



# Mastectomy Fitter Competency Attestation

## ATTESTER INSTRUCTIONS

To meet the eligibility criteria for ABC's Certified Fitter-mastectomy credential, each candidate is required to possess the knowledges and demonstrate sufficient competence in the areas detailed on this attestation form. The attester must be one of the following: a certified practitioner, certified and/or licensed mastectomy fitter or professional referral source\*.

\*Professional referral source is defined as an appropriately licensed healthcare provider who is a referral source and is familiar with the applicant's professional knowledge and skills.

**NOTE:** Please be advised that a **NO** answer in any of the competency areas below will prevent the application from being approved. The attester should address any areas that cannot be marked as **YES** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: \_\_\_\_\_

## COMPETENCY ASSESSMENT

Please complete the following related to the applicant's knowledge or competency in the following areas:

Does the applicant possess knowledge and understanding of the following:

Anatomy, including upper limb, spinal and the lymphatic system

Yes  No

Medical terminology

Yes  No

Pathologies related to post-mastectomy care

Yes  No

Tissue characteristics/management including post-surgical edema

Yes  No

Patient examination techniques

Yes  No

Measuring for post-mastectomy items including use of measurement tools and techniques

Yes  No

Fitting criteria related to post-mastectomy items

Yes  No

Documentation requirements (e.g., progress notes, Medicare required documentation)

Yes  No

Practice Management (e.g., knowledge of reimbursement, patient confidentiality, federal and state rules and regulations)

Yes  No

Has the applicant demonstrated competency in:

Interviewing patients and communicating with referral sources

Yes  No

Taking a basic patient history and performing a physical exam related to post-mastectomy care

Yes  No

Managing patients relative to their diagnosis and condition

Yes  No

Measuring patients for post-mastectomy items

Yes  No

Developing and implementing a treatment plan

Yes  No

Evaluating fit and function of post-mastectomy items

Yes  No

Appropriate documentation methods using established record-keeping techniques

Yes  No

Providing follow-up care

Yes  No

Educating patients regarding safe usage, maintenance, and hygiene issues

Yes  No

Use of universal precautions

Yes  No

**ATTESTATION:**

Applicant name: \_\_\_\_\_

I attest that the applicant, in my opinion, possesses the moral character and professional standards required of ABC certificants. I further attest that the applicant has demonstrated knowledge and competency in all of the elements contained on this Attestation form and is capable of performing the functions listed above that are required of a Certified Fitter-mastectomy.

Your name: \_\_\_\_\_

Your ABC certification number (if applicable): CPO: \_\_\_\_\_ CP: \_\_\_\_\_ CO: \_\_\_\_\_ CFm: \_\_\_\_\_

For non-ABC certified or referral source, Credential: \_\_\_\_\_

Are you in good standing with ABC, or your professional credentialing body?  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 number: \_\_\_\_\_

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

Please indicate the time frame during which you supervised this applicant or have had familiarity of their knowledge and competency.

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

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

Any act of falsification by the attester is a violation of the ABC Code of Professional Responsibility and shall be referred to the ABC Professional Discipline Committee or applicable credentialing body.

Signature of Attester: \_\_\_\_\_ Date: \_\_\_\_\_

**All sections of this form must be complete.**

**This Competency Assessment form must be included with the Certified Fitter-mastectomy application.**



**American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.**  
330 John Carlyle St, Suite 210, Alexandria, VA 22314  
Tel:(703)836-7114Fax:(703)836-0838info@abcop.org  
**abcop.org**

© 2017 American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc. All rights reserved.  
May only be reproduced for the exclusive use of the candidate.