



# ABC Certified Fitter-therapeutic shoes Pre-Certification Course Application

## APPLICATION SUBMISSION CRITERIA

ABC Therapeutic Shoe 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 therapeutic shoe fitter knowledge and skills, domains of practice, 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 **14 (Scientific) and 2 (Business) Category II credits.***

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Company Name

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Contact

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Address

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City

State

Zip

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Phone

Fax

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Email

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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.) Please include your statement of objectives as a separate document. Course Approval Standards can be found at ABCop.org.

**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*)\_\_\_\_\_
- eLearning 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 \_\_\_\_\_

**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 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\_\_\_\_\_

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
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			
<b>Total Lecture Hours</b>			

### 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 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 Therapeutic Shoe Fitter Pre-Certification Course Approval Standards for required in-person fitting lab course instruction.)*

LAB SECTION	INSTRUCTOR	BOOKMARK/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			
<b>Total Lab Hours</b>			

## 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 Certified Fitter-therapeutic shoes 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 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.

eLearning 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 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 \_\_\_\_\_