

Continuing Education Provider Application



Continuing Education Provider Program Agreement and Conditions of Participation

As an applicant for registration of continuing education courses in the BOC Approved Continuing Education (CE) Program, our organization accepts and agrees to the following conditions of participation in the BOC Approved CE Program. Our organization will:

1. Provide accurate, complete, and truthful information to BOC in all transactions related to the Approved CE Program, and will make full disclosures of all relevant information requested by BOC in a timely manner.
2. Satisfy in full our responsibilities under all BOC Approved CE Program policies, and other BOC policies, currently in force and as modified in the future.
3. Conduct all educational and business operations in an ethical, professional and lawful manner, and respect the rights and worth of all educational program participants.
4. Provide complete, accurate, and truthful statements and representations regarding our organization's business activities, course descriptions, fees, and services in all marketing and advertising of products, publications and/or services.
5. Make no statements or representations indicating or implying, in any manner, that BOC has accredited, certified, sponsored, or endorsed any products, publications, or services, unless otherwise permitted by applicable BOC policies. The following statement is authorized and approved by BOC for use in connection with courses registered in the BOC Approved CE Program:

"[Name of Course] is a Board of Certification/Accreditation, International (BOC) Approved CE Course. [Name of Organization] is committed to enhancing the ongoing professional development of BOC certificants, and other orthotic and prosthetic stakeholders through appropriate learning courses. As a provider of [a] BOC Approved CE Course[s], [Name of Organization] has agreed to abide by BOC-established operational and educational criteria, and is subject to random audits for quality assurance purposes."

6. Use the BOC Approved CE Provider Logo, along with its associated approved statement set forth above, only in conjunction with those educational courses, and only those courses, which have been approved by, and registered with, BOC.
7. Comply with all applicable laws and BOC policies regarding the use of BOC intellectual property, including, but not limited to the following: to use BOC trade, service, or certification marks only to refer to or describe BOC, the BOC Certification Programs, or as otherwise specifically authorized by this Agreement.
8. Include proper notice of BOC ownership of its copyrights, trade, service, or certification marks with all uses of such copyrights and marks.
9. Refrain from any manner of discrimination with respect to the courses provided under this Agreement, including, but not limited to, discrimination on the basis of: race or ethnic origin, gender, nationality, disability, religion or sexual orientation, consistent with all applicable laws, rules, and regulations.
10. In the event that our organization voluntarily withdraws from, or is required to leave, the Approved CE Program, we will immediately discontinue all use of BOC Approved CE Provider logos, marks, materials, and statements. In that event, our organization will not represent that it has any association with the BOC Approved CE Program.

As a BOC Approved CE Program participant, our organization understands and accepts that BOC reserves the sole and exclusive right to terminate our participation in the Program if it has been determined that our firm has acted contrary to any BOC or Approved CE Program policy, standard or rule. Upon termination of Program participation by BOC, our organization agrees to comply with any related BOC directives issued consistent with BOC policies.

On behalf of the applying organization, and with full authority to enter into this Agreement, the undersigned agrees to accept and abide by all BOC Approved CE Program policies and criteria, including all terms and conditions of this Agreement, and further agrees to accept sole and full responsibility for the quality assurance of any course offered with respect to the Approved CE Program, and under this Agreement.

Signature

Title

Printed Name

Date

Provider Information			
Please review the BOC Approved CE Program, which details what you and your course(s) will need to meet BOC approval criteria.			
Course Provider Name (Company, Organization, Institution)			Application Date
Type of Organization: <input type="checkbox"/> University/School <input type="checkbox"/> Association <input type="checkbox"/> Manufacturer Other _____			
Contact Name		Contact E-mail Address	
Mailing Address			Suite Number
City	State/Province	Zip/Postal Code	Country
Telephone Number (include Area Code)	Fax Number (include Area code)		Website Address
Do you want your courses listed on BOC's Approved Continuing Education Opportunities page? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you offer distance-learning opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your organization and its educational purpose and available programs (in 40 words or less): <hr/> <hr/> <hr/> <hr/>			
Payment Information			
\$50 Application Processing Fee Note that the above fee is for the application only. The Course Registration Form provides payment information on the course(s) you wish to submit for BOC Approval. Fees vary depending on the total number of continuing education units for which you are applying.			
Credit Card Payment* <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Expiration Date	Check Payment** <input type="checkbox"/> Check (enclosed)
Credit Card Number		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 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.

© 2011 Board of Certification/Accreditation, International

Submit completed application and agreement to:

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

You may fax or e-mail this application in advance of mailing BOC your application materials.

E-mail: ce@bocinternational.org

Direct fax: (410) 753-8734

FOR INTERNAL USE ONLY

Date Received: _____

Amount Received: _____

Date Processed: _____

Staff Initials: _____