



Certified Lymphedema Compression Fitter (CLCF) Application *indicates a required field

Personal Information

Form section for Personal Information including fields for First Name, Last Name, Middle Initial, Gender, Street Address, Apartment Number, State, Zip Code, Country, Home Email, Mobile Number, Alternate Phone Number, Preferred mailing address, and Date of Birth.

Professional Information

Form section for Professional Information including fields for Current Professional Credentials, Business Name, Business Email, Business Address, Suite Number, City, State, Zip Code, Country, Phone Number, Fax Number, and Is this a BOC-accredited facility?

Education and Credentials Requirements*

Form section for Education and Credentials Requirements with multiple rows of questions and Yes/No response columns.

Questionnaire

Form section for Questionnaire with six rows of questions and Yes/No response columns.

If you answered "Yes" to any of the above, please enclose an explanation on a separate sheet.



How did you hear about BOC?

Colleague
 BOC Website
 Webinar
 Social Media
 My Employer
 Manufacturer
 Tradeshow:

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

Date

Certification Fees (Fees are subject to change)

Application Fee (required)* **\$50**

CLCF Multiple Choice Exam Fee: **\$100**

PAYMENT AMOUNT: \$

Take your computer-based, multiple-choice exam from your home or office. BOC's testing provider, TestReach, will contact you via email with instructions on how to schedule your appointment to take this exam.

Payment Method

Credit Card Payment (All fields must be complete)

Visa
 MasterCard
 Discover
 American Express

Credit Card Number

Check Payment

Check Enclosed
 Check Number:

Security Code

Expiration Date

Promo Code: if applicable

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 Payment Amount upon proper presentation. I agree to pay such Payment Amount (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. BOC does not offer refunds or accept post-dated checks.

Is your CLCF application complete?

Complete, print and sign this PDF.

Gather your required eligibility documents: active healthcare/medical field credential and certificate of completion for the education requirement.

Provide payment information.

Scan application and documentation and email to BOC: cert@bocusa.org. Alternatively you can mail your application, documentation and payment to: **Board of Certification/Accreditation**, Attention: Certification Department, 10461 Mill Run Circle - Suite 1250, Owings Mills, Maryland 21117.

Submit this application and any additional documentation by **email, fax, or mail.**

EMAIL

cert@bocusa.org

FAX

410.581.6228

MAIL

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