



# ABC Pre-Certification Course Approval Review Application

Please provide the following information for your approved pre-certification course's annual review.

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Direct link to course information on your website. \_\_\_\_\_

## Course Type:

- Orthotic Fitter     
  Mastectomy Fitter     
  Therapeutic Shoe Fitter

I attest that this course contains the same curriculum, content and instructors as the course previously approved by ABC. I also confirm that all contact information for the course is current.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may submit the Course Approval Review Application a maximum of four times. A new Pre-Certification Course Application must be submitted every five years.

*Please attach a list of anticipated course dates.*

## Mail or fax all materials to:

ABC  
 Attn: Fitter Education  
 P.O. Box 34862  
 Alexandria, VA 22334-0862  
 Fax: 703-842-8921

For more information or questions about the application process, contact ABC at 703-836-7114.

## Allow 4 weeks for review and approval.

### PAYMENT INFORMATION

Check – Check No. \_\_\_\_\_     
  Visa     
  MasterCard     
  AMEX     
  Discover

Amount: \$100

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_