



# Certified Practitioner Exam Registration Form

This form is to be completed by candidates who are retaking an exam or who have not registered previously for one of the three exams.

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

P.O. Box 34862, Alexandria, VA 22334-0862 • (703) 836-7114, ext. 221 Fax: (703) 836-0838

## GENERAL INFORMATION

Please complete the following:

Discipline of Application:  Orthotics  Prosthetics

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

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

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

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

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

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

## EXAM REGISTRATION & FEES

Please indicate the exam(s) and exam date for which you are applying:

Written and Written Simulation Exam Date	Application
<input type="checkbox"/> February 13-18, 2012	December 1, 2011
<input type="checkbox"/> May 14-19, 2012	March 1, 2012
<input type="checkbox"/> August 13-18, 2012	June 1, 2012
<input type="checkbox"/> November 12-17, 2012	September 1, 2012

### Fees:

- Written Exam \$250  
 Written Simulation Exam \$250

**Dates for the Clinical Patient Management (CPM):** (Candidates test one day only, you will receive your date information approx. eight weeks prior to the exam.)

Exam Date/Location	Application Deadline
<input type="checkbox"/> Orthotics • June 1-2, 2012, St. Petersburg, FL	March 1, 2012
<input type="checkbox"/> Prosthetics • June 8-9, 2012, St. Petersburg, FL	March 1, 2012

### Fees:

- CPM exam \$700

Please indicate if you received approval from ABC for special accommodations.

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

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

## QUESTIONS?

For questions about the application, eligibility or exam, contact ABC at 703-836-7114 ext. 221 or sketevong@abcop.org.

