



Board for Certification in Clinical Anaplastology

Application for Eligibility To sit for the BCCA Certification Exam

For details of eligibility criteria to sit for the exam, please refer to the **2018 Certification Exam Eligibility Requirements** as posted on the BCCA website (www.bcca-cca.org) and included as part of this application. All applicants are responsible for understanding the BCCA eligibility requirements prior to submitting their application.

Deadlines:

Please refer to the BCCA website (www.bcca-cca.org) website for application deadlines for the various BCCA exams offered throughout the year. Generally, notification of your eligibility to sit for the exam will be received within 30 days of submitting your application. If eligibility is approved, a separate application for the BCCA Examination will be required.

Fees:

The fee for eligibility application is \$300.00 USD. This is a non-refundable fee that is to be included along with the application. If you are notified that elements are missing from your application, you will have 1 year to complete it or meet required elements without paying an additional application fee. After this 1 year period, you will need to resubmit a new eligibility application and fee.

If your eligibility application is approved, you will have a period of 2 years to sit for the BCCA exam. If this does not occur, you will be required to resubmit a new eligibility application and fee. Be aware that eligibility requirements are subject to change, thus you may need to meet the requirements at the time of reapplication.

The Eligibility Application fee is separate from the fee for taking the BCCA Examination. The examination fee is not to be paid at this time. It is paid only when your application for eligibility is approved. The examination fee is specified on a per exam basis due to variations in cost for the various testing venues. Please check our website for exam registration and the associated fees.

Submission of Application:

Incomplete applications will not be reviewed, so please review the Application Checklist on the following page. When entire packet is completed, send application, fees, letters of reference, portfolio CD-R and all case supporting documents to:

**BCCA Eligibility
Attn: Rachel Brooke
6708 Seneca Ln
Sykesville, MD 21784**

Contact Information:

For additional information or clarifications, please contact the BCCA Administrative Office at: via Phone **561-414-0675**
or via E-mail rachel@bcca-cca.com

BCCA Certification Eligibility Elements, Instructions & Requirements

Program Elements:

The first step towards BCCA certification testing consists of successfully meeting the following elements:

1. **BCCA Eligibility Application Form** (*refer to BCCA Eligibility Application Form*)
2. **Documentation of Educational & Training Requirements, including:**
 - a. Educational Coursework Requirements* (*refer to separate applicable pathway 1,2,3,4 or 5 form*) AND
 - b. Supervised Clinical Training*
3. **Documentation of Clinical Work Experience, including:**
 - a. Listing of Portfolio Clinical Cases AND
 - b. Narrative Presentation of 3 Detailed Cases* AND
 - c. Detailed Cases Supporting Documents*
 - d. PowerPoint Portfolio of 3 Detailed Portfolio Cases* AND
 - e. PowerPoint Portfolio of 15 Concise Portfolio Cases*
4. **2 Letters of Reference** (*refer to BCCA Letter of Reference Form*)

**These requirements are more fully specified below.*

Instructions:

Candidates are to fill out the BCCA Eligibility Application Form in its entirety and attest to the validity of all information provided. Payment as well as all supporting documents should be submitted as part of the application. (*i.e. CD-R with PowerPoint presentation of Portfolio Cases, Candidate Letters of Reference, and Diplomas/Certificates*)

Requirements:

Education & Training:

Candidates must classify themselves in one of 5 different Pathways based on their education and clinical training. Candidates must classify themselves in one of 5 different Pathways based on their education and clinical training.

- Pathway 1 candidates have a formal degree from a program with coursework and clinical training specific to anaplastology.
- Pathway 2 candidates have a formal advanced medical degree.
- Pathway 3 candidates have a formal or non formal educational and clinical training background from an allied health field.
- Pathway 4 candidates have a bachelors degree non-specific to anaplastology.
- Pathway 5 candidates are long term practitioners with a bachelors degree non-specific to anaplastology.

All candidates are required to meet Educational, Minimum Coursework, Supervised Clinical Training Requirements and Letters of Recommendation.

Educational Requirements:

Transcripts are to be sent from the applicant in a closed, official school, sealed envelope, mailed with your application. Transcripts are not official if opened by an applicant. Photocopied transcripts are not acceptable.

Pathway 1 Classification:

Candidates who received a degree or certificate from an accredited institution or program with coursework and clinical training specifically pertaining to Anaplastology.

List of BCCA recognized Anaplastology training programs

- ◆ University of Illinois at Chicago, Biomedical Visualization/Anaplastology (MS degree).
- ◆ King's College Dental Institute Maxillofacial & Craniofacial Technology (MSc or PhD degrees), London, England.
- ◆ National Naval Dental School Maxillofacial Technician Program (Certificate), Bethesda, Maryland.
- ◆ Stanford University Training Program in Anaplastology (Certificate), Palo Alto, California.
- ◆ Maxillofacial Prosthetic Technician Training Program (Certificate), U.S. Dept. of Veterans Affairs Medical Center, Bronx, New York.
- ◆ Post Graduate Maxillofacial Prosthodontic Fellowships (ADA-accredited maxillofacial prosthodontic programs with Certificate)
- ◆ Johns Hopkins University School of Medicine, Department of Art as Applied to Medicine, Clinical Anaplastology Training (Nine Month Certificate of Attendance), Baltimore, Maryland.

Programs not listed can be submitted for review by the BCCA via formal request prior to the submission of an application.

Pathway 2 Classification:

Candidates with an advanced medical degree warrant special consideration given the medical science coursework and supervised clinical experience required by their professions.

Pathway 3 Classification:

Candidates who received formal or non-formal training in Allied Health field. (*i.e.: medical illustration, ocularistry, dental technology, prosthetics and orthotics*). The diploma or certificate must demonstrate a minimum bachelor's degree or it's foreign equivalent from an accredited college or university.

Verification Requirement | Pathway 3 Only Applicants must provide confirmation of certification status to the BCCA from the certifying/credentialing body. Verification of certification status will include the individual's name, current certification status, state/province certified, expiration date and credential.

Pathway 4 Classification:

Candidates who received formal education in a non-Allied Health field. The diploma or certificate must demonstrate a minimum bachelor's degree or it's foreign equivalent from an accredited college or university.

Pathway 5 Classification:

Candidates who can demonstrate an existing long term (minimum 10 years) in clinical anaplastology practice. The diploma or certificate must demonstrate a minimum bachelor's degree or it's foreign equivalent from an accredited college or university.

Professional Curriculum Vitae Requirement | Pathway 5 Only: Used often in the academia and science fields, a Curriculum Vitae (CV) is a summary of a candidate's educational and academic background. All candidates for pathway 5 must submit a detailed, updated curriculum vitae. A Curriculum Vitae will not be accepted in lieu of completing the CCA Application.

Minimum Coursework Requirement (Section V of the application):

To be eligible to sit for the CCA examination, applicants must fulfill both the academic and educational requirements as detailed in the eligibility pathways (*i.e.* Pathway 1, Anaplastology Educational Programs) The 5 different corresponding forms for each pathway can be found here:

<https://www.bcca-cca.com/cca-eligibility>. Please choose the appropriate application for the pathway and submit only one of the 5 form options.

****Periodically, the courses required for each pathway may change.***

Direct Supervised Clinical Training Requirement:

The Supervised Clinical Experience Verification form is provided to the supervising practitioner of the CCA applicant. Upon completing the form, the supervising practitioner should seal the form in an envelope with their signature across the flap to ensure confidentiality, and return it to the applicant for submission to the BCCA.

The Supervised Clinical Experience Verification form can be found here: <https://www.bcca-cca.com/bcca-pdfs>

Portfolio of Clinical Cases Requirements:

The portfolio of Clinical cases is being used to assess the candidate's abilities in both the clinical and technical aspects of anaplastology work. These 18 clinical cases will be considered by the BCCA as evidence of minimal clinical experience. Applicants must ensure their cases demonstrate that each prosthesis is:

- designed and fabricated to improve or restore function and aesthetics; and
- designed, fabricated, and delivered safely and effectively to the patient.

An authorization for information and photography release **MUST** be submitted for all patients included as part of Portfolio of Clinical Cases. The BCCA Patient Information Release Authorization form is to be used for this purpose. Clinician generated authorizations signed by patients will be accepted, but must be clearly labeled on top with the case letter designation (*i.e.* Case D). Failure to obtain patient releases will result in an immediate rejection of the Candidate's application.

Please refer to the Approved List of Anaplastology Examples for Eligibility Purposes (*see Approved List below*) for types of prostheses that may be included in the Portfolio. All documents submitted for review (*i.e.* photos, prescriptions, etc.) must be unaltered. Cases chosen must represent the work of the candidate.

Regardless of educational pathway, all candidates are required to document 18 different clinical cases to demonstrate direct patient contact while providing anaplastology services. The 18 cases may include cases done as a student or trainee. Supervisors and/or consultants may have contributed during prosthetic treatment selection and planning, but *all cases must represent prostheses that were conceived, designed, executed and delivered to the patient by the applicant*. Remakes using existing molds or through duplication of previous prostheses are not to be used for the Portfolio.

3 of the 18 cases (Label the Cases A-C) are to be documented in detail (*see 3 Detailed Cases below*). The remaining 15 cases (Label the Cases D-R) are documented solely through photographic means (*see 15 Concise Portfolio Cases below*).

USB or CD-R Portfolio Submission Guidelines:

All 18 (Detailed and Concise) Portfolio Cases are to be presented digitally in the form of a single Microsoft PowerPoint file. If you have a preferred program besides PowerPoint please ask ahead of time for reviewer's compatibility. (*Note: Apple Keynote presentations must be saved as a PowerPoint file*). The USB or CD-R and PowerPoint file should be named using the initials of the candidate followed by "Portfolio Cases," (*i.e.* JS Portfolio Cases).

The first 24 slides represent the 3 Detailed Cases (with 1 photo on each slide). The following 30 slides represent the 15 concise cases (with no more than 3 photos on each slide). Therefore please verify you have a total of 54 slides to the presentation. Each slide is labeled as instructed below.

3 Detailed Cases:

The 3 detailed cases (Cases A-C) can all be from the same region; however, they must represent 3 different types of prostheses (*i.e. Auricular, Nasal, Digit*). At least 2 cases must represent a Facial (Region 1) prosthesis.

Elements of 3 Detailed Cases Presentation:

1. Detailed Supporting Documents

All documents are to be labeled in the upper left corner with the appropriate case number (*i.e. Case A, B, or C*). The following Supporting Documents (one for each case) are required as part of the Eligibility Application packet:

- 1) Patient Authorization (*use your own or BCCA Patient Information Release Authorization Form*). *Form can be found here: <https://www.bcca-cca.com/bcca-pdfs>*
- 2) Photocopy of Patient's Detailed Written Order (DWO) or prescription signed by physician
- 3) Photocopy of care & cleaning instructions provided to patient

2. Narrative Presentation

A narrative presentation attached for the 3 detailed cases. This will include information about pertinent patient history, diagnosis, physical findings, concerns/limitations, treatment plan, and follow-up findings.

3. CD-R with PowerPoint File

The Portfolio Detailed Cases (Cases A-C) represents the first 24 slides of the PowerPoint file. Each PowerPoint slide contains one clinical photograph of the following eight (8) Required Views:

Required Views:

- **Photograph 1 - Patient without prosthesis**
 - *For osseointegrated cases, show implant components on patient (*i.e. bar or magnetic components on abutments*)*
- **Photograph 2 - Impression** (*view of tissue side*) or patient model resulting from digital imaging
- **Photograph 3 - Prototype on patient** (*i.e. wax or clay sculpture on patient*)
- **Photograph 4 - Mold** (*all parts shown ready for prosthesis casting*)
- **Photographs 5 & 6 - Two (2) external views of prosthesis on the patient**
 - (*i. Photograph 7 - External (front) view of prosthesis (on a solid background)*)
- **7. Photograph 8 -View of tissue contact or fitting surface of prosthesis** (*on a plain background*)

15 Concise Cases:

The 15 Concise Cases Presentation (Cases D-R) must represent different patient cases, with no more than 8 of the same type of prosthesis (*i.e.: 8nasal, 5 auricular, 2ocular*).

Elements of 15 Concise Cases Presentation:

1. Concise Supporting Documents:

Patient Authorization (*use your own or BCCA Patient Information Release Authorization Form*).

2. CD-R with PowerPoint File:

The 15 Concise Cases Presentation (Cases D-R) is placed after the 3 Detailed Cases Presentation. The presentation is in the form of two slides per case containing all the 5 required views (*see below*). Each slide is to be labeled at the upper left corner with the Case letter designation (*i.e. Case F*) and must contain the following 5 required views:

Required Views:

Photograph 1 - Patient without prosthesis
Photographs 2 & 3 - Two (2) views of final prosthesis on the patient
Photograph 4 - External (front) view of prosthesis on a solid background
Photograph 5 - View of tissue contact or fitting surface of prosthesis on a solid background

Approved List of Anaplastology Services for Eligibility

As defined by the BCCA Scope of Practice, Anaplastologists provide custom made Class 1 & 2 medical devices that are non-weight bearing*. Case examples must be made from the regions listed below. The types of prostheses listed will be used in describing cases contained in the Case Portfolio.

* *Subdermally implantable, intraoral, fingernails, wigs, and weight bearing prostheses will not be considered for BCCA Eligibility.*

<i>Region 1: Facial</i>	<i>Region 2: Somatic (i.e. Neck, Torso & Extremities)</i>	<i>Region 3: Ocular (Eye)</i>
Orbital/Upper Facial Nasal/ Midfacial Auricular Hemi-Facial (<i>nose, orbit & cheek</i>) Osseointegrated Implant-retained (<i>any facial</i>) <i>Other Facial</i>	Finger/Thumb Partial Hand/hand Aesthetic sleeve Toe/partial foot (<i>non-weight bearing</i>) Breast/Nipple Other Somatic Osseointegrated implant retained somatic	Custom Indwelling Ocular Custom Scleral Cover Shell

Letters of Recommendation Requirements:

This information is being used to independently assess the candidate's professional qualities as well as to provide an independent fitness to practice as an independent provider of anaplastology services.

Physicians must use the CCA Letter of Recommendation Form found at the end of this document.. The physician will seal the form in an envelope with their signature across the flap to ensure confidentiality, and return it to the applicant for submission to the BCCA. The BCCA reserves the right to contact referring physicians for verification purposes.

These letters of reference should come from professionals who have collaborated with the candidate on a minimum of 3 patient cases. NOTE: These letters cannot come from a supervising practitioner.

Application Checklist:

Prior to submitting application, please review the following checklist.

Note that documentation in addition to the application is required.

- ☐ Fill out sections I through IV
- ☐ Fill out section V - Please select the appropriate Section V document for your pathway found here: <https://www.bcca-cca.com/eligibility>
- ☐ Fill out sections VI – VIII and sign Section IX: Affirmation Statement & Agreement
- ☐ Enclose payment for the non-refundable application fee (**\$300 USD**). Payment can be made by check, money order, or credit card (*Visa, MasterCard, American Express, Discover*)
- ☐ 2 Physician Letters of Recommendation sealed in an envelope with referee signature across flap.
(Candidates are required to submit completed Letter of Reference Forms from at least 2 physician colleagues. These letters are separate from the Supervised Clinical Experience forms.)
- ☐ Supervised Clinical Experience Forms sealed in an envelope with referee signature across flap. Form can be found on the website here: <https://www.bcca-cca.com/cca-exam-forms> *(A form must be received from each supervisor listed on the application.)*
- ☐ Official Transcript from an accredited college or institution
- ☐ USB or CD-R with a single Microsoft PowerPoint file containing Portfolio Cases *(see Portfolio Cases Documentation)*
- ☐ Portfolio Cases Documentation

Supporting Documentation for 3 Detailed Cases (Cases #A-C)

- ☐ Signed patient authorizations for photo and information release *(Please use the BCCA Patient Information Release Authorization Form) - 1 each for 3 detailed cases*
- ☐ Copy of care & cleaning instructions provided to patient - *1 each for 3 detailed cases*
- ☐ Copy of Detailed Written Order or prescription from physician (not required for Pathway 2) – *1 each for 3 detailed cases*
- ☐ Typed case studies including pertinent information to patient care (Dx, physical findings, treatment plan, patient outcomes, etc).
- ☐ ***In USB/CD-R Case Presentation*** *(Refer to Certification Eligibility Requirements/Portfolio Detailed Cases Required Views) - Eight (8) required views for each of the 3 cases—first 24 slides*

Supporting Documentation for 15 Concise Cases (Cases #D-R)

- ☐ Signed patient authorizations for photo and information release *(Please use the BCCA Patient Information Release Authorization Form) - (for 15 concise patients—18 total)*
- ☐ ***In USB/CD-R Case Presentation***, Five (5) required views for each of the 15 cases. *(75 photos)*



BCCA Application Form *(Please print the entire application and legibly complete using a pen)*
Section I: Applicant & Payment Information

Applicant Information			
First Name	Middle Name	Last Name	
Title Designations and Credentials <i>(i.e. CDT, MD, BCO, CPO, PhD, etc.)</i>			
Certificate Name <i>(As you wish it to appear on the certificate)</i>			
Business Address			
City	State/Province	Zip Code	Country/Territory
Business Telephone <i>(Include Area and Country Code-for non USA)</i>		Business Fax <i>(Include Area and Country Code-for non USA)</i>	
Email Address			
Home Address			
City	State/Province	Zip Code	Country/Territory
Home Telephone <i>(Include Area and Country Code-for non USA)</i>		Home Fax Number <i>(Include Area and Country Code-for non USA)</i>	
Indicate address you would like to use for official BCCA correspondence: <input type="checkbox"/> Business <input type="checkbox"/> Home			

Payment Information			
The application fee of \$300.00(US) is non-refundable. <i>Fee must accompany the application.</i>			
Select Payment Type: <input type="checkbox"/> Check or Money Order is enclosed and made payable to BCCA <i>For credit card charges</i> Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Card Number:		Expiration Date:	
Cardholder Name		Cardholder Signature	
Billing Address			
City	State/Province	Zip Code	Country/Territory

Section II: Educational Background & Pathway Classification *(Select appropriate pathway classification below)*

High School Name	City	State/Province
Dates of Study (MM/YYYY) ____/____ through ____/____	<input type="checkbox"/> Graduated High School <input type="checkbox"/> Passed Equivalency Testing (i.e. GED)	
College or University Name	City	State/Province
Dates of Study (MM/YYYY) ____/____ through ____/____	Degree (or Certificate)	Major(s)/Minor(s)
Year Degree (or Certificate) Awarded	Education/Training Specific to Anaplastology? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University Name	City	State/Province
Dates of Study (MM/YYYY) ____/____ through ____/____	Degree (or Certificate)	Major(s)/Minor(s)
Year Degree (or Certificate) Awarded	Education/Training Specific to Anaplastology? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University Name	City	State/Province
Dates of Study (MM/YYYY) ____/____ through ____/____	Degree (or Certificate)	Major(s)/Minor(s)
Year Degree (or Certificate) Awarded	Education/Training Specific to Anaplastology? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section III: Current Certifications *(If none, please disregard. Please provide additional certifications on a separate sheet if necessary)*

Name of Certification and Credential (i.e. Certified Dental Technician, CDT)		Certification Number
Name of Certifying Body	Date of Certification/ Renewal (MM/DD/YYYY) ____/____/____	Expiration Date(MM/DD/YYYY) ____/____/____
Name of Certification and Credential (i.e. Certified Dental Technician, CDT)		Certification Number
Name of Certifying Body	Date of Certification/ Renewal (MM/DD/YYYY) ____/____/____	Expiration Date(MM/DD/YYYY) ____/____/____
Name of Certification and Credential (i.e. Certified Dental Technician, CDT)		Certification Number
Name of Certifying Body	Date of Certification/ Renewal (MM/DD/YYYY) ____/____/____	Expiration Date(MM/DD/YYYY) ____/____/____
Name of Certification and Credential (i.e. Certified Dental Technician, CDT)		Certification Number
Name of Certifying Body	Date of Certification/ Renewal (MM/DD/YYYY) ____/____/____	Expiration Date(MM/DD/YYYY) ____/____/____

Section IV: Supervised Clinical Training *(Please provide additional information on a separate sheet if necessary)*

Please note: each supervisor listed here needs to submit a completed verification form. Found here: <https://www.bcca-cca.com/bcca-pdf>

Practice Name or Institution	Extent of Clinical Supervision: <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised Name of Supervisor & Credentials: _____
Practice Address	Practice Phone
Position Title	Time with Direct Patient Contact: _____ Years _____ Months Dates of Tenure Period: ____/____/____ through ____/____/____
Institution(s) where supervisor received training	Supervisor's Years of Clinical Experience
Practice Name or Institution	Extent of Clinical Supervision: <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised Name of Supervisor & Credentials: _____
Practice Address	Practice Phone
Position Title	Time with Direct Patient Contact: _____ Years _____ Months Dates of Tenure Period: ____/____/____ through ____/____/____
Institution(s) where supervisor received training	Supervisor's Years of Clinical Experience
Practice Name or Institution	Extent of Clinical Supervision: <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised Name of Supervisor & Credentials: _____
Practice Address	Practice Phone
Position Title	Time with Direct Patient Contact: _____ Years _____ Months Dates of Tenure Period: ____/____/____ through ____/____/____
Institution(s) where supervisor received training	Supervisor's Years of Clinical Experience
Practice Name or Institution	Extent of Clinical Supervision: <input type="checkbox"/> Supervised <input type="checkbox"/> Unsupervised Number of Hours Per Week _____ Type of Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Name of Supervisor & Credentials: _____
Practice Address	Practice Phone
Position Title	Time with Direct Patient Contact: _____ Years _____ Months Dates of Tenure Period: ____/____/____ through ____/____/____
Institution(s) where supervisor received training	Supervisor's Years of Clinical Experience

PLEASE ANSWER: Length of clinical anaplsatology experience under direct supervision, in accordance with BCCA guidelines:

_____ Years _____ Months (**Required** - Under clinical supervision of fully licensed medical practitioner i.e. surgeon or maxillofacial prosthodontist or CCA, see description on pg. 3) Refer to minimum requirement for your pathway published in Standards for Initial Certification found here: <https://www.bcca-cca.com/bcca-pdf>

Section VI: Listing of Portfolio Cases

Please refer to BCCA Certification Eligibility Requirements for full Portfolio of Clinical Cases submission guidelines

Cases must represent work done by the applicant (although work can be under supervision).

Applicant must be involved in all key phases of the work (including impression, sculpting, casting, and finishing).

Remakes or cases representing the work of others cannot be submitted for review.

At least seven (7) of the concise cases must be from Region 1 (Facial).

	Region	Type of Prosthesis	Date Completed
Case #A (Detailed Case) Supporting documents and 8 photos required	<input type="checkbox"/> Facial	Must represent 3 different types	MM/YYYY ____/____/____
Case #B (Detailed Case) Supporting documents and 8 photos required	<input type="checkbox"/> Facial	Must represent 3 different types	MM/YYYY ____/____/____
Case #C (Detailed Case) Supporting documents and 8 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	Must represent 3 different types	MM/YYYY ____/____/____
Case #D (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #E (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #F (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #G (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #H (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #I (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #J (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #K (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #L (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #M (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #N (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #O (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #P (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #Q (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____
Case #R (Concise Case) Authorization & 5 photos required	<input type="checkbox"/> Facial <input type="checkbox"/> Somatic <input type="checkbox"/> Ocular	No more than 8 of same type	MM/YYYY ____/____/____

*****Remember to include USB/CD-R of Portfolio Cases and supporting documents (with case # indicated across top)**

Section VII: Narrative Presentation of 3 Detailed Cases

Please attach additional pages for detailed cases A,B and C using information contained in patient record. Please clearly label for each case. (Cases A, B & C)

1. Pertinent patient history, clinical diagnosis, and physical examination findings
2. Patient concerns and or limitations relevant to decision making (*i.e. climate patient lives in, manual dexterity, visual acuity, support, disabilities*)
3. Rationale for treatment plan (*i.e. pre-treatment operative plan, sculptural design decisions, retention strategy, material selection*)
4. Follow-up findings (*i.e. patient feedback, degree of acceptance of final prosthesis*)

Section VIII: Ethical & Professional Conduct

Certified Clinical Anaplastologists are bound to certain standards governing ethical and professional behavior as specified in the BCCA Code of Ethics and other applicable standards promulgated by BCCA. Professionals are expected to comply with these standards with the understanding that certification may be revoked by BCCA if the professional is found to be out of compliance to the standards. For purposes of eligibility, responses made by the candidate constituting unethical or unprofessional behavior may be investigated. All information you provide in response to these questions will be kept confidential, except only as authorized in writing by you or where otherwise required by law or applicable administrative proceeding.

1. Do you agree to be bound by the BCCA Code of Conduct if certified? : ☐ Yes ☐ No
2. Have you ever had any ethics complaints lodged against you with a regulatory board, hospital, professional organization, or other entity?
☐ Yes ☐ No *If yes, please provide full details of complaint and its disposition below (use a separate sheet if necessary):*

3. Has a malpractice lawsuit, criminal complaint, or other legal action pertaining to your professional work ever been brought against you?
☐ Yes ☐ No *If yes, please provide full details of complaint and its disposition below (use a separate sheet if necessary):*

4. Do you affirm that all the above statements are true? ☐ Yes ☐ No

Section IX: Affirmation Statement & Agreement

I understand that completing this application does not guarantee eligibility to sit for the exam or for certification. By signing and submitting this application form, I accept the conditions set forth in the BCCA *Certification Exam Eligibility Requirements, Examination Policies and Procedures, and Certification Renewal and Continuing Competency Handbook* concerning eligibility, administration of the examination, reporting of examination scores, and certification policies. I agree to supply further information for the purposes of verifying my eligibility, if requested by the BCCA. I understand and agree that, if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute the BCCA's warranty or guarantee of my fitness or competency to practice as a clinical anaplastologist.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is given in good faith, including but not limited to all information regarding the Portfolio Cases. I further understand that if any information is later determined to be false or misleading in any respect, the BCCA reserves the right to take all appropriate disciplinary action or revoke any certificate that has been granted on the basis thereof. I understand the BCCA randomly selects a number of applications to audit for validity and I agree to any further investigation of my application.

The candidate is responsible for accuracy of this application. Eligibility may be denied if the application is incomplete or inaccurate.

I agree that the BCCA may provide information to appropriate parties concerning my certification status, certification period, and rationale for any action(s) related to my certification, and/or other appropriate information related to my certification through the BCCA, including listing of my name and city/state on the BCCA website. All disclosures will be done in good faith compliance with applicable laws. I hereby release, discharge, covenant not to sue, and hold harmless the BCCA, its trustees, officers, members, examiners, representatives, agents and any person(s) acting on behalf of the BCCA from any actions, suits, claims, demands, or damages arising out of, or in connection with any action taken by them regarding this application, the gathering, collecting and use of information about my practice or education, the score or passing status given with respect to any examination, the failure of the BCCA to certify me, or any disciplinary action including revocation of any certificate. It is understood that all decisions as to my credentials and qualification for admission to the examination and for certification rest solely and exclusively in the BCCA, that its decision is considered final, and my exclusive right to appeal from any adverse decision is governed by the BCCA Rules for Appealing Decisions, contained within the BCCA Code of Conduct, Rules and Procedures Manual, and that final determination of any such appeal is considered final and binding.

Candidate Name (*print*)

Candidate Signature

Date



Letter of Reference Form

Candidate is to fill out his or her name as well as demographic information of physician or clinician (information in box).

The form is then provided to physician for completion.

Physician is to fill out completely and then seal the form in an envelope with their signature across flap of envelope to ensure security and confidentiality of the reference.

Physician Instructions:

Please carefully answer ALL questions and use another sheet of paper, if necessary.

Once completed, please put form into a sealed envelope and sign your name across the flap to ensure security. The applicant is required to personally submit this letter as part of their eligibility application.

The information contained in this letter is considered confidential. If you wish to share the information, you may provide the applicant with a separate copy.

BCCA Eligibility Candidate Name: _____

Physician's Name		
Degree/Credential		
Specialty Area		
Institution/Practice Name		
Address		
City	State	Zip
Phone Number	Good time to call	E-mail

1. What is your present and/or past association with the applicant:
(Check all appropriate answers):
☐ Referring Physician ☐ Supervisor ☐ Training Mentor/Educator
2. How long have you known the applicant?
_____ Years _____ Months
3. On how many cases have you collaborated with the applicant? (minimum of 3 required)

4. How would you rate the applicant's overall competency as a Clinical Anaplastologist? (Check one)
☐ Poor ☐ Fair ☐ Good ☐ Excellent

5. Please rate the applicant's qualities in the following areas by circling among options of 1-5 or "don't know" **1=Poor and 5=Excellent**

a) Problem solving skills	1	2	3	4	5	Don't Know
b) Recognizing limitations	1	2	3	4	5	Don't Know
c) Self-confidence	1	2	3	4	5	Don't Know
d) Professional and ethical judgment	1	2	3	4	5	Don't Know
e) Attitude towards patients	1	2	3	4	5	Don't Know
f) Attitude towards colleagues/coworkers	1	2	3	4	5	Don't Know
g) Ability to meet deadlines	1	2	3	4	5	Don't Know
h) Interviewing/listening skills	1	2	3	4	5	Don't Know
i) Ability to independently formulate treatment plan	1	2	3	4	5	Don't Know
j) Ability to execute treatment plan	1	2	3	4	5	Don't Know
k) Ability to independently provide safe and effective care	1	2	3	4	5	Don't Know

6. Is there any additional knowledge you have of the applicant that is relevant to their eligibility for BCCA Certification or ability to provide safe and effective care as a clinical anaplastologist? ☐ YES ☐ NO If YES, please elaborate:

I, (print name) _____ hereby affirm that the information and personal accounts herein contained concerning the named applicant are true.

Signature _____ Date _____



Patient Information Release Authorization Form

Candidate to fill out his or her name, clinical practice information, case # patient's name, and patient contact information.
Provide form to patient for completion. Patient is to return form to candidate for submission as part of his or her application.

BCCA Eligibility Candidate Name: _____

Eligibility Application Case #: (use letter designation) _____

Supervising Clinician Name	
Practice Name	
Practice Address	
Supervising Clinician's Phone Number	Email
Supervising Clinician's Signature	

Patient's Name
Please Provide Either: Home Phone Number
Or, E-mail:

Patient Instructions:

The Board for Certification in Clinical Anaplastology (BCCA) requests your authorization to release personal healthcare information from your clinician to the BCCA solely for purposes of considering his or her application for eligibility for the Certified Clinical Anaplastologist (CCA) credential.

*Please indicate whether or not you wish to participate by checking the appropriate box.
Once signed and completed, please return the form to the clinician at the address listed to the right.*

Dear Patient,

As part of requirements for certification in clinical anaplastology, applicants must submit case examples of their work. This requires the release of clinical photographs, and in some cases pertinent patient history, clinical diagnosis, rationale for treatment plan, and follow-up findings (referred to as 'protected healthcare information,' or PHI). This information is reviewed by BCCA Board members and staff only for determining the eligibility of the applicant to sit for the certification exam. No PHI is to be identified with the patient's name, address, or contact information. The BCCA agrees to ensure your privacy and anonymity by not sharing this information with anyone outside the BCCA Board or staff, unless authorized by you in writing or otherwise required by law. You may cancel this authorization at any time except to the extent already relied on and used for evaluation purposes prior to such cancellation.

Your decision whether or not to participate is voluntary should not affect the quality of care by your clinician.

I, (print name) _____ authorize the use of my PHI for the purposes stated above.

I understand that once released, the information will be held by the BCCA on a confidential basis and will be disposed of according to BCCA document retention policies. I hereby release from any liability the BCCA, its Board members, employees, or agents and my clinician, his or her employees, or agents and their practice with regard to usages as agreed to herein.

Patient's Signature

Date