# Reapplication – eLearning Category I

## Professional Continuing Education Course Approval

Use only for courses that have been previously approved by ABC. Category I applications may be mailed 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 ❑ Recorded Webinar

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 individuals ABC certification.***

Please read and sign the following:

I attest that the course for which I am reapplying is exactly the same as the course previously approved by ABC. I further attest that the content continues to be relevant and that all printed contact information associated with this course is current.

Signature (required): ______________________ Date: ____________

## 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:**

**ABC**
Attn: Recertification Dept.
P. O. Box 76100
Baltimore, MD 21275-6100
Fax: 703-842-8921

© 2019 American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. All rights reserved.