



RECERTIFICATION FOR HOLDERS OF THE BRITISH CASTING CERTIFICATE*

PRIVATE & CONFIDENTIAL

Dear Certificate Holder

It has been 3 years since your last recertification date. In order to meet the requirements of the BOA Casting Sub-Committee and to continue in the active steps towards health profession status it is essential that all British Casting Certificate holders recertify every 3 years.

If you have not already recertified in the past 3 years, and are still practising in a casting environment as a certificate holder, this is your final chance before you are placed on the lapsed register. This could affect future employment and pay issues.

Upon receipt of your recertification fee you will receive a registration certificate. If you have not previously received a profile folder we will send one with your certificate. In the folder you are required to enter details of your own professional development (templates are included to give you guidance).

For those certificate holders who recertified 3 years ago it is important that you recertify to remain as 'practising' on the database. You will need to continue to show your own professional development as well as continuing to update your own profile folder. The Casting Sub-Committee can recall these folders for examination at any point.

Payment for recertification is currently £60.00. This is for 3 years registration.

What must you do?

1. Pay your registration fee of £60.00 and return it with the completed registration and membership update form along with your signed Certificate of Professional Development Form to the BOA offices by **31 August 2019**.
2. If you have already previously recertified, you will receive a registration certificate confirming your new recertification for the next 3 years.

These recommendations are similar to those required for nurses and so should not produce too much duplication of work or records for those of you who are registered nurses.

The requirements of the process for recertification every three years will be to maintain a Profile. This will record evidence of your continuing education and hours worked.

3. If you change address or circumstances change within your registration period you must notify the Database Holder on 01803 655136 (please leave a message if unavailable) / BOA Casting Techniques Course Administrator on 020 7406 1762 or Email recert@boa.ac.uk

When the next renewal of your registration is requested, you may be asked to submit your profile as evidence of continuing professional development.

You must keep your profile up to date and you must:

- Record the hours worked in practical casting since last renewal, which must be more than 150 hours over the three-year period.
- Record details of your Professional development. The requirements are 5 days or 35 hours of relevant study within 3 years,

This could be:

- ◆ attendance at study days, conferences and workshops with evidence of reflection
- ◆ evidence of private study or learning activity
- ◆ undertaking research
- ◆ publication of articles
- ◆ giving presentations at conferences or workshops
- ◆ recorded 'reflective practice'.



What happens if you are not currently applying casts?

Complete the green registration form. You will then be placed as 'lapsed' on the casting database.

If at a later stage, you return to work within a casting environment you will need to apply to the Casting Sub-Committee and satisfy the Committee's recommendations on how to return to practice.

Our thanks go to the Association of Orthopaedic Practitioners for their sponsorship towards the folders to use as profiles.

Yours sincerely

Mr Matthew Barry, MS, FRCS(Orth)
Chairperson, Casting Techniques Sub-Committee

* Formerly titled: BOA/RCN [SOTN]/AOT Casting Techniques Certificate BOA/RCN [SON]/AOT Plaster Techniques Certificate;
BOA/RCN [ONF] Plaster Techniques Certificate; BOA/BAON Diploma in Plastering Techniques

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**CERTIFICATION OF CONTINUING PROFESSIONAL
DEVELOPMENT**

I Certify That Over The Past 3 Years I Have:

1. Worked in practical casting for at least 150 hours.
2. Fulfilled my continuing professional development requirements by completing at least 35 Hours or 5 days of relevant study.

Sign:.....

Print Name:.....

Date:.....

Date of Birth:.....

Once signed detach and post with your registration fee, registration form and membership update form.



HOSPITAL NAME:		
HOSPITAL ADDRESS:		
Where is the Casting Room located? <i>(Please Tick)</i>	<input type="checkbox"/> Outpatient Department	<input type="checkbox"/> A & E Department
	<input type="checkbox"/> Fracture Clinic	<input type="checkbox"/> Other
	<input type="checkbox"/> Theatres	<i>(please specify).....</i>
Number of personnel in Casting Room: <i>[Other than yourself]</i>		
Job Title :	Do they hold the British Casting Certificate? <i>Please indicate with Y/N</i>	
Line Manager's Title:		
General Comments:		
DEADLINE TO SEND FORMS & PAYMENT: <u>31 AUGUST 2019</u>		
AFTER THIS DATE, OUTSTANDING REGISTRATION RENEWALS WILL BE PLACED ON THE LAPSED REGISTER.		

Signed Date returned

DATA PROTECTION: the personal information you provide on this form is held by the British Orthopaedic Association in accordance with the Data Protection Act. Names and addresses may be disclosed to the Society of Orthopaedic and Trauma Nursing and the Association of Orthopaedic Practitioners UK for the purposes of dissemination by those parties of information on educational meetings, courses and publications that are of potential interest to BCC Certificate Holders. If you do not wish this information to be released for these purposes, please tick box



BRITISH CASTING CERTIFICATE REGISTRATION FORM FOR RECERTIFICATION

IMPORTANT

In order to recertify, the payment of **£60.00** MUST BE sent to the British Orthopaedic Association Offices with this application form. Please ensure that the CORRECT postal address including postcode is filled in below.

A. PERSONAL INFORMATION

SURNAME [in BLOCK LETTERS PLEASE][Mr/Mrs/Miss/Ms]

FIRST NAMES [in full].....

ADDRESS.....

.....

..... POSTCODE.....

EMAIL: [HOME]..... [WORK].....

TELEPHONE NUMBERS: [HOME]..... [WORK].....
[Please include STD code in both numbers, switchboard and extensions]

B. PAYMENT

CHEQUES – please make payable to the **BRITISH ORTHOPAEDIC ASSOCIATION** in pounds sterling. ***PLEASE ENSURE YOUR CHEQUE IS ENCLOSED WITH YOUR APPLICATION FORM.**

CREDIT / DEBIT CARD – please complete the following details in full:

[N.B: card payments can be taken over the phone once forms are received, please call 020 7405 6507 Option 2, OR send by Fax to 020 7831 2676; PLEASE DO NOT EMAIL CARD DETAILS]

Amount to be debited: **£60.00** (Recertification)

[Please tick box] **£70.00** (Recertification & replacement BCC pin Badge)

Visa Credit

Mastercard

Visa Debit

Name of Card Holder [Block letters please]:

Card Number:

Expiry Date:/.....

Security Code (last three digits on back of card):

Signature Date

REGISTRATION CARDS WILL NOT BE SENT OUT WITHOUT PAYMENT BEING RECEIVED.

Recertification has been ruled VAT exempt by HM Customs and Excise.