

Have you ever been convicted of a felony? Y / N

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

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

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

IV – Fees

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

Application Fee* \$ _____

Certification Exam \$ _____

International Fee** \$ _____

Essentially Women Member Number*** _____

TOTAL \$ _____

Fitter school students: take \$25 off of your application fee!

CMF Fees	
Application Fee <i>(non-refundable)</i>	\$50
International Fee	\$175
Certification Exam Fee	\$150

**Non-refundable fee due with initial application.*

*** Required fee for international locations (Canada, New Zealand, Kuwait, etc.)*

****Essentially Women Members receive a 10% discount on application and exam fees.*

V – Payment

<p><input type="checkbox"/> Check Check No.: _____</p> <p>Amount Enclosed: \$ _____</p> <p><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 \$35.00 to cover the returned check-processing fee. An alternate check will not be accepted at this time.</i></p>	<p><input type="checkbox"/> Credit Card Amount: \$ _____</p> <p>Card Number: _____ Exp. ____/ ____</p> <p><input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover</p> <p><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></p> <p>Signature: _____</p>
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V – Sign and Date

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

Signature _____ Date _____

Submit your application, along with your resume, notarized resume verification form and transcripts to the following address:

Board of Certification/Accreditation, International
 Attention: Kwesi Moss, Certification Manager
 10451 Mill Run Circle, Suite 200
 Owings Mills, Maryland 21117

If you would like to reserve a seat or are concerned about meeting the application deadline, you may fax your application ahead of mailing BOC your application materials. Be sure to include "CMF Exam at Essentially Women" in the subject line.

Direct fax line for Kwesi Moss, Certification Manager: (410)753-8805

FOR OFFICE USE ONLY

Date Received: _____

Application Fee: _____