



Prosthetist Application

Important: The eligibility requirements for new applicants for BOC's Prosthetist certification are changing on January 1, 2013. Visit the Prosthetist eligibility requirements page for details: <http://www.bocusa.org/bocp-eligibility-prerequisites>.

Those wishing to apply under the 2012 requirements must fulfill all requirements and submit their applications by December 31, 2012. Applicants who have not fulfilled the 2012 requirements by December 31, 2012 will not be "grandfathered in."

Personal Information			
First Name	Last Name	Middle Initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address		Apartment Number	
City	State/Province	Zip/Postal Code	Country
Email Address	Telephone Number (include area code)		Mobile Number (include area code)
Date of Birth (mm/dd/yyyy)	Social Security Number / Canadian Health Number		Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="checkbox"/> Please exclude my contact information from distribution to third parties.			
Professional Information			
Education Level (check highest level completed, and fill in the year of completion) <input type="checkbox"/> High School: _____ <input type="checkbox"/> Associate Degree: _____ <input type="checkbox"/> Baccalaureate: _____ <input type="checkbox"/> Post Baccalaureate: _____			
Current Professional Credentials (examples: BOCO, BOCPD, COF, etc.)			
Company Name (your employer)		Name of Immediate Supervisor	
Office Street		Suite Number	
City	State/Province	Zip/Postal Code	Country
Telephone Number (include area code)	Fax Number (include area code)		Is this an accredited facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Patient Care and Experience Requirement			
I have a minimum of two (2) years (3,800 hours) of experience in providing direct patient care services, with a minimum of one (1) year (1,900 hours) under the direct supervision of a duly certified/licensed individual in the same discipline.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please keep patient logs or a notarized letter of attestation from your supervisor readily available.			
Questionnaire			
Have you been named as a defendant in a professional liability suit during the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Any professional practice judgments or settlements against you in the past five years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your professional certification/license ever been affected negatively by any agency?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of one or more felonies?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Medicaid or any other medical plan ever brought charges against you for any reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your professional liability coverage ever been restricted, limited, denied, or denied renewal?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above, please enclose an explanation on a separate sheet.			



Education Requirement

Please provide an official transcript demonstrating completion of one of the following:

- A bachelor's degree with a major in prosthetics, or orthotics and prosthetics, OR
- An associate degree in prosthetics, or orthotics and prosthetics, OR
- Successful course completion in areas related to the practice of orthotics and prosthetics.

Qualifying courses need to cover the following content areas:

- | | |
|---|--|
| English (100-level minimum) | Medical Terminology (100-level minimum) |
| Psychology (100-level minimum) | Human Health & Disease (100-level minimum) |
| College Algebra (or higher) | CPR |
| Human Anatomy & Physiology (200-level minimum) | Blood-borne Pathogens |
| Business/Practice Management (100-200 level course) | |

Please remember, beginning on **January 1, 2013**, new eligibility requirements will be in effect for all new applicants for BOC's Prosthetist certification.

For more information, please go to:
<http://www.bocusa.org/bocp-eligibility-prerequisites>.

A copy of my official transcripts: is enclosed has been sent to BOC.

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. Yes No

Exam Month (Please Choose One)

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

AMP Confirmation

I would like my AMP Prosthetist examination confirmation sent to me by: Email USPS Text

*I have provided my email, address, and mobile number on the front of this application.

Payment Type	Payment Amount	FYI
Application	\$300	* Exam results will not be distributed without payment of exam fees. All fees are non-refundable. *Please go to www.bocusa.org for the most current BOC updates.
Multiple Choice Exam	\$300	
Clinical Simulation Exam	\$300	
Video Practical Exam	\$300	
TOTAL DUE	\$1200	

Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Expiration Date	Credit Card Number*
Check Payment <input type="checkbox"/> Check (enclosed)	Check Number**	Billing Address	
City		State/Province	Zip/Postal 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 (in U.S. Dollars) 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.

Submit completed application and official transcripts to:

Board of Certification/Accreditation, International
 Attention: Certification Department
 10451 Mill Run Circle, Suite 200
 Owings Mills, Maryland 21117

You may fax or email this application in advance of mailing BOC your official transcripts.

Email: cert@bocusa.org
 Direct fax line for Wendy Solomon, Certification Coordinator:
 (410) 753-8801