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10451 Mill Run Circle, Suite 200  
Owings Mills, Maryland 21117

### 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:**

Orthotist Multiple Choice

Prosthetist Clinical Simulation

Orthotic Fitter

Pedorthist

Orthotist Clinical Simulation

Prosthetist Multiple Choice

Mastectomy Fitter

**If an Appeal of Substance, please explain your challenge:**

Appeals are processed according to the Appeals Committee Protocols which are available upon request.

**Please send the completed form with your processing fees to:**

BOC Appeal Requests • Board of Certification/Accreditation, International  
10451 Mill Run Circle • Suite 200 • Owings Mills, Maryland 21117 • FAX: (410) 753-8805

[Appeals@bocusa.org](mailto:Appeals@bocusa.org)

**Payment**

<p>Check No.: _____</p> <p>Amount Enclosed: \$ _____</p> <p>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.</p>	<p>Credit Card Amount: \$ _____</p> <p>Card Number: _____ Exp. ____/ ____</p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover</p> <p>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.</p> <p>Signature: _____</p> <p>Print Name: _____</p>
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I hereby authorize BOC to obtain and review all documents associated with my examination.

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_