

Detailed Content Outline Statement Signature Form

In signing this statement, I/we, _____, upon personal
(print name of applicant)

knowledge, have reviewed the CMF Detailed Content Outline.

The course will generally cover the basics of the CMF Scope of Practice reflected in the Detailed Content Outline. Information reported in this application, including all accompanying documentation, is complete, accurate and true, to the best of my knowledge.

I/we recognize that BOC is a standard-setting agency only. The curriculum will communicate to the students that the Entry-Level Education Program is recognized as necessary, but not alone sufficient, for complete BOC exam preparation or to prove their competency. In addition, a minimum of 500 or more hours of patient care experience is required to sit for the exam.

I/we agree to hold BOC harmless for any and all liability or damages resulting from acts, omissions, products or services of the fitter course. I/we will make no representation that BOC is in any way responsible for activities, products or services of the course.

Signature: _____ Date: _____

Company Name: _____