



BOC Reciprocity Application Form

Application Type

- Orthotist, BOC-Certified (BOCO®) Fee - ~~\$295~~ \$275
- Orthotist/Prosthetist, BOC-Certified (BOCPO™) Fee - ~~\$400~~ \$275
- Certified Orthotic Fitter (COF®) Fee - ~~\$150~~ \$125
- Prosthetist, BOC-Certified (BOCP®) Fee - ~~\$295~~ \$275
- BOC Pedorthist (BOCPD™) Fee - ~~\$200~~ \$195
- Certified Mastectomy Fitter (CMF®) Fee - ~~\$60~~ \$50

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth (mm/dd/yyyy) _____ Social Security/Canadian Health Number _____ Gender: M F

Education Level (check highest level and enter year completed):

High School – Year _____ Associates Degree – Year _____ Baccalaureate – Year _____ Post Baccalaureate – Year _____

Present Professional Status

- ABC Orthotist
- ABC C.Ped
- ABC Prosthetist
- ABC Orthotic Fitter
- ABC Orthotist/Prosthetist
- ABC Mastectomy Fitter

Home Street Address _____ Apt Number: _____

City _____ State/Province _____ Zip _____ Country _____

Telephone (with area code) _____ E-mail- _____

Workplace

Company Name _____ Immediate Supervisor _____

Street Address _____ Suite Number _____

City _____ State/Province _____ Zip _____

Telephone (with area code) _____ Fax _____

Preferred Mailing Address? Home Work Is this facility accredited? Yes No Not sure

Questionnaire – Select Yes (Y) or No (N) for each. Please explain any “yes” answers on a separate sheet.

Have you ever been named as a defendant in a professional liability suit during the past five years? Y N

Have there been any settlements or judgments involving your professional practice during the past five years? Y N

Has your professional certification or license ever been restricted, limited, reduced, denied, suspended, revoked, or cancelled? Y N

Have you ever been convicted of a felony? Y N

Has Medicaid or any other medical reimbursement plan, ever brought formal charges against you for alleged inappropriate fees or Quality of Care issues? Y N

Has your professional liability coverage ever been restricted, limited, denied, or denied renewal? Y N

