



Facility Accreditation

Getting Started

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

The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) is an independent, nonprofit, standard-setting organization for the accreditation of orthotic, prosthetic, post-mastectomy and pedorthic practices and the certification of practitioners in these professions. ABC is governed by a voluntary board of directors composed of orthotic, prosthetic and pedorthic health care professionals and consumers. In coordination with the board, ABC accreditation policy is administered by the Facility Accreditation Committee.

Accreditation is a privilege, not a right. ABC has the legal authority to award accreditation and may withhold, suspend or revoke accreditation if your facility violates ABC's policies, rules and regulations. Once you submit a signed application for accreditation, you agree to abide by the *ABC Code of Professional Responsibility* and the published accreditation standards for your practice.

History

ABC implemented its facility accreditation program in 1948, based on recommendations from a variety of sources, including the federal government, business owners, clinical practitioners and patients, as well as health care payer and referral sources. The standards were field tested through on-site evaluations and written surveys of a group of typical patient care facilities. As the leading standard-setting organization for orthotic, prosthetic, pedorthic and post-mastectomy patient care centers, ABC and its accreditation is acknowledged as the benchmark for determining quality care by insurance companies and regulatory bodies, including the Centers for Medicare/Medicaid Services (CMS).

In 2003, CMS implemented standards of patient care and fraud protection over the orthotic, prosthetic, pedorthic, post-mastectomy and durable medical equipment professions and relies on non-governmental accrediting organizations, such as ABC, to evaluate all patient care centers against the established Medicare Quality Standards.

In 2006 ABC was awarded *Deemed Status* from CMS. With this status, facilities accredited by ABC are in compliance with CMS's mandatory accreditation requirement. Deemed Status from CMS is a validation of ABC's consultative and affordable approach, and serves as the highest public recognition of orthotic, prosthetic, pedorthic and post-mastectomy care centers.



Accreditation Programs

ABC accreditation programs are specific to the type of patient care services provided at each of your patient care locations. Since the scope of orthotic services overlap, you only need to apply for the accreditation specialty that most fully encompasses your facilities' patient care services. Applicants must apply for ABC accreditation in all of the services provided regardless of whether you are billing CMS for those services.

Comprehensive Orthotic & Prosthetic Accreditation: These services must be provided by a certified or licensed orthotist and/or prosthetist. Licensure is the minimum credential required in states that require licensure. Comprehensive Orthotic & Prosthetic Accreditation includes all services outlined in Comprehensive Orthotic and Comprehensive Prosthetic Accreditations.

Comprehensive Orthotic Accreditation: These services must be provided by a certified or licensed orthotist. Comprehensive Orthotic Accreditation includes custom fabricated, prefabricated, off-the-shelf orthotic devices, comprehensive pedorthic and non-custom therapeutic footwear.

Comprehensive Prosthetic Accreditation: These services must be provided by a certified or licensed prosthetist. Comprehensive Prosthetic Accreditation is a stand-alone accreditation and does not encompass any other services, including post-mastectomy and ocular prostheses.

Prefabricated Orthotic Accreditation: Designed for facilities that **only** provide prefabricated custom fit and off-the-shelf orthotic services and devices. **Pedorthic, therapeutic and diabetic footwear services are not covered under the scope of services for this accreditation program.**

Off-the-Shelf Orthotics Accreditation: Designed for facilities that **only** provide off-the-shelf orthotic devices. The scope of services for this accreditation is limited to those orthotic devices that require only minor adjustments by the patient and **does not include therapeutic and diabetic footwear.**

Comprehensive Pedorthic Accreditation: Designed for facilities that provide comprehensive pedorthic, therapeutic and diabetic footwear items and services. These services must be provided by a certified pedorthist or appropriately licensed professional. The scope of service includes the assessment, treatment and education of patients and the ability to provide non-custom therapeutic footwear and non-custom diabetic multi-density inserts.

Non-Custom Therapeutic Footwear Accreditation: Designed for facilities that **only** provide non-custom therapeutic footwear and non-custom diabetic multidensity inserts.



Additional Services

Post-Mastectomy Patient Care Accreditation: Designed for facilities that provide patient care services related to post mastectomy prostheses and accessories, including garments and lymphedema pumps.

NOTE: Post-Mastectomy Patient Services are not included in any other accreditation program and must be indicated separately on your application.

Ocular Prosthetic Accreditation: Designed for facilities that provide fitting, shaping, painting and maintenance of ocular prostheses. The services provided by these facilities must be overseen by board certified or licensed ocularist or an ocular diplomate or associate of the American Society of Ocularists.

NOTE: The Ocular Prosthetic Accreditation program is not included in any other accreditation program and must be indicated separately on your application.

Durable Medical Equipment Accreditation and Ancillary Assistive Device Accreditation:

NOTE: Durable Medical Equipment or Ancillary Assistive Devices accreditation is necessary for all facilities that provide durable medical equipment (DME) in addition to orthotic, prosthetic and pedorthic services. DME is considered more comprehensive than AAD; therefore all AAD services are covered in the DME accreditation, it is not necessary to select both.

If your practice provides Durable Medical Equipment (DME), such as canes, walkers, crutches, wheelchairs, diabetic supplies, oxygen and related services to Medicare beneficiaries, you need to be accredited for those specific product categories. **Please note: These accreditations are not stand-alone accreditations. To be eligible for DME or AAD accreditation, you must also apply for one of ABC's main accreditation services.** Facilities seeking either of these accreditations must be eligible for and must obtain accreditation in one of the other primary accreditation programs. DME and AAD accreditation is designed for those businesses that provide certain DME products and services to their orthotic and prosthetic patients.

If you provide respiratory oxygen services (including BiPAPs or nebulizers), supply any type of rental items (such as nebulizers), Group 3 or 4 wheelchairs or Group 2 wheelchairs with seating systems or modifications, you need to select the DME accreditation program. These items have a more involved survey process that increases the cost of the survey. That increased cost is reflected on the application.

All other DME items not referenced above can be accommodated by selecting the AAD accreditation program, including but not limited to blood glucose monitors, TENS, scooters, CPMs, canes, walkers and Neuromuscular Electrical Stimulator devices.



Accreditation Standards

ABC accreditation standards represent baseline expectations of your facilities' physical environment and the functions of patient care. Accreditation decisions are based on the degree of compliance with the standards. The standards are grouped into the following eight categories.

Administrative (AD): Relates to the business's legal status, governance and administrative structure.

Human Resources (HR): Applies to employees, contract staff and volunteer employees providing patient care and/or services.

Patient Care and Management (PC): Focuses on the policies and procedures designed to maintain the appropriate, safe and effective delivery of high-quality patient care and to ensure that the needs of the patient are met.

Product Safety (PS): Requires programs that promote the safe use of equipment and item(s) and minimizes safety risks, infections and hazards both for staff and patients.

Patient Records (PR): Requires that patient records are complete and accurate.

Performance Management and Improvement (PM): Relates to your facility policies and procedures for assessing and improving the delivery of patient care services.

Facility and Safety Management (FS): Relates to facility safety, safety management and environmental safety.

Claims and Billing Compliance (CB): Evaluates the facility's compliance with the requirements of the Centers for Medicare and Medicaid Services (CMS).

Understanding the Standards

ABC facility accreditation standards include the details of the standard and the corresponding measurement values.

Standard: A description of the specific requirements for providing the services.

Measurement Values: Evaluate the level of compliance with the standard and are presented in a checklist format.



Applying for Accreditation

Prior to applying for accreditation, evaluate your compliance with the standards for your specific products and services. It is your responsibility to meet the standard's requirements **before you submit** your application. A copy can be downloaded from www.abcop.org.

It is your responsibility to be in full compliance with the standards **prior** to applying for accreditation. Apply for accreditation once you have met **all** of the following eligibility criteria:

- ◆ The facility is located within the United States, one of its territories or possessions, or is a Department of Defense medical treatment facility or program.
- ◆ The facility is a formally organized and legally constituted business that provides the type(s) of services and items for which you are applying.
- ◆ The facility is licensed according to applicable state and federal laws and regulations and maintains all current legal approvals to operate.
- ◆ The services you provide are clearly defined to patients, insurance companies, referral sources and regulatory bodies including CMS.
- ◆ You have completed and signed a statement declaring that neither you nor anyone in your organization will falsify or misrepresent your accreditation status.

Applicants must apply for ABC accreditation in all of the services provided regardless of whether you are billing CMS for those services.

All locations associated with an accredited facility must seek accreditation.

General Application Information

Applications must be complete before they will be processed. Incomplete applications will be processed after all required documents and/or fees are submitted. Failure to supply the required documentation listed below, along with a signed Business Associate Agreement, will delay the application process. Applications received without payment will not be reviewed until all required fees are paid. Applications still incomplete four weeks from notification of missing materials via certified mail will be denied.

The following documents are required:

- ◆ Completed application
- ◆ Copy of all professional staff licenses and non-ABC certifications – it is NOT necessary to submit copies of ABC credentials
- ◆ Signed Business Associate Agreement (pages 26-28)
- ◆ Application and survey fees

ABC reserves the right to require additional information if necessary.

You will receive written confirmation once ABC determines that your application is complete. If your application is incomplete, you will have 90 days from the date of the notification to submit corrections or your application will be denied.

All information submitted and/or reviewed by ABC is treated as confidential and handled in accordance with HIPAA regulations. ■■■►



Falsification of your Application

If ABC discovers that you provided false or misleading information on your application, any or all of the following actions will be taken:

- ◆ Denial of the application
- ◆ Denial of reapplication for accreditation
- ◆ Revocation of any existing ABC accreditations for affiliate facilities
- ◆ Revocation of any existing ABC credentials from individuals found to be responsible for falsification of the accreditation application
- ◆ Referral of the incident to the Professional Discipline Committee
- ◆ Possible legal action

Definition of an Affiliate Location

Affiliate locations are secondary locations of patient care that meet the following criteria:

- ◆ Part of the corporate structure of the primary practice
- ◆ Share a Tax ID number
- ◆ Maintain a separate National Provider ID (NPI) and CMS Supplier Number (PTAN)
- ◆ Located within 60 minutes driving time of the primary patient care facility


Designating affiliate locations streamlines the application process and reduces overall accreditation fees. Secondary locations that do not meet the criteria for affiliate status as outlined above must submit a separate application as a primary location. Each primary location may designate up to four affiliates. Facilities, including renewals, with more than four affiliates must make the fifth affiliate a primary location, which then can list four additional affiliates.

The Accreditation Survey

Your compliance with the ABC accreditation standards is determined by a review of the application materials along with a consultative on-site survey. The on-site survey is conducted by professionally trained and qualified surveyors. **As required by CMS, all surveys are unannounced. By submitting your application, you declare yourself ready for on-site inspection at any time.**

Compliance

During the survey process, ABC determines whether the facility meets the intent of the accreditation standards. Proof of compliance is based on, but not limited to:

- ◆ A review of client records, personnel records and policies and procedures
- ◆ On-site observations of the physical facility
- ◆ Staff and patient interviews
- ◆ Other activities as necessary 



It is your responsibility to ensure compliance with ABC standards at all times. In the event that the standards are revised, ABC will establish a time frame for accredited facilities to achieve compliance.

Consultative Approach and Education

ABC is available to provide assistance interpreting any of the standards or with any other questions you may have. During the on-site survey, surveyors will discuss with the appropriate representative any area where standards are not fully met and he/she will provide best practice suggestions to help your facility achieve optimum performance. ABC surveyors are trained to be minimally intrusive throughout the survey in order to reduce interruptions to the facility's business operations.

Survey Process

CMS regulations require that all surveys be unannounced. On-site surveys will be conducted during your posted business hours, as indicated on your application. All surveyors will have a photo identification badge issued by ABC. It is your responsibility to be prepared for the survey at all times. **ABC will not reschedule a survey because of conflicts or the unavailability of specific staff members. If we are unable to conduct the on-site survey because of your unavailability or your refusal at the time of the survey, a re-survey fee will be required and accreditation will be denied or revoked pending a new site survey.**

Surveys are conducted by either a single surveyor or a team of surveyors. Surveyors are assigned based on the service(s) that you provide as indicated on your application. ABC surveyors are knowledgeable in the specific service(s) they are surveying. However, if the on-site survey process reveals that services are being provided beyond those indicated on your application, and ABC has an accreditation program for those services, the surveyor (if qualified) will evaluate your facility based on the range of actual services provided. You will be required to modify your application before the survey can continue. If the surveyor is not qualified to survey for those items or services, you will NOT be approved for them and will be required to submit the appropriate re-survey fee and another survey will be conducted.

ABC reserves the right to send a surveyor apprentice as part of the survey team. Apprentices are sent at no charge to you.

All ABC surveyors/apprentices must disclose any potential conflict of interest with the applicant facility to ABC before they are assigned to conduct the survey. Surveyors/apprentices with a confirmed conflict are not used for the survey.

Process

Initial Survey: All first-time applicants are subject to an initial survey of the facility once the completed application has been processed and accepted by ABC. Your facility must have at least ten patient charts for review prior to submitting your application. Facilities that are not available for or refuse the initial on-site survey will be charged a re-survey fee before we will reschedule your survey. ■■■►



Scoring: All accreditation scores are automatically reviewed by the Facility Accreditation Department prior to notifying you of the accreditation decision.

Summary of Findings: The ABC accreditation staff reviews all surveyor documentation and prepares the final written report for your facility in a **Summary of Findings** document. The Summary of Findings indicates a decision of **Compliance**, **Partial Compliance** or **Non-Compliance** for each standard for which your facility was surveyed. Standards with a finding of Partial Compliance or Non-Compliance will include comments to assist you in taking corrective action to meet the standard. If the findings result in deferred or denied accreditation, you will need to submit a Corrective Action Plan for all standards that are not fully met.

You will receive the Summary of Findings within six weeks of your survey. This summary will include the overall accreditation score and resulting decision, which will be identified as one of the following:

Follow-Up Surveys

Re-survey: Re-surveys are required if there is a significant change, such as a move, ownership change or lack of ability to conduct the initial survey. Facilities that receive a **deferred accreditation decision** may require an additional survey in order to reevaluate standards compliance. A deferral decision requires that you submit a Corrective Action Plan and evidence that demonstrates your compliance with the standard(s) in question. The re-survey will be scheduled only if on-site observations are required to verify the results of the Corrective Action Plan. **There is a fee for all re-surveys.**

Renewal Survey: Most accreditations are valid for up to 3 years. You will receive an accreditation renewal notification approximately six months prior to the expiration date. **You must submit a renewal application at least two months prior to the accreditation expiration date.** The renewal survey will be conducted in a manner similar to your initial survey; the surveyor will also review any previous deficiencies in standards compliance and evaluate your corrections.

Quality Control Survey: ABC reserves the right to randomly visit any ABC accredited facility to conduct a quality control survey. These surveys are used to determine consistency among ABC accredited locations and to evaluate consistency in surveyor performance. Additionally, ABC reserves the right to randomly visit any ABC accredited facility to determine ongoing compliance with the standards. These surveys are random and unannounced, and may be initiated in response to consumer or professional complaints. ABC does not charge for these surveys.

Scope of Service Change Survey: Facilities adding any patient care service must submit a detailed cover letter informing ABC of the changes and a new application. Scope of Service Change Surveys follow the same procedures as an initial or renewal survey. ■■■►



Survey Structure

Entrance Meeting: The surveyor(s) will conduct an initial meeting with representatives of your facility. At this time, the lead surveyor will:

- ◆ Briefly introduce himself/herself, along with other members of the survey team (if applicable)
- ◆ Discuss the survey objectives and the schedule
- ◆ Answer any questions you may have regarding the survey
- ◆ Ask for the general layout of the facility and other operationally significant information

Information Gathering: In order to determine compliance with the accreditation standards, the survey will focus on, but is not limited to:

- ◆ Personnel files and patient records
- ◆ Service contracts
- ◆ Quality improvement activities
- ◆ On-site observations by the surveyor
- ◆ Staff and patient interviews
- ◆ Financial management
- ◆ Risk management
- ◆ Your facility's policies and procedures
- ◆ Operational and service delivery outcomes

By applying for accreditation, you authorize ABC and/or its surveyors access to all records (including patient, personnel, financial management, risk management, operational review, quality assurance and quality improvement) necessary to determine your facility's degree of compliance with ABC standards. ABC complies with all HIPAA, privacy and security regulations.

Exit Conference: During the exit conference, the surveyor(s) will discuss general survey findings. While you are given the opportunity throughout the survey to provide information that does not appear readily available to the surveyor, the exit conference provides you with a final opportunity to clarify any information or present data that may not have been available to the surveyor during the course of the survey. All significant recommendations and deficiencies will be discussed with you; however, the surveyor will not indicate your overall survey performance. A final survey report will be sent to you from ABC.

The surveyor does not provide judgment as to whether your facility will be granted accreditation. Her/his role is to review the information presented and to clarify, observe and verify the data that supports your compliance with the applicable standards. Any questions regarding accreditation status should be directed to the ABC headquarters staff. ■■■►



Accreditation Decisions

Approval

ABC facility accreditation is awarded when the overall score and each section score are within a passing range. However, if any section does not receive a passing score, you may receive a deferral as outlined below.

Deferral

The accreditation decision may be deferred when one or more individual section scores fall below the passing score. You will be advised of the deferral decision in writing and accreditation will be delayed pending the submission of a Corrective Action Plan. Corrective documentation must be submitted within 60 days of receiving the decision notice from ABC, unless otherwise specified. Once all of your documentation has been reviewed, ABC will determine accreditation status and whether an additional on-site survey is necessary.

Based on the review of your Corrective Action Plan, ABC will make a final decision regarding accreditation status. If ABC requires a new on-site inspection, a **re-survey fee is required**. If it is determined by the re-survey that your facility is in compliance with all conditions of accreditation and achieves a passing score, full accreditation will be awarded.

Denial

If your total overall score is below the passing score and if, after submitting two Corrective Action Plans the issues are not adequately addressed, accreditation will be denied. If accreditation is denied, you may reapply based on the instructions outlined in the Summary of Findings. When you reapply, you must submit a new application with the appropriate application and survey fees.

Accreditation Documentation

All locations that are granted accreditation will be listed in a letter of accreditation sent with the Certificate(s) of Accreditation. A Certificate of Accreditation is provided for each facility location that was listed on the application and that was included in the survey process.

Accreditation Effective Dates

Effective accreditation dates for new and renewing facilities are determined as follows:

New Facility:

- ◆ First day following the survey, if your facility passes the survey on the first review.
- ◆ First day after approval of the Corrective Action Plan, if the plan satisfies the deficiencies identified.
- ◆ First day after the re-survey, if the deferral is cleared. ■■■►



Renewal Facility:

- ◆ First day following your current accreditation expiration date, if the facility passes the on-site survey prior to that date.
- ◆ First day after approval of the Corrective Action Plan or the first day following your current accreditation expiration date.
- ◆ First day after the re-survey, if the deferral is cleared or the first day following current accreditation expiration date.

Accreditation Decision Review

All on-site survey results denying accreditation are automatically reviewed by the Facility Accreditation Department. The Department has the responsibility and authority to require additional information from you or your surveyor, and may require an additional survey. The Department can use any or all of the processes described in this document to reach an accreditation decision. If your facility is still denied accreditation after Department review, you may formally appeal the decision.

Appeals Process

If your facility receives a denied or deferred accreditation decision, you have 15 days from the receipt of the Summary of Findings to submit a written appeal. Your appeal must be mailed by certified mail, return receipt requested or by verifiable overnight express mail service to:

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

330 John Carlyle St.

Suite 210

Alexandria, VA 22314

Your appeal must include the necessary evidence or relevant documentation supporting the basis of your appeal. If you do not appeal the decision within the 15-day time period, the accreditation decision shall be final.

You will receive notification of the decision on your appeal within 45 days of its receipt by ABC. Should you not be satisfied with the decision, you may submit a second appeal to the Board of Directors by sending another written request to the ABC offices within 15 days of receipt of the decision. You will be notified of the Board's decision within 60 days of receipt of your request. The decision of the Board is final.

Notifications

ABC notifies CMS of all accreditation decisions once they are final. Additionally, ABC may notify other payors or interested parties of the status of a facility's accreditation as well as issue public statements concerning the accreditation of applicants. ■■■▶



Accreditation Fees

Applications must be completed online at www.abcop.org, printed out and mailed to ABC along with the application fees for the primary and, if applicable, affiliate locations. Additional fees are required for any accreditation program that is added to the main accreditation. Fees may vary between the primary location and affiliate locations, depending on the services offered at each location. **All fees are nonrefundable.**

ABC reserves the right to adjust accreditation fees based on new or validated information obtained during the survey process which may affect the type of survey, the type of accreditation awarded and/or the number of survey days required. Final accreditation determination is contingent upon receipt of all fees.

Annual Fees

Accreditation fees are set by the ABC Board of Directors and reviewed annually. ABC reserves the right to adjust accreditation fees and establish the effective date of change. Annual renewal notices are sent to the address on record in September of each year and are due on December 1st. **Annual renewal fees are required for all accredited facilities;** current accreditation status is dependent on the timely receipt of these fees.

Reprint Fees

Any reprint of previously provided documentation, including letters, surveys and certificates, requires a \$25 reprint fee.

Continued Compliance

Accreditation requires that you continue to comply with the ABC standards, abide by all policies and procedures and submit your annual fees on time. Failure to fulfill any of these requirements may result in the revocation of your facility's accreditation.

Accreditation is awarded for up to three years, depending on the survey findings. Renewal of your accredited status is your responsibility. ABC will notify you in writing approximately eight months prior to your facility's accreditation expiration date. If your renewal application is not submitted by the specified deadline, ABC may not have sufficient time to properly review the materials prior to your expiration date. In this event, ABC will automatically withdraw accreditation on the expiration date and CMS will be notified of your facility's loss of accreditation status.

After granting accreditation, ABC reserves the right to conduct quality control surveys. If this survey reveals deficiencies requiring a Corrective Action Plan, you will be notified in writing. Based on a review of this material, if a full survey is required, your facility is responsible for the survey fees. ■■■▶



It is your responsibility to ensure compliance with ABC standards at all times. If ABC revises the standards, time frames will be established for you to bring your facility into compliance. Compliance time frames are determined in part by mandatory state requirements, federal or CMS regulations.

Changes to the Structure of the Accredited Facility

ABC requires that you submit an application with a detailed cover letter and application fees prior to adding an affiliate, any services or changing locations or ownership. You may submit a cover letter alone to inform ABC of removal of a location, service or change in personnel. Failure to notify ABC of post-accreditation changes may result in revocation of accreditation.

Affiliate Office Addition

Applications must list all related administrative and patient care sites that are within 60 minutes driving distance and under the same Tax ID. Any affiliate office that opens after the primary location has been granted accreditation cannot advertise or otherwise consider itself an accredited patient care center until it has successfully completed an on-site survey and received notification of its accredited status by ABC.

You must submit a New Applicant application, including all appropriate fees, upon the opening /acquisition/merger of an affiliate location. Once your application has been received, ABC will conduct an on-site survey. All sites will receive survey results; if the survey is successful, accreditation will be valid for the length of your primary location's current accreditation.

Scope of Service Addition

All additions to the scope of services will require a new application and re-survey.

Service Discontinuation

You must notify ABC in writing if you discontinue any patient care service. If you add the service at a later date, please see the instructions for adding a service.

Personnel Changes

You are responsible for notifying ABC of employment status changes of all certified and licensed personnel within 30 days of the change. In the event that a personnel change leaves a facility without a qualified professional, you have six months to replace the professional. Failure to do so will result in loss of accreditation for that scope of service. In the event that the certified or licensed individual is the sole person available to provide certain high-risk products, such as complex rehab, custom orthotics and prosthetics, or Oxygen therapy services, your accreditation will be revoked immediately.



Complaint Process

ABC will investigate complaints involving an ABC accredited facility, or accreditation applicant that appears to be out of compliance with the accreditation standards. Standards require that facilities provide ABC's telephone number to clients/patients for the purpose of reporting a complaint.

ABC will notify the appropriate regulatory authority if an alleged complaint involves:

- ◆ Possible abuse, neglect or exploitation
- ◆ Professional misconduct
- ◆ Noncompliance with state or federal laws

Accredited facilities will be informed of all allegations and provided with copies of all complaint-related materials.

If a review of the complaint determines that there is immediate risk to customers/patients, ABC will notify CMS and conduct its investigation within two business days of CMS authorization. If the situation does not pose immediate risk, the complaint will be investigated by ABC in accordance with the *Code of Professional Responsibility*.

Depending upon the nature of the complaint, one or both of the following actions may be taken:

1. ABC will follow the published *Code of Professional Responsibility*, but will also:
 - Request your cooperation in resolving the complaint
 - Request that you respond to the complaint within an identified time frame
 - Determine if you are aware of the complaint and if you have taken action

2. ABC will review all the information collected about the complaint, including any information gathered in a re-survey. If the investigation reveals the complaint or allegations are valid and the patient's health, safety and welfare are at risk, accreditation may be revoked or suspended. You may appeal the Committee's decision by following the appeals process.

If ABC makes the decision to revoke accreditation, we will notify the appropriate regulatory agencies of our decision.



Announcing and Promoting Your Accreditation

Logo/Advertising Language

Accredited facilities must accurately describe the program(s), service(s) and affiliate office(s) accredited by ABC and abide by the *Guidelines for Use of ABC's Logo* when advertising accreditation status to the general public. False or misleading advertising represents noncompliance and will result in penalties up to and including revocation of accreditation. The *Guidelines for Use of ABC's Logo* is sent to you in your accreditation notification packet. Locations that are not included in the accreditation must state in all forms of advertising and marketing that they are NOT accredited by ABC.

Press Releases

ABC encourages you to publicize your accreditation status and provides a sample press release in the accreditation notification packet as well as on the ABC website. You must login with your user name and ID to access a sample press release in Word format.

Public Information Requests

Upon request, ABC will release your accreditation status to the public. This information is released without written authorization or notification. Furthermore, accredited facilities are published online in the ABC Directory.

Facility Accreditation Application



Application Type:

- Initial Application Renewal Service add-on
 Affiliate add-on Location move Ownership Change

Complete application online at www.abcop.org, print out the form and mail or fax to ABC. All fields are required except those marked optional. Make a copy of the completed application for your records.

SECTION I: Identification of Organization

Organization Name (To be used on all identifying documents, including the Certificate of Accreditation. Please provide 'dba' if appropriate.)

Address 1

Address 2 City State Zip

Phone Ext. Fax

Website Email

Geographic Service Area: Radius _____ (specify miles) Federal Tax ID Number _____

Applying for: (Check all that apply, refer to the *Facility Accreditation Guidebook* for more information.)

Orthotics

- Comprehensive Orthotic
 Prefabricated Orthotic
 Off-the-Shelf Orthotics
 Comprehensive Pedorthics
 Non-Custom Therapeutic Footwear

Prosthetics

- Comprehensive Prosthetic

Additional

- Ancillary Assistive Devices
 Durable Medical Equipment
 Post-Mastectomy Patient Care
 Ocular Prosthetic

SECTION II: Ownership Information

Owner Name/Title (List all owners. Please attach additional pages if necessary.)

Address 1 (if different than above)

Address 2 (if different than above) City State Zip

Office Phone Fax

SECTION III: Chief Executive Officer

Name/Title (Name of individual to be contacted for further communication regarding this application and accreditation.)

Phone Email

Facility Accreditation Application, cont'd.

SECTION IV: Accreditation Contact Information

Name of chief administrative person responsible for location(s) seeking accreditation and individual who will be contacted for future communication regarding this application and accreditation.

Phone

Cell Phone

Email

SECTION V: Information on Locations (please see *Facility Accreditation Guidebook* for Affiliate Location definition)

Primary Location

Hospital Medical Building Retail Center Free Standing Other: (specify)

Address 1

Address 2

City

State

Zip

Phone

Fax

Clinical Director

Office Manager

Affiliate Location #1

Hospital Medical Building Retail Center Free Standing Other: (specify)

Address 1

Address 2

City

State

Zip

Phone

Fax

Clinical Director

Office Manager

Affiliate Location #2

Hospital Medical Building Retail Center Free Standing Other: (specify)

Address 1

Address 2

City

State

Zip

Phone

Fax

Clinical Director

Office Manager

If more space is required, please make additional copies of this page.

Facility Accreditation Application, cont'd.

SECTION VI: Scope of Services

Please provide the following information for the Primary Location and each Affiliate Location. Please do not leave any boxes blank. Make additional copies as needed.

Apply for ABC accreditation in all services that your facility provides. You must provide at least one Main Accreditation Service to be eligible for ABC accreditation.

	Primary Location	Affiliate Location #1	Affiliate Location #2
Year Opened			
National Provider ID (NPI)			
CMS Supplier Number (PTAN)			
Days & Hours of Operation			

Indicate all services and items provided.
Do you rent any items indicated below: Yes No

Main Accreditation Services

- Orthoses: Custom Fabricated
- Orthoses: Custom Fit (non - custom fabricated)
- Orthoses: Off - the - Shelf (non - custom fit)
- Limb Prostheses
- Breast Prostheses and Accessories
- Facial Prostheses
- Ocular Prostheses
- Diabetic Shoes/Inserts (custom fabricated)
- Diabetic Shoes/Inserts (non - custom fabricated)
- Somatic Prostheses

- Neuromuscular Electrical Stimulators (NMES)
- Neurostimulators
- Osteogenesis Stimulators
- Ostomy Supplies
- Oxygen Equipment and Supplies
- Parenteral Nutrients, Equipment and Supplies
- Patient Lifts
- Pneumatic Compression Devices (lymphedema pumps)
- Power Operated Vehicles (scooters)
- Respiratory Assist Devices
- Respiratory Suction Pumps
- Seat Lift Mechanisms
- Speech Generating Devices
- Support Surfaces: Pressure Reducing Beds/Mattresses/Pads
- Surgical Dressings
- Tracheostomy Care Supplies
- Tracheostomy Supplies
- Traction Equipment
- Transcutaneous Electrical Nerve Stimulators (TENS)
- Ultraviolet Light Devices
- Urological Supplies
- Ventilators Accessories/Supplies
- Walkers
- Wheelchair Seating/Cushions
- Wheelchairs - Complex Rehab. Manual Chair
- Wheelchairs - Complex Rehab. Manual Chair Accessories
- Wheelchairs - Complex Rehab. Power Chair
- Wheelchairs - Complex Rehab. Power Chair Accessories
- Wheelchairs - Standard Manual
- Wheelchairs - Standard Manual Accessories
- Wheelchairs - Standard Power
- Wheelchairs - Standard Power Accessories

Durable Medical Equipment (DME) & Ancillary Assistive Devices (AAD)

- Automatic External Defibrillators (AEDs)
- Blood Glucose Monitors and Supplies (mail order)
- Blood Glucose Monitors and Supplies (non - mail order)
- Canes and Crutches
- Commodes/Urinals/Bedpans
- Continuous Passive Motion (CPM) Devices
- Contracture Treatment Devices: Dynamic Splint
- Enteral Nutrients, Equipment and Supplies
- High Frequency Chest Wall Oscillation (HFCWO) Devices
- Home Dialysis Equipment and Supplies
- Hospital Beds - Electric
- Hospital Beds - Manual
- Implanted Infusion Pumps and Supplies
- Infrared Heating Pad Systems
- Insulin Infusion Pumps and Supplies
- Intermittent Positive Pressure Breathing (IPPB) Devices
- Intrapulmonary Percussive Ventilation Devices
- Invasive Mechanical Ventilation Devices
- Mechanical In - Exsufflation Devices
- Nebulizer Equipment and Supplies
- Negative Pressure Wound Therapy Pumps and Supplies

Facility Accreditation Application, cont'd.

ORGANIZATIONAL PERSONNEL (attach separate sheet if necessary)

Primary Location

Patient Care Supervisors:

Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Patient Care Providers and Technicians:

Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Affiliate Location #1

Patient Care Supervisors:

Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Patient Care Providers and Technicians:

Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Name and Credentials	Position/Title
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Facility Accreditation Application, cont'd.

Affiliate Location #2 Patient Care Supervisors:

Name and Credentials	Position/Title
Name and Credentials	Position/Title
Name and Credentials	Position/Title

Patient Care Providers and Technicians:

Name and Credentials	Position/Title
Name and Credentials	Position/Title
Name and Credentials	Position/Title

SECTION VII: Criminal History

In an effort to better serve the public trust, ABC reserves the right to perform a criminal history background check and to deny an application or remove a credential based on the commission of a felony by the facility owners or organizational personnel.

Answers to the following questions are mandatory.

Failure to respond to each question will result in the application being returned. Failure to provide accurate, true and correct information shall constitute grounds for denial of your application, or removal of the credential.

1. Has any owner or facility personnel ever been convicted of, or plead guilty or nolo contendere to a felony or a crime involving a patient? Yes No
2. Has any owner or facility personnel ever been charged with a felony and plead guilty to, or been convicted of a lesser charge (e.g. misdemeanor)? Yes No
3. Has any owner or facility personnel ever been charged with a felony which has yet to be dismissed? Yes No
4. Has any owner or facility personnel ever been prohibited from doing business with any division of the federal government or is on the Office of the Inspector General's (OIG) exclusion list? Yes No

If you answered 'Yes' to any of the above questions, you must submit the following before your application will be considered complete:

A complete written explanation of the circumstances surrounding the charge(s) that were filed against such individual, which includes a narrative describing:

- A description of the incident.
- Where the incident occurred.
- The date the incident occurred.
- The outcome of the charge(s) that were filed against the individual (e.g. verdict).
- Any penalty/sentence associated with charges that have been filed against the individual.
- When the sentence was or will be completed.
- Court case headings regarding the incident.

Copies of court documents are also required. If the documents are not available, indicate the jurisdiction in which the charge(s), conviction or plea occurred and why the documents are not available.

All application materials that are submitted are only released to ABC and its contractors and as required by law. The more information that you provide, the less time will be needed to review your eligibility status. If all the appropriate information is not provided, the processing of your application will be delayed and your application may be considered incomplete.

Facility Accreditation Application, cont'd.

SECTION VIII: Application Checklist

Please note that the following items must be included with the submission of your application. If you have any questions regarding these items, please contact ABC at 703-836-7114, ext. 250.

- Business Associate Agreement
- Non - Refundable Application Fee
- Copy of any non - ABC individual certificates and licenses (if you practice in a licensure state)

Section IX: Terms of Agreement

The undersigned Organization makes application to The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. for voluntary accreditation of the Organization and certifies that the information recorded in this application and attachments is true and correct. The Organization agrees, at all times, to provide information requested by ABC relevant to the review, evaluation and maintenance of the Organization's accreditation status.

Information obtained or generated by ABC in the accreditation process is for the purpose of reviewing the professional service of, and the quality of care provided or arranged by, the Organization. ABC acknowledges that the information obtained or generated by ABC shall be considered confidential between the Organization and ABC, and shall be treated on a confidential basis, except as otherwise provided in ABC's policies or as required by law, a court of law or a governmental agency. ABC will not take possession of any private health information about which it becomes aware during the course of ABC's investigation of this application.

The Organization understands that all fees associated with this application are non-refundable and agrees that it is solely responsible for being aware of and understanding ABC's accreditation standards, which are readily available from ABC. The Organization agrees that, if accredited, it will remain in compliance with ABC's accreditation standards and that failure to do so may result in loss of ABC accreditation status. The Organization is responsible for immediately being in compliance with existing, new and/or modified accreditation standards, as and when they are adopted by ABC. The organization must notify ABC in writing of any changes to this application.

The Organization agrees to abide by and be bound by the ABC *Code of Professional Responsibility & Rules and Procedures* and as they may be modified by ABC.

The Organization's failure to abide by these terms and conditions may result in sanctions, including loss of accreditation status, against the Organization.

Accepted By:

Name of Chief Executive Office (Please print)

Signature

Date

Business Associate Agreement

THIS AGREEMENT is made a part of The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) Application for Accreditation (hereinafter, the Underlying Agreement) submitted to ABC by _____ (the Surveyed Organization). The Underlying Agreement, when accepted by ABC, establishes the terms of the relationship between ABC and the Surveyed Organization.

Whereas, ABC and the Surveyed Organization are parties to the Underlying Agreement pursuant to which ABC provides certain accreditation survey and related services to the Surveyed Organization and, in connection with the provision of those services, the Surveyed Organization discloses to ABC certain Protected Health Information (PHI) (as defined in 45 C.F.R. §164.501) that is subject to protection under the Health Insurance Portability and Accountability Act of 1996 (HIPAA);

Whereas, the Surveyed Organization is a Covered Entity as that term is defined in the HIPAA implementing regulations, 45 C.F.R. Part 160 and Part 164, Subparts A and E, the *Standards for Privacy of Individually Identifiable Health Information* (Privacy Rule);

Whereas, ABC, as a recipient of PHI from the Surveyed Organization, is a Business Associate as that term is defined in the Privacy Rule;

Whereas, pursuant to the Privacy Rule, all Business Associates of Covered Entities must agree in writing to certain mandatory provisions regarding the use and disclosure of PHI; and

Whereas, the purpose of this Agreement is to comply with the requirements of the Privacy Rule, including, but not limited to, the Business Associate contract requirements at 45 C.F.R. §164.501(e).

NOW, THEREFORE in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

1. Definitions. Unless otherwise provided in this Agreement, capitalized terms have the same meanings as set forth in the Privacy Rule.

2. Scope of Use and Disclosure by ABC of Protected Health Information

- A. ABC shall be permitted to use and disclose PHI that is disclosed to it by the Surveyed Organization as necessary to perform its obligations under the Underlying Agreement in accordance with ABC's established policies, procedures and requirements.
- B. Unless otherwise limited herein, in addition to any other uses and/or disclosures permitted or authorized by this Agreement or required by law, ABC may:
 - 1) use the PHI in its possession for its proper management and administration and to fulfill any legal responsibility of ABC;
 - 2) disclose the PHI in its possession to a third party for the purpose of ABC's proper management and administration or to fulfill any legal responsibilities of ABC; provided, however, that the disclosures are required by law or ABC has received from the third party written assurances that (i) the information will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the third party; and (ii) the third party will notify ABC of any instances of which it becomes aware in which the confidentiality of the information has been breached;
 - 3) aggregate the PHI with that of other Surveyed Organizations for the purpose of providing the Surveyed Organization with data analyses relating to the Health Care Operations of the Surveyed Organization. ABC may not disclose the PHI of one surveyed Organization to another Surveyed Organization without the written authorization of the Surveyed Organizations involved; and
 - 4) de-identify any and all PHI created or received by ABC under this Agreement; provided that the de-identification conforms to the requirements of the Privacy Rule.

Business Associate Agreement, cont'd.

3. Obligations of ABC. In connection with its use and disclosure of PHI, ABC agrees that it will:

- A. Use or further disclose PHI only as permitted or required by this Agreement or as required by law;
- B. Use reasonable and appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Agreement;
- C. To the extent practicable, mitigate any harmful effect that is known to ABC of a use or disclosure of PHI by ABC in violation of this Agreement.
- D. Report to the Surveyed Organization any use or disclosure of PHI not provided for by this Agreement of which ABC becomes aware;
- E. Require contractors or agents to whom ABC provides PHI to agree to the same restrictions and conditions that apply to ABC pursuant to this Agreement.
- F. Make available to the Secretary of Health and Human Services ABC's internal practices, books and records relating to the use and disclosure of PHI for purposes of determining the Surveyed Organization's compliance with the Privacy Rule, subject to any applicable legal privileges;
- G. Within 15 days of receiving a request from the Surveyed Organization, make available the information necessary for the Surveyed Organization to make an accounting of disclosures of PHI about an individual;
- H. Within 10 days of receiving a written request from the Surveyed Organization, make available PHI necessary for the Surveyed Organization to respond to individuals' requests for access to PHI about them that is not in the possession of the Surveyed Organization, in the event that the PHI in ABC's possession constitutes a Designated Record Set;
- I. Within 15 days of receiving a written request from the Surveyed Organization, incorporate any amendments or corrections to the PHI in accordance with the Privacy Rule in the event that the PHI in ABC's possession constitutes a Designated Record Set.
- J. Not make any disclosure of PHI that the Surveyed Organization would be prohibited from making.
- K. In order to maintain the security of Surveyed Organization's patients' electronic protected health information (E - PHI), Business Associate agrees to:
 - 1) implement administrative, physical and technical safeguards required by the HIPAA Security rule;
 - 2) ensure its subcontractors also agree to implement these safeguards;
 - 3) report to the Surveyed Organization any security incident of which ABC becomes aware.

4. Obligations of the Surveyed Organization. The Surveyed Organization agrees that it:

- A. has included, and will include, in the Surveyed Organization's Notice of Privacy Practices required by the Privacy Rule that the Surveyed Organization may disclose PHI for health care operations purposes;
- B. has obtained, and will obtain, from Individuals, consents, authorizations and other permissions necessary or required by laws applicable to the Surveyed Organization for ABC and the Surveyed Organization to fulfill their obligations under the Underlying Agreement and this Agreement;
- C. will promptly notify ABC in writing of any restrictions on the use and disclosure of PHI about Individuals that the Surveyed Organization has agreed to that may affect ABC's ability to perform its obligations under the Underlying Agreement or this Agreement;
- D. will promptly notify ABC in writing of any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes or revocation may affect ABC's ability to perform its obligations under the Underlying Agreement or this Agreement;

Business Associate Agreement, cont'd.

5. Termination

A. Termination for Breach. The Surveyed Organization may terminate this Agreement if the Surveyed Organization determines that ABC has breached a material term of this Agreement. Alternatively, the Surveyed Organization may choose to provide ABC with notice of the existence of an alleged material breach and afford ABC an opportunity to cure the alleged material breach. In the event ABC fails to cure the breach to the satisfaction of the Surveyed Organization, the Surveyed Organization may immediately thereafter terminate this Agreement.

B. Automatic Termination. This Agreement will automatically terminate upon the termination or expiration of the Underlying Agreement.

C. Effect of Termination.

1) Termination of this Agreement will result in termination of the Underlying Agreement.

2) Upon termination of this Agreement or the Underlying Agreement, ABC will return or destroy all PHI received from the Surveyed Organization or created or received by ABC on behalf of the Surveyed Organization that ABC still maintains and retains no copies of such PHI; provided that if such return or destruction is not feasible, ABC will extend the protections of this Agreement to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

6. Amendment. ABC and the Surveyed Organization agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the Surveyed Organization to comply with the requirements of the Privacy Rule.

7. Survival. The obligations of ABC under section 5.C (2) of this Agreement shall survive any termination of this Agreement.

8. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

Surveyed Facility

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

Signature

Signature

Name (please print)

Name

Title

Title

Date

Date

ABC Accreditation Application Payment Form

Organization Name _____

The following items must be included in your organization's application: Application for Accreditation; Business Associate Agreement; Non-refundable Application Fee.

NOTE: Due to the increased cost of surveying more complex businesses, organizations providing "DME" (See Section II in the "Accreditation Guide") are assessed a surcharge of **\$2,000 per survey day** for survey services. This fee is in addition to the fees calculated below.

Application & Survey Fees:	Fee	Total
PRIMARY LOCATION Main service, choose only one. <input type="checkbox"/> Comprehensive Orthotics & Prosthetics <input type="checkbox"/> Prefabricated Orthotics <input type="checkbox"/> Comprehensive Orthotics <input type="checkbox"/> Off-the-Shelf Orthotics <input type="checkbox"/> Comprehensive Prosthetics <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Comprehensive Pedorthics <input type="checkbox"/> Non-Custom Therapeutic Footwear <input type="checkbox"/> Ocular Prosthetics	\$1,525.00	\$1,525.00
Additional Service(s) If applicable, check all that apply. <input type="checkbox"/> Comprehensive Pedorthics <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Prefabricated Orthotics <input type="checkbox"/> Non-Custom Therapeutic Footwear <input type="checkbox"/> Off-the-Shelf Orthotics <input type="checkbox"/> Ancillary Assistive Devices	# of services selected: ____ X \$250.00 =	\$ _____
AFFILIATE LOCATION #1 Main service, choose only one. <input type="checkbox"/> Comprehensive Orthotics & Prosthetics <input type="checkbox"/> Prefabricated Orthotics <input type="checkbox"/> Comprehensive Orthotics <input type="checkbox"/> Off-the-Shelf Orthotics <input type="checkbox"/> Comprehensive Prosthetics <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Comprehensive Pedorthics <input type="checkbox"/> Non-Custom Therapeutic Footwear <input type="checkbox"/> Ocular Prosthetics	\$900.00	\$ _____
Additional Service(s) If applicable, check all that apply. <input type="checkbox"/> Comprehensive Pedorthics <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Prefabricated Orthotics <input type="checkbox"/> Non-Custom Therapeutic Footwear <input type="checkbox"/> Off-the-Shelf Orthotics <input type="checkbox"/> Ancillary Assistive Devices	# of services selected: ____ X \$250.00 =	\$ _____
AFFILIATE LOCATION #2 Main service, choose only one. <input type="checkbox"/> Comprehensive Orthotics & Prosthetics <input type="checkbox"/> Prefabricated Orthotics <input type="checkbox"/> Comprehensive Orthotics <input type="checkbox"/> Off-the-Shelf Orthotics <input type="checkbox"/> Comprehensive Prosthetics <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Comprehensive Pedorthics <input type="checkbox"/> Non-Custom Therapeutic Footwear <input type="checkbox"/> Ocular Prosthetics	\$900.00	\$ _____
Additional Service(s) If applicable, check all that apply. <input type="checkbox"/> Comprehensive Pedorthics <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Prefabricated Orthotics <input type="checkbox"/> Non-Custom Therapeutic Footwear <input type="checkbox"/> Off-the-Shelf Orthotics <input type="checkbox"/> Ancillary Assistive Devices	# of services selected: ____ X \$250.00 =	\$ _____
DME <input type="checkbox"/> I meet the requirements for DME. (See Section II in the "Accreditation Guide")	\$2,000.00	\$ _____
Payments may be tax deductible as business expenses. Please consult your tax advisor.	Total Enclosed	\$ _____

Method of Payment:

- Check # _____
 Visa
 MasterCard
 American Express
 Discover

Card Number _____

Expiration Date _____

Name on Card _____

X
Signature

Please mail application and forms to:

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc., PO Box 34862, Alexandria, VA 22334-0862
 (703) 836-7114 ext. 230 or 250 • Fax: (703) 836-0838

Please note: The U.S. Postal Service is the only service that can deliver to a "PO Box" address.

ABC Post-Mastectomy Accreditation Application Payment Form

Organization Name (from page 1)

The following items must be included with your application: Application for Accreditation; Business Associate Agreement; Non-refundable Application Fee.

Application & Survey Fees:	Fee	Total
PRIMARY LOCATION <input type="checkbox"/> Post-Mastectomy If applying for additional services, please see Facility Accreditation Application.	\$1,225.00	\$1,225.00 \$ _____
AFFILIATE LOCATION #1 <input type="checkbox"/> Post-Mastectomy If applying for additional services, please see Facility Accreditation Application.	\$750.00	\$750.00 \$ _____
AFFILIATE LOCATION #2 <input type="checkbox"/> Post-Mastectomy If applying for additional services, please see Facility Accreditation Application.	\$750.00	\$750.00 \$ _____
Payments may be tax deductible as business expenses. Please consult your tax advisor.	Total Enclosed:	\$ _____
	EW Discount	\$ _____
	Total Enclosed:	\$ _____

Members of Essentially Women are entitled to a \$162.50 discount for a primary location and a \$50 discount for each affiliate location accredited by ABC. Please indicate your EW member number here _____ and deduct the discount from your total payment.

Method of Payment:

Check # _____ Visa MasterCard American Express Discover

 Card Number Expiration Date

 Name on Card Signature

Please mail application and forms to:

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.
 PO Box 34862, Alexandria, VA 22334-0862
 (703) 836-7114 ext. 248 or 250 • Fax: (703) 836-0838
Please note: The U.S. Postal Service is the only service that can deliver to a "PO Box" address.