



Certified Mastectomy Fitter (CMF) Application *indicates a required field

Personal Information

First Name*	Last Name*	Middle Initial	Gender M F
Street Address*		Apartment Number	
City*	State*	Zip Code*	Country*
Email*		Preferred Mailing Address Home Work	
Mobile Number*	Phone Number*		
Date of Birth (mm/dd/yyyy)*	Social Security Number		

Professional Information

Current Professional Credentials (examples: BOCO, BOCP, CMF, etc.)			
Company Name			
Business Address		Suite Number	
City	State	Zip Code	Country
Phone Number	Fax Number	Is this a BOC-accredited facility? Yes No	

Education and Patient Care Experience Requirements*

I have successfully completed a BOC-approved, entry-level mastectomy fitter course.	Yes	No
I have included a copy of my course certificate with this application.	Yes	No
Education Provider:		
I have a minimum of 120 hours (approximately 3 weeks of full-time work) of documented patient care. <i>BOC performs random audits, and evidence of documented patient care must be available. Retain patient care logs and/or a notarized letter of attestation from the certified practitioner or supervisor under whom you worked readily available. Failure to document patient care hours may result in revocation of certification.</i>	Yes	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.



How did you hear about BOC?

Colleague BOC Website Webinar Social Media Tradeshow:

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

Exam Information

BOC's testing provider, PSI Services, will contact you regarding your exam appointment by mail and email.

Certification Fees (Fees are subject to change)

Application Fee (required)*	\$50	Take your computer-based, multiple-choice exam at a testing center or online from your home or office. Receive your results instantly.
Multiple Choice Exam:	\$150	
TOTAL FEE:	\$	

Payment Method

Credit Card Payment				Check Payment	
Visa	MasterCard	Discover	American Express	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 Payment Amount upon proper presentation. I agree to pay such Payment Amount (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. BOC does not offer refunds or accept post-dated checks.

Submit this application and any additional documentation by **email, fax, or mail.**

EMAIL cert@bocusa.org	FAX 410.581.6228	MAIL Board of Certification/Accreditation Attention: Certification Department 10461 Mill Run Circle, Suite 1250 Owings Mills, Maryland 21117
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