



## Examination Payment Form

### Application Type

Check the exam you are retaking. You may use this application for more than one exam.

- Orthotist (BOCO)                       Pedorthist (BOCPD)                       Mastectomy Fitter (CMF)  
 Prosthetist (BOCP)                       Orthotic Fitter (COF)                       DME Specialist (CDME)

What year did you first submit your application? \_\_\_\_\_

### Personal Information

First Name		Last Name		Middle Initial
Street Address				Apartment Number
City	State	Zip Code	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email	Telephone Number			Mobile Number
<input type="checkbox"/> Please exclude my contact information from distribution to third parties. <input type="checkbox"/> Please exclude me from the online BOC Practitioner and Facility Directory.				Date

### Professional Information

Company Name			Name of Immediate Supervisor	
Street Address			Suite Number	
City	State	Zip Code	Country	
Telephone Number		Fax Number	Is this an accredited facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Questionnaire

- Have you been named as a defendant in a professional liability suit during the past five years?                       Yes  No  
 Any professional practice judgments or settlements against you in the past five years?                       Yes  No  
 Has your professional certification/license ever been affected negatively by any agency?                       Yes  No  
 Have you ever been convicted of one or more felonies?                       Yes  No  
 Has Medicaid or any other medical plan ever brought charges against you for any reason?                       Yes  No  
 Has your professional liability coverage ever been restricted, limited, denied, or denied renewal?                       Yes  No

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



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

Certification Fees   Please select the applicable exam(s).						
	Orthotist (BOCO)	Prosthetist (BOCP)	Pedorthist (BOCPD)	Certified Orthotic Fitter (COF)	Certified Mastectomy Fitter (CMF)	Certified DME Specialist (CDME™)
Multiple Choice Exam	n/a	n/a	n/a	\$200	\$150	\$100
Clinical Simulation Exam	n/a	n/a	n/a	n/a	n/a	n/a
Video Practical Exam	\$300	\$300	\$300	n/a	n/a	n/a
Video Practical Exam (retake)	\$150	\$150	\$150	n/a	n/a	n/a
Payment : \$ _____						
<b>Credit Card Payment</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			<b>Check Payment</b> <input type="checkbox"/> Check (enclosed)		Check Number	
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.

**You may email or fax this application and documentation to:**

[cert@bocusa.org](mailto:cert@bocusa.org)  
410.581.6228

**Or, mail completed application and documentation to:**

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