



Mastectomy Fitter Competency Attestation

To meet the eligibility criteria for ABC's Certified Fitter-mastectomy credential, each candidate is required to possess knowledge and demonstrate sufficient competence in the areas detailed on this attestation form. The attester must be a certified/licensed practitioner, mastectomy fitter or a professional referral source* in good standing.

**Professional referral source is defined as any appropriately licensed healthcare provider who is familiar with the applicant's professional knowledge and skills.*

NOTE: The attester should address any areas that cannot be marked as **Yes** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: _____

KNOWLEDGE AND COMPETENCY ASSESSMENT

Please complete the following related to the applicant's knowledge or competency in the following areas:

Does the applicant possess knowledge and understanding of the following:

Anatomy, including upper limb, spinal and the lymphatic system

Yes No

Medical terminology

Yes No

Pathologies related to post-mastectomy care

Yes No

Tissue characteristics/management including post-surgical edema

Yes No

Patient examination techniques

Yes No

Measuring for post-mastectomy items including use of measurement tools and techniques

Yes No

Fitting criteria related to post-mastectomy items

Yes No

Documentation requirements (e.g., progress notes, Medicare required documentation)

Yes No

Practice Management (e.g., knowledge of reimbursement, patient confidentiality, federal and state rules and regulations)

Yes No

Has the applicant demonstrated competency in:

Interviewing patients and communicating with referral sources

Yes No

Taking a basic patient history and performing a physical exam related to post-mastectomy care

Yes No

Managing patients relative to their diagnosis and condition

Yes No

Measuring patients for post-mastectomy items

Yes No

Developing and implementing a treatment plan

Yes No

Evaluating fit and function of post-mastectomy items

Yes No

Appropriate documentation methods using established recordkeeping techniques

Yes No

Providing follow-up care

Yes No

Educating patients regarding safe usage, maintenance, and hygiene issues

Yes No

Use of universal precautions

Yes No

MASTECTOMY FITTER COMPETENCY ATTESTATION

Applicant Name: _____

Your Name: _____

Your practitioner or mastectomy fitter certification/license number: _____

**If a professional referral source attester:*

Credential type: _____

Certification/license number: _____

Are you in good standing with ABC, or your professional credentialing body? Yes No

Current Employer: _____

City/State: _____

Daytime Phone Number: _____ Email Address: _____

Please indicate the time frame during which this applicant obtained their experience hours.

From: ____/____/____ To: ____/____/____

I attest that the applicant possesses the moral character and professional standards required of an ABC credential holder, has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above.

Any act of falsification by the attester is a violation of the ABC Code of Professional Responsibility and shall be referred to the ABC Professional Ethics Committee or applicable credentialing body.

Signature of Attester: _____ Date: _____

All sections of this form must be completed before the application is submitted.

Note: ABC certified attestors will receive four (4) Category II CEUs (up to two times per five-year cycle).



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

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