



ABC Therapeutic Shoe Fitter

Pre-Certification Course Application

APPLICATION SUBMISSION CRITERIA

ABC Therapeutic Shoe Fitter Pre-Certification Course Approval Standards require all didactic course formats (classroom and distance learning) to be delivered in a manner that insures a base set of competencies in therapeutic shoe fitter knowledge and skills, domains of practice, as well as practice management and professional ethics are attained by the student.

The following items must be included in the submission material, divided as follows:

- | | |
|---------------------------------|-------------------------------------------|
| ■ Course Name | ■ Multimedia Course Sections |
| ■ Company History | ■ Course Objectives |
| ■ Instructor Resumes | ■ Quizzes and Final Exam with Answer Keys |
| ■ Course Agenda | ■ Copy of Certification of Completion |
| ■ Course Curriculum by Sections | ■ Course Evaluation Form |

*ABC certified individuals participating in the course will be awarded **14 (Scientific) and 2 (Business) Category II credits.***

Company Name _____

Contact _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

Email _____

Website _____

PROGRAM OBJECTIVES

Include a brief statement of the program’s overall education objectives and the competencies necessary for successful completion of this therapeutic shoe fitter pre-certification course (See the ABC *Therapeutic Shoe Fitter Pre-Certification Course Approval Standards* for knowledge and skills, domains of practice, distance learning delivery formats and guidelines for student assessment. Attach separate sheet with Program Objectives.)

Course Information – A minimum of 16 hours of instruction, with a minimum of 14 hours didactic and two hours in-person fitting lab.

- Didactic Program Length (*in hours*)_____
- Distance Learning Didactic Program Length (*in hours, if applicable*)_____
- In-Person Fitting Lab Program Length (*in hours*)_____

Number of courses administered per year _____

Didactic program instructor(s) to student ratio _____

Maximum number of participants per course _____

In-Person Fitting Lab program instructor(s) to student ratio _____

Course fee _____

Attach a complete list of all course dates and locations on a separate sheet along with a sample copy of the Certificate of Completion.

The instructor(s) must at a minimum be a certified/licensed pedorthist, certified/licensed orthotist or certified/licensed therapeutic shoe fitter and be in good-standing with their credentialing board. Include a resume for each instructor with the application.

Instructor Information

Instructor Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Credential_____

Certification Number_____

Instructor Information

Instructor Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Credential_____

Certification Number_____

Instructor Information

Instructor Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Credential_____

Certification Number_____

DIDACTIC PROGRAM DOCUMENTATION

In the table below, identify the instructor of each required didactic module. List the location of tabbed course sections in binder/booklet and PowerPoint presentation(s) and the length of each lecture.

COURSE SECTION	INSTRUCTOR	TAB/POWERPOINT LOCATION	LECTURE HOURS
Anatomy of the Foot			
Terminology			
Material Science			
Patient Evaluation and Techniques			
Common Foot Pathologies and Deformities			
Foot Measurement, Shoe Fitting, and Selection Criteria			
Complications Associated with the Diabetic Foot Documentation			
Professional Ethics			
Total Lecture Hours			

Student Assessment

The therapeutic shoe fitter didactic program requires the following assessments. Please provide copies of all quizzes, exams and case study templates.

- Case studies (*Recommended for reinforcing treatment concepts.*)
- A quiz after 4 hours of lecture time.
- A graded quiz after 8 hours of lecture time.
- Final graded exam passed at conclusion of course. (*Open book tests are not allowed.*)

Lab Program Documentation

In the table below, identify the instructor of each required lab module. List the location of the tabbed course section in the binder/booklet and PowerPoint presentation(s) and the length of each lab. *(Please refer to ABC Therapeutic Shoe Fitter Course Approval Standards for required in-person fitting lab course instruction.)*

LAB SECTION	INSTRUCTOR	TAB/POWERPOINT LOCATION	LECTURE HOURS
Comprehensive Foot Evaluation			
Measuring, selection, and fit of shoes defined in A5500 CMS code			
Selection, direct molding and fit of foot orthotics defined in A5512 CMS code			
Proper donning/doffing of the shoe/insert. Break-in and skin check instructions			
Safe heat molding of insert and assessment of insert after heat molding			
Total Lab Hours			

Student Assessments

The therapeutic shoe fitter lab program requires demonstration of proficient skill in the following tasks at the conclusion of the lab program:

- Measurement and selection of appropriate therapeutic diabetic shoes as defined in CMS code A5500.
- Selection, direct molding and fit of foot orthotics as defined in CMS code A5512.
- Proper donning/doffing of the shoe and insert.
- Adjustments of shoes and inserts as it relates to the *ABC Therapeutic Shoe Fitter Scope of Practice*.

Courses with distance learning sections please complete the following:

Distance Learning Course Delivery *(Check all that apply)*

- | | |
|----------------------------------------------------------------------------------------------------|-----------------------------|
| <input type="radio"/> Video Format (CD, DVD or streaming video with narration and course syllabus) | <input type="radio"/> PC |
| <input type="radio"/> Non-video format with narration (PowerPoint) | <input type="radio"/> Mac |
| | <input type="radio"/> Linux |

ABC Therapeutic Shoe Fitter Pre-Certification Course Approval Standards requires the course provider to provide the capability for live student/instructor interaction during normal business hours. Additionally, alternate sources of maintaining student/instructor communication channels must be provided.

Distance Learning Student Support *(Check all that apply)*

- Instant messaging
- Texting
- Email
- Conference call
- Web cam

Provide the online access code or instructions in order to review on-line distance learning course materials. _____

Your Application must be completed in its entirety and can be submitted electronically or included with two copies of the course material including didactic, lab and distance learning curriculum in a binder or booklet format.

Mail all materials to:

ABC
Attn: Fitter Education
330 John Carlyle St., Suite 210
Alexandria, VA 22314

For more information or questions about the application process, contact Heather Harris at hharris@abcop.org or 703-836-7114, ext. 227.

Allow 4 weeks for review and approval.

PAYMENT INFORMATION

Check – Check No. _____ Visa MasterCard AMEX Discover

Amount: \$100

Credit Card # _____

Expiration Date _____ CCV _____

Name on Card _____

Signature _____