



# Distance Learning Category I Application

## Professional Continuing Education Course Approval

**IMPORTANT:** Refer to the instructions on the reverse for completing this application. Category I applications may be mailed to the address on the reverse or faxed to 703-842-8921.

Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

*(This information will be published on the ABC website.)*

Name of Course: \_\_\_\_\_

Type of Activity:  Online  CD  DVD/Video  Written material  Audio Conference  Webinar

Distance Learning opportunities require the successful completion of a quiz/exam with a minimum passing score of 80%. **A copy of the quiz/exam must be included with this application.**

Is this program open to all ABC credentialed individuals?  Yes  No

If no, is the information available in other venues?  Yes  No

Number of credits requested (optional). Please specify Scientific and/or Business credits:

\_\_\_\_\_

To which ABC credential holders is your program relevant?

- Orthotist  Prosthetist  Pedorthist  Assistant  Technician  
 Orthotic Fitter  Mastectomy Fitter  Therapeutic Shoe Fitter

**Category II credits will be awarded if this program is not directly relevant to an individual's ABC certification.**

Please read and sign the following:

I have read the *Policies and Procedures for Sponsors of Continuing Education Programs*. The required documentation and application are enclosed. I understand that an incomplete application will cause a delay in processing and that an application submitted without the fee will not be processed.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Applications must be clearly printed, or filled out online and printed, and include the following documentation and fee.

### Course Process Overview

Document each step required to complete the course. For example, "first 1.5 hours will be a review of a DVD, student then reads the 4-page article from *Journal of Prosthetics and Orthotics*, etc." The quiz/exam should have questions relevant to each part of the course. Provide a header above each section of questions indicating to which segment of the course they are relevant.

### All materials must be provided with your application.

For online courses, ABC staff must be provided access to the course for review.

### Category I Program Requirements Form

Summarize each of the six program requirements:

- Needs identification
- Learning outcomes
- Speaker qualifications
- Content methodology
- Requirements for satisfactory completion
- Sponsor program evaluation

### Copy of the quiz/exam

The number of questions on the quiz/exam should be appropriate for the length of the course. With a minimum passing score of 80%, a minimum of 10 questions is required.

### Application Fee of \$100

Make checks payable to ABC.

### Forward your completed application, all documentation and the fee to:

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

P.O. Box 34862, Alexandria, VA 22334-0862

Participants must submit the completed quiz/exam to the sponsor for grading in order for credits to be awarded. The program sponsor must submit the names and certification numbers to ABC.

Credits for Distance Learning programs are entered on **February 28, May 31, August 31, November 30 and December 31**. Please submit your completed eligible participants list as close to those dates as possible.

There is a charge of \$1.00 for each ABC credentialed participant for whom you submit credits. Invoices will be sent at the end of each quarter.

Approval for a Distance Learning program or course is valid for two years. If you wish to reapply at the end of your approval period, please submit the appropriate reapplication form attesting that the content and relevance has not changed. Current application fees at the time of resubmission will apply.

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### PAYMENT INFORMATION:

Form of Payment:

Check - CHECK NO: \_\_\_\_\_  Visa  MasterCard  American Express  Discover

Amount: **\$100.00**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

*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., P.O. Box 34862, Alexandria, VA 22334-0862

Fax: 703-842-8921

<b>FOR ABC OFFICE USE ONLY:</b>
DATE RECEIVED: _____ SENT TO COMMITTEE: _____
ACTION TAKEN: _____

## CATEGORY 1 PROGRAM REQUIREMENTS

The following information must be complete in order to receive Category I credits for your program or course. Please refer to the *Policies and Procedures for Sponsors of Continuing Education Programs* for additional information. Attach additional sheets if necessary.

Name/Title of Program: \_\_\_\_\_

Sponsor: \_\_\_\_\_

1) Needs Identification – Why the audience would benefit from this program:

2) Learning Outcomes – What skills or information do you want to teach:

3) Speaker Qualifications – What credentials, qualifications and experience does this individual have to make a presentation on this topic:

4) Content Methodology – video presentation, audio conference, written materials, etc:

- 5) Distance learning opportunities require the participant to successfully complete a quiz/exam with a minimum passing score of 80%. **A copy of the quiz/exam must be included with your application.**
- 6) Sponsor Program Evaluation – How will you receive feedback from the participants: