



# Certified Fitter - therapeutic shoes

## Application and Instructions

**IMPORTANT:** Read the following instructions and the *ABC Fitter Book of Rules & Candidate Guide* carefully before completing this application.

You may want to photocopy all forms in advance in the event you need additional copies.

### IMPORTANT NOTES FOR EXAM APPLICANTS

- Please complete all sections of the application.
- Be sure to sign the **Authorization Statement**.
- Please mail or fax the entire application, fees (*payable to ABC*), a copy of your diploma or transcript and certificate along with the completed Therapeutic Shoe Fitter Competency Attestation form to ABC at the address below.
- If you must **cancel the exam date** you selected, ABC must receive written notice 30 days prior to the exam date for you to be eligible for a refund.

#### MAIL OR FAX TO:

**American Board for Certification  
in Orthotics, Prosthetics &  
Pedorthics, Inc.**

P.O. Box 34862  
Alexandria, VA 22334-0862  
Fax: 703-836-0838

#### APPLICATION POSTMARK DEADLINE:

March 1 for May exam  
June 1 for August exam  
Sept. 1 for November exam

### APPLICATION REQUIREMENTS

1. All requirements, educational and experiential, must be met prior to the application deadline for the exam date chosen.
2. **Applications must be typed or legibly written and submitted on current forms.** Retain a copy of the completed application for your records.
3. Enclose the application fee (\$75) and the exam fee (\$175). Make check, certified check or money order payable to **ABC**. Credit card payments are accepted. Please record method of payment on the payment form.
4. **Applications and all requested documentation must be postmarked by the application deadline.** Please note that the U.S. Postal Service is the only express service that can deliver to a P.O. Box. We recommended that you do not use certified mail.
5. Application processing takes approximately four weeks from receipt of application. Applicants will be notified in writing regarding eligibility.
6. Once applications have been approved, all logistical information, including an explanation of the test site selection process, will be emailed to candidates by the Professional Examination Service and mailed by ABC.

*application follows* >>

## EASY EXAM STEPS:

Select an exam date and complete the application



Mail or fax application with payment and all required documents to ABC



ABC will confirm your eligibility and mail you an eligibility letter



Three weeks before the test, you will be sent all logistical information



Take the exam  
(Bring your "authorization to test" letter and two valid forms of ID)



Receive exam results from PES by email in about 4-6 weeks



*once you pass*

Receive a letter from ABC along with your certificate

## DOCUMENTATION AND FEES

The following documentation and fees are required as part of the official application. Your application, including all forms and fees are to be mailed or faxed to:

### **American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.**

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

Fax: 703-836-0838

- 1. Application Fee:** The application fee of \$75 is **non-refundable**. A \$15 fee will be assessed for any check returned to ABC for any reason. The application fee is required of all applicants.
- 2. Education:** Applicants must possess a high school diploma, GED certificate, or college degree and successfully complete an NCOPE approved therapeutic shoe fitter educational program as outlined in the *ABC Fitter Book of Rules & Candidate Guide*.
- 3. High School Diploma/Transcript, GED certificate, or official undergraduate/graduate transcripts:** A photocopy of your high school diploma/transcript or GED certificate must be included with your application. If applicable, official transcripts must be submitted from the college or university which conferred your undergraduate or graduate degree. Transcripts may be sent directly to ABC from the school or enclosed in official school sealed envelopes mailed with your application. Transcripts are not official if opened by the applicant. Student copies of transcripts are not acceptable.
- 4. World Education Services (WES) Report:** Applicants who received their education outside of the United States must submit an evaluation of this education from WES, P.O. Box 5087, New York, NY 10274-5087, 212-966-6311, [www.wes.org](http://www.wes.org). Please request the WES Evaluation of your Educational Credentials.
- 5. NCOPE Approved Therapeutic Shoe Fitter Educational Program:** You must submit a photocopy of your certificate(s) of completion from an NCOPE approved therapeutic shoe fitter educational program completed within five years of the application submission date.
- 6. Therapeutic Shoe Fitter Competency Attestation Form:** You must submit the ABC Therapeutic Shoe Fitter Competency Attestation form completed by an ABC certified orthotist (CO), an ABC certified pedorthist (C.Ped.) or a professional referral source.
- 7. Exam Registration and Fees:** You must select the exam cycle you wish to register for and include the examination fee.
- 8. Payment:** Complete the form on page 6 to indicate your payment method.

*application follows >>*



# Certified Fitter - therapeutic shoes Exam Application

**American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.**  
 P.O. Box 34862, Alexandria, VA 22334-0862  
 (703) 836-7114, ext. 251 Fax: (703) 836-0838

## GENERAL INFORMATION

Please complete the following:

Full Name: \_\_\_\_\_  
 (Your name must match your identification documents. When you are certified, your certificate will be printed as indicated here.)

Last four digits of your SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YY)

Male  Female

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

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

Home Ph: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

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

Work Ph: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work Email: \_\_\_\_\_

**All correspondence will be mailed to the applicant's home address and/or personal email address.**

## CRIMINAL HISTORY DISCLOSURE

**Have you ever been convicted by a court of competent jurisdiction or pleaded nolo contendere to a felony or any crime involving moral turpitude, or are you now under indictment for such a crime?**

Yes  No

(If you answer Yes to this question, you must submit a signed written statement of full explanation along with supporting documents to accompany this application. Refer to the ABC Fitter Book of Rules & Candidate Guide for further information.)

## EASY EXAM STEPS:

Select an exam date and complete the application



Mail or fax application with payment and all required documents to ABC



ABC will confirm your eligibility and mail you an eligibility letter



Three weeks before the test, you will be sent all logistical information



Take the exam  
 (Bring your "authorization to test" letter and two valid forms of ID)



Receive exam results from PES by email in about 4-6 weeks



once you pass  
 Receive a letter from ABC along with your certificate

continues >>

## IMPORTANT NOTES FOR EXAM APPLICANTS

- Complete all sections of the application.
- Include copies of your high school diploma/transcript, GED certificate or official college transcript.
- Include the signed Therapeutic Shoe Fitter Competency Attestation form.
- Include fees in full.
- Application fee of \$75 is non-refundable.
- Checks returned by the issuing bank for non-sufficient funds or stop-payments are subject to a \$15 service charge.
- You may want to photocopy all forms in advance in the event you need additional copies.

## QUESTIONS?

For questions about the application, eligibility or exam, contact ABC at 703-836-7114 ext. 251 or [jgrant@abcop.org](mailto:jgrant@abcop.org).

## EDUCATION QUALIFICATIONS

Applicants **MUST** possess a high school diploma, GED or a college degree and satisfy the therapeutic shoe fitter educational qualifications as outlined in the *ABC Fitter Book of Rules & Candidate Guide*. A copy of the high school diploma/transcript, GED certificate or official college transcript must be included with the application.

Please select which of the following NCOPE approved therapeutic shoe fitter education programs you attended. A copy of the program certificate must be included with the application and course attendance must be within five years of the application submission date:

- |   |   |
|---|---|
| <input type="checkbox"/> Acor and NIPCO                     | <input type="checkbox"/> National Pedorthic Services            |
| <input type="checkbox"/> Aetrex and NIPCO                   | <input type="checkbox"/> Preferred Medical Supply Company, Inc. |
| <input type="checkbox"/> CFS Allied Health Education        | <input type="checkbox"/> P.W. Minor and NIPCO                   |
| <input type="checkbox"/> Dr. Comfort                        |   |
| <input type="checkbox"/> International School of Pedorthics |   |

Program Location: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

## THERAPEUTIC SHOE FITTER EXPERIENCE

Applicants must have a minimum of 250 hours of patient contact which includes the fitting of non-custom therapeutic shoes and non-custom multi density inserts. Documentation of the work experience must be verified by the supervisor or employer. Additionally, the **Therapeutic Shoe Fitter Competency Attestation form** must be submitted. Please refer to the *ABC Fitter Book of Rules & Candidate Guide* for guidelines.

Please indicate the time-frame you are using for the 250 hours of required patient care experience. *The experience may occur prior to or following the therapeutic shoe fitter education program cited above.*

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Name of facility: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

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

## EXPERIENCE VERIFICATION

**This form must be completed by a supervisor or employer to verify experience in the fitting of non-custom therapeutic shoes and non-custom multi density inserts.**

Your Name: \_\_\_\_\_

Professional relationship to applicant:  supervisor  employer  referral

Please indicate the time frame for which you are attesting:

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Your current Employer and Daytime Phone Number:

\_\_\_\_\_



The application fee of \$75 and the exam fee of \$175 are required to register for the Certified Fitter - therapeutic shoes exam.

**The application fee is non-refundable.**

**Make checks payable to ABC.**



*Please mail or fax application to:*

**American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.**

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

(703) 836-7114, ext. 251  
Fax: (703) 836-0838

**Please Note:** The U.S. Postal Service is the only express service that can deliver to a P.O. Box. We recommend that you do not use certified mail.

## PAYMENT INFORMATION

Name of Applicant: \_\_\_\_\_

### Method of Payment:

Personal Check Enclosed - Name on Check: \_\_\_\_\_

Company Check Enclosed - Name on Check: \_\_\_\_\_

Amount: **\$250.00** Date of Check: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check No.: \_\_\_\_\_  
(MM/DD/YY)

Credit Card:  Visa  MasterCard  American Express  Discover

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_  
(MM/YYYY)

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Amount to be Charged: **\$250.00**



## IMPORTANT! APPLICATION CHECKLIST

*Have you...?*

- Included copies of your high school diploma/transcript, GED certificate or official college transcript
- Included a WES evaluation form if you have a foreign education
- Included your NCOPE-approved fitter course certificate
- Included the Therapeutic Shoe Fitter Competency Attestation form
- Had your supervisor sign the verification section
- Enclosed application and exam fees, payable to ABC  
(NOTE: If no payment is received, your application will not be processed)
- Reviewed the exam fee cancellation and refund policies  
(Reference the ABC Fitter Book of Rules & Candidate Guide)
- Signed the required authorization statement

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