



Certified Fitter - therapeutic shoes 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 Fitter 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 form of photo ID)



Receive results by email in four to six weeks



once you pass
Receive certification packet along with your certificate from ABC

IMPORTANT NOTES

- Applications must be received by the application deadline for the selected exam cycle. **Applications received after the application deadline will be subjected to a \$75 late fee.**
- 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 ABC approved therapeutic shoe fitter course
- Include the signed Therapeutic Shoe Fitter 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

EDUCATION QUALIFICATIONS

Please select which of the following ABC approved therapeutic shoe fitter courses you attended. A copy of the certificate of completion must be included with your application and course completion must be within five years prior to the application deadline.

- | | |
|--|---|
| <input type="checkbox"/> Apex Foot Health Industries, LLC. | <input type="checkbox"/> OrthoFeet |
| <input type="checkbox"/> Baker College | <input type="checkbox"/> Spokane Falls Community College |
| <input type="checkbox"/> CFS Allied Health Education | <input type="checkbox"/> St. Petersburg College |
| <input type="checkbox"/> Dr. Comfort | <input type="checkbox"/> The Academy of Pedorthic Science |
| <input type="checkbox"/> OandPEdu | <input type="checkbox"/> The Walking Company University |
| <input type="checkbox"/> Oklahoma State University Institute of Technology | |

Program Location: _____

Course Completion Date: ____/____/____
(MM/DD/YY)

THERAPEUTIC SHOE FITTER EXPERIENCE

Please indicate the time-frame you are using for the 250 hours of required patient care experience. *The experience may occur prior to or following the therapeutic shoe fitter course 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 \$75 and the exam fee of \$175 are required to register for the Certified Fitter-therapeutic shoes 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	\$75
<input type="checkbox"/> Exam	\$175

- 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 Fitter 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: _____
(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: **\$250** Date of Check: ____/____/____ Check No.: _____
(MM/DD/YY)

Money Order Enclosed

Amount: **\$250** 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: **\$250**

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.



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 Fitter Book Rules & Candidate Guide)
- Included your ABC approved therapeutic shoe fitter course certificate
- Included the Therapeutic Shoe Fitter 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 Fitter Book of Rules & Candidate Guide)
- Signed the required authorization statement

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