



Certified Assistant Exam Application

Please mail, fax or email application to:

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

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

Fax: (703) 842-8516 Email: certification@abcop.org

GENERAL INFORMATION

Please complete the following:

Discipline of Application (check one only): Orthotics Prosthetics

First Name _____

Middle Name _____

Last Name _____

(Your name must match your identification documents. When you are certified, your certificate will be printed as indicated here.)

Last four digits of your SSN: _____ Date of Birth: ____/____/____
(MM/DD/YY)

Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Personal Email: _____

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Ph: _____ Work Fax: _____

Work Email: _____

EASY EXAM STEPS:

Submit your completed application and all documents to ABC by the application deadline



Receive your eligibility letter and Authorization-to-Test letter by email four weeks after receipt of application



Take the exam
(Bring your Authorization-to-Test letter and a valid form of photo ID)



Receive results from Prometric by email in four to six weeks



once you pass
Receive certification packet along with your certificate from ABC

A. Are you already certified by ABC in another discipline?

Yes No (If no, skip to C.)

If Yes, what is your certification number? _____

B. Are you in good standing with ABC? Yes No

If No, you may not submit this application until you are in good standing.
(Good standing is defined as being current with annual renewal fees, complying with mandatory continuing education, and not currently under disciplinary sanction.)

C. 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 along with supporting documents to accompany this application. Please refer to the ABC Assistant Book of Rules & Candidate Guide for further information.)

IMPORTANT NOTES

- Read the *ABC Assistant Book of Rules & Candidate Guide* carefully before completing this application.
- Applications must be received by the application deadline for the selected exam cycle. **No exceptions will be made.**
- Include your official college transcript.
- Include a World Education Service (WES) evaluation if you have a foreign education, 212-966-6311, www.wes.org.
- Include the signed Assistant Competency Attestation form.
- Include fees in full.
- Checks returned by the issuing bank for non-sufficient fund or stop-payments are subject to a \$15 service charge
- You may want to photocopy all forms in advance in the event you need additional copies.

QUESTIONS?

For questions about the application or eligibility, contact ABC at 703-836-7114 ext. 229 or certification@abcop.org.

EDUCATION QUALIFICATIONS

You must possess high a school diploma, GED or college degree and complete three semester hours each of:

Human Anatomy - Date Completed: ____/____/____

Medical Terminology - Date Completed: ____/____/____

General/Fundamental Physics - Date Completed: ____/____/____

Name of College/University: _____

An official college transcript must be included with the application.

EXPERIENCE VERIFICATION

Please indicate the time-frame you are using for the one year of clinical experience (minimum of 1,900 hours). If you are seeking dual discipline certification, please indicate the time-frame you are using for the 18 months of clinical experience in both orthotics and prosthetics, with a minimum of six months in each.

From: ____/____/____ To: ____/____/____
(MM/DD/YY) (MM/DD/YY)

Name of facility where experience was gained for this discipline:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Your ABC Certified Direct Supervisor: _____

In the discipline of this application, indicate your hours worked per week: _____

EXAM REGISTRATION & FEES

Exam Cycle	Application Deadline
<input type="checkbox"/> January 8-13, 2018	November 1, 2017
<input type="checkbox"/> March 12-17, 2018	January 1, 2018
<input type="checkbox"/> May 7-12, 2018	March 1, 2018
<input type="checkbox"/> July 9-14, 2018	May 1, 2018
<input type="checkbox"/> September 17-22, 2018	July 1, 2018
<input type="checkbox"/> November 5-10, 2018	September 1, 2018

Fees:

Application Fee \$125

Exam \$225

Please indicate if you require testing accommodations. ABC offers reasonable and appropriate accommodations for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA). An additional application is required. (*Refer to the ABC Assistant Book of Rules & Candidate Guide for more information and contact ABC for the required application.*)

AUTHORIZATION *Read and sign here*

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 release 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. I further agree to the ABC refund policy, which states the application fee is non-refundable.

Signature: _____ Date: ____/____/____
Sign Here (MM/DD/YY)

PAYMENT INFORMATION

Your Name: _____

Method of Payment:

Personal Check Enclosed - Name on Check: _____

Company Check Enclosed - Name on Check: _____

Amount: **\$350.00** Date of Check: ____/____/____ Check No.: _____
(MM/DD/YY)

Money Order Enclosed

Amount: _____ Date of Money Order: ____/____/____ Money Order No.: _____
(MM/DD/YY)

Credit Card: Visa MasterCard American Express Discover

Card No.: _____ Exp. Date: ____/____/____
(MM/YYYY)

Cardholder Name: _____

Signature: _____

Amount to be Charged: **\$350.00**



IMPORTANT! APPLICATION CHECKLIST

Have you...?

Included your official college transcript. **If sending separate from your application, please mail to the address below:**

ABC
330 John Carlyle St., Ste 210
Alexandria, VA 22314

Included a WES evaluation form if you have a foreign education
(Reference the ABC Assistant Book of Rules & Candidate Guide)

Indicated your experience information on the application

Included the Assistant Competency Attestation form

Enclosed application and exam fees, payable to ABC
(NOTE: If no payment is received, your application will not be processed)

Signed the required authorization statement

Make checks payable to ABC.

Checks returned from your bank unpaid will cancel your registration. A \$15 fee will be assessed for any check returned to ABC for any reason.



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Please Note: The U.S. Postal Service is the only express service that can deliver to a P.O. Box. We recommend that you do not use certified mail.