



Pedorthist Competency Attestation

ATTESTER INSTRUCTIONS

To meet the eligibility criteria for ABC's Certified Pedorthist credential, each candidate is required to possess the knowledges and demonstrate sufficient competence in the areas detailed on this attestation form. The attester must be one of the following: an ABC Certified Prosthetist Orthotist (CPO), an ABC Certified Orthotist (CO), an ABC Certified Pedorthist (C.Ped.), or a pedorthic referral source*.

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

NOTE: Please be advised that a **NO** answer in any of the Knowledge or Competency areas will prevent the application from being approved. The attester should address any areas that cannot be marked as **YES** with the applicant prior to completing this Knowledge and Competency form.

Applicant's Name: _____

KNOWLEDGE AND COMPETENCY

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 and ankle related to common pedorthic diagnoses

Yes No

Medical terminology related to common pedorthic diagnoses

Yes No

Common foot pathologies and deformities

Yes No

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

Yes No

Evaluation, impression taking techniques, measurement and fitting of custom and prefabricated pedorthic devices

Yes No

Materials and their properties specific to custom and prefabricated pedorthic devices

Yes No

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

Yes No

Documentation requirements (eg., 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 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 shoes

Yes No

Rectification/modification and fabrication procedures related to pedorthic design

Yes No

Assessing the fit and function of custom and prefabricated pedorthic devices (e.g., shoes, foot orthoses, SCFO's)

Yes No

Assuring appropriate fit and function of custom and prefabricated pedorthic devices at final fitting and delivery (e.g., adjusting device to optimize fit and function)

Yes No

Appropriate documentation methods using established record-keeping techniques

Yes No

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

Yes No

Educating patients regarding safe usage, maintenance and hygiene issues related to pedorthic devices

Yes No

Use of universal precautions

Yes No

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 knowledge and competency in all of the elements contained on this attestation form and is capable of performing the functions listed above that are required of a Certified Pedorthist.

Your Name: _____

Your certification number: CPO: _____ CO: _____ C.Ped. _____

For Referral Source, Credential: _____

Are you in good standing with ABC, or your professional credentialing body? 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 or have had familiarity of their knowledge and competency.

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 ABC Professional Discipline Committee or applicable credentialing body.

Signature of Attester: _____ Date: _____

**All sections of this form must be complete.
This Knowledge and Competency form must be included with the Certified Pedorthist application.**



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