



Certified Practitioner 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 only one*): 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: _____

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

Are you already certified by ABC in one discipline and seeking to extend your credential to Certified Prosthetist Orthotist with this application?

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

If Yes, what is your certification number? CO # _____ CP # _____

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 Practitioner Book of Rules & Candidate Guide for further information.)

IMPORTANT NOTES

- ▶ Read the ABC Practitioner Candidate Guide carefully before completing this application
- ▶ Applications must be received by the deadline for the selected exam cycle
Applications received after the application deadline will be subjected to a \$75 late fee.
- ▶ Your residency must be marked as complete from NCOPE by the Residency Deadline. **No exceptions will be made.**
- ▶ Application processing takes approx. four weeks from receipt of application. You will be notified in writing regarding eligibility.
- ▶ Once your application is approved, all logistical information will be emailed and mailed by ABC.
- ▶ 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.

IMPORTANT NOTES

- ▶ Official transcripts must be submitted from the college or university which conferred your undergraduate or graduate degree.
- ▶ **Extending your ABC credential? If your original application was filed within the last seven years, you do not have to submit a new transcript.**
- ▶ If you received your undergraduate and/or orthotics and prosthetics education outside the United States, you must submit an evaluation of your education from the World Education Service (WES)
- ▶ All transcripts must be received by the application deadline.
- ▶ **If applicable**, you must submit an official transcript or a photocopy of your certificate from a CAAHEP accredited orthotic and/or prosthetic certificate program.

NOTES ABOUT RESIDENCY INFORMATION:

You must complete all NCOPE requirements by the residency deadline.

EDUCATION QUALIFICATIONS

Under which path in the ABC Practitioner Book of Rules & Candidate Guide are you applying?

A. **Path 1** – Bachelors or Masters Degree in orthotics and prosthetics

Name of College/University: _____

Date Degree Awarded: _____
(MM/DD/YY)

B. **Path 2** – B.S., B.A., M.S. or M.A. (non-orthotic and prosthetic major) with an orthotics and prosthetics certificate program

Name of College/University: _____

Date Degree Awarded: _____
(MM/DD/YY)

Name of School Awarding Certificate: _____

PROGRAM: Orthotics Prosthetics

Date Certificate Awarded: _____
(MM/DD/YY)

RESIDENCY INFORMATION

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

Name of NCOPE accredited residency program:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Your Direct Supervisor: _____

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

QUESTIONS?

For questions about the application, eligibility or exam, contact ABC at 703-836-7114 ext. 221 or certification@abcop.org.

IMPORTANT NOTES

- You must register for at least one exam. You may elect to register for all three exams within the same exam session.
- Registrations for the Clinical Patient Management exam (CPM) are taken on a first-come, first-served basis.
- The application fee and the exam fee(s) are required to register for the Certified Practitioner Exam(s).

The application fee is non-refundable.
- **If you are not registering for all three exams at this time. When you register for the additional exam(s), you will need to submit the Certified Practitioner Exam Registration Form, available on the ABC website.**

EASY EXAM STEPS:

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 about four to six weeks

EXAM REGISTRATION & FEES

Please indicate the exam(s) and exam date for which you are applying:

Written and Written Simulation Exam Cycle	Application Deadline	Residency Deadline
<input type="checkbox"/> January 8-13, 2018	November 1, 2017	December 1, 2017
<input type="checkbox"/> March 12-17, 2018	January 1, 2018	February 1, 2018
<input type="checkbox"/> May 7-12, 2018	March 1, 2018	April 1, 2018
<input type="checkbox"/> July 9-14, 2018	May 1, 2018	June 1, 2018
<input type="checkbox"/> September 17-22, 2018	July 1, 2018	August 1, 2018
<input type="checkbox"/> November 5-10, 2018	September 1, 2018	October 1, 2018

Fees:

- Application Fee \$250
- Written Exam \$250
- Written Simulation Exam \$250

Dates for the Clinical Patient Management (CPM):

(Candidates test one day only, you will receive your date information approx. eight weeks prior to the exam.)

Exam Date/Location	Application Deadline	Residency Deadline
<input type="checkbox"/> Orthotics: September 7-8, 2018 Tampa, FL	June 1, 2018	July 1, 2018
<input type="checkbox"/> Prosthetics: September 14-15, 2018 Tampa, FL	June 1, 2018	July 1, 2018

Fees:

- CPM exam \$700
- 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.)

Total fees remitted: \$ _____

(First-time applicants, including those extending their ABC credential, must also remit the \$250 application fee.)

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

Sign Here

PAYMENT INFORMATION

Your Name: _____

Method of Payment:

Personal Check Enclosed - Name on Check: _____

Company Check Enclosed - Name on Check: _____

Amount: _____ 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: _____

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.



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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.

You may want to photocopy all forms in advance in the event you need additional copies.



IMPORTANT! APPLICATION CHECKLIST

Have you...?

- Included official transcripts (if you are a first time applicant) and if applicable, copies of your program certificate(s). **If sending separate from your application, please mail to:**
ABC
330 John Carlyle St, Ste 210
Alexandria, VA 22314
- Included a WES evaluation form if you have a foreign education
- Included your NCOPE residency information on the application
- Completed the registration and exam section
- 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 Practitioner Book of Rules & Candidate Guide)
- Signed the required authorization statement