



# Category I Application

## Professional Continuing Education Course Approval

Refer to instructions on the reverse side for completing this application.  
Retain a copy for your records.

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

*(This information will be published on the ABC website.)*

**Title of Meeting or Activity:**

\_\_\_\_\_  
\_\_\_\_\_

**Type of Educational Activity** *(please check all that apply.):*

Lecture  Demonstration  Lab  Other *(specify):* \_\_\_\_\_

*(Printed or recorded activities require that a Distance Learning - Category I Application be submitted.)*

**Do you require a Category II Exhibit Hall Attendance Application?**  Yes  No

**How many exhibitors will be present?** \_\_\_\_\_ *(Please provide a complete list of exhibitors.)*

**Is there a written exam with this course?**  Yes  No

*(If so, please provide a copy of the exam for extra credit.)*

**Is this program open to all O&P professionals?**  Yes  No

**If no, is the information available in other venues?**  Yes  No

**Number of Credits Requested (optional), please specify Scientific and/or Business:**

\_\_\_\_\_

**Date(s) of Activity:** \_\_\_\_\_

**Facility and Location of Activity:** \_\_\_\_\_

*(If this exact program is offered at various locations and dates, please include all dates on an additional sheet of paper.)*

**To which ABC credential holders is your program relevant?**

Orthotist  Prosthetist  Pedorthist  Assistant  Technician

Orthotic Fitter  Mastectomy Fitter  Therapeutic Shoe Fitter

Category II credits will be awarded if this program is not directly relevant to an individual's ABC certification.

## INSTRUCTIONS

Applications must be submitted at least 60 days before the start of the program if you wish to receive notice of continuing education credits prior to the start of the program. Applications can take up to six weeks to process.

Applications must be clearly printed or filled out online and printed, and include the following documentation and fee.

### Sample Copy of the Program

Program must indicate the times of each presentation, speaker name, credentials and qualification and the subject matter or title of each presentation.

### Category I Program Requirements Form

Summarize each of the six program requirements:

- Needs identification
- Learning outcomes

- Speaker qualifications
- Content methodology
- Requirements for satisfactory completion
- Sponsor program evaluation

**Application Fee of \$100** (Make checks payable to ABC)

**Forward your completed application, all documentation and the fee to:**

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

P.O. Box 34862, Alexandria, VA 22334-0862

If the program format, content or speakers should change in any way and is not presented **EXACTLY** as the attached information, a new application must be submitted. Failure to notify ABC of program changes will nullify eligibility for credits.

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### Please read and sign the following:

I have read the *Policies and Procedures for Sponsors of Continuing Education Programs*. The required documentation and application are enclosed. I understand that an incomplete application will cause a delay in processing and that an application submitted without the fee will not be processed.

Signature (*required*): \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION:

Form of Payment:

Check - CHECK NO: \_\_\_\_\_  Visa  MasterCard  American Express

Amount: **\$100.00**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

*Retain a copy of this application for your records.*

**MAIL TO:**

**American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.**

Attn: Continuing Education Dept., P.O. Box 34862, Alexandria, VA 22334-0862

Fax: 703-836-0838

<b>FOR ABC OFFICE USE ONLY:</b>
DATE RECEIVED: _____ SENT TO COMMITTEE: _____
ACTION TAKEN: _____

## CATEGORY I PROGRAM REQUIREMENTS

The following information must be completed in order to receive Category I credits for your program or course. Please refer to the *Policies and Procedures for Sponsors of Continuing Education Programs* for additional information. Attach additional sheets if necessary.

Name/Title of Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

1) Needs Identification – Why the audience would benefit from this program:

2) Learning Outcomes – What skills or information do you want to teach:

3) Speaker Qualifications – What credentials, qualifications and experience does this individual have to make a presentation on this topic:

4) Content Methodology – video presentation, audio conference, written materials, etc:

**CATEGORY I PROGRAM REQUIREMENTS cont.**

- 5) Requirements for Satisfactory Completion – What measurement will be used to validate the intended learning outcomes (i.e. attendance, post-test, evaluation, etc.):

- 6) Sponsor Program Evaluation – How will you receive feedback from the participants: