

BCCA/IAA heading

RE: The Medicare Program: Establishment of Special Payment Provisions and Requirements for Qualified Practitioners and Qualified Suppliers of Prosthetics and Custom-Fabricated Orthotics

On behalf of the Board for Certification in Clinical Anaplastology (BCCA) and the International Anaplastology Association (IAA), we appreciate the opportunity to comment on proposed CMS Rule 6012-P. The BCCA is an organization devoted to development and delivery of a certification program in clinical anaplastology (Certified Clinical Anaplastologist-CCA) to ensure competence in the field of anaplastology and to promote the enhancement of patient care and professional practice in the field of anaplastology. The IAA is the recognized global forum for excellence in continuing education, research, and innovation in anaplastology. The IAA promotes quality patient care by supporting the development of best practices in anaplastology through educational conferences, networking, publication, and advocacy opportunities. **Members of the IAA and the BCCA are committed to ensuring that Medicare beneficiaries have access to qualified practitioners across the full spectrum of prosthetic patient care including custom-made somatic, ocular and facial prosthetics (as referenced in the DMEPOS Quality Standards).**

The well respected education and skill set of ABC and BOC certified orthotists and certified prosthetists is akin to, but fundamentally different from the education and skills of certified clinical anaplastologists. Anaplastologists specialize in lifelike, custom-made facial, ocular, and somatic prosthetics for patients missing anatomy due to congenital malformations, traumatic injury, and disease (most often ablative surgery due to cancer). The prosthetic devices created by clinical anaplastologists require a unique blend of technical expertise and artistic abilities in addition to an academic background in medical science. The artistic skill-set requires the creation of a highly detailed sculpture of absent anatomy and replication of every nuance of the patient's complexion to achieve a convincing substitute for living tissue.



When part of the face has been lost, creating a stable prosthesis that restores anatomical form, function and appearance are all important criteria for successful rehabilitation. Many of the facial prosthetics made by clinical anaplastologists are attached by implanted components similar to dental implants, which require advanced training specific to our field. Anaplastologists collaborate closely with otolaryngologists and reconstructive surgeons to plan the location of implants based on prosthetic design. Certified Clinical Anaplastologists have demonstrated competency in the management of open cavity defects in order to safely take impressions/molds and design the interface that makes contact with the defect.

The following is a list of issues brought up by CMS-6012-P for which we have provided comment as well as suggested solutions to:

Issue 1—

The Listing of qualified prosthetics providers does not include the Anaplastologist.

The rule defines qualified practitioner—naming seven practitioner categories in section 3.A. *SPECIFIC ELIGIBLE PROFESSIONALS AND OTHER PERSONS*.

The proposed rule fails to include the Anaplastologist- a prosthetics provider specialized in the design and fabrication of custom-made facial, ocular and somatic prosthetic devices. Because Facial Prosthetics are specifically designated as covered services under the Medicare Artificial Legs, Arms and Eyes benefit (Social Security Act §1861(s)(9)). Providers certified in the field of facial, eye and certain non-weight bearing somatic prosthetics should be included in regulation that impacts access to and coverage of prosthetic devices. The regulation acknowledges the ocularist and their particular niche within the larger P&O community; similarly CMS should fine-tune section 3.A. to include anaplastologists (CCA credential provided through the BCCA) as qualified providers.



The term “Anaplastologist” and the CCA credential are used in job descriptions by universities, hospitals and private practices across the country and as well as internationally. Some examples are listed in Appendix A and include the US- DHA job description for Health Technician (Anaplastologist GS-0640-11). Although the committee consulted The US Department of Veterans Affairs during development of the regulation, it is notable that the *Veterans Health Administration Handbook 1173.11*, Ocular Prostheses and Facial Restorations was overlooked. The VHA handbook is inclusive of anaplastologists. It is notable that BOC recognizes anaplastologists and the CCA credential for purposes of facility accreditation



for specific product categories that include Facial Prostheses, Ocular Prostheses, Breast Prostheses and Somatic Prostheses. **The BCCA is the only certification board in the field of prosthetics that includes facial, ocular and somatic prosthetics.**

A taxonomy code was created for Anaplastologist—229N00000X. The provider type is described as follows: “An anaplastologist is a professional who creates prostheses for the face and body. Patients treated include those missing anatomy due to cancer, traumatic injury, or birth differences. Generally, there are no state licensure requirements for anaplastologists. Certification specific to anaplastology is

provided through the Board for Certification in Clinical Anaplastology (BCCA) with a credential title of Certified Clinical Anaplastologist (CCA)." This taxonomy code appears in both the Washington Publishing Company and National Uniform Claim Committee listings, and was recently accepted by CMS as part of their crosswalk links. According to an email on 1/20/17 by Alisha Banks of CMS, *"The Anaplastologist taxonomy code will continue to link to the Prosthetics Personnel or the Ocularist specialties in Medicare."*

When anaplastologists enroll as Medicare suppliers we have historically been instructed by CMS/NSC representatives to check the box for "Prosthetic Personnel" and "Ocularist." If the regulation is adopted as it currently reads, then anaplastologists will not meet qualifications as defined in this regulation for Prosthetic Personnel and Ocularist. Anaplastologists could lose the ability to enroll/maintain supplier status as providers/suppliers. It is crucial that a new Primary Supplier Type be created for anaplastologists that recognizes the CCA credential that is relevant to our scope of practice.

We suggest the addition of "anaplastologist" as a practitioner type for the scope of practice that includes facial, ocular, and somatic prosthetics in CMS 6012-P section 3.A. of the rule as follows:

Anaplastologist. The International Anaplastology Association (IAA) defines an anaplastologist as a clinical specialist educated and trained in the design, fabrication and management of reconstructive prostheses that may include custom-made facial, ocular, and/or somatic prostheses based on a physician's order and clinical assessment. The anaplastologist assesses patient needs, formulates a treatment plan that may include craniofacial implant attachment, designs and fabricates the prosthesis, provides training in the care and use of the prosthesis, and provides long term care through periodic examinations. An anaplastologist is a clinical specialist whose competence in the practice of clinical anaplastology is credentialed by the Board for Certification in Clinical Anaplastology (BCCA). Certified clinical anaplastologists (CCA) have met minimal, continuing competency, ethical and professional standards set forth by the BCCA to provide safe and effective anaplastology services.

Issue 2.1

If this regulation is accepted in its current form, it will prevent anaplastologists from billing Medicare for ocular prosthetics, reducing beneficiary access to qualified practitioners. The certified clinical anaplastologist, should be recognized as a qualified practitioner in provision of eye/ocular prostheses in addition to the National Examining Board for Ocularists (NEBO) certification.

The LCD for Facial Prostheses (L33738) includes a list related HCPCS codes covering facial prostheses (L8040-L8049), as well as codes related to ocular prostheses (V2623 and V2629). Prosthetic Eye Plastic Custom (V2623) and Prosthetic Eye Other Type- usually referring to a Stock Ocular Prosthesis (V2629) are used in combination with an Orbital (L8042), Upper Facial (L8043) or Hemifacial (L8044) Prosthesis. Clinical anaplastologists are qualified to make V2623 devices for use in combination with L8042-L8044 devices, as well as choose to partner with ocularists to provide the ocular prosthesis for this purpose.

Just as both the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) and the Board of Certification/Accreditation, International (BOC) provide certification for orthotists and prosthetists, both NEBO and the BCCA provide certification for ocular prosthetics. The BCCA eligibility criteria require a strong academic education (a minimum bachelor's degree and certain academic medical courses from credentialed institutions along with supervised clinical training, a portfolio of patient cases and a written exam). Our eligibility criteria are attached--Appendix B.

Identifying a single certifying body for Ocular Prosthetics is biased. The eligibility criteria for each certification program should be reviewed to determine whether the program ensures competency. Omission of the Anaplastologist and the BCCA in proposed § 424.57(d)(3) will have a negative impact on:

1. Anaplastologists who will no longer be able to provide ocular prosthetics even for an orbital, upper facial or hemifacial prosthesis they have designed and fabricated;
2. Small businesses and institutional departments that rely on anaplastologists for ocular prosthetics; and
3. Medicare beneficiaries who will experience reduced access to services covered by Medicare;

We suggest that both NEBO and the BCCA be named as certification bodies and recognized in the relevant product categories in the section 3.B. as illustrated below. For the BCCA the relevant product categories would include Facial, Ocular and Somatic Prosthetics.

“Therefore, in proposed § 424.57(d)(3), we would specify that an eligible professional or other person who wants to be a qualified practitioner who furnishes or fabricates prosthetics or custom-fabricated orthotics must meet either of the following licensure and certification requirements:

++ Licensed in orthotics, pedorthics or prosthetics by the state.

++ In states that do not provide licenses for orthotics, pedorthics or prosthetics, must be both of the following:

—Specifically, trained and educated to provide and manage the provision of pedorthics, prosthetics, and orthotics.

—Certified by the one of the following:

+++ ABC.

+++ BOC.

+++ **NEBO.**

+++ **BCCA.**

+++ A Secretary-approved organization that has standards equivalent to the ABC or BOC.”

The BCCA requests being added to the list of organizations providing certification for our subset of prosthetics providers.

Issue 2.2.

The regulation effectively grants a monopoly to a single certifying body over custom prosthetics and orthotics thus enshrining market protection.

The BOC certification program for prosthetists stopped accepting new applications effective July 31st of 2016. As a result, the proposed regulation names only one certifying body for prosthetists in the future. The result is regulation that is too exclusive and monopolist.

Naming a singular certifying body that fails to recognize qualified providers discriminates against the anaplastologist and our small businesses. The absence of choice and competition should not be endorsed by our government.

Issue 3

Licensure is not available specifically for anaplastology (facial, ocular and somatic prosthetics).

Our numbers are too small (0-3 per state) to make licensure practical. Enforcement of state licensure can be problematic for certified clinical anaplastologists. Although licensure bills are well-intended (to protect the public from unqualified practitioners) these bills can create challenges for clinical anaplastologists providing prosthetic services. Orthotics and prosthetics licensure in some states have provisions for the exemption of eye and facial prosthetics (Texas, Colorado, Arizona). In Washington, the licensure language is unclear; certified clinical anaplastologists have found it necessary to devote considerable resources towards creating a specific exemption in order to continue providing patient services. In the states that require licensure for prosthetics, only credentials offered by ABC or BOC are recognized. We realize that the federal government must recognize state laws, but licensure laws in some states inadvertently create barriers which are particularly burdensome for small businesses.

Varying state licensure requirements and exclusions result in the absence of market equivalency. How will CMS accept one state's licensure as analogous to another? What criteria will be used?

Suggestion: Medicare could incorporate specific language excluding the Anaplastologist/Ocularist provider type from having to meet state licensure requirements.

Issue 4

We are deeply concerned about the expense associated with facility accreditation as well as the implementation schedule.

If a large number of facility accreditation applications are submitted to an approved accrediting body at the same time, the applicant could experience delays in approval beyond their control.

Will Medicare grant temporary billing privileges while applications are under review?

The expense of facility accreditation and preparation for accreditation is a disproportionate burden for anaplastology practices because our practices are very small (1-4 employees). The clinician must be directly involved in the accreditation process, thus reducing time for revenue generating activities, which makes the process more costly. This discriminates against small businesses. Even though our numbers are small, we are employers as well. The financial burden (which is estimated to be thousands of dollars) of this regulation on our small businesses may result in layoffs and reduction of new hires.

Has CMS studied the potential affect this proposed regulation will have on unemployment?

Suggestions:

Allowing additional time for compliance with facility accreditation may help small suppliers budget for this significant expense. A longer implementation period of at least two (2) years should be considered. Increasing Medicare's fee schedule for prosthetic codes could help offset required expenses.

Issue 5

Section A.2 has a detailed list of tools and equipment. While this seems like unnecessary over-regulation of a field, we can easily recognize that the list does not encompass items needed for the design and fabrication of facial, ocular and somatic prosthetics.

The relevant section of concern is:

“Have the proper tools, equipment, and computers commonly used in the fabrication of particular items and typically associated with the particular technical approach (negative impression/positive model, CAD-CAM, or direct formed), as applicable. These tools and equipment would include, but are not limited to the following:

- ++ Computers with appropriate graphics/modeling capacity and technology.*
- ++ Band saw.*
- ++ Disc sander.*
- ++ Sanding paper.*
- ++ Flexible shaft sander.*
- ++ Lathe.*
- ++ Drill press.*
- ++ Sewing machine.*
- ++ Grinding equipment.*
- ++ Paint-spraying equipment.*
- ++ Welding equipment.*
- ++ Alignment jig.*
- ++ Ovens capable of heating plastics for molding.*
- ++ Computer controlled milling machine.*
- ++ Lockable storage areas for raw materials and finished devices.*
- ++ Air compressor.”*

We suggest the following items be added if a detailed list is included:

- ++Flasks**
- ++Coloration systems**
- ++Solvents for cleaning & repairing prostheses**

Suggestion: Instead of a detailed list, simply require equipment to be clean and properly maintained. Naming specific equipment fails to allow for inevitable future advances in technology. If a detailed list is to be maintained, it should be specific to the provider type.

Conclusion

The BCCA cannot boast that we represent thousands of certified clinical anaplastologists—in fact our numbers are extremely small. We will never have the resources to initiate legislation and regulation specific to our highly specialized profession and the patients we serve. We know that numbers matter when it comes to regulatory issues--therefore allow us to focus on the thousands of patients each year served by clinical anaplastologists who have suffered debilitating traumatic injuries, illnesses and disabilities. Access to quality care is an enormous problem for patients who have lost part of the face due to cancer or traumatic injury. Certain areas of the country are incredibly underserved--it is not uncommon for patients to travel hundreds of miles for access to prosthetic restoration for a nose, ear or more

extensive facial, ocular, or somatic prosthesis subsequent to disfiguring cancer surgery or traumatic injury.

The proposed regulation will be disruptive to patient care and will have a negative impact on the anaplastologist provider.

Certified clinical anaplastologists are game-changers for the patients we serve. Our work allows patients to return to their social and vocational activities after devastating injuries or life-saving ablative surgery. Regulation that omits facial and somatic prosthetics puts Medicare beneficiaries in need of these services at risk for unqualified practitioners providing inadequate care. Regulation that recognizes only ocularists (NEBO certified) to provide ocular/eye prosthetic would reduce beneficiary access to ocular prosthetics and force suppliers off the Medicare supplier roles. Forcing suppliers off the Medicare supplier roles will further diminish access to quality prosthetic rehabilitation that all Medicare beneficiaries deserve.

In summary, both the International Anaplastology Association and the Board for Certification in Clinical Anaplastology request that the anaplastologist be defined and included in CMS Rule 6012-P.

Healthcare is in a period of change with the availability of new technologies and the development of new treatment models. The International Anaplastology Association provides a dynamic forum for the exchange of information, leading to the development of new techniques and methodology for the benefit of patients with facial and body defects. The Board for Certification in Anaplastology ensures competency in its practitioners. This small dynamic group has established a credentialing program tailored to the tasks particular to the scope of facial, ocular and somatic prosthetics. Anaplastologists develop novel prosthetic devices in response to each patient's need. It is this ability to innovate that makes our provider type unique and worthy of recognition. Through inclusion of the anaplastologist by CMS, well-educated, trained, and credentialed professionals will be able to contribute to the wellbeing of beneficiaries in ways that only the certified clinical anaplastologist can provide.

We appreciate a response to ALL issues presented.

Sincerely,

**Allison K. Vest, MS, CCA
BCCA Board President**

**Suzanne Verma, MAMS, CCA
IAA Board President**

Appendix A

US government, DHA—job description for anaplastologist GS 0640-11

Stanford University Medical Center's Anaplastology-Ocularistry program: 1970-1980.

Johns Hopkins University School of Medicine, Anaplastology Clinic, Baltimore, MD

University of Florida, Maxillofacial Prosthetics Division, College of Dentistry, Gainesville, FL

University of Illinois at Chicago, College of Medicine, Craniofacial Clinic, Chicago, IL

MD Anderson Cancer Center, Head and Neck Center, Houston, Texas

Baylor University Medical Center, Dallas, Texas

Baylor Scott and White Health Systems, Texas

Duke University, Durham, NC and Duke Children's Health System

University of Utah, Huntsman Cancer Center, Salt Lake City, Utah

University of Texas Health Science Center, San Antonio, Texas

Children's Mercy Hospital, Kansas City, Missouri

Memorial Sloan Kettering, Department of Surgery, New York, NY

Columbia University Department of Dentistry and Oral Surgery/Bronx VA Medical Center

Sunnybrook Health Science Centre, Craniofacial Prosthetics unit, Toronto, ON, Canada

Institute for Reconstructive Sciences in Medicine (iRSM), University of Alberta, Canada

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ELIGIBILITY

Nondiscrimination

BCCA does not discriminate against any candidate for certification on the basis of race, color, creed, age, gender, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status or source of income, or any other status protected by law. All candidates for certification will be judged solely on the criteria determined by the BCCA Board of Directors.

Eligibility Requirements

The BCCA has developed requirements for eligibility to ensure that the application process is fair and impartial for all applicants. Each eligibility requirement has been established to ensure that individuals certified by the BCCA have attained an acceptable level of knowledge and proficiency needed to provide safe and effective clinical anaplastology services. In establishing these requirements, the Board acknowledges that a combination of education, clinical experience and demonstrated knowledge are essential for individuals earning the CCA credential.

Candidates cannot earn certification without passing the certification examination. Eligibility requirements will be published in the Candidate Handbook and will be readily available to applicants on the BCCA website.

Eligibility Criteria

Five (5) eligibility pathways have been established by the BCCA in recognition of the diversity in education and experience of qualified applicants. Applicants are instructed to review each pathway to determine which is most suitable. All requirements detailed in the selected pathway must be fulfilled before an applicant may apply to sit for the CCA examination.

Applicants will not be awarded, and may not use, the CCA credential until all program requirements are fulfilled and approved by the BCCA Credentials Committee.

Eligibility Pathway 1 | Anaplastology Educational Programs

To be eligible to sit for the CCA examination, applicants must have:

- Earned a bachelor's degree or higher, or a foreign equivalent, in any major from an accredited college or university;
- Earned a degree and/or a certificate from an educational program that directly focuses on anaplastology skills and clinical practice;
- Completed Human Anatomy OR Human Anatomy & Physiology in the Science category;
- Completed all three (3) course requirements in the Clinical Practice category;
- A portfolio of 18 clinical anaplastology cases in accordance with the BCCA guidelines; and
- Documentation of 36 months of clinical anaplastology experience under direct supervision in accordance with the BCCA guidelines.

Anaplastology Educational Program Requirement | Pathway 1 Only

To be eligible for Pathway 1, applicants must have earned a degree and/or a certificate from an educational program that directly focuses on anaplastology skills and clinical practice.

Anaplastology educational programs currently available in the United States and United Kingdom:

- [King's College Dental Institute, Maxillofacial & Craniofacial Technology](#) (MSc degree), London, England.
- [King's College, Maxillofacial Prosthetic Rehabilitation](#) (online MSc degree), London, England.
- [Manchester Metropolitan University and King's College London, Reconstructive Science](#) (MSc degree), Manchester, England.
- [University of Illinois at Chicago, Department of Biomedical and Health Information Sciences, Biomedical Visualization](#) (MS degree/Anaplastology concentration), Chicago, Illinois.
- [James J. Peters Veterans Affairs Medical Center, Maxillofacial Prosthetic Technician Training](#) (24 Month Certificate of Completion), Bronx, New York.
- [Johns Hopkins University School of Medicine, Department of Art as Applied to Medicine, Clinical Anaplastology Training](#) (Nine Month Certificate of Attendance), Baltimore, Maryland.
- [Maine Department of Labor, Bureau of Employment Services, Maine Apprenticeship Program](#) (Six Year Certificate of Completion), Augusta, Maine.
- [Naval Postgraduate Dental School, Dental Laboratory Maxillofacial "C" School](#) (Certificate of Completion), Bethesda, Maryland. [not open to civilians]

Eligibility Pathway 2 | Advanced Medical Degree

Applicants with an advanced medical degree warrant special consideration given the medical science coursework and supervised clinical experience required by their professions.

To be eligible to sit for the CCA examination, applicants must have:

- Earned a doctoral degree in a field of clinical healthcare (including, but not limited to, DMD, DDS, MD, DO) from a United States accredited college or university, or its foreign equivalent;
- A portfolio of 18 clinical anaplastology cases in accordance with the BCCA guidelines;
- Completed a minimum of three (3) course requirements in the Studio Art category; *and*
- Trained with a Certified Clinical Anaplastologist (CCA) for a minimum of four (4) weeks / 160 hours.

Eligibility Pathway 3 | Clinical Credential in a Field Related to Anaplastology

To be eligible to sit for the CCA examination, applicants must have:

- Earned a bachelor's degree or higher, or its foreign equivalent, in any major from an accredited college or university;
- Earned a clinical credential in a field closely related to anaplastology and be in good standing (i.e. Board Certified Ocularist, Certified Medical Illustrator, Certified Prosthetist, Full IMPT membership, Anerkannten Epithetiker);
- Completed a minimum of three (3) course requirements in the Science category (must include Human Anatomy OR Human Anatomy & Physiology);
- Completed a minimum of three (3) course requirements in the Studio Art category;
- Completed all three (3) course requirements in the Clinical Practice category;
- A portfolio of 18 clinical anaplastology cases in accordance with the BCCA guidelines; and
- Documentation of 24 months of clinical anaplastology experience under direct supervision in accordance with the BCCA guidelines.

Eligibility Pathway 4 | Bachelor Degree

To be eligible to sit for the CCA examination, applicants must have:

- Earned a bachelor's degree or higher, or its foreign equivalent, in any major from an accredited college or university; Completed all four (4) course requirements in the Science category;
- Completed four (4) course requirements in the Studio Art category;
- Completed all three (3) course requirements in the Clinical Practice category;
- A portfolio of 18 clinical anaplastology cases in accordance with the BCCA guidelines; and
- Documentation of 36 months of clinical anaplastology experience under direct supervision in accordance with the BCCA guidelines.

Eligibility Pathway 5 | Long-Term Practitioners

To be eligible to sit for the CCA examination, applicants must have:

- Earned a bachelor's degree or higher, or its foreign equivalent, in any major from an accredited college or university;
- Completed Human Anatomy OR Human Anatomy & Physiology in the Science category;
- Completed all three (3) course requirements in the Clinical Practice category;
- A portfolio of 18 clinical anaplastology cases in accordance with the BCCA guidelines; and
- A professional curriculum vitae that demonstrates a minimum of 10 years' experience in clinical anaplastology within thirteen (13) years of application submission; and
- Documentation of 120 qualifying continuing education units (CEUs) which demonstrate professional development and contributions to the field of clinical anaplastology. CEUs must be achieved within the past thirteen (13) years of the application submission.

Degree Requirement

All applicants must earn degrees or certificates from an accredited institution. "Accredited" means an institution that was accredited, at the time the degree was awarded, by a regional accreditation body in the United States which is recognized either by the Council for Higher Education Accreditation and/or the United States Department of Education.

Degrees from institutions outside the United States must be from that country's equivalent of a regionally accredited U.S. institution.

Transcript Requirement

Official school transcripts for required coursework and the conferring of a degree are required.

Official transcripts from an accredited college or institution must be submitted with the applicant's application. Transcripts must be submitted in the official school envelope, with the seal unaltered. Examination eligibility will not be conferred without receipt of official transcripts.

Official documentation for Clinical Practice coursework, which has been fulfilled by distance learning, must be submitted with the applicant's application. Examination eligibility will not be conferred without receipt of evidence conferring completion of the coursework requirement (i.e. certificate of completion).

Applicants must have fully completed and earned a passing grade or better, or an indication of "pass" or "complete" for credit only courses, for required coursework.

Verification Requirement | Pathway 3 Only

Applicants must provide confirmation of certification status to the BCCA from the certifying/credentialing body. Verification of certification status will include the individual's name, current certification status, state/province certified, expiration date and credential.

Professional Curriculum Vitae | Pathway 5 Only

Used often in the academia and science fields, a Curriculum Vitae (CV) is a summary of a candidate's educational and academic background. All candidates for pathway 5 must submit a detailed, updated curriculum vitae. Typical sections of a CV include:

- Applicant Information
- Education
- Experience
- Research Interests
- Publications/Abstracts
- Presentations Languages
- Professional Associations/Affiliations
- Certifications
- Languages (include level/proficiency)
- Courses Taken
- Technical/Computer Skills
- Laboratory Skills
- Awards, Fellowships, Honors, Grants
- Community/University Service
- Additional Information
- References

A Curriculum Vitae will not be accepted in lieu of completing the CCA Application.

Coursework Requirement

To be eligible to sit for the CCA examination, applicants fulfill both the academic and educational requirements as detailed in the eligibility pathways (i.e. Pathway 1, Anaplastology Educational Programs). Applicants must fulfill the course requirements outlined in the eligibility pathway from the following categories:

SCIENCE	STUDIO ART	CLINICAL PRACTICE
<ol style="list-style-type: none">1. Human Anatomy OR Human Anatomy & Physiology (eq. to two semesters)2. Human Pathology OR Human Pathophysiology3. Chemistry with lab OR Materials Science4. Medical Terminology	<ol style="list-style-type: none">1. Painting OR Color Theory2. Figure OR Portrait Drawing3. Figurative Sculpture OR Portrait Bust Sculpture4. Materials and Methods in Sculpture (i.e. Mold Making and Casting)5. 3D Digital Modeling and Fabrication	<ol style="list-style-type: none">1. Privacy and Ethical Practices (i.e. HIPAA or equivalent Patient Practices training program)2. CPR Certification3. Infection Control and Bloodborne Pathogens

The BCCA will accept traditional classroom and/or distance learning course formats in the Science, Studio Art, and Clinical Practice categories.

Science: Eligibility pathways for certification require course requirements be taken from an accredited college or institution. Undergraduate and graduate level courses will be accepted.

Studio Art: Eligibility pathways for certification require course requirements be taken from an accredited college or institution. Undergraduate and graduate level courses will be accepted. Courses taken in the Studio Art category may also be fulfilled at professional institutions which are accredited by different organizations (i.e. Accrediting Commission of Career Schools and Colleges, Accrediting Council for Independent Colleges and Schools, Higher Learning Commission, National Association of Schools of Art and Design). Non-credit courses will not be accepted by the BCCA.

Clinical Practice: Course requirements in the Clinical Practice category must fulfill one of the following criteria:

- The course is provided by an accredited hospital (i.e. Joint Commission, Joint Commission International, Accreditation Canada)
- The course is provided by a provider approved by a state or government organization/agency (i.e. New York State Department of Health, U.S. Department of Labor, Training.Gov.AU)
- The course is provided by the American Heart Association (AHA), the American Red Cross or international equivalent.

Clinical Case Portfolio Requirement

All applicants are required to document 18 different clinical cases to demonstrate the applicant's competency in both the clinical and technical aspects of clinical anaplastology. Cases completed as a student or trainee may be included. All cases must represent prostheses that were conceived, designed, and fabricated by the applicant. Supervisors and/or consultants may have contributed during prosthetic treatment selection, planning, and delivery. Remakes using existing molds or through duplication of previous prostheses may not be used for the Portfolio.

An authorization for information and photography release **MUST** be submitted for each patient and included as part of the Portfolio of Clinical Cases. The BCCA Patient Information Release Form is to be used for this purpose. Failure to obtain patient releases will result in an immediate rejection of the applicant's application.

Applicants must ensure their cases demonstrate that each prosthesis is:

- designed and fabricated to improve or restore function and aesthetics; and
- designed, fabricated, and delivered safely and effectively to the patient.

As defined by the BCCA Scope of Practice, anaplastologists provide custom made Class 1 and 2 medical devices that are non-weight bearing and can be categorized in one of 3 regions: Facial, Somatic, and Ocular. Subdermally implantable, intraoral, fingernails, wigs, and weight bearing prostheses will not be considered for CCA eligibility.

Types of Prostheses	REGION 1 Facial	REGION 2 Somatic (i.e. neck, torso, and extremities)	REGION 3 Ocular (i.e. eye)
	Orbital/Upper facial*	Finger/thumb	Custom indwelling ocular
	Nasal/Midfacial	Partial hand/hand	Scleral cover shell
	Auricular	Aesthetic sleeve	
	Hemi-Facial (nose, orbit and cheek)*	Toe/partial foot (non-weight bearing)	
	Other facial	Breast/nipple	
	Osseointegrated implant retained facial	Other somatic	
		Osseointegrated implant retained somatic	

**Ocular may or may not be fabricated by applicant*

Applicants must submit the clinical case portfolio in accordance with the published BCCA guidelines. Specifics regarding supporting documents and photographic requirements for detailed and concise cases are published in the Candidate Handbook. Applicants are advised to review all requirements prior to beginning supervised clinical experience to ensure appropriate documentation can be obtained during treatment.

TOTAL CASES	18 different clinical cases.		
FORMAT	All 18 cases must be in one (1) Microsoft PowerPoint file.		
PROTECTED HEALTH INFORMATION	Patient Information Release Form for each patient.		
DETAILED CASES	Three (3) cases. Cases A-C must be documented in detail.	Cases can all be from the same region, however, they must represent 3 different types of prostheses (i.e. Auricular, Nasal, and Orbital).	At least two (2) cases must represent a Facial (Region 1) prosthesis.
CONCISE CASES	15 cases. Cases D-R must be documented solely through photographic means.	Cases must represent different patient cases, with no more than eight (8) of the same type of prostheses (i.e. 8 nasal, 5 auricular, 2 ocular). At least seven (7) cases must be from Region 1 (Facial).	

Photograph Requirements

Applicants should ensure that color images are scanned and/or saved at 100 PPI or higher. Photographs must not be altered other than cropping. Models and prostheses should be photographed on a solid background. The applicant's portfolio should be assembled into a Microsoft PowerPoint presentation.

Detailed Case Documentation

- 1) Patient Authorization (BCCA Patient Information Release Authorization Form).
- 2) Photocopy of Detailed Written Order from referring physician (**not required for Pathway 2**).
- 3) Care and cleaning instructions provided to patient.
- 4) Case study including the following information pertinent to patient care:
 - a) Diagnosis and physical findings
 - b) Concerns/limitations (i.e. radiation therapy, mobile underlying soft tissue, manual dexterity, visual acuity, climate, vocation or avocation)
 - c) Treatment plan (i.e. pre-treatment operative plan, retention strategy, sculptural design decisions, material selection)
 - d) Patient outcome (i.e. feedback from patient, family, physician and your own feedback to effectiveness of treatment plan)
 - e) Photographs demonstrating each of the following:
 - (1) Patient without prosthesis (show implant components if applicable)
 - (2) Impression/moulage (tissue side) or patient model resulting from digital imaging
 - (3) Sculptural prototype on patient
 - (4) Mold (all parts shown ready for prosthesis casting)
 - (5) Two (2) views of final prosthesis on the patient
 - (6) External (front) view of prosthesis on a solid background
 - (7) View of tissue contact or fitting surface of prosthesis on a solid background

Concise Case Documentation

- 1) Patient Authorization (BCCA Patient Information Release Authorization Form).
- 2) Photographs demonstrating each of the following:
 - a) Patient without prosthesis (show implant components if applicable)
 - b) Two (2) views of final prosthesis on the patient
 - c) External (front) view of prosthesis on a solid background
 - d) View of tissue contact or fitting surface of prosthesis on a solid background

Supervised Clinical Experience Verification Requirement

The Supervised Clinical Experience Verification form is provided to the supervising practitioner of the CCA applicant. Applicants are responsible for completing their basic demographic information. The supervising practitioner will complete the rest of the form in its entirety, seal the form in an envelope with their signature across the flap to ensure confidentiality, and return it to the applicant for submission to the BCCA. The BCCA reserves the right to contact supervisors for verification purposes.

Letters of Recommendation Requirement

The applicant is required to provide two letters of recommendation from a referring physician or physician colleague who can attest to the applicant's ability to provide safe and effective clinical services to patients.

The letters of recommendation cannot be from a supervising practitioner.

Physicians must use the CCA Letter of Recommendation Form. The physician will seal the form in an envelope with their signature across the flap to ensure confidentiality, and return it to the applicant for submission to the BCCA.

The BCCA reserves the right to contact referring physicians for verification purposes.

CCA Credential

The CCA credential is conferred and program completion is achieved when the candidate has successfully fulfilled the requirements identified in the eligibility pathway, passed the CCA certification examination, complied with the BCCA Code of Ethics and Standards of Practice, and adhered to the continuing education standards as set forth by the Board of Directors.

The purposes of the CCA certification program are to:

- establish the body of knowledge for anaplastology professionals;
- assess the level of knowledge demonstrated by anaplastology professionals in a valid and reliable manner;
- encourage professional growth in the field of clinical anaplastology;
- formally recognize individuals who meet the requirements set by BCCA Board of Directors; and
- serve the public by encouraging quality clinical anaplastology services.

CLINICAL SUPERVISION

Anaplastology Experience under Direct Clinical Supervision

The scope of anaplastology experience consists of clinical time and patient contact in the following areas: patient assessment including communication with referring or ordering physicians, treatment planning, implementation, prosthetic delivery, and follow-up care including modifying and/or replacing an existing prosthesis. Supervised clinical experience received during academic education will be recognized by the BCCA.

Direct Clinical Supervision

Direct clinical supervision is oversight provided by a supervising practitioner to an applicant. First and foremost the goal of supervision is to provide reasonable assurance that any mistakes made by the applicant being supervised are corrected before harm is done to the patient. This supervisory relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the applicant while monitoring the quality of professional services delivered. Direct clinical supervision is exercised through observation, consultation, directing the learning of the applicant, and via role modeling.

Applicants Responsibilities during Direct Clinical Supervision

Each applicant must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. Applicants must not attempt to provide clinical services or do procedures for which they are not trained. Clinical responsibilities of each applicant must be based on level of experience, patient safety, education, as well as severity and complexity of patient condition. Each applicant is also responsible for communicating significant patient care issues to the supervising practitioner. The applicant must be aware of and operate within applicable state and federal laws.

SUPERVISORS

Supervising Practitioners

Supervising practitioners are responsible for, and must be personally involved in, the care provided to individual patients. The supervising practitioner oversees the care of the patient and provides the appropriate type of supervision based on the nature of the patient's condition, complexity of the care, and the experience and judgment of the applicant being supervised. The overriding consideration must be the safe and effective care of the patient.

BCCA defines a qualified Supervising Practitioner as having a minimum of three (3) full-time years of clinical experience in anaplastology and one of the following credentials:

- 1) Certified Clinical Anaplastologist (CCA) in good standing*
- 2) Licensed medical doctor (i.e. DDS, DMD, MD, DO) with expertise in anaplastology
- 3) Practicing clinical anaplastologists outside the United States with credentials comparable to the CCA (i.e. MIMPT, FIMPT, Anerkannten Epithetiker, or equivalent government/state health authority)
- 4) Board Certified Ocularist (BCO) or a comparable credential outside the United States (for ocular cases only – Region 3)
- 5) Certified Prosthetist (CP) or a comparable credential outside the United States (for somatic cases only – Region 2)

** Experience prior to January 1, 2013 will be recognized if the supervising practitioner was a non-CCA clinical anaplastologist who graduated from an anaplastology educational program.*

Supervised Clinical Experience Verification Requirement

The Supervised Clinical Experience Verification Form is provided to the supervising practitioner of the CCA applicant. Applicants are responsible for completing their basic demographic information; the supervising practitioner will complete the rest of the form in its entirety, seal the form in an envelope with their signature across the flap to ensure confidentiality, and return it to the applicant for submission to the BCCA.