



# ABC Certified Fitter-orthotics

## Pre-Certification Course Application

### APPLICATION SUBMISSION CRITERIA

ABC Orthotic 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 orthotic fitter knowledge and skills, required pathologies, required devices, 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 the course will be awarded **30 (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 orthotic fitter pre-certification course (See the ABC Orthotic Fitter Pre-Certification Course Approval Standards for required pathologies, device list, eLearning delivery formats and guidelines for student assessment.) Please include your statement of objectives as a separate document. Course Approval Standards can be found at ABCop.org.

**Course Information** – A minimum of 32 hours of instruction, with a minimum of 16 hours didactic and 16 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 either a certified/licensed orthotist or certified/licensed orthotic 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 for 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
Anatomy/Physiology			
Pathologies			
Biomechanics			
Patient Assessment			
Treatment Plan Materials/Equipment/ Tools			
Follow-Up Plan			
Practice Management			
Total Lecture Hours			

### Student Assessment

The orthotic 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.
- 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 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. *(Please refer to ABC Orthotic Fitter Pre-Certification Course Approval Standards Appendix C for required device list and recommended lab times.)*

COURSE SECTION	INSTRUCTOR	BOOKMARK/POWERPOINT LOCATION	LECTURE HOURS
Cervical Spine			
Upper Extremity			
Spinal			
Lower Extremity Knee			
Lower Extremity Ankle/Foot			
Depth inlay Shoes			
Gradient Pressure Garments			
Total Lab Hours			

## Student Assessments

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

- Proper use and function of devices
- Measurement of device
- Assembly of device
- Proper donning/doffing sequence

## 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 Orthotic 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 \_\_\_\_\_