**Board for Certification in Clinical Anaplastology**
Administrative Office: Judy Buroker
P.O. Box 474, South Beloit, IL 61080-0474
Tel: 608-295-3827 Fax: 608-362-5509
E-mail: judy@bcca-cca.org Website: www.bcca-cca.org

# **2010 CCA** Certification Exam Registration Application - Dallas, TX

Complete all the information requested. Please print. Illegible, incomplete, or unsigned applications will be returned, unprocessed.

Last Name *(Please use name as it appears on your photo ID)* First Name Middle Initial

Address (*Address to which you want your confirmation mailed- mailing address MUST be current)*

City State Zip/Postal Code Country

(Country Code, Area Code) Work Phone (Country Code, Area Code) Alternate Phone

▲ E-Mail Address (List an individual or personal email address, not a group mailbox that is shared in the workplace)

**1.** Indicate the month/year you became certified by credentials by the BCCA

**2.** Your BCCA Certification number:
*(If unknown, contact BCCA office for certification number)*

**3**. Are your recertification dues current? ☐ Yes ☐ No
(You may not sit for the exam if fees for 2010 are not paid)

**4**. Do you require special testing accommodations due to a disability? ☐ No ☐ Yes

If yes, please state what accommodations you require:

Note: submit your completed registration by email (judy@bcca-cca.org) or by postal mail or fax
Please allow up to 3 weeks to receive confirmation letter and examination day instructions.

**Application and fee must be received by April 1, 2010, in order to be eligible to take the examination for certification on May 15, 2010,** in Dallas, Texas.

**5.** Fee and Payment Information

Fee for examination to be administered May 15, 2010: $250.00 (US)

☐ Check enclosed (payable to BCCA)

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Cardholder's Name Signature

Card Number Expiration Date

**6**. Affirmation *(required)*

Name *(print)* Signature Date

I hereby certify that the information provided in this application and supporting documents is true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information.
I attest that I am certified by credentials alone and therefore eligible to take this exam.
I further understand that if any information is later determined to be false, the Board for Certification in Clinical Anaplastology reserves the right to sanction any certification that has been granted on the basis thereof.

Privacy Policy: The BCCA respects the privacy of our customers and adheres to the BCCA Privacy Policy. A copy of the BCCA Privacy Policy is available upon request by contacting the administrative office.

***FOR BOARD USE ONLY:*** Accepted? ☐ YES ☐ NO
Date: Identifier: