



Examination Payment Form

| Application Type | | | |
|---|--|--|---|
| Check the exam you are retaking. You may use this application for more than one exam. | | | |
| <input type="checkbox"/> Orthotist (BOCO) | <input type="checkbox"/> Pedorthist (BOCPD) | <input type="checkbox"/> Mastectomy Fitter (CMF) | |
| <input type="checkbox"/> Prosthetist (BOCP) | <input type="checkbox"/> Orthotic Fitter (COF) | <input type="checkbox"/> DME Specialist (CDME) | |
| What year did you first submit your application? _____ | | | |
| Personal Information | | | |
| First Name | | Last Name | Middle Initial |
| Street Address | | | Apartment Number |
| City | State | Zip Code | Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Email | | Telephone Number | Mobile Number |
| <input type="checkbox"/> Please exclude my contact information from distribution to third parties. <input type="checkbox"/> Please exclude me from the online BOC Practitioner and Facility Directory. | | | Date |
| Professional Information | | | |
| Company Name | | | Name of Immediate Supervisor |
| Street Address | | | Suite Number |
| City | State | Zip Code | Country |
| Telephone Number | | Fax Number | Is this an accredited facility? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Questionnaire | | | |
| Have you been named as a defendant in a professional liability suit during the past five years? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any professional practice judgments or settlements against you in the past five years? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your professional certification/license ever been affected negatively by any agency? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of one or more felonies? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Medicaid or any other medical plan ever brought charges against you for any reason? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your professional liability coverage ever been restricted, limited, denied, or denied renewal? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "Yes" to any of the above, please enclose an explanation on a separate sheet. | | | |

**Attestation**

I attest that the information reported on this application, and in all accompanying documentation, is true and accurate to the best of my knowledge.

Applicant Signature

Certification Fees | Please select the applicable exam(s).

| | Orthotist (BOCO) | Prosthetist (BOCP) | Pedorthist (BOCPD) | Certified Orthotic Fitter (COF) | Certified Mastectomy Fitter (CMF) | Certified DME Specialist (CDME™) |
|-------------------------------|------------------|--------------------|--------------------|---------------------------------|-----------------------------------|----------------------------------|
| Multiple Choice Exam | \$300 | \$300 | \$250 | \$200 | \$150 | \$100 |
| Clinical Simulation Exam | \$300 | \$300 | n/a | n/a | n/a | n/a |
| Video Practical Exam | \$300 | \$300 | n/a | n/a | n/a | n/a |
| Video Practical Exam (retake) | \$150 | \$150 | n/a | n/a | n/a | n/a |

Payment : \$ _____

Credit Card Payment

Visa MasterCard Discover American Express

Credit Card Number

Check Payment

Check (enclosed)

Security Code

Check Number

Expiration Date

Billing Address

City

State

Zip Code

Name as it appears on card

Cardholder Signature

The issuer of the card identified on this form is authorized to pay the amount shown as total upon proper presentation. I agree to pay such total (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. Make Check or Money Order payable to BOC. If your check is returned for any reason, you must submit a bank draft, money order, or credit card payment with an additional fee of \$35.00 to cover the returned check processing fee. Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses. BOC does not offer refunds or accept post-dated checks.

You may email or fax this application and documentation to:

cert@bocusa.org

410.581.6228

Or, mail completed application and documentation to:

Board of Certification/Accreditation
Attention: Certification Department
10461 Mill Run Circle, Suite 1250
Owings Mills, Maryland 21117