



Assistant Competency Attestation

SUPERVISOR INSTRUCTIONS

To meet the eligibility criteria for ABC's Certified Assistant credential, each candidate is required to have their supervisor complete and sign this Assistant Competency Attestation form. The supervisor must be an ABC certified practitioner in the discipline in which the applicant is applying.

NOTE: A **No** answer in any of the Knowledge or Skill areas will prevent the application from being approved. The supervisor should address any areas that cannot be marked as **Yes** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: _____

Discipline of Application: Orthotics Prosthetics

COMPETENCY ASSESSMENT

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

Does the applicant possess adequate knowledge and understanding of:

Componentry, with respect to indications/contraindications for use

Yes No

Processes, tools and machinery used in contemporary orthotics and/or prosthetics fabrication

Yes No

Commonly used impression taking techniques and materials that correlate to orthoses and/or prostheses

Yes No

Instruments used in measuring, impression taking, positive model rectification, aligning and fitting of orthoses and/or prostheses

Yes No

Materials and their properties specific to the practice of orthotics and/or prosthetics

Yes No

Current techniques used in suspension and alignment of orthoses and/or prostheses

Yes No

Medical, orthopedic and orthotic and/or prosthetic terminology

Yes No

Has the applicant demonstrated sufficient competency in:

Measurement and cast impression techniques related to orthoses and/or prostheses

Yes No

Preparing and filling negative impressions for orthoses and/or prostheses

Yes No

Positive model rectification, as appropriate, for orthoses and/or prostheses

Yes No

Final assembly and finishing of orthoses and/or prostheses to prepare device for fitting and delivery

Yes No

Assessing the fit and function of the orthosis and/or prosthesis at initial or diagnostic fitting

Yes No

Assuring appropriate fit and function of orthosis and/or prosthesis at final fitting and delivery

Yes No

Appropriate documentation methods using established record-keeping techniques

Yes No

Relating the design of the orthosis or prosthesis to the biomechanical forces required for proper function (i.e. appropriate TKA alignment, flexible vs rigid material application)

Yes No

Educating patients regarding safe usage, maintenance and hygiene issues related to orthoses and/or prostheses

Yes No

SUPERVISOR ATTESTATION:

Applicant Name: _____

I attest that the applicant, in my opinion, possesses the moral character and professional standards required of ABC certificants. I further attest that the applicant has demonstrated competency in all of the elements contained on this attestation form in the discipline of application and is capable of performing the functions listed above that are required of a Certified Assistant under the guidance of, and in consultation with, an ABC certified practitioner.

Your Name: _____

Your certification number: CO: _____ CP: _____ CPO: _____

Are you in good standing with ABC? Yes No

(Good standing is defined as being current with annual renewal fees; complying with mandatory continuing education; and not currently under disciplinary sanction.)

Your current employer: _____

Daytime phone number: _____

Your employer during the period of this attestation: *(if same, indicate same)*

Please indicate the time frame during which you supervised this applicant.

From: ____/____/____ to ____/____/____

Facility name and location: *(If same, indicate same)*

Any act of falsification by the attester is a violation of the ABC *Code of Professional Responsibility* and shall be referred to the Professional Discipline Committee.

Signature of Attester: _____ Date: _____

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

This Competency Assessment form must be included with the Certified Assistant application.



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

330 John Carlyle St, Suite 210, Alexandria, VA 22314

Tel: (703) 836-7114 • Fax: (703) 836-0838 • info@abcop.org

www.abcop.org

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