



Technician Competency Attestation — Prosthetics

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: _____

PROSTHETIC KNOWLEDGE AND COMPETENCY						
	Is able to prepare/ fill negative impression	Is able to complete positive model rectification	Is able to prepare mold and vacuum form or laminate	Is able to accomplish initial set-up and static alignment	Is able to successfully transfer alignment	Is able to fabricate and apply cosmetic finishing
Partial Foot	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
SYMES	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transibial	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfemoral or Knee Disarticulation	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is able to prepare/ fill negative impression	Is able to fabricate Figure 8 harness	Is able to prepare mold and vacuum form or laminate			
Upper Extremity	<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.

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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: CP: _____ CPO: _____ CTP: _____ 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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