



Technician Competency Attestation — Orthotics

ATTESTER INSTRUCTIONS

Prior to sitting for the ABC Certified Technician exam, each candidate is required to have their supervisor or instructor complete and sign this Knowledge and Competency form. The supervisor or instructor must be either an ABC certified practitioner or ABC certified technician in the discipline in which the applicant is applying.

Applicant's Name: _____

ORTHOTIC KNOWLEDGE AND COMPETENCY				
	Is able to remove outsole to prepare shoe for modifications	Is able to properly apply lift material to shoe	Is able to grind material to specifications, i.e. lifts, rocker soles, wedges	Is able to finish and prepare shoe for delivery
Shoe Modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is able to prepare/correct and fill negative impression	Is able to complete positive model rectification	Is able to prepare mold and vacuum form device	Is able to trim-out device and finish to be ready for fitting
Foot Orthoses (i.e. functional, accommodative)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UCBL	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
AFO's				
Plastic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plastic Articulated	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
KAFO's				
Thermoplastic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SPINAL				
Spinal Thermoplastic LSO or TLSO	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
UPPER EXTREMITY				
Upper Extremity Thermoplastic WHO	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is able to Delineate/Correct Tracing	Is able to select components based on work order	Is able to contour device to corrected tracing	Is able to assemble/finish device to be ready for fitting
AFO				
Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
KAFO				
Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A **No** answer in any of the competencies will prevent the application from being approved.

SUPERVISOR 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 competency* in all of the elements contained on this Attestation form in the discipline of application and is capable of performing the functions listed below that are required of a Certified Technician under the guidance of, and in consultation with, an ABC certified practitioner.

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

*Demonstrated competency is defined as possessing the required knowledge and skills to complete the specific tasks independently. The individual must be capable of performing all functions related to each element listed in the table.

Your Name: _____

Your certification number: CO: _____ CPO: _____ CTO: _____ CTPO: _____

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 number: _____

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

Please indicate the time frame during which you supervised this applicant.

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 Professional Discipline Committee.

Signature of Attester: _____ Date: _____

All sections of this form must be complete.

This Knowledge and Competency form must be included with the Technician Exam application.



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