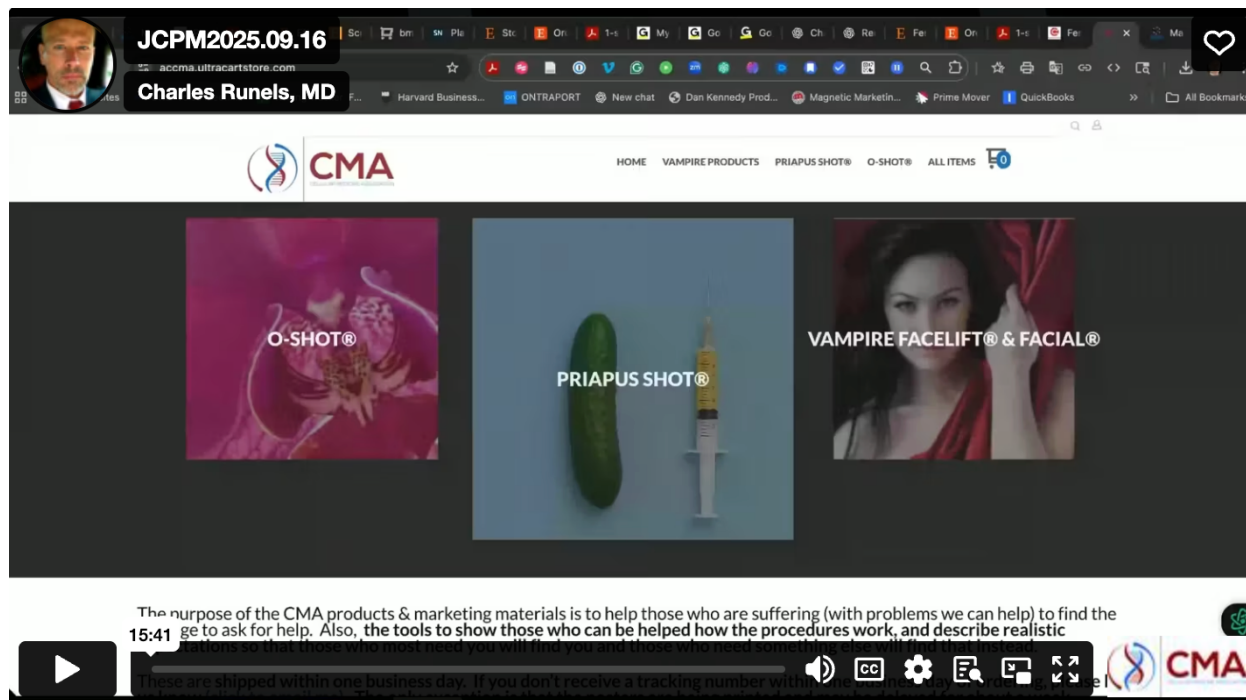


JCPM2025.09.16

The following is an edited transcript of the *Journal Club with Pearls & Marketing* (JCPM) of September 16, 2025, with Charles Runels, MD.

>-> [The video of this live journal club can be seen here <-<](#)



Topics Covered

- **A Systematic Review of the Treatment of Alopecia**
- **How Long Can You Wait After Spinning Blood before You can Successfully Inject PRP?**
- **A Multidisciplinary Approach to Female Sexual Dysfunction**
- **Marketing Tips Using a Research Article**
- **Herpes Zoster Ophthalmicus After PRP**
- **Our New Store for Convenient Marketing Materials**
- **References**
- **Useful Links**

**Charles Runels, MD**

Author, researcher, and inventor of the Vampire Facelift®, Orchid Shot® (O-Shot®), Priapus Shot® (P-Shot®), Priapus Toxin®, Vampire Breast Lift®, and Vampire Wing Lift®, & Clitoxin® procedures.

Transcript

Several important and helpful papers came out within the past week, both in understanding what we do and in promoting our practice to our patients. So, let's just dive in.

A Systematic Review of the Treatment of Alopecia with PRP

This first one is a systematic review of the treatment of alopecia.¹ As if we needed another study, we didn't, but reviewing and gathering it together is always helpful.

And they conclude that PRP works for both the number of hairs and the thickness of the individual hairs. It just works. Then, they look at studies that compare it with saline, corticosteroids, finasteride, minoxidil, polynucleotides, and PRP injections. So it's another one you could use to show your patients that what you're doing works.

You [could put a link](#). I'll put a link in the chat box here shortly, and you could use that link to share with your patients and tell them why you do what you do.

=>[Hands-on Botulinum Blastoff Course](#)<=

How Long Can You Wait After Spinning Blood before You can Successfully Inject PRP?

This one is reassuring because sometimes people ask, "Well, how long can you wait after you process the blood before you inject it?"

These people looked at it.² We don't see these papers come out very often. I tell people I was taught for four to six hours, and this paper supports that.

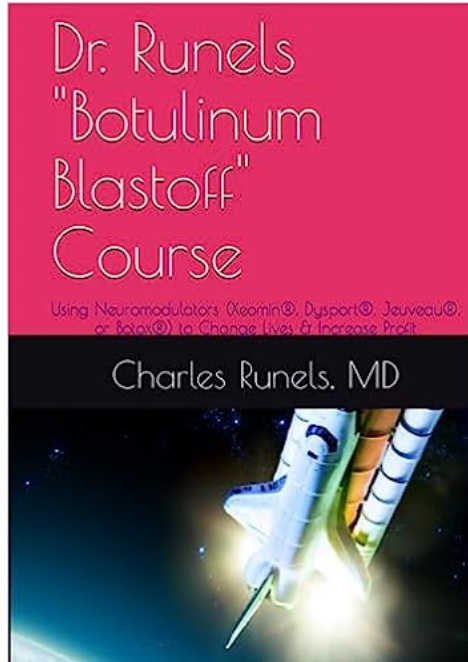
They show up to two to four hours without any noticeable changes in the spectral derivatives that they are analyzing.

¹ Anitua et al., "Platelet-Rich Plasma in the Management of Alopecia."

² Demishkevich et al., "Storage-Induced Spectral Changes of Human Platelet-Rich Plasma Revealed by SERS."

I was originally taught that these numbers came from when the blood was processed and then sat in the OR waiting for the orthopedic surgeon to inject it immediately post-op, while the patient was still under anesthesia. Of course, with our procedures, it's not difficult at all to have the blood injected in less than two to four hours, but it's useful to know that you have that much buffer.

If you have a helper who does the phlebotomy, prepares the PRP for you, and then you are with



another patient, as long as you're in the room and do the injection within a couple of hours, you're very much within the range of nothing being affected and are probably okay up to four hours.

A Multidisciplinary Approach to Female Sexual Dysfunction

This one is more helpful, and yet somewhat, I won't say insulting, but somewhat uninformed.³

But these are experts, so what they put here is absolutely tremendously helpful—just incomplete: there is no mention of anything to do with our platelet-rich plasma therapies, even though, as you remember two weeks ago, we had a paper that showed there are now **3,660 papers worldwide about using platelet-rich plasma in the gynecological space, 3,660.**⁴

So, when it starts to appear on the radar of all the experts, I'm not sure.

But these are well-published, highly respected sex therapists who wrote an overview of how to take care of women with sexual problems. It's a nice review of what the problems are and what the standard treatments are, and they go through what we know, if you show up here very often or even occasionally, that they go through...

We don't have an FDA version of testosterone yet, but it is recommended as a treatment, and it's even discussed in Alabama, where we have an extremely, extremely conservative board. This can be a good thing, and it's finally talked about as helpful. But they (in Alabama) are against pellets and even injections, anything other than a topical cream, so that's somewhat problematic (the humidity here is often over 80%, not so good for keeping a cream in place).

³ Myers et al., "Female Sexual Function, Dysfunction, and Treatment."

⁴ Willison et al., "Application of Platelet-Rich Plasma in Gynaecologic Disorders."

But most states are not so limiting. And you have now another paper in a highly respected journal saying it's something to do with libido, but we still don't have an FDA-approved version of it for women, so many of your colleagues will not do that, will not use it until that happens.

And if you look at their summary of treatment options for sexual dysfunction, you see they'll list the two FDA-approved drugs. They don't do it there, but they mention the DHEA vaginal creams for dyspareunia.

But we have multiple studies now about using our O-Shot® for dyspareunia, several about using it in women suffering from dryness caused by breast cancer.⁵ And may even help prevent breast cancer when used in our [Vampire Breast Lift® procedure](#).^{6 7 8}

I don't know when it becomes part of what they (all of those in the ivory towers). But if you're staying, you have to have a double-blind, placebo-controlled study. Where is that one for dilators? You can't do that one. You can't do double-blind, placebo-controlled studies for lens implants, which I had for my cataracts. And you can't do it for hydrodissection with saline or with PRP because you can't double-blind hydrodissection.^{9 10 11 12 13}

So I don't know if it'll ever show up, but everything that is here is standard (though incomplete).¹⁴ You can bank on it.

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

It's worth studying, and including nothing in here is not to be used. But we didn't even make the investigational list. I don't get that. So somewhat blinded to what's happening on the planet.

⁵ Hersant et al., "Efficacy of Injecting Platelet Concentrate Combined with Hyaluronic Acid for the Treatment of Vulvovaginal Atrophy in Postmenopausal Women with History of Breast Cancer."

⁶ Eichler et al., "Platelet-Rich Plasma (PRP) in Breast Cancer Patients."

⁷ Eichler et al., "Platelet-Rich Plasma (PRP) in Oncological Patients."

⁸ Han et al., "Platelet-Rich Plasma Inhibits Breast Cancer Proliferation."

⁹ "Clinical Benefit of Intra-Articular Saline as a Comparator in Clinical Trials of Knee Osteoarthritis Treatments_ A Systematic Review and Meta-Analysis of Randomized Trials | Elsevier Enhanced Reader."

¹⁰ Asghar et al., "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars."

¹¹ Bagherani and R Smoller, "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars."

¹² Searle et al., "Saline in Dermatologic Surgery."

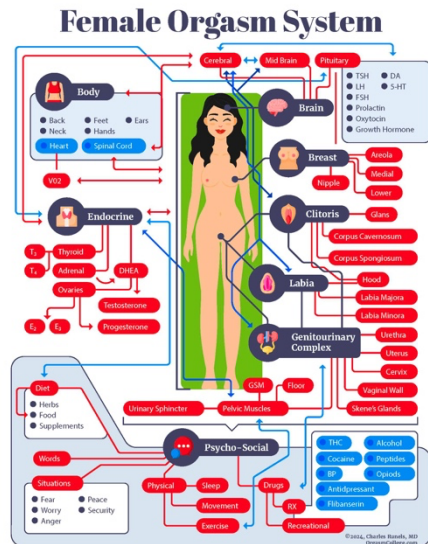
¹³ El-Amawy and Sarsik, "Saline in Dermatology."

¹⁴ Myers et al., "Female Sexual Function, Dysfunction, and Treatment."

If you look at the causes, they also left out (this omission was disturbing) hyperprolactinemia, which is common enough that it should be checked for, but it didn't make their list.

But again, this is worth studying and knowing; just look for gaps in your knowledge.

If you're using O-Shot® to treat female sexual dysfunction, you'll likely know everything on this list. But make sure that you do, then realize that you have more than what's on this list. Along with this paper, you have 3,660 papers that discuss what you're doing with O-Shot®.¹⁵



Remember, we did a poster to help you, this female orgasm system poster, [which we've made it now easier for you to get a copy of.](#) ^{16 17}

P-Shot® for Post Radiation Treatment in Men

So, I decided not to download this paper. I usually spend several hundred dollars for each journal club downloading the non-public domain journals, and it's usually \$30 to \$50 or \$60 bucks. I couldn't swallow \$95, I think, just to read one article.

But it's worth seeing that a recent article did come out where they looked at treating men with erectile dysfunction after radiation therapy and included a variation of our P-Shot® procedure.¹⁸ I've done this quite a bit with great results, as have many of our providers. Their comment is that yes, there is

research to back that up. It hasn't become established. It's not part of the main protocols. In other words, it works, but we don't think we crossed the finish line that we can recommend it yet (ugggh).

[=>Next Hands-On Workshops with Live Models<=](#)

But my question would **be if it's your penis** and you've had radiation and you understand the prosthesis works, but it's 90% that men like it, 10% don't like it, and have problems with it.

9 out of 10, that's great, and it's a great procedure (penile implant) that should be done. But if it were me, I would want the strategy that's done by many of the [urologists in our group](#), which is to give it a go.

¹⁵ Willison et al., "Application of Platelet-Rich Plasma in Gynaecologic Disorders."

¹⁶ Runels, "Female Orgasm System."

¹⁷ "O-Shot®."

¹⁸ Chinis et al., "Managing Erectile Dysfunction After Pelvic Radiotherapy."

“Let's try it with a P-Shot®. And if that doesn't work, you've tried everything, and you'll potentially have healthier tissue to improve the recovery, healing, and functionality when we put the prosthesis.”

So I don't think, even though in this very respected journal talking about what the research shows, the fact it acknowledges this is something that seems to work, but it said not "established" yet, I don't think that prohibits us from offering it to our patients before they jump to a penile prosthesis.

And, also, now remember, we have those four double-blind placebo-controlled studies showing that botulinum toxin helped as a standalone without using our P-Shot® for 40% of men, allowing them to reestablish erectile dysfunction if they were still on their PD-5 inhibitor.^{19 20 21 22 23 24 25}

So, I think it's worth adding in [Priapus Toxin®](#) along with a [P-Shot®](#) to test and see if you can avoid the prosthesis. I still think if it doesn't work, you don't keep their money, which is a little bit hard to swallow, but it's just how I feel we must do it when you have all cash or are doing a cash procedure.

And so you make sure that you have mostly people who have an over 95% response rate, which is more likely to happen in the person who has erectile dysfunction, but they still have some function. So their SHIM score is not five, it's 15 or 12, and they'll go up by 7.

=>Next Hands-On Workshops with Live Models<=

In other words, they can get some tumescence and some response from their PD-5 inhibitor. They're having to use a higher dose, and it's recently quit working in that sort of person. Or they had prostate surgery, and they had good function before the surgery, or they have Peyronie's disease. Those are your easy wins.

Whether they've had radiation or not, and they have no function or tumescence at all, for the studies of the botulinum toxin, in that case, you had a 40% response rate, which is worth trying if you're the

¹⁹ Habashy and Köhler, “Botox for Erectile Dysfunction.”

²⁰ Porter, *Botox*.

²¹ Giuliano et al., “Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin®) 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction.”

²² El-Shaer et al., “Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction.”

²³ Giuliano et al., “Safety and Effectiveness of Repeated Botulinum Toxin A Intracavernosal Injections in Men with Erectile Dysfunction Unresponsive to Approved Pharmacological Treatments.”

²⁴ Abdelrahman et al., “Safety and Efficacy of Botulinum Neurotoxin in the Treatment of Erectile Dysfunction Refractory to Phosphodiesterase Inhibitors.”

²⁵ Giuliano et al., “Safety and Efficacy of Intracavernosal Injections of AbobotulinumtoxinA (Dysport®) as Add on Therapy to Phosphodiesterase Type 5 Inhibitors or Prostaglandin E1 for Erectile Dysfunction—Case Studies.”

patient. But if all of your patients or are in that category, then you will have 6 out of 10 who will not think your treatment worked.

That's why you need a good profit margin. When someone does not see results, you can refund their money and still be profitable in the next procedure.

And you keep your ratio such that you're mostly treating people that have a high chance of recovery, which we have with those categories, Peyronie's disease, and they have some function, but it's not what it used to be. But we do have studies showing that it can be of benefit, and this review article shows it. We have quite a number of people calling me excitedly, telling me they've seen results with their P-Shot® patients.

Our New Store for Convenient Marketing Materials

Okay, this is what I wanted to show you. Here's my little blurb about the female orgasm system.²⁶ And if you take this picture, which you can download, I'll put the link right now to the page in the chat box. You can download that and think about it, have this out on a piece of paper.

Looking at it as you think about that article I just showed you, and the treatment of female sexual dysfunction and everything in that article is on this poster, plus more.

Everything in their article is on this poster, but there is more on this poster that they left out of the article, including I can't believe they left out hyperprolactinemia, which can be easily treated with Dostinex for the big change and helpfulness for the woman.

And I wanted to show you, [we have a new store](#). I'll put the link to that in the page too, which makes it easier for you to buy. If you want this poster to be on your wall for your patients, you can buy it here. We just made it more convenient.

But these are all marketing materials and teaching aids that you can use. Okay. And I'll just put that in your chat box, too.

And always remember that **it is not your patient's responsibility to know what you're able to; it's our responsibility to teach them.**

I don't really know a better marketing tip than that. **Not trying to get them to do anything but explaining what you're able to do and then offering to help them.**

Marketing Tips Using a Research Article

And so, a link to that article about dysfunction, I promised you that, let me give you that now before we forget it. So a link to this article and then some sort of, it could be a social media conversation, it could

²⁶ runels, "Female Orgasm System."

be an email, it could be a video, but if you want a very smart way to talk to your people and have them show up for an O-Shot®, another way to do that is just bring up this article on a screen and use the screen sharing app like [Camtasia](#).

I'll put its name in the chat box. That's what I like to use. And then you can just **read from the article and film your face discussing it, pull up the poster, talk about that, and then talk about your regenerative therapies with your O-Shot® and or Clitoxin® procedures and offer everything that you do**, whether it's the testosterone or the Clitoxin®.

It takes on a different flavor when you're discussing this very recent review article about sexual dysfunction; it comes across as smart, informed, motivated, and your patients will love it.

Herpes Zoster Ophthalmicus After PRP

And this one was an odd one. They reported one case of herpes zoster ophthalmicus—just a case report.²⁷ I'll give you the link to that one. They say this is the second one ever reported.

They mention that it might have been a contamination problem, but they're not sure what caused it.

I know anecdotally, I've had patients who have had two, and that's not a lot, but I've had two, and have heard of others in our group who thought their O-Shot® *DECREASED* the recurrence rate of their genital herpes.

A couple of studies have shown the use of PRP for Bell's palsy (virus-induced but made better by PRP).²⁸

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

Anyway, there's a body of research supporting the idea that platelet-rich plasma could be helpful in fighting a viral infection. So, to have it trigger an infection is an interesting and very rare thing, but I want you to know that it happened. It was initially treated as an allergic reaction and then appropriately, but obviously, it was a very serious thing.

And they mentioned that it could be from contamination, so I don't know, maybe there was something about the procedure that was questionable. And I think that's everything. Yep, that's all the studies I had out that I thought were... There's more and more coming out. There were four different studies in the past week about using platelet-rich plasma to help improve the ability of the endometrium to improve fertility. That's becoming a really hot topic. Most of us don't do fertility, so I've quit talking about that, but just know it's out there. Let's see if there are any questions, and if not, we'll call it a night. If I we are going to pick the thing to use for marketing this time, it would be the hair article and the one about

²⁷ Riding et al., "Herpes Zoster Ophthalmicus Following Platelet-Rich Plasma Therapy for Androgenetic Alopecia."

²⁸ Seffer and Nemeth, "Recovery from Bell Palsy after Transplantation of Peripheral Blood Mononuclear Cells and Platelet-Rich Plasma."

female sexual function. Let's see, are there questions? Don't see any, so let's call it a night. I hope that was helpful to you. See you next week.

References

- Abdelrahman, Islam Fathy Soliman, Amr Abdel Raheem, Yaser Elkhayat, Abdelrahman A. Aburahma, Tarek Abdel-Raheem, and Hussein Ghanem. "Safety and Efficacy of Botulinum Neurotoxin in the Treatment of Erectile Dysfunction Refractory to Phosphodiesterase Inhibitors: Results of a Randomized Controlled Trial." *Andrology* 10, no. 2 (2022): 254–61. <https://doi.org/10.1111/andr.13104>.
- Anitua, Eduardo, Roberto Tierno, and Mohammad Hamdan Alkhraisat. "Platelet-Rich Plasma in the Management of Alopecia: A Systematic Review and Meta-Analysis of Clinical Evidence." *Dermatology and Therapy*, ahead of print, September 13, 2025. <https://doi.org/10.1007/s13555-025-01542-8>.
- Asghar, Aneela, Zahid Tahir, Aisha Ghias, Usma Iftikhar, and Tahir Jameel Ahmad. "Efficacy and Safety of Intralesional Normal Saline in Atrophic Acne Scars." *Annals of King Edward Medical University* 25, no. 2 (2019): 2. <https://doi.org/10.21649/akemu.v25i2.2867>.
- Bagherani, Nooshin, and Bruce R Smoller. "Introduction of a Novel Therapeutic Option for Atrophic Acne Scars: Saline Injection Therapy." *Global Dermatology* 2, no. 6 (2016). <https://doi.org/10.15761/GOD.1000159>.
- Chinis, Evangelos, Vasiliki Nikovia, Kornilia Vasiliki Orfanidou, et al. "Managing Erectile Dysfunction After Pelvic Radiotherapy." *Reviews on Recent Clinical Trials* 20 (n.d.): 1–19. <https://doi.org/10.2174/0115748871370872250818085732>.
- "Clinical Benefit of Intra-Articular Saline as a Comparator in Clinical Trials of Knee Osteoarthritis Treatments_ A Systematic Review and Meta-Analysis of Randomized Trials | Elsevier Enhanced Reader." <https://doi.org/10.1016/j.semarthrit.2016.04.003>.
- Demishkevich, Elizaveta, Aleksandr Anoshin, Andrey Zyubin, et al. "Storage-Induced Spectral Changes of Human Platelet-Rich Plasma Revealed by SERS." *Spectrochimica Acta Part A: Molecular and Biomolecular Spectroscopy* 346 (February 2026): 126919. <https://doi.org/10.1016/j.saa.2025.126919>.
- Eichler, C., C. Baucks, J. Üner, et al. "Platelet-Rich Plasma (PRP) in Breast Cancer Patients: An Application Analysis of 163 Sentinel Lymph Node Biopsies." *BioMed Research International* 2020 (October 2020): 1–7. <https://doi.org/10.1155/2020/3432987>.
- Eichler, Christian, Jens Üner, Fabinshy Thangarajah, et al. "Platelet-Rich Plasma (PRP) in Oncological Patients: Long-Term Oncological Outcome Analysis of the Treatment of Subcutaneous Venous Access Device Scars in 89 Breast Cancer Patients." *Archives of Gynecology and Obstetrics*, ahead of print, April 4, 2022. <https://doi.org/10.1007/s00404-022-06416-4>.

- El-Amawy, Heba Saed, and Sameh Magdy Sarsik. "Saline in Dermatology: A Literature Review." *Journal of Cosmetic Dermatology* 20, no. 7 (2021): 2040–51. <https://doi.org/10.1111/jocd.13813>.
- El-Shaer, Waleed, Hussein Ghanem, Tamer Diab, Ahmed Abo-Taleb, and Wael Kandeel. "Intra-Cavernous Injection of BOTOX® (50 and 100 Units) for Treatment of Vasculogenic Erectile Dysfunction: Randomized Controlled Trial." *Andrology* 9, no. 4 (2021): 1166–75. <https://doi.org/10.1111/andr.13010>.
- Giuliano, Francois, Pierre Denys, and Charles Jossain. "Effectiveness and Safety of Intracavernosal IncobotulinumtoxinA (Xeomin®) 100 U as an Add-on Therapy to Standard Pharmacological Treatment for Difficult-to-Treat Erectile Dysfunction: A Case Series." *Toxins* 14, no. 4 (2022): 286. <https://doi.org/10.3390/toxins14040286>.
- Giuliano, François, Pierre Denys, and Charles Jossain. "Safety and Effectiveness of Repeated Botulinum Toxin A Intracavernosal Injections in Men with Erectile Dysfunction Unresponsive to Approved Pharmacological Treatments: Real-World Observational Data." *Toxins* 15, no. 6 (2023): 382. <https://doi.org/10.3390/toxins15060382>.
- Giuliano, Francois, Charles Jossain, and Pierre Denys. "Safety and Efficacy of Intracavernosal Injections of AbobotulinumtoxinA (Dysport®) as Add on Therapy to Phosphodiesterase Type 5 Inhibitors or Prostaglandin E1 for Erectile Dysfunction—Case Studies." *Toxins* 11, no. 5 (2019): 283. <https://doi.org/10.3390/toxins11050283>.
- Habashy, Engy, and Tobias S. Köhler. "Botox for Erectile Dysfunction." *The Journal of Sexual Medicine* 19, no. 7 (2022): 1061–63. <https://doi.org/10.1016/j.jsxm.2022.03.216>.
- Han, Chao, Caiping Chen, Ning Lu, et al. "Platelet-Rich Plasma Inhibits Breast Cancer Proliferation." *Clinical Medicine Insights: Oncology* 18 (January 2024): 11795549241298978. <https://doi.org/10.1177/11795549241298978>.
- Hersant, Barbara, Mounia SidAhmed-Mezi, Yazid Belkacemi, et al. "Efficacy of Injecting Platelet Concentrate Combined with Hyaluronic Acid for the Treatment of Vulvovaginal Atrophy in Postmenopausal Women with History of Breast Cancer." *Menopause* 25, no. 10 (2018): 1. <https://doi.org/10.1097/GME.0000000000001122>.
- Myers, Anna, Jean Marino, Karen Connor, Erika L. Kelley, Sheryl A. Kingsberg, and Rachel Pope. "Female Sexual Function, Dysfunction, and Treatment: A Biopsychosocial Multidisciplinary Approach." *Journal of Minimally Invasive Gynecology*, July 2025, S1553465025002626. <https://doi.org/10.1016/j.jmig.2025.07.019>.
- "O-Shot®." Accessed September 16, 2025. <https://accma.ultracartstore.com/shop/O-Shot/>.
- Porter, Dr Mark. *Botox: The New Viagra? It's One Way to Treat Erectile Dysfunction*. Sec. Times2. n.d. Accessed November 8, 2022. <https://www.thetimes.co.uk/article/botox-could-help-men-beat-erectile-dysfunction-here-s-what-to-know-8x2vvt9c7>.

Riding, George, Sam Myers, and Saurabh Jain. "Herpes Zoster Ophthalmicus Following Platelet-Rich Plasma Therapy for Androgenetic Alopecia." *BMJ Case Reports* 18, no. 9 (2025): e266609. <https://doi.org/10.1136/bcr-2025-266609>.

runels. "Female Orgasm System." *Orgasm College™*, July 27, 2023. <https://orgasmcollege.com/femaleorgasmsystem/>.

Searle, Tamara, Firas Al-Niaimi, and Faisal R. Ali. "Saline in Dermatologic Surgery." *Journal of Cosmetic Dermatology* 20, no. 4 (2021): 1346–47. <https://doi.org/10.1111/jocd.13996>.

Seffer, Istvan, and Zoltan Nemeth. "Recovery from Bell Palsy after Transplantation of Peripheral Blood Mononuclear Cells and Platelet-Rich Plasma." *Plastic and Reconstructive Surgery Global Open* 5, no. 6 (2017): e1376. <https://doi.org/10.1097/GOX.0000000000001376>.

Willison, Nadia, Fariba Behnia-Willison, Pouria Aryan, et al. "Application of Platelet-Rich Plasma in Gynaecologic Disorders: A Scoping Review." *Journal of Clinical Medicine* 14, no. 16 (2025): 5832. <https://doi.org/10.3390/jcm14165832>.

Tags

PRP, platelet rich plasma, female sexual dysfunction, O-Shot®, Clitoxin®, testosterone therapy, DHEA vaginal cream, dyspareunia, anorgasmia, hyperprolactinemia, alopecia treatment, hair restoration, phlebectomy timing, regenerative medicine, gynecology, sex therapy, orgasm system, female orgasm poster, erectile dysfunction, P-Shot®, Peyronie's disease, penile prosthesis, botulinum toxin, Priapus Toxin®, double-blind studies, fertility, endometrium, infertility, case report, herpes zoster, Bell's palsy, viral infection, marketing strategies, patient education, medical procedures, journal club, clinical research

Helpful Links

=> [Next Hands-On Workshops with Live Models](#) <=

=>[Hands On Botulinum Toxin Workshop That Teaches Medical & Cosmetic Uses](#)<=

=> [Dr. Runels Online Botulinum Blastoff Course](#) <=

=> [The Cellular Medicine Association \(who we are\)](#) <=

=> [Apply for Online Training for Multiple PRP Procedures](#) <=

=> [FSFI Online Administrator and Calculator](#) <=

=> [5-Notes Expert System for Doctors](#) <=

=> [Help with Logging into Membership Websites](#) <=

=> [The software I use to send emails: ONTRAPORT \(free trial\)](#) <=

=> Sell O-Shot® products: You make 10% with links you place; shipped by the manufacturer), [this explains](#) and [here's where to apply](#)