



Category I Application

Professional Continuing Education Course Approval

Refer to instructions on the reverse side for completing this application.
Retain a copy for your records.

Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Ph: _____ Fax: _____ Email: _____

Web Address: _____

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

Title of Meeting or Activity:

Type of Educational Activity *(please check all that apply.):*

Lecture Demonstration Lab Other *(specify):* _____

(Printed or recorded activities require that a Distance Learning - Category I Application be submitted.)

Do you require a Category II Exhibit Hall Attendance Application? Yes No

How many exhibitors will be present? _____ *(Please provide a complete list of exhibitors.)*

Is there a written exam with this course? Yes No

(If so, please provide a copy of the exam for extra credit.)

Is this program open to all O&P professionals? Yes No

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

Number of Credits Requested (optional), please specify Scientific and/or Business:

Date(s) of Activity: _____

Facility and Location of Activity: _____

(If this exact program is offered at various locations and dates, please include all dates on an additional sheet of paper.)

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 individuals ABC certification.

INSTRUCTIONS

Applications must be submitted at least 60 days before the start of the program if you wish to receive notice of continuing education credits prior to the start of the program. Applications can take up to six weeks to process.

Applications must be clearly printed or filled out online and printed, and include the following documentation and fee.

Sample Copy of the Program

Program must indicate the times of each presentation, speaker name, credentials and qualification and the subject matter or title of each presentation.

Category I Program Requirements Form

Summarize each of the six program requirements:

- Needs identification
- Learning outcomes

- Speaker qualifications
- Content methodology
- Requirements for satisfactory completion
- Sponsor program evaluation

Application Fee of \$100 (Make checks payable to ABC)

Forward your completed application, all documentation and the fee to:

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

P.O. Box 34862, Alexandria, VA 22334-0862

If the program format, content or speakers should change in any way and is not presented **EXACTLY** as the attached information, a new application must be submitted. Failure to notify ABC of program changes will nullify eligibility for credits.

Please read and sign the following:

I have read the *Policies and Procedures for Sponsors of Continuing Education Programs*. The required documentation and application are enclosed. I understand that an incomplete application will cause a delay in processing and that an application submitted without the fee will not be processed.

Signature (*required*): _____ Date: _____

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

FOR ABC OFFICE USE ONLY:

DATE RECEIVED: _____ SENT TO COMMITTEE: _____

ACTION TAKEN: _____

CATEGORY I PROGRAM REQUIREMENTS

The following information must be completed in order to receive Category I credits for your program or course. Please refer to the *Policies and Procedures for Sponsors of Continuing Education Programs* for additional information. Attach additional sheets if necessary.

Name/Title of Program: _____

Sponsor: _____

1) Needs Identification – Why the audience would benefit from this program:

2) Learning Outcomes – What skills or information do you want to teach:

3) Speaker Qualifications – What credentials, qualifications and experience does this individual have to make a presentation on this topic:

4) Content Methodology – video presentation, audio conference, written materials, etc:

CATEGORY I PROGRAM REQUIREMENTS cont.

- 5) Requirements for Satisfactory Completion – What measurement will be used to validate the intended learning outcomes (i.e. attendance, post-test, evaluation, etc.):

- 6) Sponsor Program Evaluation – How will you receive feedback from the participants: