



Board of Certification/  
Accreditation, International

*The Advantage Is Experience™*

# Candidate Handbook

## *BOC Pedorthist*

**Board of Certification/Accreditation, Int'l.**  
10451 Mill Run Circle, Suite 200  
Owings Mills, MD 21117  
1-877-776-2200 • 443-539-3810  
Fax: 410-872-9298  
[www.bocinternational.org](http://www.bocinternational.org)

Copyright ©2009 Board for Orthotist/Prosthetist Certification  
(dba Board of Certification/Accreditation, Int'l.)

# **BOC PEDORTHIST CANDIDATE HANDBOOK**

## **TABLE OF CONTENTS**

<b>MISSION STATEMENT</b>	<b>1</b>
<b>CERTIFICATION EXAMS</b>	<b>2</b>
<b>EXAM PROCEDURES</b>	<b>2</b>
<b>ELIGIBILITY FOR CANDIDACY</b>	<b>3</b>
<b>APPLICATIONS PROCEDURES</b>	<b>3</b>
<b>SPECIAL SERVICES FOR ADA</b>	<b>4</b>
<b>REFUND POLICY</b>	<b>4</b>
<b>CHANGE OF ADDRESS</b>	<b>4</b>
<b>PREPARATION FOR THE BOC EXAMS</b>	<b>5</b>
<b>BOC PEDORTHIST DETAILED CONTENT OUTLINE</b>	<b>7</b>
<b>TEST CENTER ADMISSION</b>	<b>12</b>
<b>EXAMINATION CONTENT</b>	<b>12</b>
<b>SECURITY AND CANDIDATE MISCONDUCT</b>	<b>12</b>
<b>TEST RESULTS AND SCORE REPORTING</b>	<b>13</b>
<b>EXAM RESCORING REQUEST POLICY</b>	<b>14</b>
<b>APPEALS REQUEST</b>	<b>14</b>
<b>CERTIFICATE AND PIN</b>	<b>15</b>
<b>BOC DESIGNATIONS</b>	<b>15</b>
<b>CODE OF ETHICS</b>	<b>15</b>
<b>CONTINUING EDUCATION CREDITS</b>	<b>16</b>
<b>RENEWAL FEES</b>	<b>17</b>
<b>FORMS – RESUME VERIFICATION</b>	
<b>BOCPD APPLICATION</b>	
<b>CROSS CERTIFICATION APPLICATION</b>	



## **CERTIFICATION EXAMINATIONS**

BOC has five certification programs: BOC Orthotist Certification, BOC Prosthetist Certification, BOC Pedorthist, BOC Certified Orthotic Fitter, and BOC Certified Mastectomy Fitter.

Candidates for each certification must pass various examinations that assess the performance of the competent practitioner. Every examination is based upon job analysis or role delineation studies that identify the domains or scope of practice. These studies include “an analysis of the important work behaviors required for successful performance and their relative importance....” to practice. Every examination is built to specifications based upon this process, thereby maximizing the evidence of the examinations’ validity. To become BOC certified, candidates for certification must pass a Multiple Choice Examination (MCE).

## **EXAMINATION PROCEDURES**

### 1. Preregistration

Both the MCE and the CSE certification examinations are administered at least once each year at multiple sites throughout the country. Preregistration is mandatory. The final application and payment deadline is approximately six weeks prior to the examination.

Documentation of all experience and education prerequisites must be received by the application deadline. Please see the annual examination calendar for details available on the BOC website, [www.bocusa.org](http://www.bocusa.org).

### 2. Multiple Choice Examination (All candidates)

The BOC examinations are not scored in comparison to how a particular group of candidates performs on the examination. Instead, scores are statistically adjusted for minor fluctuations that may occur in the difficulty level of test questions within different examinations. This statistical adjustment results in what is known as “scaled scores”. These scores range from 0 to 99, but are NOT to be interpreted as the percent of test questions answered correctly.

### 3. Clinical Simulation Examination (Orthotists and Prosthetists)

The clinical simulation examination, a branching paper and pen examination, presents a number of realistic situations, or simulations, which provide opportunities to solve clinical problems.

### 4. Video Practical Examination (Orthotists, Prosthetist and Orthotic Fitters)

The Video Practical Examination (VPE), prepared at the candidate’s practice site, tests for “hands-on” competencies in core areas of practice through the performance of a wide range of procedures. A panel of three judges independently evaluates each video to assess a candidate’s technical fitting and patient education skills, and the candidate must receive a minimum of two “pass” grades per item tested.

Practitioners are eligible for certification upon providing the required documentation of education and experience and passing all the requisite exams.

## ELIGIBILITY FOR CANDIDACY

BOC recognizes that an important body of knowledge forms the foundation for the competent performance of the work of pedorthists, but that the knowledge and performance skills may be obtained in various ways. For example, available college-level courses in anatomy, physiology, and biomechanics are excellent sources to acquire core knowledge. Traditional courses in two-year and four-year colleges often prove to be an efficient means to develop the necessary knowledge base.

However, many practitioners have become competent professionals, learning the supporting knowledge and developing their craftsmanship, through combinations of work-study, outside research and on-the-job training. Traditionally, college and manufacturer-sponsored short courses have provided targeted skills training for many if not most successful practitioners. But no matter how practitioners acquire their knowledge and craft, it is clear that they cannot pass BOC's comprehensive examinations without the requisite knowledge that underpins the profession.

To be accepted as a candidate for BOC Pedorthist certification, an applicant must have as a minimum:

- *Complete Approved Pedorthic pre-certification*
- *1,000 hours of supervised patient fitting experience*  
(Some hours may occur before attending the fitting course)

### ***Required Submissions:***

- Application for Candidacy
- Résumé Verification Form, Notarized, to Document Eligibility
- Appropriate Examination Fees

BOC does not discriminate among candidates on the basis of age, gender, race, religion, national origin, disability or marital status.

## APPLICATION PROCEDURES

### ***Forms and Fees***

To apply for BOC certification, please complete the enclosed application form. The application, together with your payment in U.S. dollars should be forward to BOC. Application can also be done electronically online at [www.bocusa.org](http://www.bocusa.org) or a PDF application can be downloaded, completed and mailed in with the requisite forms and payment.

Application Fee – The application and examination fees are noted on the current application form and are subject to change. Documentation of all experience and education prerequisites must be received by the application deadline. Please see the annual examination calendar for deadline information.

Applications received after the deadline will be subject to an additional processing fee.

### ***Falsification***

Discovery that an applicant has falsified any information on the application shall lead to any or all of the following sanctions:

1. Rejection of the application,
2. Barring of the applicant from the examination, and or
3. Revocation of any existing certification status.

***Liability***

The BOC National Office will make every effort to process all examination applications expeditiously. However, by completing and signing the official application forms, the applicant releases BOC from any and all liabilities for delay or other handling of their applications.

**APPLICATION EXPIRATION*****Time Limit***

Candidates must complete all required examinations within four years. The four-year period begins with the date of the first examination taken.

***Loss of Eligibility***

Any candidate who does not pass all required examinations within the designated four-year period, must reapply for the entire set of examinations under the current prevailing requirements. There is no limit to the number of times a candidate may take the examinations; however, full payment of current fees must accompany each application.

**SPECIAL SERVICES FOR PERSONS WITH DISABILITIES**

BOC and our testing company comply with the Americans with Disabilities Act (ADA). A candidate who has a disability may request special accommodations and arrangements to take the examination. Such requests must be in writing and accompany the application. Verification of disability and statement of assistance needed must be included. Documentation by a physician of the specific disability must be submitted with the application. Test center personnel will be prepared to accommodate requested needs.

**REFUND POLICY**

Cancellations made before the stated application deadline will be assessed a \$50 administrative fee, and the balance (minus application fee) may be refunded. Cancellations made after the application deadline or candidates who are absent from the examination will not receive a refund and will be assessed a \$100 absentee fee.

**CHANGE OF ADDRESS**

If your address changes at any time during the examination process, use the “Change of Address” form at the back of this handbook to avoid any delays in the receipt of your acceptance letter, admission ticket or examination scores. Print the information requested on the form. You may also email the national office at [info@bocusa.org](mailto:info@bocusa.org) and include in the subject line – “Certification Candidate – Change of Address.” Be sure to provide all of the information outlined on the form or your contact information will not be updated.

## PREPARATION FOR THE BOC EXAMINATIONS

BOC neither sponsors nor endorses review courses for the BOC examinations. The expanded examination Detailed Content Outline is best used for course and curriculum preparation and to judge the relevance of courses to professional practice.

Suggested preparation for the examination might include, but should not be limited to:

- (1) the study of journal articles, textbooks or other publications related to the content outline;
- (2) continuing education programs and courses in orthotics and prosthetics;
- (3) study groups and examination preparation courses;
- (4) review sample test questions printed in this handbook;
- (5) bibliographies of professional publications.

## HOW TO USE THE CONTENT OUTLINE TO PREPARE FOR THE BOC PEDORTHIST MULTIPLE CHOICE CERTIFICATION EXAM

The *BOC Pedorthist Content Outline* is a schedule of the tasks involved and the domains of the practice of a Pedorthics. The Content Outline is derived from a Job Analysis, a careful description of the tasks performed by practitioners. A randomized national survey of Pedorthist practitioners is conducted by BOC every five years to determine what changes, if any, have occurred in the practice. From this survey the Content Outline is updated and the exam questions revised.

Each question on the exam is based on this outline. In fact, *none* of the BOC certification exams can contain any question, case simulation or demonstration that cannot be directly linked to a specific item in the relevant Content Outline. Therefore, to prepare to take the exam, we suggest that you study this Outline and especially consider what the underlying knowledge, skills and abilities you need to be able to serve patients.

The format of the exam is such that it does not follow this outline in order; rather, questions regarding outline sections are placed randomly throughout the exam. In order to understand how to: Explain Purpose/Objective of Footwear or Orthosis, or Foot Prosthesis, as examples, one has to comprehend the relevant anatomy, the pathophysiology, the material and engineering sciences, etc.

A practitioner must be a complete instrument for patient care, providing maximum benefit, not just fabrication, adjustment or placement. This, then, is the basis for the examinations that test the knowledge, skills and abilities of a competent practitioner. It is not sufficient just to know how to fit a patient with a device – your patient has to be able to benefit from your service. You won't get all your preparation at one school (e.g. CAPE, Aetrex)--you will learn the fundamentals and then sharpen them during patient care practice. To study, review your original training materials. Bring your patient experience into play; it is indispensable.

### Specifics of the Pedorthist Content Outline.

#### *Performance Levels*

There are three Performance Levels, or levels of difficulty, for exam questions: Recall (RE), Application (AP), and Analysis/Evaluation (AN).

**RECALL (RE)** questions require only the recognition of specific factual information, which generally does not vary, relative to the situation. An example is:

**APPLICATION (AP)** questions require the comprehension, interpretation or manipulation of concepts or data, in which the response or outcome is situationally dependent, but not overly complex (i.e., application of knowledge which varies based on patient and environmental characteristics).

**ANALYSIS/EVALUATION (AN)** questions require integration or synthesis of a variety of concepts or elements to solve a specific problem situation (i.e., evaluating and rendering judgments on complex problems with many situational variables).

Now, examine the Content Outline. Note the three **bold face numbers on the top right** of the Outline: these indicate the number of questions in each section by performance level. The total number of questions, by performance level is summed at the end of the Content Outline (i.e., 24 RE, 60 AP, 16 AN, total 100 questions). Note the majority of questions (60) are at the Application (AP) level, which is testing your understanding, analysis and management of concepts or data from a patient in a particular situation. Both AP and AN questions require clinical patient care experience.



## BOC Pedorthist Detailed Content Outline

BOC Pedorthic Scope of Practice includes, pursuant to a written order/prescription to address a medical condition – evaluating, treatment planning, patient managing, measuring, designing, fabricating, assembling, fitting, adjusting or servicing, necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions related to the lower extremities. Pedorthic devices/modalities includes therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses, foot orthoses and below the knee pedorthic modalities.

An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column.

	Cognitive Level			Total
	Recall	Application	Analysis	
<b>I. Facilities Management</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>7</b>
A. Determine elements of the fitting room (e.g., adjustable stool, exam/fitting table, mirror, hard back chair, or other appropriate ambulating device)			X	
B. Determine Required Equipment, Tools, and Materials				
1. manufacturing/alteration equipment (e.g., adhesives, solvents, heat gun, oven, sewing machine, alignment device, anvil, grinding tools, leather punch, press, vise)			X	
2. measuring devices (e.g., foot-measuring devices, tape measures, goniometer, calipers, ML gauge, measuring chart)			X	
3. casting equipment (e.g., saws, spreaders, stockinette, indelible pencil, plaster of Paris, fiberglass, surgical gloves, water, bowls)			X	
4. materials (leather, PVA, crepe)			X	
C. Comply with environmental safety regulations in all practice settings (e.g., pathogens, cross-infection, work place hazards)			X	
D. Assure quality care by development and maintenance of policies and procedures regarding patients/customers, prescribers, personnel, maintenance of records, etc.				
E. Retail Shoe Business and Management				
1. Demonstrate understanding of facilities management			X	
2. Operate in a professional manner			X	
3. Understand inventory management			X	
4. Demonstrate understanding of Medicare laws pertaining to Pedorthics (e.g., Therapeutic shoe bill, Required practices)				
5. Demonstrate understanding of Employment laws				
F. Comply with HIPAA regulations				
<b>II. Perform Professional Practice/Ethics</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>7</b>
A. Maintain patient/customer confidentiality			X	
B. Provide training, lectures and information to staff or other health care professionals on current orthotic information			X	
C. Establish a quality assurance system that evaluates patient/customer care				
D. Participate in orthotic clinics			X	
E. Fulfill necessary continuing education requirements			X	
<b>III. Patient/Customer Assessment/Evaluation</b>	<b>4</b>	<b>4</b>	<b>12</b>	<b>20</b>
A. Establish relationship with patient/customer				
1. Patient/Customer Intake				
a. Record all personal and insurance information about patient/customer			X	
b. Discuss financial matters for services/devices with patient/customer			X	



## BOC Pedorthist Detailed Content Outline

BOC Pedorthic Scope of Practice includes, pursuant to a written order/prescription to address a medical condition – evaluating, treatment planning, patient managing, measuring, designing, fabricating, assembling, fitting, adjusting or servicing, necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions related to the lower extremities. Pedorthic devices/modalities includes therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses, foot orthoses and below the knee pedorthic modalities.

An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column.

	Cognitive Level			Total
	Recall	Application	Analysis	
c. Determine patient's/customer's expectations				
d. Interview patient/customer and obtain history			X	
e. Collect and evaluate patient/customer records				
f. Identify the pathology and symptomology to provide the proper footwear, orthosis, or foot prosthesis				
g. Discuss any related medical treatment(s)			X	
<b>B. Evaluate and assess patient/customer to determine:</b>				
1. skin condition (e.g., temperature, color, texture, pathologies)				
2. range of motion (e.g., skeletal, muscular, ligamentous, biomechanics)				
3. muscle strength (e.g., neuromuscular pathologies)				
4. manual dexterity (e.g., arthritis, CVA, obesity)				
5. coordination (e.g., neuromuscular diseases, trauma)				
6. biomechanics and gait (e.g., foot and ankle deformities)				
7. proprioception (e.g., eyesight)				
8. sensation (e.g., pain, neuropathy, related pathologies)				
9. systemic pathologies (e.g., arthritis, diabetes, gout, edema, foot deformities)				
<b>C. Assess Prescription</b>				
1. Determine elements of a valid prescription				
a. Verify validity of prescriber		X	X	
b. Verify information contained on prescription			X	
2. Determine relation of prescription to presenting problem				
3. Discuss prescription with patient/customer (i.e., explain the patient's/customer's role/responsibilities)			X	
4. Contact prescribing physician and discuss/revise prescription			X	
<b>IV. Communication/Patient Education</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>10</b>
<b>A. Explain Purpose/Objective of Footwear, Orthosis, or Foot Prosthesis</b>				
1. Inform patient/customer and/or caregiver of the various procedures to be performed			X	
2. Explain advantages and disadvantages			X	
3. Determine patient's/customer's expectations				
4. Explain patient's/customer's role/responsibilities			X	
<b>B. Provide Initial Instructions</b>				
1. Instruct patient/customer and/or caregiver in donning, doffing, care of footwear, orthosis, or foot prosthesis			X	
2. Demonstrate proper application, alignment, and removal			X	



## BOC Pedorthist Detailed Content Outline

BOC Pedorthic Scope of Practice includes, pursuant to a written order/prescription to address a medical condition – evaluating, treatment planning, patient managing, measuring, designing, fabricating, assembling, fitting, adjusting or servicing, necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions related to the lower extremities. Pedorthic devices/modalities includes therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses, foot orthoses and below the knee pedorthic modalities.

An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column.

	Cognitive Level			Total
	Recall	Application	Analysis	
3. Instruct patient/customer and/or caregiver in use, care, and wear of footwear, orthosis, or foot prosthesis			X	
4. Explain how to recognize potential problems (e.g., pressure points, skin breakdown, numbness, contractures)				
5. Explain care and cleaning procedures		X	X	
C. Evaluate psychological impact of products on patient/customer, family, and others				
D. Establish Procedures for Patient/Customer Follow-up				
1. Initiate and encourage on-going communication with patient/customer and/or caregiver		X	X	
2. Develop and maintain patient/customer records			X	
3. Inform patient/customer and/or caregiver of provisions for continued servicing of products		X	X	
4. Communicate with the patient/customer and/or caregiver verbally and in writing		X	X	
E. Conduct inter-professional communications			X	
<b>V. Footwear, Orthosis, or Foot Prosthesis Application and Delivery</b>	<b>8</b>	<b>11</b>	<b>1</b>	<b>20</b>
A. Finalize Alignment and Fit Footwear, Orthosis, or Foot Prosthesis to Patient/Customer				
1. Don footwear, orthosis, or foot prosthesis to patient/customer and finalize alignment, fit, and cosmetic appearance			X	
2. Demonstrate proper application, alignment, and removal			X	
3. Demonstrate to patient/customer and/or caregiver donning, doffing, fitting adjustments and care of footwear, orthosis, or foot prosthesis			X	
4. Explain how to recognize potential problems (e.g., pressure points, skin breakdown, numbness, contractures)				
5. Have patient/customer and/or caregiver demonstrate proper application and removal			X	
6. Have patient/customer and/or caregiver sign receipts and acknowledgments		X	X	
B. Explain follow-up procedures			X	
C. Refer to physician for post-fitting follow-up		X	X	
<b>VI. Patient/Customer Follow-up</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>9</b>
A. Evaluate fit and function of footwear, orthosis, or foot prosthesis				
B. Perform necessary adjustments			X	
C. Schedule follow-up visits		X	X	



## BOC Pedorthist Detailed Content Outline

BOC Pedorthic Scope of Practice includes, pursuant to a written order/prescription to address a medical condition – evaluating, treatment planning, patient managing, measuring, designing, fabricating, assembling, fitting, adjusting or servicing, necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions related to the lower extremities. Pedorthic devices/modalities includes therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses, foot orthoses and below the knee pedorthic modalities.

An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column.

	Cognitive Level			Total
	Recall	Application	Analysis	
<b>VII. Patient/Customer Preparation/Measurements</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>7</b>
A. Measure Patient/Customer				
1. Select techniques (e.g., patient/customer positioning, casting, tracing)			X	
2. Identify anatomical landmarks		X	X	
3. Use measuring devices			X	
B. Perform casting procedures for foot and ankle			X	
<b>VIII. Evaluation/Selection of Product/Model/Type of Orthoses/Footwear/Modifications</b>	<b>4</b>	<b>4</b>	<b>12</b>	<b>20</b>
A. Complete a Pedorthic Evaluation (patient/customer and footwear assessment)				
B. Footwear				
1. Describe the primary sections and basic components of the shoe		X	X	
2. Describe the basic construction of a shoe including last patterns and function of last shape (e.g., cement process, Goodyear welt process, stitch-down process, genuine moccasin construction, heat-sealing process, basic shoe assembly)		X	X	
3. Understand goals and techniques for measuring feet and demonstrate the ability to properly fit shoes				
C. Footwear Modifications				
1. Understand common pedorthic shoe modifications, their function and biomechanical effects				
2. Perform upper shoe modifications applying balloon patches, closure conversion techniques, and heel counter modification techniques				
3. Apply various types of rocker soles, and describe their function and biomechanical effects				
4. Differentiate between the terms heel strike, midstance, rocker angle, and apex relevant to rocker soles			X	
5. Fabricate different types of rocker soles, including, mild, heel-to-toe, severe angle, negative heel, and double				
6. Perform midsole and outsole modifications, including rocker bottoms, wedges, flares, shanks, etc.			X	
7. Describe the function and application of customizing uppers			X	
8. Fabricate a customized shoe upper			X	
9. Demonstrate sole splitting to add shoe modifications between the original sole			X	
10. Conduct a trial fitting of various shoe modifications, evaluate, and make necessary adjustments				
D. Footwear, Orthoses, and Foot Prostheses				
1. Dispense over-the-counter Pre-fabricated Foot Orthoses				
2. Dispense custom accommodative Foot Orthoses				



## BOC Pedorthist Detailed Content Outline

BOC Pedorthic Scope of Practice includes, pursuant to a written order/prescription to address a medical condition – evaluating, treatment planning, patient managing, measuring, designing, fabricating, assembling, fitting, adjusting or servicing, necessary to accomplish the application of a pedorthic device for the prevention or amelioration of painful and/or disabling conditions related to the lower extremities. Pedorthic devices/modalities includes therapeutic shoes, shoe modifications made for therapeutic purposes, partial foot prostheses, foot orthoses and below the knee pedorthic modalities.

An "X" denotes the examination will NOT contain items for the given task at the cognitive level indicated in the respective column.

	Cognitive Level			Total
	Recall	Application	Analysis	
3. Dispense custom functional foot orthoses				
4. Dispense therapeutic/comfort footwear				
5. Dispense Custom Molded Therapeutic Shoes				
6. Dispense Subtalar-Control Foot Orthosis (SCFO)				
<b>Totals</b>	<b>31</b>	<b>39</b>	<b>30</b>	<b>100</b>

## **TEST CENTER ADMISSION**

Candidates must bring two forms of identification with them to the test center, along with their admission ticket to gain admission to the test center. One form of identification must be a legal identification bearing the photograph and signature of the candidate. Legal identification includes a driver's license, government identity card or passport. Credit cards, employment badges, student ID cards or club membership cards are NOT acceptable. The second form of identification must verify the signature and name. Candidates must sign in upon entry to the test center.

The time, date and location of the examinations are emailed to candidates with admission tickets. Candidates must be on time for the scheduled test center.

All candidates should report to their assigned center at least 30 minutes before the examination is scheduled to begin for registration and check-in. Candidates who arrive late may be admitted to the examination at the discretion of the test center supervisor, as long as the computer-based testing has not begun, or in the case of ADA, test booklets have not yet been distributed. However, candidates will not be permitted to work beyond the time scheduled for completion of the examination.

Supplies Needed: None

## **EXAMINATION CONTENT**

The BOC examinations are developed to objectively measure the knowledge, skills and performance required for pedorthic practice and to foster uniform standards for measuring such knowledge and skills. The examinations are developed by an expert committee composed primarily of certified practitioners. Test questions and procedures are developed by committee members and question writers to assess a candidate's skill, knowledge and performance.

## **SECURITY AND CANDIDATE MISCONDUCT**

Any candidate who gives or receives assistance during the examination will be required to turn in the test materials immediately and leave the room. The candidate's answer sheet will not be scored and the situation will be reported. The performance of all examinees is monitored and may be analyzed statistically for purposes of detecting and verifying invalid scores. Any individual who removes or attempts to remove examination material from the testing site will be prosecuted. Examinees who violate security will not have their examinations processed and may be barred from future examinations.

## TEST RESULTS AND SCORE REPORTING

Upon completion of the site testing window when all exams have been administered, candidates will receive a copy of their examination scores in the mail.

Neither BOC, nor AMP, will release an individual's score without the candidate's written authorization. No scores will be given over the telephone. Individual scores will not be sent to employers, schools or other individuals under any circumstances unless permission is granted.

The methodology used to set the minimum passing score is the Angoff method, in which expert judges estimate the passing probability of each question on the examination. These ratings are averaged to determine the minimum passing score (i.e. the number of correctly answered questions required to pass the examination).

## EXAMINATION RESCORING REQUEST POLICY

**General Information:** Candidates, who have unsuccessfully completed a BOC certification examination and have received their individual score report, may request that their examination answer sheet be reviewed and rescored by members of the BOC Accreditation, Certification & Ethics Committee (ACEC). Upon receipt of a candidate's rescoring request, the examination will be reviewed to assure that the score is accurate and consistent with applicable BOC policies.

**Rescoring Request Procedures/Time Period for Rescoring/Applicable Fees:** Those candidates who wish to have their certification examination rescored must complete a Rescoring Request form, which can be found on the BOC website, [www.bocusa.org](http://www.bocusa.org).

Additionally, a \$25, non-refundable, administrative fee must be submitted with the Rescoring Request form. The Rescoring Request form, and applicable fee, must be received by BOC within thirty (30) days of the mailing date of the score result letter.

Candidates should send these materials to:  
Examination Rescoring Request  
Board for Orthotist/Prosthetist Certification (BOC)  
10451 Mill Run Circle  
Owings Mills, MD 21117

Following the BOC Accreditation, Certification & Ethics Review Committee's review of the certification examination answer sheet, candidates will be notified, in writing, of the Committee's final decision.

## **APPEALS REQUESTS**

1. ***Grounds for Initial Appeal (Request for Review)***. A candidate or certificant may submit to the BOC an initial appeal (request for review) of an adverse BOC action or decision based on any of the following grounds:

- a. The candidate was found to be ineligible to take or complete the Certification Examination(s);
- b. The candidate did not pass or successfully complete the Certification Examination(s); or,
- c. The candidate or certificant failed to satisfy a certification or recertification requirement, including those requirements related to qualifications, education, and experience, or was otherwise ineligible for certification or recertification.

2. ***Content of a Request for Review***. A candidate or certificant may submit a written request for review of an adverse certification-related action or decision by notifying the BOC in writing. The candidate or certificant must state and explain in detail the nature of the request and the specific facts and circumstances supporting the request, including all reasons why the action or decision should be changed or modified. The candidate or certificant must also provide accurate copies of all supporting documents.

3. ***Time Period for Submitting Request for Review***. In order for a request for review to be considered by the BOC, the written request must be received by BOC within thirty (30) days of the date of the adverse action.

4. ***BOC/ACEC Actions***. Upon receipt, all requests for review will be considered informally by the authorized BOC representative. Following review of the candidate's or certificant's request for review, the BOC will acknowledge receipt of the request within thirty (30) days, and may take the following actions:

- a. **Informal Resolution**. The BOC will resolve and decide the appeal based on the record, including relevant and credible information presented by the candidate or certificant. The informal resolution will include the findings of the BOC and a summary of the relevant facts upon which the decision is based, and may uphold or modify the adverse action or decision, or indicate other appropriate action. The BOC will issue the informal resolution within thirty (30) days of receipt of the request, or as soon thereafter as is practical; or,
- b. **Referral of Request**. The BOC will refer the matter to the Appeal/Accreditation, Certification & Ethics Review Committee (ACEC) for resolution as an appeal. The BOC will provide the ACEC with all relevant materials, including the documents and materials submitted by the candidate or certificant.

### **E. Appeal/Accreditation, Certification & Ethics Review Committee (ACEC).**

1. ***ACEC***. At least three (3) members of the ACEC will be appointed to serve as the Certification Appeals Committee to resolve appeals or referred matters. Subject to the limitations set forth in these procedures, the Certification Appeals Committee will hear and resolve a first appeal where: the matter has been referred by the BOC; or, a candidate or certificant is dissatisfied with the final informal review and action of the BOC authorized representative, and requests an appeal consistent with these procedures.

## **CERTIFICATE AND PIN**

BOC Certificants receive an embossed certificate suitable for framing, BOC lapel pin and ribbon for conference/tradeshaw use. These items are sent within eight weeks of the final test results. You are encouraged to display your certificate prominently in your facility and to wear your pin whenever appropriate.

## **BOC DESIGNATIONS**

Upon notification of certification by BOC, you will have earned the privilege of using one of the appropriate professional designations listed below:

BOCPD or BOC Pedorthist

## **CODE OF ETHICS**

All certifies will receive a copy of the BOC Code of Ethical Conduct along with the Ethics Case Procedures. You are expected to carry out professional practices as outlined in the Code.

## CONTINUING EDUCATION CREDITS

BOC is an independent certifying agency, and it is beyond its credentialing mission to provide education programs. (See CPE requirements in BOC's Mission Statement, Section I). Therefore, it is the responsibility of each certificant to locate and attend courses. BOC does not limit options or prescribe which type of CPE is appropriate. The only constraint is that the program is relevant to the practice of orthotics or prosthetics. Attendance at informal seminars will be considered if the following information is provided:

- Name and title of presenter
- Title of presentation
- Date and time of meeting
- Length of presentation, excluding meals
- Description of subject matter discussed
- Signature of presenter or representative
- Printed program, if available

### 1. Documentation of Continuing Professional Education Credits

A form to document your informal CPE credits is included at the back of this handbook.

*Examples of appropriate CPE experience are:*

- 1) Educational programs conducted by professional associations.
- 2) Manufacturer-sponsored programs related to new products and/or techniques.
- 3) Attendance at orthopedic grand rounds in a local hospital.
- 4) Presentation in your shop by an outside expert.
- 5) Preparation and submission of an education article for the *BOC Report*.
- 6) Subscriptions to professional journals. BOC will recognize one CE credit hour per article, with submission of a one-page, single-spaced summary of the article.
- 7) Teaching educational seminars. BOC will recognize three CE credit hours per hour of teaching a course directly related to orthotics. You must submit a complete detailed course outline, along with references used to develop the course.
- 8) Training videos, if pre-approved by BOC.

BOC reserves the right of final approval on all submitted CPE credits. If BOC determines that the submitted information does not meet the standards set by BOC, you will have the opportunity to resubmit the information.

### 2. Verification of CPE Credits

You are required to maintain a file of your CPE credits. Please submit proof of CPE credits per attendance. CPE Credits are verified every 5 years for competency assurance compliance.

### 3. Category

CPE credits must be accumulated with a minimum of 80% being Category 1 credits. Category definitions as follows:

- Category 1: Continuing professional education programs pertaining broadly to scientific, professional and/or technical aspects of the practice of orthotics, prosthetics, or pedorthics.
- Category 11: Continuing professional education programs associated with the management of orthotic, prosthetic, and pedorthic practices or more generally with the structure of regulation of healthcare.

## **RENEWAL FEES**

An annual renewal fee is due every year on January 1. Timely payment of renewal fees assures receipt of a current certificate and a listing on the current ***BOC Web Directory***. Failure to pay annual renewal fees results in suspension of your certificate. To be reinstated, back fees plus an administrative fee of \$100 must be paid. To continue to display expired certificates or badges is a violation of the BOC Code of Ethics and subject to disciplinary action. Failure to pay the annual renewal fee for two consecutive years results in revocation of your certificate. Once certification is revoked, one must reapply and retake the complete certification examinations to be become recertified.



**Board of Certification/Accreditation,  
International**  
**THE ADVANTAGE IS EXPERIENCE™**

Board of Certification/Accreditation, Int'l  
10451 Mill Run Circle, Suite 200  
Owings Mills, Maryland 21117  
Phone: 1.877.776.2200  
Local: 410.581.6222  
FAX: 410.581.6228  
Email: [info@bocinternational.org](mailto:info@bocinternational.org)  
Website: [www.bocinternational.org](http://www.bocinternational.org)

***Résumé Verification Form***

*Instructions:*

**1. Prepare a complete education and work history.** Please prepare a résumé to include all of the following on numbered pages:

- Formal education plus O&P courses and workshops. *Specify dates of attendance and degree/diploma/certification achieved.*
- Employment history, *with dates and major responsibilities.*

**2. Verification of Résumé.** Then, please obtain verification of your résumé by submitting it to either of the following individuals as required below, who must review, date and initial each page of your résumé: your current facility owner/manager/supervisor, or; **if you are the owner/manager, another certified or licensed practitioner who has direct knowledge of your work record. In the latter case, please include a brief description of the basis for the verifying practitioner's signature and a copy of their current certificate or license.**

**3. Complete the following affidavit.** This page is to be stapled to the résumé after it has been prepared, initialed and dated according to these instructions. Thereafter, both this page and the completed résumé are to be presented and displayed before a notary public, who must witness your signature of the affidavit below. The notarization must indicate the total number of pages (including initialed résumé pages) presented.

<b>THIS SECTION FOR FACILITY OWNER/MANAGER/SUPERVISOR OR CERTIFIED/LICENSED PRACTITIONER</b>	
<b><u>Facility Owner/Manager/Supervisor:</u></b> Please <u>review</u> the candidate's résumé, <u>dating and initialing</u> each page. Then, please complete the following (print or type):	
I have read the résumé of _____, and it is true and accurate to the best of my knowledge.	
Facility Owner/Manager/Supervisor _____	(name & title)
Certified/Licensed Practitioner _____	(name, credentials & professional number)
<b>Signature</b> _____	<b>Date</b> _____

***In signing this affidavit, I ATTEST, upon personal knowledge, that the information included in this résumé is true. I understand that falsification of information may result in a denial, suspension or revocation of my certification:***

Certification Candidate (Print or type name) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Number of pages presented and displayed before me \_\_\_\_\_ Number of résumé pages initialed \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_



**Board of  
Certification /Accreditation, International**  
**THE ADVANTAGE IS EXPERIENCE™**

Board of Certification/Accreditation,  
International  
10451 Mill Run Circle, Suite 200  
Owings Mills, MD 21117  
Phone: 1.877.776.2200  
FAX: 410-581-6228  
Email: [info@bocinternational.org](mailto:info@bocinternational.org)  
Website: [www.bocinternational.org](http://www.bocinternational.org)

**BOC Pedorthist Application**

**I - Personal Information**

**1. Applicant Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ M. I. \_\_\_\_\_

**2. Gender:**     M     F

**3. Birth Date (Month/Day/Year):** \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_    **4. Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**OR**  
**Canadian Health Number:** \_\_\_\_\_

**5. Education Level (check one):**  High School     Associate Degree     Baccalaureate     Post Baccalaureate  
(year completed):    **Year:** \_\_\_\_\_    **Year:** \_\_\_\_\_    **Year:** \_\_\_\_\_    **Year:** \_\_\_\_\_

**6. Current Status:**     COF™     CMF™     Orthotist, BOC-Certified™     Prosthetist, BOC-Certified™     Other: \_\_\_\_\_

**7. How did you discover BOC?**     Trade Show     Publication     Internet     Other: \_\_\_\_\_  
 Fitter School (name/date): \_\_\_\_\_

**II – Contact Information**     Exclude from distribution to 3rd parties

**8. Home Address:**    Street \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_

**9. Workplace:**    Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip \_\_\_\_\_    **Is this facility accredited?**     Yes     No     Not Sure  
Telephone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**10. Preferred Mailing Address:**     Home     Workplace

**III – Questionnaire**

- 11.** Have you ever been named as a defendant in a professional liability suit during the past five years?    Y / N
- 12.** Have there been any settlements or judgements involving your professional practice during the past five years?    Y / N
- 13.** Has your professional certification or license ever been restricted, limited, reduced, denied, suspended, revoked, or cancelled?    Y / N
- 15.** Have you ever been convicted of a felony?    Y / N
- 16.** 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
- 17.** Has your professional liability coverage ever been restricted, limited, denied, or denied renewal?    Y / N

**If you answered "Yes" to any of the above, please enclose an explanation on a separate sheet.**

**IV – Fees**

**Important: All fees must be paid in full by the application deadline for that certification; see Examination Schedule.**

Please enter and add up all the fees that apply (see chart, below).



Application Fee           \$ \_\_\_\_\_ **(non-refundable)**

Multiple Choice Exam   \$ \_\_\_\_\_    Winter    Spring

Summer    Fall

TOTAL \$ \_\_\_\_\_

	Pedorthist
Application Fee (non-refundable)	<b>150</b>
Multiple Choice Exam- US	<b>200</b>
Multiple Choice Exam-International*	<b>375</b>

\*Location outside of U.S. (not including Alaska and Hawaii)

**V – Payment**

<input type="checkbox"/> <b>Check</b> Check No.: _____  Amount Enclosed: \$ _____  <i>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 \$25.00 to cover the returned check-processing fee. An alternate check will not be accepted at this time.</i>	<input type="checkbox"/> <b>Paid Online</b>  <b>Invoice No.:</b> _____	<input type="checkbox"/> <b>Credit Card</b> Amount: \$ _____  Card Number: _____ Exp. ____/____ <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <i>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.</i>  Signature: _____
---	--	--

**V – Sign and Date**

I attest that the information reported on this application is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or Fax application form with payment to BOC:  
 Fax 410.581.6228  
 Board of Certification/Accreditation, International  
 10451 Mill Run Circle, Suite 200  
 Owings Mills, Maryland 21117

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Application Fee: \_\_\_\_\_





[www.bocinternational.org](http://www.bocinternational.org)  
877-776-2200