



ABC Certified Fitter-mastectomy Pre-Certification Course Application

APPLICATION SUBMISSION CRITERIA

ABC Mastectomy Fitter Pre-Certification Course Approval Standards require all didactic course formats (classroom and eLearning) to be delivered in a manner that ensures a base set of competencies in post-mastectomy fitter knowledge and skills, required pathologies, required items, as well as practice management and professional ethics.

The following items must be included in the submission material, each saved as a separate document:

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

*ABC certified individuals participating in your course will be awarded **7 (Scientific) and 1 (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 educational objectives and the competencies necessary for successful completion of this post-mastectomy fitter pre-certification course (See the ABC Mastectomy Fitter Pre-Certification Course Approval Standards for required knowledge, skills and domains of practice and exposure needed for successful completion of this post mastectomy fitter course.) Please include your statement of objectives as a separate document. Course Approval Standards can be found at ABCop.org.

Course Information – A minimum of eight hours of instruction, with a minimum of two hours in-person fitting lab.

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

Number of courses administered per year _____

Maximum number of participants per course _____

Didactic program instructor(s) to student ratio _____

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

Course fee _____

Include a complete list of all course dates and locations in a separate document along with a sample Certificate of Completion.

The instructor(s) must hold a certified mastectomy fitter credential 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_____

URL with course listings (optional)_____

Instructor Information

Instructor Name_____

Address_____

City_____ State_____ Zip _____

Phone_____ Email_____

Credential_____

Certification Number_____

URL with course listings (optional)_____

Instructor Information

Instructor Name_____

Address_____

City_____ State_____ Zip _____

Phone_____ Email_____

Credential_____

Certification Number_____

URL with course listings (optional)_____

DIDACTIC PROGRAM DOCUMENTATION

In the table below, identify the instructor of each required didactic module. List the page and/or slide number of bookmarked course sections in the PDF document(s) and PowerPoint presentation(s) as well as the length of each lecture. If you cannot bookmark, then please save it as a different document.

COURSE SECTION	INSTRUCTOR	BOOKMARK/POWERPOINT LOCATION	LECTURE HOURS
Breast Prostheses			
Musculoskeletal Anatomy (including chest/upper limb and spinal)			
Anatomical Landmarks			
Pathologies (e.g., cancer, surgical types and lymphedema issues)			
Medical Terminology			
Basic psychosocial disorders/issues that may be encountered			
Symptoms of compensatory damage incident to physiological imbalance			
Mastectomy Products and Services			
Measurement Tools and Techniques			
Prosthetic Forms (e.g. assessment, measurement, evaluation, outcomes)			
Breast Prostheses Care, Maintenance, Warranty			
Professional Ethics			
Scope of Practice related to Mastectomy Fitter Credentials			
Ethical standards in patient management			
Roles and responsibilities associated with other professions			
Patient Referral to Other Healthcare Providers/ Caregivers			
Practice Management/ HIPPA			
Referral Document and Record Data Procedures			

COURSE SECTION	INSTRUCTOR	BOOKMARK/POWERPOINT LOCATION	LECTURE HOURS
Privileging Policies and Procedures			
Universal Bio-Hazard Precautions (e.g., Sterile Techniques, Infection Control)			
Reimbursement Protocols (e.g., DMERC, HCFA)			
Safety Procedures and Standards (e.g., OSHA, SDS)			
Loss Control (Risk Management/Inventory Control)			
Federal & State Rules, Regulations and Guidelines			
Total Lecture Hours			

Student Assessment

The post-mastectomy fitter didactic program requires the following assessments. Please provide copies of all quizzes, exams, answer keys and case study templates.

- Case studies (*Recommended for reinforcing treatment concepts.*)
- A quiz after 4 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 page and/or slide number of bookmarked course sections in the PDF document(s) and PowerPoint presentation(s) as well as the length of each lecture. If you cannot bookmark, then please save it as a different document. (*eLearning is **not allowed** for the in-person fitting lab.*)

LAB COURSE SECTION	INSTRUCTOR	BOOKMARK/POWERPOINT LOCATION	LECTURE HOURS
Comprehensive evaluation of physical assessment data and formulation of treatment plan			
Measuring, material selection, and diagnostic fit of breast prostheses			
Patient management, education and instruction			
Total Lab Hours			

Student Assessments

The post-mastectomy fitter lab program requires demonstration of proficient skill in the following tasks at the conclusion of the lab program:

- Assessment of specific prescription and/or patient's needs for breast prostheses
- Measuring techniques, material selection and diagnostic fitting
- Anatomic adjustments, patient education and instruction as it relates to the ABC *Certified Fitter-mastectomy Scope of Practice*

Courses with eLearning sections — please complete the following:

eLearning 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 Post-Mastectomy Fitter Pre-Certification Course Approval Standards require 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.

eLearning Student Support (*Check all that apply*)

- | | |
|---|---------------------------------------|
| <input type="radio"/> Instant messaging | <input type="radio"/> Conference call |
| <input type="radio"/> Texting | <input type="radio"/> Web cam |
| <input type="radio"/> Email | |

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

Your Application must be completed in its entirety and submitted electronically or via flash drive.

Mail or email all materials to:

ABC
Attn: Fitter Education
P.O. Box 76100
Baltimore, MD 21275-6100
Fax: 703-842-8516
Email: certification@abcop.org

For more information or questions about the application process, contact us at certification@abcop.org or 703-836-7114.

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 _____