



CE Provider Course Renewal Form

Course Type			
Please check the renewal type you are submitting:			
<input type="checkbox"/> CE Course Program <input type="checkbox"/> CMF Entry-Level Education Program <input type="checkbox"/> COF Entry-Level Education Program			
Provider Information			
Course Provider Name (Company, Organization, Institution)			Telephone Number
Contact Name (Point of contact for certificants interested in taking the course)			Fax Number
Mailing Address			Suite Number
City	State	Zip Code	Website Address
Contact Email Address		Type of Organization:	
		<input type="checkbox"/> University/School <input type="checkbox"/> Association Non Profit*** <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other _____	
Course Information			
Submit the credentials of the course instructor/speaker.			
Course Title		Level of prior knowledge or experience required for attendees:	
		<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Course Dates			
A course that will be offered at multiple dates and locations counts can be submitted as one course, provided that the course description and quality assurance section of the application is constant for each course session.			
Course Date(s)	Time (From/To)	Location (Physical Address, City, State)	
Updated Course Information			
Has your course changed since it was last approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(If no, please proceed to the Continuing Education Units section of this form.)			
Submit a <u>detailed course agenda</u> (labeling each session Business or Scientific) as well as the brief overview questions you answer below. If submitting multiple courses, please provide a separate registration form, description and agenda for each.			
Submit the credentials of the course instructor/speaker.			
Brief Course Description (<i>Description will be displayed on the BOC Approved Continuing Education list. 25 words or fewer.</i>)			

Applicable Certification Type(s)			
<input type="checkbox"/> Orthotist <input type="checkbox"/> Prosthetist <input type="checkbox"/> Pedorthist <input type="checkbox"/> Orthotic Fitter <input type="checkbox"/> Mastectomy Fitter <input type="checkbox"/> DME Specialist			
What is the primary delivery method for the course? Check one.			
<input type="checkbox"/> Traditional, classroom-based <input type="checkbox"/> Interactive software <input type="checkbox"/> Pre-recorded audio (Podcast, MP3, etc.) <input type="checkbox"/> Web-based, real time instruction <input type="checkbox"/> Web-based training (Webinar, etc.) <input type="checkbox"/> Other: _____			

**Continuing Education Units**

To determine the appropriate number of CEUs that may be awarded to participants in this course, please provide the hours requested from the agenda for Scientific and/or Business.

Scientific Units Offered _____ hours
(clinical, technical aspects of your practice)

Business Units Offered _____ hours
(operational improvements; business-related)

Payment Information

_____ Number of CE Credit Hours Being Offered *(Total number of credit hours include the maximum CE credit hours offered, not the maximum a participant can earn)*

X **\$10** Rate per CE Credit Hour ***Non Profit organizations are exempt from all fees

_____ **Total Payment Amount (or \$450, whichever is lower)**

Credit Card Payment

Visa MasterCard Discover American Express

Check Payment

Check (enclosed)

Check Number

Credit Card Number

Security Code

Expiration Date

Billing Address

City

State

Zip Code

Name as it appears on card

Cardholder Signature

Date

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.

***Non Profit organizations are exempt from all fees and must submit a Determination Letter.

Submit course renewal form, course agenda (if necessary), and payment to:

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

For expedited review, send electronically:

Email: ce@bocusa.org
 Direct fax: 410.753.8734