



Therapeutic Shoe Fitter Competency Attestation

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

**Professional referral source is defined as any appropriately licensed health care 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:

Anatomy of the foot related to proper shoe fitting

Yes No

Medical terminology as it relates to the provision of therapeutic shoes/inserts

Yes No

Common foot pathologies and deformities

Yes No

Patient evaluation techniques, including physical evaluation of the foot, skin/tissue evaluation, and identification of therapeutic shoe eligibility criteria

Yes No

Measurement and fitting; including use of foot measurement tools, appropriate footwear selection for the diabetic foot, and shoe fitting

Yes No

Materials and their properties specific to therapeutic footwear and prefabricated therapeutic inserts

Yes No

Complications associated with the diabetic foot, including signs and symptoms and associated risk factors

Yes No

Documentation requirements (eg., 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 (e.g., previous use of diabetic shoes, other health issues present, skin/tissue evaluation, edema assessment)

Yes No

Managing patients relative to their diagnosis and condition

Yes No

Measuring for therapeutic shoes/inserts

Yes No

Assessing the fit and function of the therapeutic shoes/inserts at initial or diagnostic fitting, including safe heat molding of the prefabricated inserts

Yes No

Assuring appropriate fit and function of the therapeutic shoes/inserts at final fitting and delivery

Yes No

Appropriate documentation methods using established recordkeeping techniques

Yes No

Providing follow-up care (e.g., determine fit/function of shoes/inserts, patient compliance, change in patient's condition)

Yes No

Educating patients regarding safe usage, maintenance and hygiene issues related to therapeutic shoes/inserts

Yes No

Use of universal precautions

Yes No

THERAPEUTIC SHOE FITTER COMPETENCY ATTESTATION

Applicant Name: _____

Your Name: _____

Your orthotist, pedorthist or therapeutic shoe 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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