



Examination Appeals Request

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Examination appeals consist of two types and there is a \$25 processing fee for each appeals type.

Please choose one of the following:

Score Check

A score check is a review of an examination's results if a candidate believes the score was calculated incorrectly.

Appeal of Substance

An Appeal of Substance deals with the nature, form, or content of a particular test item.

Please indicate the examination associated with your appeal:

Orthotic Fitter Mastectomy Fitter DME Specialist

If an Appeal of Substance, please explain your challenge:

Please send the completed form with your processing fees to:

BOC Appeal Requests • Board of Certification/Accreditation
10461 Mill Run Circle • Suite 1250 • Owings Mills, Maryland 21117 • FAX: 410.753.8801
cert@bocusa.org

Payment

Check No.: _____ Amount Enclosed: \$ _____ Make Check or Money Order (in U.S. Dollars) payable to BOC. If check is returned for any reason, we must receive a bank draft, money order or credit card payment with an additional fee of \$35.00 to cover the returned check-processing fee. An alternate check will not be accepted at this time.	Credit Card Amount: \$ _____ Card Number: _____ Exp. ____/____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express 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. Signature: _____ Print Name: _____
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I hereby authorize BOC to obtain and review all documents associated with my examination.

Candidate's Signature _____

Date _____