



Reapplication – Distance Learning Category I

Professional Continuing Education Course Approval

This application is only for courses that have been previously approved by ABC.

Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Ph: _____ Fax: _____ Email: _____

Web Address: _____ Date of Prior Approval: _____

(This information will be published on the ABC website.)

Name of Course: _____

Type of Activity: Online CD DVD/Video Written material

Is this program open to all ABC credentialed individuals? Yes No

If no, is the information available in other venues? Yes No

Number of credits requested (optional). Please specify Scientific and/or Business credits:

To which ABC credential holders is your program relevant?

Orthotist Prosthetist Pedorthist Assistant Technician

Orthotic Fitter Mastectomy Fitter Therapeutic Shoe Fitter

Category II credits will be awarded if this program is not directly relevant to an individual's ABC certification.

Please read and sign the following:

I attest that the course for which I am reapplying is exactly the same as the course previously approved by ABC. I further attest that the content continues to be relevant and that all printed contact information associated with this course is current.

Signature (required): _____ Date: _____

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PAYMENT INFORMATION:

Form of Payment:

Check - CHECK NO: _____ Visa MasterCard American Express

Amount: **\$100.00**

Card Number: _____ Exp. Date: _____

Name on card: _____

Signature of card holder: _____

Retain a copy of this application for your records.

MAIL TO:

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.

Attn: Continuing Education Dept., P.O. Box 34862, Alexandria, VA 22334-0862

Fax: 703-836-0838