



Video Practical Examination (VPE) Patient Consent Form

Thank you for your willingness to participate in the Video Practical Exam (VPE). This exam is one step in the process of your practitioner, or the practitioner you are assisting, becoming certified by the Board of Certification/ Accreditation (BOC). BOC is an independent, non-profit organization that offers certification programs to orthotic and prosthetic professionals and facility accreditation to durable medical equipment and orthotic and prosthetic suppliers. Our mission is to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives, of the competence, professionalism and safe practice environments of BOC-certified practitioners and/or BOC-accredited facilities. If you have any questions about the process in which you are participating, do not hesitate to contact us at 410.581.6222.

By completion of this form, you are verifying that you have voluntarily participated in the recording of this examination.

I, (type or print Patient Name) _____, have agreed to be recorded by (type or print Candidate Name) _____ during the procedure of being fitted with an orthosis/prosthesis. I understand that the video is for the purpose of certification by the Board of Certification/Accreditation, and that the video will only be viewed by a select committee of BOC reviewers.

I further agree that I will hold harmless BOC, any of its reviewers, and (type or print Candidate Name) _____ for any damages, injuries, claims and causes of action which may arise out of, be incident to, or be in any way connected to the recording, my service for this candidate, or my performance during the procedure.

Patient Signature

Date

Certification Candidate:

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