

# Technician Certification Application and Instructions



Important: Read the following instructions carefully before completing the application. **Incomplete** or **improperly** completed applications will delay processing or cause your application to be denied. Complete the application and registration form in its entirety. **Please retain this page for your records.**

- Refer to the *Certified Technician Book of Rules* for information on the criteria for registration and the application process.
- All educational and experiential requirements must be met **prior to** the application deadline date.
- The application fee of \$50.00 **plus** the examination fee(s) of \$200.00 per discipline **must** accompany the application.
- Submit a copy of your high school diploma or GED equivalent.
- Applicants who received their education (post-secondary and/or O&P) outside the United States must submit an “evaluation of the educational credentials” by the World Education Services (WES). Refer to the *Book of Rules* for additional information.
- Submit either your transcripts from the NCOPE accredited technician certificate program **or** a supervisor’s Attestation. *Your supervisor must attest to the required two years experience, per discipline. Your supervisor **must be certified by ABC** in the same discipline in which you are applying.*
- Complete and submit the examination registration form.
- Spacing is limited and scheduling is done on a **first come-first serve basis**. Completed registrations received after the testing capacity (16 candidates per discipline) has been met will be kept on file and all fees will be refunded.
- The hotel and other logistical information will be mailed to each registered candidate approximately **four (4) weeks prior to the scheduled exam**.
- Refer to the *Certified Technician Book of Rules* for ABC’s policy for the cancellations/refund schedule. **Cancellation must be submitted to ABC in writing and are effective the date received by ABC.** As proof of delivery, it is suggested that you send your cancellation notice via certified mail (return receipt requested), express mail or via facsimile. Our fax number is (703) 836-0838.
- You will receive written verification of your cancellation.



# Certified Technician Application

The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.  
330 John Carlyle St., Ste 210, Alexandria, VA 22334-0862  
(703) 836-7114, ext. 228 Fax: (703) 836-0838

## General Information

Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

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

Office Number: ( ) \_\_\_\_\_ Home Number ( ) \_\_\_\_\_

Office Fax Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Last Four Digits of your SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\\_\_\_\_\\_\_\_\_  Male  Female

Have you ever been convicted by a court of competent jurisdiction or pleaded nolo contendere to a felony or any crime involving moral turpitude, or are you now under indictment for such a crime?  Yes  No

*(If you answer "Yes" to this question, you must submit a signed written statement of full explanation and documentation to accompany this application.)*

## Education

High School Graduation Date/ G. E. D. Equivalent Date \_\_\_\_\\_\_\_\_\\_\_\_\_

College Graduation Date \_\_\_\_\\_\_\_\_\\_\_\_\_

Name of School Awarding Certificate (if applicable): \_\_\_\_\_

Date Certificate Awarded: \_\_\_\_\\_\_\_\_\\_\_\_\_

## Employment History

Present Employer (Name of Facility) \_\_\_\_\_

Address \_\_\_\_\_

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

Employment Dates: From \_\_\_\_\\_\_\_\_\\_\_\_\_ to \_\_\_\_\\_\_\_\_\\_\_\_\_

Title \_\_\_\_\_

Name of direct supervisor: \_\_\_\_\_

Applicant's Employment Responsibilities: \_\_\_\_\_

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

# Supervisor's Attestation

This form is to be completed by the applicant's direct supervisor.

Instructions: This attestation form must be completed by the supervising practitioner who is certified by ABC in the same discipline in which the applicant is seeking Certification.

This Attestation is being submitted on the behalf of \_\_\_\_\_

Discipline of Application:  Orthotics  Prosthetics  Orthotics and Prosthetics

Your Name \_\_\_\_\_

Your certification number: CO \_\_\_\_\_ CP \_\_\_\_\_ CPO \_\_\_\_\_

Are you in good standing with ABC?  Yes  No (Good standing is defined as being current with annual renewal fees; complying with mandatory continuing education; and not currently under disciplinary sanction).

Your current employer: \_\_\_\_\_

Daytime phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your employer during the period of this attestation: (if same, indicate- same)

\_\_\_\_\_

During what continuous time frame did you supervise this applicant?

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility name and location: (If same, indicate same) \_\_\_\_\_

\_\_\_\_\_

## Competency Attestation

Please check all boxes that apply to the applicant's competency:

### Orthotics

- Fabricates orthoses and/or their components
- Performs assigned repairs and maintenance of orthoses
- Keeps abreast of all new techniques for fabricating orthoses
- Is skilled with hand and power tools
- Knows the qualities of the materials used in fabricating orthoses

### Prosthetics

- Fabricates prostheses and/or their components
- Performs assigned repairs and maintenance of prostheses
- Keeps abreast of all new techniques for fabricating prostheses
- Is skilled with hand and power tools
- Knows the qualities of the materials used in fabricating prostheses

### Orthotics and Prosthetics

The applicant for orthotics and prosthetics must perform all the functions listed above.

Further, I attest that the applicant, in my opinion, possess the moral character and professional standards required of ABC certificants; and I attest that the applicant is competent to perform the functions required of a Certified Technician in the discipline(s) of application under the guidance of, and in consultation with, an ABC certified practitioner, and I recommend that the applicant be admitted to the examination process at this level.

Signature of attester \_\_\_\_\_ Date \_\_\_\_\_

# Technician Examination Registration Form

Discipline of Application:     Orthotics                       Prosthetics

I wish to register for the following exam(s):

**Century College**  
White Bear Lake, MN

May 13, 2010 *or*  
 May 14, 2010  
(Check one) \$250.00

May 13 *and* 14, 2010  
(For candidates taking **both** disciplines)  
\$450.00

**\*Applications due by  
March 1, 2010**

**Spokane Falls Community College**  
Spokane, WA

October 7, 2010  
 October 8, 2010  
(Check one) \$250.00

October 7 *and* 8, 2010  
(For candidates taking **both** disciplines)  
\$450.00

**\*Applications due by  
August 1, 2010**

*\*NOTE: The examinations are offered on a first come-first serve basis. Please send in your application by the date specified. Applications will be accepted until the exam is filled.*

## **Authorization**

All applicants must read and sign the following statement:

I, \_\_\_\_\_, say that I am the applicant in this application; that I have made or read the contents thereof, and to the best of my knowledge, information, and belief, the foregoing statements and answers are true. In making this application to ABC for the issuance to me of a Certificate, all in accordance with and subject to its Articles of Incorporation, Bylaws, and other such governing provisions as, from time to time, are in force (hereinafter collectively referred to as its regulations), I agree to disqualification from the issuance to me of a Certificate; suspension of such Certificate; revocation of such Certificate; or to surrender such Certificate in the event of any misstatement or misrepresentation in this application or in the event that any of the aforementioned regulations applicable to such Certificate are violated by me as determined by the ABC. I waive and release any and all claims, demands, or actions against ABC, its officers and directors, agents and employees, and releases from all liability said ABC from any and all matters arising out of participation in the ABC certification programs or examinations. I further agree to hold ABC, its officers, examiners and agents, free from any claim, damage or liability by reasons of action they, or any of them, may take in respect of this application including, but not limited to the failure of ABC to issue me such Certificate, or the suspension, revocation, or making of any demand for the surrender of an issued Certificate, or the removal of my name from any list of holders of such certificates. I agree to adhere to the ABC Code of Professional Responsibility and participate in the Mandatory Continuing Education program. I understand that by providing my fax number I consent to receive communications sent by The American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc. via fax transmission. I further understand that ABC does not discriminate against any person on the basis of race, creed, color, religion, sex, national origin, physical handicap, or marital status.

**X** \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Payment Form

Please use this form to record your method of payment. This form must be included with your application.

Name of Applicant: \_\_\_\_\_

Discipline:             Orthotics                       Prosthetics

Method of Payment:

Check enclosed

Personal check    Name on check \_\_\_\_\_

Company check    Name on check \_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Date of check: \_\_\_\_\_

Check number: \_\_\_\_\_

Credit Card

Visa

MasterCard

American Express

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

Please mail applications /transcripts to:

American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc.  
P.O. Box 34862  
Alexandria, VA 22334-0862