellows receive priority for research funds.
 4. All Fellows will have access to the AAO's Institutional research Board (IRB).
 5. All members will receive a discount on trainings and the annual meeting.
 6. All members are entitled to any discounts on materials and equipment that the academy is able to procure.
 7. All members will be able to participate in the academy's web site bulletin board.

Article 16.

Each Fellow member must maintain their Fellowship status by paying the annual dues and by attending the AAO's annual meeting at least once every two years.

Article 17.

Each member shall be familiar with the academy's bylaws, and shall agree to uphold the academy's bylaws and standards in a forthright, professional, and ethical manner according to any regulations passed by the academy, the tenets of the World Medical Association Declaration of Helsinki adopted by the 18th World Medical Assembly, Finland, June 1964 (attached below), and the Madrid Declaration on Ozone Therapy

(http://www.aepromo.org/declaracion_madrid/Madrid_declaracion.pdf).

Article 18.

A Review Board will consist of five members of the academy appointed by the president. It will review any complaints of unethical conduct or failure to adhere to academy standards.

Article 19.

Members will lose their membership and privileges:

- a) By voluntary resignation.
- b) For failure to pay membership dues two months after having been warned by the AAO.
- c) For unethical conduct or for failure to adhere to the academy standards as determined by the Review Board and by Article 17.

CHAPTER VI
AAO OWNERSHIP

Article 20.

The AAO, Inc. is a corporation filed in the county of Carson, state of Nevada, USA that is owned by Frank Shallenberger.

ADDITIONAL PROVISIONS

Article 21.

Decisions taken by the President shall be published without delay in the "Member Forum" of the AAO's website.

Article 22.

The Academy will communicate with its members primarily through email and the Members Area of the website.

Article 23.

These statutes, together with any amendments that may be made in the future, and the internal regulations of the Academy will be posted in the members of the Academy website.

Article 24.

All legal matters regarding the Academy will be subject to jurisdiction in Carson City, Carson County, Nevada, USA.

WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI

Adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964. Amended by the 29th World Medical Assembly, Tokyo, Japan, October 1975; 35th World Medical Assembly, Venice, Italy, October 1983; and the 41st World Medical Assembly, Hong Kong, September 1989.

O. Introduction

I. Basic Principles

II. Medical Research Combined with Clinical Care (Clinical Research)

**III. Non-Therapeutic Biomedical Research Involving Human Subjects
(Non-Clinical Biomedical Research)**

Introduction

It is the mission of the physician to safeguard the health of the people. His or her knowledge and conscience are dedicated to the fulfillment of this mission.

The Declaration of Geneva of the World Medical Assembly binds the physician with the words, "The health of my patient will be my first consideration," and the International Code of Medical Ethics declares that, "A physician shall act only in the patient's interest when providing medical care, which might have the effect of weakening the physical and mental condition of the patient."

The purpose of biomedical research involving human subjects must be to improve diagnostic, therapeutic and prophylactic procedures, and the understanding of the aetiology and pathogenesis of disease. In current medical practice, most diagnostic, therapeutic or prophylactic procedures involve hazards. This applies especially to biomedical research.

Medical progress is based on research, which ultimately must rest in part on experimentation involving human subjects.

In the field of biomedical research, a fundamental distinction must be recognized between medical research, in which the aim is essentially diagnostic or therapeutic for a patient, and medical research, the essential object of which is purely scientific and without implying direct diagnostic or therapeutic value to the person subjected to the research.

Special caution must be exercised in the conduct of research, which may affect the environment, and the welfare of animals used for research must be respected.

Because it is essential that the results of laboratory experiments be applied to human beings to further scientific knowledge and to help suffering humanity, the World Medical Association has prepared the following recommendations as a guide to every physician in biomedical research involving human subjects. They should be kept under review in the future. It must be stressed that, the standards, as drafted, are only a guide to physicians all over the world. Physicians are not relieved from criminal, civil and ethical responsibilities under the laws of their own countries.

I. Basic Principles

1. Biomedical research involving human subjects must conform to generally accepted scientific principles, and should be based on adequately performed laboratory and animal experimentation, and on a thorough knowledge of the scientific literature.
2. The design and performance of each experimental procedure involving human subjects should be clearly formulated in an experimental protocol, which should be transmitted for consideration, comment and guidance to a specially appointed committee independent of the investigator and the sponsor, provided that this independent committee is in conformity with the laws and regulations of the country, in which the research experiment is performed.
3. Biomedical research involving human subjects should be conducted only by scientifically qualified persons, and under the supervision of a clinically competent medical person. The responsibility for the human subject must always rest with a medically qualified person, and never rest on the subject of the research, even though the subject has given his or her consent.
4. Biomedical research involving human subjects cannot legitimately be carried out, unless the importance of the objective is in proportion to the inherent risk to the subject.
5. Every biomedical research project involving human subjects should be preceded by careful assessment

of predictable risks, in comparison with foreseeable benefits to the subject or to others. Concern for the interests of the subject must always prevail over the interests of science and society.

6. The right of the research subject to safeguard his or her integrity must always be respected. Every precaution should be taken to respect the privacy of the subject, and to minimize the impact of the study on the subject's physical and mental integrity, and on the personality of the subject.

7. Physicians should abstain from engaging in research projects involving human subjects, unless they are satisfied that the hazards involved are believed to be predictable. Physicians should cease any investigation, if the hazards are found to outweigh the potential benefits.

8. In publication of the results of his or her research, the physician is obliged to preserve the accuracy of the results. Reports of experimentation, not in accordance with the principles laid down in this Declaration, should not be accepted for publication.

9. In any research on human beings, each potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study, and the discomfort it may entail. He or she should be informed that he or she is at liberty to abstain from participation in the study, and that he or she is free to withdraw his or her consent to participation at any time. The physician should then obtain the subject's freely-given informed consent, preferably in writing.

10. When obtaining informed consent for the research project, the physician should be particularly cautious, if the subject is in a dependent relationship to him or her, or may consent under duress. In that case, the informed consent should be obtained by a physician, who is not engaged in the investigation, and who is completely independent of this official relationship.

11. In case of legal incompetence, informed consent should be obtained from the legal guardian in accordance with national legislation. Where physical or mental incapacity makes it impossible to obtain informed consent, or when the subject is a minor, permission from the responsible relative replaces that of the subject, in accordance with national legislation. Whenever the minor child is in fact able to give a consent, the minor's consent must be obtained in addition to the consent of the minor's legal guardian.

12. The research protocol should always contain a statement of the ethical considerations involved, and should indicate that the principles enunciated in the present Declaration are complied with.

II. Medical Research Combined with Clinical Care (Clinical Research)

1. In the treatment of the sick person, the physician must be free to use a new diagnostic and therapeutic measure, if, in his or her judgment, it offers hope of saving life, re-establishing health, or alleviating suffering.

2. The potential benefits, hazards and discomfort of a new method should be weighed against the advantages of the best current diagnostic and therapeutic methods.

3. In any medical study, every patient --including those of a control group, if any-- should be assured of the best proven diagnostic and therapeutic method.

4. The refusal of the patient to participate in a study must never interfere with the physician-patient relationship.

5. If the physician considers it essential not to obtain informed consent, the specific reasons for this proposal should be stated in the experimental protocol for transmission to the independent committee (I.2).

6. The physician can combine medical research with professional care, the objective being the acquisition of new medical knowledge, only to the extent that medical research is justified by its potential diagnostic or therapeutic value for the patient.

III. Non-Therapeutic Biomedical Research Involving Human Subjects (Non-Clinical Biomedical Research)

1. In the purely scientific application of medical research carried out on a human being, it is the duty of the physician to remain the protector of the life and health of that person, on whom biomedical research is being carried out.
2. The subjects should be volunteers --either healthy persons, or patients for whom the experimental design is not related to the patient's illness.
3. The investigator or the investigating team should discontinue the research, if in his/her or their judgment it may, if continued, be harmful to the individual.
4. In research on man, the interest of science and society should never take precedence over considerations related to the well-being of the subject.