



ABC Post-Mastectomy Fitter

Pre-Certification Course Application

APPLICATION SUBMISSION CRITERIA

ABC Post-Mastectomy Fitter Pre-Certification Course Approval Standards require all didactic course formats (classroom and distance learning) to be delivered in a manner that insures a base set of competencies in post-mastectomy fitter knowledge and skills, required pathologies, required items, as well as practice management and professional ethics are attained by the student.

The following items must be included in the submission material, divided as follows:

- Course Name
- Company History
- Instructor Resumes
- Course Agenda
- Course Curriculum by Sections
- Multimedia Course Sections
- Course Objectives
- Quizzes and Final Exam with Answer Keys
- Copy of Certification of Completion
- Course Evaluation Form

ABC certified individuals participating in your course will be awarded 7 (**Scientific**) and 1 (**Business**) **Category II credits**.

Company Name

Contact

Address

City

State

Zip

Phone

Fax

Email

Website

PROGRAM OBJECTIVES

Include a brief statement of the program’s overall educational objectives and the competencies necessary for successful completion of this post-mastectomy fitter pre-certification course (See the ABC Post-Mastectomy Fitter Pre-Certification Course Approval Standards for required knowledge, skills and domains of practice and exposure needed for successful completion of this post mastectomy fitter course.)

Course Information – A minimum of eight hours of instruction, with a minimum of two hours in-person fitting lab.

- Didactic Program Length (*in hours*)_____
- Distance Learning Didactic Program Length (*in hours, if applicable*)_____
- In-Person Fitting Lab Program Length (in hours)_____

Number of courses administered per year _____ Maximum number of participants per course _____
 Didactic program instructor(s) to student ratio _____ In-Person Fitting Lab program instructor(s)
 Course fee _____ to student ratio _____

Attach a complete list of all course dates and locations on a separate sheet along with a sample copy of the Certificate of Completion.

The instructor(s) must hold a certified mastectomy fitter credential and be in good-standing with their credentialing board. Include a resume for each instructor with the application.

Instructor Information

Instructor Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Credential _____
 Certification Number _____

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DIDACTIC PROGRAM DOCUMENTATION

In the table below, identify the instructor of each required didactic module. List the location of tabbed course sections in binder/booklet and PowerPoint presentation(s) and the length of each lecture.

COURSE SECTION	INSTRUCTOR	TAB/POWERPOINT LOCATION	LECTURE HOURS
Breast Prostheses			
Musculoskeletal Anatomy (including chest/upper limb and spinal)			
Anatomical Landmarks			
Pathologies (e.g., cancer, surgical types and lymphedema issues)			
Medical Terminology			
Basic psychosocial disorders/issues that may be encountered			
Symptoms of compensatory damage incident to physiological imbalance			
Mastectomy Products and Services			
Measurement Tools and Techniques			
Prosthetic Forms (e.g. assessment, measurement, evaluation, outcomes)			
Breast Prostheses Care, Maintenance, Warranty			
Professional Ethics			
Scope of Practice related to Mastectomy Fitter Credentials			
Ethical standards in patient management			
Roles and responsibilities associated with other professions			
Patient Referral to Other Healthcare Providers/ Caregivers			
Practice Management/HIPPA			
Referral Document and Record Data Procedures			

COURSE SECTION	INSTRUCTOR	TAB/POWERPOINT LOCATION	LECTURE HOURS
Privileging Policies and Procedures			
Universal Bio-Hazard Precautions (e.g., Sterile Techniques, Infection Control)			
Reimbursement Protocols (e.g., DMERC, HCFA)			
Material Safety Procedures and Standards (e.g., OSHA, MSDS)			
Loss Control (Risk Management/Inventory Control)			
Federal & State Rules, Regulations and Guidelines			
Total Lecture Hours			

Student Assessment

The post-mastectomy fitter didactic program requires the following assessments. Please provide copies of all quizzes, exams, answer keys and case study templates.

- Case studies (*Recommended for reinforcing treatment concepts.*)
- A quiz after 4 hours of lecture time.
- Final graded exam passed at conclusion of course. (*Open book tests are not allowed.*)

Lab Program Documentation

In the table below, identify the instructor of each required lab module. List the location of the tabbed course section in the binder/booklet and PowerPoint presentation(s) and the length of each lab. (*Distance learning is **not allowed** for the in-person fitting lab.*)

LAB COURSE SECTION	INSTRUCTOR	TAB/POWERPOINT LOCATION	LAB HOURS
Comprehensive evaluation of physical assessment data and formulation of treatment plan			
Measuring, material selection, and diagnostic fit of breast prostheses			
Patient management, education and instruction			
Total Lab Hours			

Student Assessments

The post-mastectomy fitter lab program requires demonstration of proficient skill in the following tasks at the conclusion of the lab program:

- Assessment of specific prescription and/or patient's needs for breast prostheses
- Measuring techniques, material selection and diagnostic fitting
- Anatomic adjustments, patient education and instruction as it relates to the ABC *Certified Post-Mastectomy Fitter Scope of Practice*

Courses with distance learning sections please complete the following:

Distance Learning Course Delivery (*Check all that apply*)

- | | |
|--|-----------------------------|
| <input type="radio"/> Video Format (CD, DVD or streaming video with narration and course syllabus) | <input type="radio"/> PC |
| <input type="radio"/> Non-video format with narration (PowerPoint) | <input type="radio"/> Mac |
| | <input type="radio"/> Linux |

ABC Post-Mastectomy Fitter Pre-Certification Course Approval Standards require the course provider to provide the capability for live student/instructor interaction during normal business hours. Additionally, alternate sources of maintaining student/instructor communication channels must be provided.

Distance Learning Student Support (*Check all that apply*)

- | | |
|---|---------------------------------------|
| <input type="radio"/> Instant messaging | <input type="radio"/> Conference call |
| <input type="radio"/> Texting | <input type="radio"/> Web cam |
| <input type="radio"/> Email | |

Provide the online access code or instructions in order to review on-line distance learning course materials. _____

Your Application must be completed in its entirety and can be submitted electronically or included with two copies of the course material including didactic, lab and distance learning curriculum in a binder or booklet format.

Mail all materials to:

ABC
Attn: Fitter Education
330 John Carlyle St., Suite 210
Alexandria, VA 22314

For more information or questions about the application process, contact Heather Harris at hharris@abcop.org or 703-836-7114, ext. 227.

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 _____