



# Certified Pedorthist 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:

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: \_\_\_\_\_

*All correspondence will be mailed to your home address and/or personal email address.*

**Are you already certified by ABC in another discipline?**

Yes  No (If no, proceed to the next section)

If Yes, what is your certification number? \_\_\_\_\_

**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.)*

## CRIMINAL HISTORY DISCLOSURE

**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. Refer to the ABC Pedorthist Book of Rules & Candidate Guide for further information.)*

### 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

## IMPORTANT NOTES

- Read the ABC *Pedorthist 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 copies of your high school diploma/transcript, GED certificate or official college transcript.
- Include a World Education Service (WES) evaluation if you have a foreign education, 212-966-6311, www.wes.org
- Include a copy of the certificate of completion from the NCOPE approved pedorthic course.
- Include the signed Pedorthist Competency Attestation form.
- Include fees in full.
- If you must **cancel the exam date** you selected, ABC must receive written notice at least 31 days prior to the start of the exam for you to be eligible for a refund.
- Checks returned by the issuing bank for non-sufficient funds 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.

## EDUCATION QUALIFICATIONS

Please select which of the following NCOPE approved pedorthic pre-certification courses you attended. A copy of the certificate(s) of completion must be included with your application and course completion must be within five years prior to the application deadline:

- The Academy of Pedorthic Science       The Robert M. Palmer, M.D., Institute of Biomechanics, Inc.  
 Francis Tuttle Technology Center       Baker College of Flint  
 St. Petersburg College

Program Location: \_\_\_\_\_

Course Completion Date: \_\_\_\_\_  
(MM/DD/YY)

## PEDORTHIC EXPERIENCE

Please indicate the time-frame you are using for the 1,000 hours of required patient care experience. *The experience may occur prior to or following the pedorthic program cited above.*

From: \_\_\_\_\_ To: \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Name of facility: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Indicate your hours worked per week: \_\_\_\_\_

## QUESTIONS?

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

## EXAM REGISTRATION & FEES

Applications must be received by the application deadline for the selected exam cycle.  
**No exceptions will be made.**

The application fee of \$150 and the exam of \$250 are required to register for the Certified Pedorthist exam.

**The application fee is non-refundable.**

### 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:

<input type="checkbox"/> Application Fee	\$150
<input type="checkbox"/> Exam	\$250

**Please indicate if you require exam 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 Pedorthist Book of Rules & Candidate Guide for more information and contact ABC for the required application.*)

### Read and sign here

#### AUTHORIZATION

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

### Make checks payable to ABC.

Personal 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.

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

#### Method of Payment:

Personal Check Enclosed - Name on Check: \_\_\_\_\_

Company Check Enclosed - Name on Check: \_\_\_\_\_

Amount: **\$400** Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check No.: \_\_\_\_\_  
(MM/DD/YY)

Money Order Enclosed

Amount: **\$400** Date of Money Order: \_\_\_\_/\_\_\_\_/\_\_\_\_ Money Order No.: \_\_\_\_\_

Credit Card:  Visa  MasterCard  American Express  Discover

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/YYYY)

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount to be Charged: **\$400**



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Email: certification@abcop.org

**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.



### IMPORTANT! APPLICATION CHECKLIST

*Have you...?*

- Included copies of your high school diploma/transcript, GED certificate or official college transcript. **If sending separate from your application, please mail to the address below:**  
ABC  
330 John Carlyle Street, Ste 210  
Alexandria, VA 22314
- Included a WES evaluation form if you have a foreign education  
(Reference the ABC Pedorthist Book of Rules & Candidate Guide)
- Included your NCOPE approved pedorthic pre-certification course certificate
- Included the Pedorthist Competency Attestation form
- Enclosed application and exam fees, payable to ABC  
(NOTE: If no payment is received, your application will not be processed)
- Reviewed the cancellation and refund policies  
(Reference the ABC Pedorthist Book of Rules & Candidate Guide)
- Signed the required authorization statement

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