



Category II Application Continuing Education Credits

IMPORTANT: Refer to the instruction on the reverse for completing this application. Category II applications may be mailed to the address on the reverse or faxed to 703-836-0838.

Name: _____

Certification number: _____

Five-year continuing education period – From (year): _____ to (year): _____

Indicate the Category II program/activity for which this application is being submitted:

- | | |
|---|---|
| <input type="checkbox"/> Business/Commercial program | <input type="checkbox"/> Study Group |
| <input type="checkbox"/> Medical or Allied Health program | <input type="checkbox"/> College Course |
| <input type="checkbox"/> Published Article | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Independent Study | <input type="checkbox"/> In-house Seminar |
| <input type="checkbox"/> Unique Circumstances | <input type="checkbox"/> Lecture presentation |
| <input type="checkbox"/> Humanitarian Work | <input type="checkbox"/> Other |
| <input type="checkbox"/> Teaching Clinic | |

DO NOT USE THIS FORM FOR EXHIBIT HALL ATTENDANCE CREDITS. PLEASE USE THE CATEGORY II EXHIBIT HALL APPLICATION.

Indicate whether you were a: Participant *or* Speaker

Course/program title: _____

Sponsor: _____

Date(s) and Location: _____

PROGRAM EVALUATION

In a paragraph, describe the knowledge you gained from your participation in this activity as it relates to orthotics, prosthetics, pedorthics, mastectomy or therapeutic shoes. Attach additional sheets if necessary.

INSTRUCTIONS

- Applications must be legibly printed.
- You can apply for Category II credits courses or programs that were not previously submitted for course approval by the sponsor.
- Use a separate form for each activity submitted.
- Submit your application within 60 days of the completion of the course or other activity.
- The required documentation must be included with your application.

REQUIRED DOCUMENTATION

Business, Commercial, Medical, or Allied Health Programs

Submit a copy of the detailed course program or brochure, indicating lecture titles, names and qualifications of the presenters, the duration of each session along with proof of attendance. A certificate of completion or attendance, or a receipt for payment of the registration fee represents proof of attendance.

Teaching Clinics, Study Groups, In-house Seminars, Teaching, Presentations, etc.

Include a letter from the program sponsor or coordinator confirming your attendance. This letter must indicate the duration of the program, the information presented and the qualifications of the presenters.

College Courses

Submit an official transcript from the institution you attended, a course outline and a brief description of the relevance to the profession.

Please refer to *The Guide to Maintaining Your Certification* for more detailed guidelines on applying for Category II credits.

Please read and sign the following:

I have read and understand the policies and procedures governing the awarding of Category II continuing education credits as outlined in *The Guide to Maintaining Your Certification*. Further, I understand that incomplete or illegible applications will result in a processing delay or may cause this application to be ineligible for consideration.

Signature (required): _____ Date: _____

Retain a copy of this application for your records.

MAIL TO:

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

Attn: Continuing Education Dept.
330 John Carlyle St., Suite 210
Alexandria, VA 22314

Fax: 703-836-0838