



BioCommunications Association, Inc.

389 Newport Avenue, Attleboro, MA 02703-5617

Email: office@bca.org

Web: www.bca.org

Total Body Photography Certification Application

Please fill out this form completely, print and send to the BCA Central Office along with payment.

This certification program was created by the BioCommunications Association, Inc. (BCA) to provide the medical community with a standardized examination process for evaluating professionals who will be performing photographic documentation of the dermatological condition of living human patients. BCA membership is not a requirement, but is strongly encouraged. Any student, trainee, or biocommunications specialist who can demonstrate competency in this specialty may apply.

Requirements for Certification:

The certification process consists of three parts: a written exam, a demonstration of competency and a practical exam. The Certification Committee will provide candidates with guidance throughout the certification process. To initiate the process, the potential candidate must submit this completed application along with the required \$75.00 non-refundable application fee. Upon acceptance into the program, the BCA will provide the candidate with a study references and a link to sample images to help the candidate prepare for the written exam. The candidate will have one full year from the date of acceptance into to the program to take the written exam.

The second part is a demonstration in a test studio in which the candidate will perform and explain all the necessary steps for total body photography to an examiner. The third and final part is a practical exam consisting of producing one complete series of photographs for full body dermatological photography of a test patient.

Upon successful completion of all the requirements for certification, the candidate will receive a certificate suitable for framing and an invitation to the next BCA Annual Meeting for recognition during the Honors Banquet (there is a modest fee for the banquet meal for those who are not registered for the meeting).

Questions concerning the certification program may be directed to:

Keith Bullis

Chair, Certification Committee

Eastman Institute for Oral Health

University of Rochester Medical Center

625 Elmwood Ave. Rochester, NY 14620

Phone: 585 275-8248 Email: keith_bullis@urmc.rochester.edu

Applicant Contact Information

Date _____

First Name _____ Last Name _____ Credentials: ____ BCA member? Yes No

Position title _____ Company/Institution _____

Department _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Home Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone: wk. _____ hm. _____ Email Address _____

Previous Employment History

Please complete the following if employed in the above position for less than two years.

Previous supervisor _____ May we contact this person? Yes No
 Dates of employment _____ Company/Institution _____
 Department _____ Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Phone: voice _____ Fax _____ Email Address _____

Education History

List the most recent institution attended first, along with any degree earned and year it was granted.

Institution _____ Degree or yr. in school _____
 Institution _____ Degree _____
 Institution _____ Degree _____

References Contact Information

Submit a letter of recommendation from a supervisor or instructor in support of your application and one reference who may be contacted concerning your application.

Current supervisor _____ May we contact this person? Yes No
 Supervisor's title _____ Company/Institution _____
 Department _____ Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Phone: voice _____ Fax _____ Email Address _____

Reference _____
 Position title _____ Company/Institution _____
 Department _____ Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Phone: wk. _____ hm. _____ Email Address _____

Payment Information

Application fee is payable in U.S. funds to BioCommunications Association, Inc.

_____ Check enclosed

_____ Credit Card via BCA PayPal account. Select the Certification Fee button on the

BCA TBP Certification page. Link is http://www.bca.org/resources/certification/total_body.html

I have read the requirements for the Certification Program and agree to be bound by these terms. To the best of my knowledge, the statements made by me in this application and any accompanying documents are the truth. I agree to furnish the BCA with additional information requested by the Certification Committee as they deem necessary, and agree that my education and employment history and references may be checked for accuracy and fitness for working with living human patients of either gender.

Signature of applicant _____ Date _____