



# BioCommunications Association, Inc.

220 Southwind Lane, Hillsborough, NC 27278-7907

Voice/Fax: 919-245-0906

Email: office@bca.org

Online: www.bca.org

## ***Body Mapping 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 practical exam, and a demonstration of competency. 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 guide on CD with images and references 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, which may be completed on-line.

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

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:

Adam Cooper, RBP  
Chair, Certification Committee  
North Shore-LIJ Studios  
North Shore-LIJ Health System  
125 Community Drive  
Great Neck, NY 11021  
Phone: 516 465-8821  
Fax: 516 465-8828  
Email: adcooper@nshs.edu

### ***Applicant Contact Information***

Date \_\_\_\_\_

Name \_\_\_\_\_  RBP  FBPA    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.

(For countries outside the U.S., bank drafts, money orders, Mastercard or Visa are acceptable.)

\_\_\_\_\_ Check enclosed

\_\_\_\_\_ Purchase order attached

\_\_\_\_\_ Mastercard/Visa Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature of card holder \_\_\_\_\_

*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 \_\_\_\_\_