



## Request to Purchase Additional Certificate, Patch, or Pin

| Preferred Information & Address   |   |   |                        |
|---|---|---|------------------------|
| First Name  | Last Name                                       | Professional Number   |                        |
| Company Name (your employer)  |   |   |                        |
| Street Address  |   |   | Apartment/Suite Number |
| City  | State   | Zip   | Mobile Number          |
| Certificate Request (\$25.00 per certificate)   |   |   |                        |
| <input type="checkbox"/> BOCO™, Qty _____   | <input type="checkbox"/> BOCPD™, Qty _____      | <input type="checkbox"/> CMF™, Qty _____                        |                        |
| <input type="checkbox"/> BOCP™, Qty _____   | <input type="checkbox"/> COF™, Qty _____        | <input type="checkbox"/> CDME™, Qty _____                       |                        |
| Certificant Patch Request (\$10.00 per patch)   |   |   |                        |
| <input type="checkbox"/> BOC Certificant Patch, Qty _____   | <input type="checkbox"/> COF™ Patch, Qty _____  |   |                        |
| <input type="checkbox"/> CMF™ Patch, Qty _____  | <input type="checkbox"/> CDME™ Patch, Qty _____ |   |                        |
| Certificant Pin Request (\$15.00 per pin)   |   |   |                        |
| <input type="checkbox"/> BOCO™, Prof. # _____   | <input type="checkbox"/> BOCPD™, Prof. # _____  | <input type="checkbox"/> CMF™, Prof. # _____                    |                        |
| <input type="checkbox"/> BOCP™, Prof. # _____   | <input type="checkbox"/> COF™, Prof. # _____    |   |                        |
| Payment Information   |   |   |                        |
| Credit Card Payment*  |   | Check Payment**   |                        |
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express |   | <input type="checkbox"/> Check (enclosed)   Check Number: _____ |                        |
| Credit Card Number  | Security Code                                   | Expiration Date   |                        |
| Billing Address   |   |   |                        |
| City  | State   | Zip   |                        |
| 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.

**Mail form with payment to BOC:**  
 Board of Certification/Accreditation  
 10461 Mill Run Circle, Suite 1250  
 Owings Mills, Maryland 21117

**You may also fax or email this form:**  
 Email: [info@bocusa.org](mailto:info@bocusa.org)  
 Fax: 410.581.6228