



# Board for Certification in Clinical Anaplastology

## Candidate Handbook

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## Additional BCCA Program Documents for Reference\*

The following additional documents are available for download at the BCCA web site at [www.bcca-cca.org](http://www.bcca-cca.org)

- *Eligibility Requirements & Application For Eligibility*
- *Practice (Job/Task) Analysis Summary Report (available by special request only)*
- *Examination Blueprint*
- *Clinical Anaplastology Study Bibliography*
- *Examination Policies & Procedures*
- *Recertification Requirements & Guidelines for CCAs*
- *Code of Conduct & Administrative Procedures Manual*

## Introduction

The Board for Certification in Clinical Anaplastology is a non-profit corporation chartered in 2002. The Board's mission is to promote and provide certification in Clinical Anaplastology for the enhancement of patient care and professional practice.

In order to obtain the CCA credential (Certified Clinical Anaplastologist), an individual must fulfill eligibility requirements established by the board and then pass the BCCA certification exam.

As a member of the National Organization for Competency Assurance (NOCA), the BCCA's goal is to follow the "*Standards for Accreditation of National Certification Organizations*" established by the National Commission for Certifying Agencies (NCCA), with the intention of applying for accreditation through the NCCA. The NCCA is the accrediting body of NOCA. These two organizations are recognized leaders in setting quality standards for credentialing organizations to ensure the health, welfare, and safety of the public.

This handbook has been developed for individuals who are candidates for certification in clinical anaplastology. The purpose of the Certified Clinical Anaplastologist (CCA) Candidate Manual is to provide candidates with a step-by-step preview of the certification process. It contains information on eligibility requirements, the application process, and a variety of other important topics. Candidates are responsible for becoming familiar with its contents and using it in completing the certification process. In publishing this manual, the Board for Certification in Clinical Anaplastology hopes to promote better understanding of both the standards that are represented by certification and the process by which it recognizes achievement of those standards.

## Certification vs. Licensure

There are important distinctions between licensure and certification. Licensure refers to the *laws* which regulate a given occupation. Licensure occurs at the state level, and therefore, scope of practice descriptions may vary from state to state. Its purpose is essentially twofold: (1) title protection, i.e. the prevention of unqualified individuals utilizing the given title, and (2) scope of practice, i.e. defining the specific tasks that constitute the practice of the given occupation. **Certification, on the other hand, is a non-statutory process whereby an accrediting body grants recognition to an individual for having met predetermined professional qualifications. The Board for Certification in Clinical Anaplastology is a credentialing organization granting certification and not an organization granting licensure.**

## BCCA Credentialing

The credential awarded by the Board for Certification in Clinical Anaplastology (BCCA) is designated as CCA, Certified Clinical Anaplastologist. A certified clinical anaplastologist is a health care professional whose demonstrated experience and knowledge clinical anaplastology services has been credentialed by the BCCA. Such individuals have met eligibility criteria, a passing examination score, continuing education requirements, and adhere to ethical and professional standards set forth by the BCCA.

Clinical Anaplastology certification is available through the Board for Certification in Clinical Anaplastology for all of those who meet the eligibility criteria. Candidates who wish to be awarded the credential CCA must first meet the eligibility criteria and successfully pass an examination. See: Certification Exam Eligibility. Incorporated in 2002, the BCCA currently operates as an independent non-profit corporation whose primary function is to administer a certification examination as a means of attesting to the competency of the anaplastologist. The BCCA goal is to follow the guidelines of the National Commission for Certifying Agencies (NCCA) prior to recognition by NCCA.

All certified individuals, will maintain their certification in good standing by meeting periodic continuing education requirements and payment of an annual renewal fee. In compliance with Standard 19, the NCCA standards for certification programs, the BCCA publishes a recertification procedures policy.

For a complete copy of ***Recertification Requirements & Guidelines for Certified Clinical Anaplastologists***, please visit the BCCA web site.

## Scope of Practice

### Purpose

The purpose of this section is to delineate the scope of practice for a BCCA certified clinical anaplastologist. Each health profession has a scope of practice statement that describes in a general way what the profession does and the methods that it uses. Scope of practice is a terminology used by state licensing boards for various professions that define the procedures, actions, and processes that are permitted for the licensed individual by law.

## What is a Clinical Anaplastologist?

A clinical anaplastologist is a health care professional that provides custom-designed, fabricated and fitted extraoral aesthetic prostheses or other medical devices that are non-weight bearing, as specified in the BCCA scope of practice. This is based on a physician's referral and clinical assessment, to support, modify, replace, protect or restore an anatomical structure.

Anaplastology patients have three general etiologies; congenital malformations that require augmentation and cancer or trauma ablations that result in a loss of anatomical structure requiring replacement. Anaplastologists work with other members of a rehabilitative health care team in either multidisciplinary or interdisciplinary environments to help to return patients to a normal daily life by creating life-like prosthesis that help normalize the appearance of lost, missing, or damaged soft tissue. Competent analytical, clinical and technical skills are required to perform safe and effective patient care.

## Background

Anaplastology is a profession with deep historical roots in rehabilitative medicine. For years anaplastologists have provided prostheses and other medical devices which required extra attention to esthetic design and appearance. Advancements in patient care over the last 20 years have increased the need for a dedicated level of clinical and technical skill necessary to conduct safe and effective anaplastology practice in conjunction with emerging technologies and a higher expectation of quality care. Anaplastologists work in a variety of practice settings utilizing a unique skill set to create innovations in anaplastology and advance quality patient care.

## Driving Principles

The foundations of the biological sciences such as gross anatomy, pathophysiology, and the material sciences are integral to the anaplastologist's ability to derive a patient treatment plan. At the same time, it is also crucial that an anaplastologist have an understanding of artistic principles related to sculpting, mold making and color theory in order to create the most realistic prosthesis possible. A grasp of medical terminology and basic psychology complete the anaplastologist's ability to provide comprehensive care in being able to empathetically address the motivations and expectations of their patients and communicate with their medical colleagues as part of an integrated health care team. *Patient assessment, treatment planning, implementation, prosthetic delivery, and follow-up care* are the responsibility of the clinical anaplastologist and must be conducted in strict compliance of *ethical and professional standards*.

## Defining the CCA's Scope of Practice

The scope of practice is limited to that which the law allows based on the specific educational requirements and experience, and specific demonstrated competency of the practitioner. Each state has laws, licensing bodies, and regulations that describe requirements for education and training, and define *scope of practice*<sup>1</sup>. The scope of practice statement is not safeguarded in the sense that it does not prevent others from performing the same activities. Rather, it acknowledges the overlapping scope of practice of the health professions and prohibits people from performing activities that they are not regulated to do so by law. Clinical Anaplastology *is not* a regulated health care profession. For the purposes of certification for Clinical Anaplastology, scope of practice is defined by the *Job Task Analysis* conducted by the BCCA and limited by what individual state laws. *Certification* is an occupational designation issued by an organization that provides confirmation of an individual's qualifications in a specified profession. It implies an assurance that an individual has a certain skill level pertaining to an occupation that is maintained over time through continued education<sup>2</sup>.

1. "Scope of practice." *Wikipedia, The Free Encyclopedia*. 20 Feb 2009, 01:19 UTC. 3 Mar 2009. [http://en.wikipedia.org/w/index.php?title=Scope\\_of\\_practice&oldid=271968092](http://en.wikipedia.org/w/index.php?title=Scope_of_practice&oldid=271968092).
2. National Commission for Certifying Agencies

## Practice Settings

Based on demographic information collected in conjunction with the Job Task Analysis Study carried out by the BCCA, Anaplastologists may practice in the following settings, including, but not limited to:

1. Private Practice
2. Teaching Medical Center
3. General Hospital or Clinic
4. Research Facility
5. University
6. VA or other Government entity

## **Role Delineation: As Defined by the Job Task Analysis Study**

The BCCA performed a Job Task Analysis (JTA) in 2007, to identify the domains of practice, tasks performed, and knowledge required for safe and effective performance on the job. These Domains, Tasks and Knowledge Statements delineate the areas of responsibility for a clinical anaplastologist and form the basis for question writing and examination construction. This information, which forms the ***Candidate Examination Blueprint***, is found below as well as on the BCCA web site.

### **Domains & Tasks**

#### **Domain I – Assessment (constitutes 17% of exam)**

A Clinical Anaplastologist is able to perform a comprehensive assessment of the patient to obtain an understanding of the patient's anaplastology needs. Tasks associated with this domain include:

1. The Review of patient referral information and medical history.
2. Conducting patient consultation to establish expectations and assess motivations.
3. Performing a pre- or post-surgical physical examination of the treatment site
4. Educating the patient regarding treatment options.

#### **Domain II - Treatment Planning (constitutes 12% of exam)**

A Clinical Anaplastologist is able to devise a comprehensive treatment plan address the needs and goals of the patient. Tasks associated with this domain include:

1. The integrate assessment data and relevant information to determine the course of treatment.

#### **Domain III – Implementation (constitutes 47% of exam)**

A Clinical Anaplastologist is able to implement the clinical and technical aspects of the treatment plan in order to achieve the anaplastology goals of the patient. Tasks associated with this domain include:

1. Acquire patient physical data (e.g., measurements, tissue color, photographs, patient models)
2. Design/create the prosthetic pattern/prototype
3. Verify fit, form and function and modify the prosthetic pattern/prototype
4. Design and fabricate the mold
5. Prepare the prosthetic materials for casting (e.g., intrinsic coloration, primers, silicones, acrylics)
6. Cast and cure the prosthesis
7. Finish, fit and adjust the prosthesis (e.g., extrinsic coloration, refinement of margins, characterization)

#### **Domain IV – Delivery (constitutes 10% of exam)**

A Clinical Anaplastologist is able to ensure the safety of the prosthetic device in delivering it to the patient and determine if the anaplastology goals have been met. Tasks associated with this domain include:

1. Educate the patient in the use, care and maintenance of the prosthesis and surrounding tissue.
2. Assess the patient's comfort, acceptance and use of the prosthesis.

#### **Domain V - Follow-up Care (constitutes 6% of exam)**

A Clinical Anaplastologist is able to provide continuing patient care and periodic evaluation to ensure the viability of the patient's tissue site and safety of the prosthetic device. Tasks associated with this domain include:

1. Re-educate the patient
2. Adjust the prosthesis

#### **Domain VI - Ethics & Professional Issues (constitutes 8% of exam)**

A Clinical Anaplastologist is able to comply with all ethical and legal requirements or jurisdictions regulating the practice of Anaplastology.

1. Anaplastology practice is performed in a manner consistent with applicable ethics codes and professional standards
2. Anaplastologists maintain comprehensive and up-to-date patient records.

## Knowledge Statements

Clinical Anaplastologists should have knowledge of the following content areas as they relate to the Domains and Tasks as specified in the Job Task Analysis.

### Knowledge of:

1. Medical terminology
2. Anatomy
3. Roles of related health professions (e.g. ear, nose & throat, ophthalmology, plastic & reconstructive surgery, maxillofacial prosthodontics, O & P, etc.)
4. Prosthetic device terminology (e.g. midfacial, hemi-facial, upper facial, ocular, osseointegrated components, etc.)
5. Factors affecting treatment planning (e.g., diagnosis, etiology, treatment therapies, co-morbidities, prognosis, tissue mobility, and pathology)
6. Clinician interviewing techniques (e.g. active listening, appropriate questions to ask)
7. Patient barriers to communication (e.g. physical and mental disabilities, culture, language and how to address these)
8. Factors affecting patient motivation and expectations, and adaptability (e.g. psychological, social, behavioral, physical, and cultural)
9. Suspicious tissue (e.g. pathological, inflamed)
10. Infection control and sterile technique (e.g. hand hygiene, blood borne pathogens, standard and universal precautions, sterilization of instruments and products)
11. Tissue readiness for impression
12. Surgical outcomes conducive to achieving optimal prosthetic results
13. Treatment timelines
14. Treatment options (e.g. surgical vs. prosthetic reconstruction)
15. Retention strategies (e.g. advantages/disadvantages, adhesive, anatomical, mechanical, and osseointegrated)
16. Materials and products (e.g., adhesives, silicones, acrylics)
17. Prosthetic device fabrication techniques (e.g. mold making, casting, and finishing)
18. Risk factors (e.g., aspiration, claustrophobia, inappropriate materials, clinical limitations in performing intraoral or abutment changes, undercuts)
19. Surgical protocols (e.g. sterile field considerations, sterilization procedures)
20. Sculpting principles, design elements, and techniques (e.g. facial proportions, aesthetic principles, expression, texture, scale, and margin treatment)
21. Safe and effective use of laboratory equipment and materials (e.g. lathe, handpiece, oven, vacuum, and pressure chamber, chemicals)
22. Clinical photography
23. Impression procedures (e.g., positioning, site preparation, impression materials and osseointegrated components)
24. Color theory (e.g. pigment/additive light/subtractive color mixing, metamerism, heterogeneity, opacity, translucency)
25. Surgical guide use, fabrication, and sterilization techniques
26. Prosthesis care and maintenance protocols
27. Repair strategies
28. IAA & BCCA Code of Ethics
29. AAA Anaplastology Clinical Practice Standards
30. Medical charting guidelines

## Common Anaplastology Services

Anaplastologists provide custom made Class 1 & 2 medical devices that are non-weight bearing\*. Case examples are listed below by region.

\* Subdermally implantable, intraoral, fingernails, wigs, and weight bearing prostheses are not considered for BCCA Certification Eligibility.

<b>Region 1: Facial</b>	<b>Region 2: Somatic (i.e. Neck, Torso &amp; Extremities)</b>	<b>Region 3: Ocular (Eye)</b>
Orbital Nasal Auricular Upper Facial ( <i>orbit &amp; cheek</i> ) Hemi-Facial ( <i>nose, orbit &amp; cheek</i> ) Midfacial ( <i>nose &amp; cheek</i> ) Osseointegrated Implant-retained ( <i>any facial</i> )	Finger Thumb Partial Hand Toe ( <i>non-weight bearing</i> ) Partial Foot ( <i>non-weight bearing</i> ) Filler prosthesis for soft tissue deficit ( <i>i.e. calf, thigh</i> ) Breast/Nipple Genital ( <i>external device only</i> ) Tracheostomal housing for speech valve	Custom Indwelling Ocular Custom Ocular for Orbital Scleral Cover Shell

## Future Developments

The 2007 BCCA Job Task Analysis and resulting Scope of Practice research is the benchmark against which future improvements in the field of anaplastology may be measured. Certification is an important first step in the professionalization of anaplastology practices. Future improvements and innovation in conjunction with the establishment of accredited educational training programs will continue to re-define what it is that we do. Certification programs must require periodic recertification and establish, publish, apply, and periodically review policies and procedures for recertification. When this time comes, a new look at what defines the scope of practice for Anaplastology will be warranted.

## Clinical Training Under Direct Supervision

In order for a clinical anaplastologist to be eligible to sit the certification exam, they must be able to demonstrate accumulated clinical training under direct supervision. The following statement clarifies how direct supervision is to take place and the requirements are for both the trainee and supervisor.

### Direct Supervision of Clinical Training

For the purposes of meeting BCCA certification eligibility requirements, trainees are required to provide clinical care under the direct supervision of a BCCA certified level clinical anaplastologist or professional fully licensed medical professional (i.e. Maxillofacial Prosthodontist, Surgical Oncologist, Otolaryngologist, Plastic Surgeon, Ophthalmologist, Oculoplastic Surgeon). While the supervisor does not need to be physically present in the clinic setting at all times, the supervisor must be available for consultation with the trainee throughout the provision of care. The supervisor **must** review the results and conclusions of the care. The supervisor is ultimately responsible for the end result and quality of the care being delivered, but need not directly take part in any of the phases of treatment. The supervisor must ensure that the trainee is providing safe and effective patient care.

*Until January 1, 2013 clinical training may also be under the supervision of non-CCA clinical anaplastologist who graduated from one of the programs listed above, so long as the candidate documents that the supervisor has had at least 5 years of clinical experience. (Documented in the Supervised Clinical Training section of the Application).*

## Certification Exam Eligibility

In order to qualify as a candidate for the BCCA certification exam, the first step 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 AND
  - b. Clinical Training under Direct Supervision
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*)

*For details of eligibility criteria to sit for the exam, please refer to the **Certification Exam Eligibility Requirements**, posted on the BCCA website at [www.bcca-cca.org](http://www.bcca-cca.org). All applicants are responsible for understanding the BCCA eligibility requirements prior to submitting their application.*

## The Application Process

**Step 1** Candidate submits the **BCCA Application for Eligibility**, application fee, and all required elements.

**Step 2** When notified of approved eligibility status, candidate registers for chosen exam date and submits exam fee.

**Step 3** Candidate receives confirmation letter and sits for the certification exam.

Candidates will find the complete BCCA certification eligibility requirements contained in the **Eligibility Requirements & Application for Eligibility** document from the BCCA web site. Candidates are to fill out the **BCCA Application for Eligibility** 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*).

## Non-Discrimination Statement

The Board for Certification in Clinical Anaplastology and its Certification Program does not discriminate against an individual with respect to age, sex, color, race, religion, national origin, sexual preference, marital status or disability.

## Determining Candidate Eligibility

Applications are reviewed by BCCA Board members and staff to determine candidate eligibility. The Board makes all eligibility determinations. Candidates must use their legal name when completing the application. All candidates are required to have an email address. Once a candidate's eligibility is approved he/she will be notified and at that time can register for the exam. Candidates have two (2) years from their application approval date to sit for the BCCA certification exam. Failure to sit for the exam within this time frame will require submission of a new application meeting all current fee and eligibility requirements.

### Incomplete or Denied Application

If an application does not meet eligibility requirements, the applicant will be notified either via email or USPS mail. The notification will provide specific information regarding deficiencies with the application. If the candidate is notified that elements are missing from his or her application, he/she will have one (1) year to complete it or meet required elements without paying an additional application fee. After this one (1) year period, a new eligibility application and fee must be submitted.

### Appeal of Denial of Eligibility

If the BCCA Board does not approve an application for educational and/or disciplinary reasons, the applicant can initiate an appeal. Appeals must be made in writing to the Chair of the BCCA. The applicant is responsible for demonstrating that the appeal should be granted. Appeals must be received at least 60 days before the exam registration deadline date. Failure to appeal within the allotted time will render the original decision final. The appeal will be decided in accordance with the *Rules for Appealing Decisions*, contained within ***BCCA Code of Conduct & Administrative Procedures Manual***. The applicant will be notified in writing mail of the subsequent decision.

## The Exam Process

Complete examination policies and procedures and application form are contained in the ***Examination Policies & Procedures*** and ***Application for Eligibility*** documents, available on the BCCA web site, or by request.

### Requests for Accommodations

The BCCA complies with the relevant provisions of the Americans with Disabilities Act (ADA, 1990). Special arrangements can be made for candidates with disabilities by submitting a letter requesting special arrangements with the completed application. If your need for special accommodations becomes evident after you have submitted your application, please contact the BCCA in writing as soon as the need arises. A current letter from a medical specialist knowledgeable of the candidate's disability stating the specific needs of the candidate must accompany the completed application and letter of request. *The BCCA reserves the right to make the final determination of appropriate accommodations.*

## Exam Cancellation Policies

If a candidate would like to cancel an exam for any reason, a written request must be submitted in writing to the BCCA. Cancellations must be confirmed with the BCCA at least thirty (30) days in advance of the scheduled examination or the examination fee will be forfeited. State your reasons for cancellation along with any documentation that will help us verify your circumstances. You will be contacted by mail regarding the status of your request for cancellation. Once the cancellation has been accepted by the BCCA, the candidate may either transfer his or her exam fee to an exam window within one year of cancellation, or receive an 80% refund of the exam fee. The BCCA contact information provided on the cover page of this document is to be used for this purpose.

### Failure to Appear (No Show)

If a candidate fails to appear for an exam, the following policies will be enacted:

- 1) The candidates' application file will be maintained for a period of one (1) year. If a candidate has not attempted the exam in that one-year period, their application is voided and destroyed by a commercial document shredding company.
- 2) A refund is not issued. If a candidate attempts the exam beyond the one (1) year period after the missed exam, the candidate will be required to repay the exam fee.
- 3) The BCCA reserves the right to request additional evidence to support a candidate's reason for failure to appear.



## Appeal of Exam Fee Forfeiture

An appeal of exam fee forfeiture will be considered in the case of emergencies and/or extenuating circumstances. The BCCA recognizes the following may be acceptable reasons for failing to appear without prior cancellation:

- Serious illness – either you or an immediate family member
- Death in the immediate family
- Disabling accident
- Court appearance
- Jury duty
- Unexpected military call-up

An appeal must be made in writing to the BCCA. The appeal must be supported by appropriate documentation and must be received by the BCCA within thirty (30) days following the missed exam. The appeal will be reviewed on an individual basis. The BCCA reserves the right to request additional evidence to support a candidate's reason for failure to appear.

If the appeal is granted, the candidate's exam fee will be credited towards the next exam window.

## Re-Taking the Exam

Candidates who fail the exam may retake the exam within two (2) years of their most recent exam attempt, without reapplying for eligibility. At the time of registering for the exam, the current exam fee must be paid. Failure to sit for the exam within this time frame will require submission of a new application for eligibility. When submitting a new application, candidates must satisfy the current eligibility and fee requirements.

## Completion of Certification

An official score report will be provided within sixty (60) days of taking the exam. This will be delivered to the candidate by regular mail using the address given at the time of Exam Registration. Once the candidate receives notice of a passing exam score, he/she is considered certified.

## CCA Credential

Certification is granted and a numbered and a BCCA Certification number awarded when a file is complete. The BCCA will send a postal letter or email to the newly certified clinical anaplastologist that includes the certification number and date. A certificate with the official BCCA embossed seal will be sent within 4 to 6 weeks.

## Records

The BCCA maintains the records of candidates who successfully pass the exam and complete their application file. The BCCA will not release information from the credential holder's file without written authorization or unless otherwise required by law or applicable administrative proceeding. The certification status of an individual is public information. The name, city, and state of the certified person, certification status (active in good standing, retired in good standing, certification lapsed, suspended or revoked), certification date, the cycle ending date, and reason no longer certified (if certification has lapsed or been revoked) may be released, including on the BCCA website.

## Preparing for the Exam

The BCCA performed its first Job Task Analysis (JTA or Role Delineation) study in 2006 to identify the domains of practice, tasks performed, and knowledge required for safe and effective performance on the job as a clinical anaplastologist. These Domains, Tasks and Knowledge Statements formed the basis for question writing and examination construction. A more complete technical report regarding the JTA known as the **BCCA Examination Blueprint** is found on the BCCA web site. The resulting Domains of the JTA are as follows:

<u>Domains for Exam Questions</u>	<u>% of Questions on Written Exam</u>
Domain 1: Assessment	17
Domain 2: Treatment Planning	12
Domain 3: Implementation	47
Domain 4: Delivery	10
Domain 5: Follow-up Care	6
Domain 6: Ethics and Professional Issues	8

## Study Aids

The **BCCA Examination Blueprint** published by the BCCA may be used as a general guide to preparing for the exam. This document outlines the Domains, Tasks and Knowledge Statements which form the basis for examination construction. In addition, the BCCA has prepared a **Clinical Anaplastology Study Bibliography**, which lists of publications sources for certification exam items. Both the *Examination Blueprint* and the *Study Bibliography* are available on the BCCA web site.

The BCCA does not guarantee enhanced performance on the BCCA Certification Exam for those using any study materials.

## Candidate Records & Confidentiality

### Candidate Records

All candidates to the BCCA program will have a separate folder dedicated to their documents (i.e. eligibility form and supporting materials, certification exams, electronic score cards). Documents may include physical as well as electronic files. Storage of these documents will generally be at BCCA Headquarters, although, parts or the whole of the documents (or photocopies thereof) of an individual's file may be distributed to appropriate committees of the BCCA as required. If such distribution of documents to BCCA committees occurs, it is understood that once the documents are no longer needed, they are to be returned to BCCA Headquarters.

Records pertaining to eligibility and exam registration will be kept for a period of six (6) years following a pass score for the exam. Exam scores (in the form of a database file) as well the Unique ID database will be kept on record in perpetuity. Exam booklets and electronic score cards will destroyed after a period of three to six (3-6) months after the next administration of exam. Any records relating to misconduct, ethical violations, or disciplinary actions will become part of the permanent record of the individual. Records of any correspondence between individuals and BCCA Headquarters (or visa versa) will also be retained for a period of 6 years, unless deemed frivolous in nature.

### Confidentiality

Each applicant's documents, including eligibility application materials as well as examination results are held as confidential material by the BCCA board unless otherwise required by applicable law or pursuant to legal advice. However, the Board retains the right to update a listing of certified individuals so that the interested parties may make informed choices about providers according to certification status. The listing will provide the following information: 1) Name of individual, 2) Date certified, 3) Date recertified, and 4) Active or Inactive status. It is the policy of the BCCA to prohibit disclosure of an individual's application for eligibility, test scores, or any or all information specific to the individual without their written permission, or unless required to by law.

## Recertification & Continuing Education Requirements

The BCCA recognizes that professional development in anaplastology does not end with the passing of a test and awarding of the credential. Practice of Clinical Anaplastology requires the constant renewal of knowledge and experience in the areas technology, materials science, clinical practice and regulatory compliance as they relate to the field. The mission of the continuous education awards program is to encourage and upgrade the ongoing learning experiences of the CCA through the renewal of certification.

There are three components required for recertification for certificants to remain "Active in Good Standing":

1. Yearly payment of renewal fees.
2. Accrual of sixty (60) Continuing Education Units (CEUs) during the five (5) year renewal cycle, and submission of a completed "Certification Renewal Verification Log" which documents those Continuing Education activities.
3. Remain in compliance with the BCCA Code of Conduct.

Complete procedures for recertification (renewal), and professional development activities requirements are contained in the **Recertification Requirements and Guidelines for Certified Clinical Anaplastologists**, available on the BCCA web site.

## **BCCA Code of Conduct**

The following Rules of Conduct, adopted by the Board for Certification in Clinical Anaplastology, set forth the minimum standards of conduct which all certified clinical anaplastologists or those seeking certification are expected to honor.

The BCCA may deny, suspend or revoke certification or re-certification when a CCA is not in compliance with BCCA rules, regulations and/or the following code of conduct:

- A CCA will not misrepresent in any manner, either directly or indirectly, their clinical skills, educational experience, professional credentials, identity, or ability and capability to provide clinical anaplastology services.
- A CCA will not misrepresent in any manner, falsify, or plagiarize information communicated via personal communications, presentations, or publications.
- A CCA will not disclose the contents of the certification exam to others, unless specifically granted by the BCCA Board.
- A CCA will seek consultation with a supervising physician, other health providers, or qualified professionals having special skills, knowledge or expertise whenever the welfare of the patient will be safeguarded or advanced by such consultation.
- A CCA will provide only those services for which they are qualified via education and demonstration of clinical competency.
- A CCA will refuse to unjustly discriminate against clients and/or health professionals.
- A CCA will accurately inform clients, other health care practitioners, and the public of the scope and limitations of their discipline.
- A CCA will safeguard the confidentiality of all client information, unless disclosure is requested by the client in writing, is medically necessary, is required by law, or necessary for the protection of the public.
- A CCA will respect the client's right to treatment with informed and voluntary consent. The certified practitioner will obtain and record the informed consent of the client, or client's advocate, before providing treatment. This consent may be written or verbal.
- A CCA will exercise the right to refuse to treat any person or part of the body for just and reasonable cause.
- A CCA will respect the client's right to refuse, modify or terminate treatment regardless of prior consent given.
- A CCA will refuse any gifts or benefits that are intended to influence a referral, decision or treatment, or that are purely for personal gain and not for the good of the client.
- A CCA will avoid any interest, activity or influence which might be in conflict with the practitioner's obligation to act in the best interests of the client or the profession.
- A CCA will refrain from any representation that BCCA certification implies licensure or a right to practice unless so designated by the laws in the jurisdiction in which they practice.
- A CCA will use only the appropriate professional designations for their credentials.
- A CCA will refrain, under all circumstances, from initiating or engaging in any sexual conduct, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship unless a pre-existing relationship exists between an applicant or a practitioner and the client prior to the applicant or practitioner applying to be certified by BCCA.
- A CCA may not be convicted or found guilty of, or enter a plea of nolo contendere to, regardless of adjudication, a crime, in any jurisdiction, which crime directly relates to the provision of patient care. A CCA may not be convicted or found guilty of, or enter a plea of nolo contendere to a felony charge, in any jurisdiction, which charge involves fraud, violence, rape, sexual abuse, child abuse, or misuse of controlled substances, irrespective of whether such charge directly relates to the provision of patient care.

A set of procedures outlined in the **BCCA Code of Conduct & Administrative Procedures** apply to all Board actions, complaints, inquiries received, or appeals regarding the misconduct of a certificant, applicant, or non-certificant. Actions taken under these procedures do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the misconduct of a certificant, applicant, or non-certificant in appropriate situations.