



Video Practical Examination (VPE) Candidate Authentication Form

To process your Video Practical Examination (VPE), please complete and submit this form to BOC. This form verifies that you have voluntarily participated in the recording in order to fulfill a BOC certification program requirement. Per the VPE Instructions, **please submit this form along with the patient consent form and four copies of your video exam to:**

BOC
Attn: Certification Coordinator
10461 Mill Run Circle, Suite 1250
Owings Mills, MD 21117

I, (type or print Candidate Name) _____, (type or print Social Security Number) _____, have agreed to record my performance of procedures required by the Board of Certification/Accreditation, as part of the certification process. Furthermore, I declare that I performed all procedures appearing in this video myself. I agree that any falsification of this process disqualifies me from BOC certification.

Candidate Signature

Date