Approved CE Provider Course Registration Form

Provider Information

Please review the BOC Approved CE Program, which details what you and your course(s) will need to meet BOC approval criteria.

Course Provider Name (Company, Organization, Institution)		Application Date

Contact Name (Point of contact for certificants interested in the course)	Contact Email Address

Mailing Address	Suite Number

City	State	Zip Code	Country

Telephone Number	Fax Number	Website Address

Course Description

Submit a detailed course agenda (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.

Course Title	Level of prior knowledge or experience required for attendees: □ Novice □ Intermediate □ Advanced

Brief Course Description (*Description will be displayed on the BOC Approved Continuing Education list. 25 words or fewer.*)

Learning Objectives *(What new knowledge or skills will the participant gain through participation in this course?)*

Applicable Certification Type(s)	Orthotist Prosthetist	Pedorthist Orthotic Fitter	Mastectomy Fitter DME Specialist

Course Details

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)

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 (Category 1) and/or Business (Category 2).

Scientific Units Offered *(clinical, technical aspects of your practice)* _____ hours	Business Units Offered *(operational improvements; business-related)* _____ hours

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Quality Assurance

What is the primary delivery method for the course? Check one.

☐ Traditional, classroom-based ☐ Video conference ☐ Pre-recorded video

☐ Web-based, real time instruction ☐ Interactive software ☐ Web-based training (Webinar, etc.)

☐ Pre-recorded audio (Podcast, MP3, etc.) ☐ Live audio conference ☐ Other: _____

What instructional resources will be used in this course? Check all that apply.

☐ In-house expertise ☐ Computer software ☐ Outside Consultant

☐ Books, manuals, handouts ☐ School faculty member ☐ Slides or visuals

What methods of participant interaction will be incorporated into this course?

☐ Planned Q&A periods ☐ Group exercises ☐ Interactive computer software

☐ Simulations or role-playing ☐ Discussion of case studies ☐ Other: _____

☐ Individual exercises ☐ Hands-on activities

How did you determine the need for your course's learning objectives?

☐ Survey of practitioners ☐ Interviews with potential participants

☐ Evaluation of information from previous programs ☐ Advice from consultant

☐ Participants were involved in planning course ☐ Survey of O&P providers

☐ Review of work performance ☐ Other: _____

How will you evaluate participant learning and overall quality of the course?

☐ Informal post-course test ☐ Comments survey at the end of the course

☐ Standardized post-course test ☐ Follow-up survey of participants or employer

☐ Post-course review of project by expert or peer group ☐ Other: _____

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 course registration fees and must submit a Determination Letter.)*

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

Credit Card Payment	**Check Payment**	Check Number
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	☐ Check (enclosed)	
Credit Card Number	Security Code	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.

Submit course registration form, course agenda and payment to:
Board of Certification/Accreditation
Attention: Continuing Education
10461 Mill Run Circle, Suite 1250
Owings Mills, MD 21117

For expedited review, send electronically:
Email: ce@bocusa.org
Direct fax line: 410.753.8734