



Certified Practitioner Exam Application and Instructions

IMPORTANT: Read the following instructions and the *ABC Practitioner 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 the entire application, fees (*payable to ABC*), the required transcripts and certificate(s) 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 TO:
**American Board for Certification
in Orthotics, Prosthetics &
Pedorthics, Inc.**
P.O. Box 34862
Alexandria, VA 22334-0862

APPLICATION POSTMARK DEADLINE:

March 1 for May exam
June 1 for August exam
September 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 and registration form for your records.
3. The exam registration and fee section on page 5 **must** accompany your application. New applicants must register for at least one exam at the time of application. You may elect to register for all three exams within the same exam session. Registrations for the Clinical Patient Management exam (CPM) are taken on a first-come, first-served basis. The three exams are independent of each other and scored separately. The exams may be taken in any order.
4. Enclose the application fee of \$250 and the appropriate exam fee(s). Make check, certified check or money order payable to **ABC**. Credit card payments are accepted. Please record method of payment on the payment form.
5. **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 recommend that you do not use certified mail.
6. Application processing takes approximately four weeks from receipt of application. Applicants will be notified in writing regarding eligibility.

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.

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EASY EXAM STEPS:

Select a discipline, exam date and complete the application



Mail 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 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 to:

American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.
P.O. Box 34862, Alexandria, VA 22334-0862

- 1. Application Fee:** The application fee of \$250 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, including those extending their ABC credential to the other discipline.**
- 2. Education:** Applicants **MUST** possess a college degree and satisfy the orthotic/prosthetic educational qualifications as outlined in the *ABC Practitioner Book of Rules & Candidate Guide*.
- 3. Official undergraduate/graduate transcripts:** 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. **All transcripts must be postmarked by the application deadline.** Transcripts are not official if opened by the applicant. Student copies of transcripts are not acceptable. **If you are extending your ABC credential, you do not have to submit a new transcript if your original application was filed within the last seven years.**
- 4. Orthotics and/or prosthetics certificate program:** If applicable, you must submit an official transcript or a photocopy of your certificate from a CAAHEP accredited orthotic and/or prosthetic certificate program.
- 5. World Education Services (WES) Report:** Applicants who received their undergraduate and/or orthotics and prosthetics education outside 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. Please request the WES Evaluation of your Educational Credentials.
- 6. Residency Information:** List your NCOPE Accredited Residency program. **Applicants must complete all of the requirements of the NCOPE residency prior to submission of an application.** These requirements include, but are not limited to, the research paper, a technical attestation, resident evaluations and all quarterly evaluations. **Applicants failing to do so by the application deadline will not be approved to sit for the ABC certification exams.**
- 7. Exam Registration:** Indicate the exams for which you are registering.
- 8. Fees:**

Application fee	\$250
Written exam	\$250
Written Simulation exam	\$250
Clinical Patient Management exam	\$700
- 9. Payment:** Complete the form on page 6 to indicate your payment method.

application follows >>



Certified Practitioner Exam Application

American Board for Certification in Orthotics, Prosthetics & 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: _____ Personal Email: _____

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Ph: _____ Work Fax: _____

Work Email: _____

A. Are you already certified by ABC in one discipline and seeking to extend your credential to Certified Prosthetist Orthotist with this application?

Yes No (If No, skip to C.)

If yes, what is your certification number? CO #: _____ CP #: _____

B. Are you in good standing with ABC? Yes No

If No, you may not submit this application until you are in good standing.
(Good standing is defined as not currently under disciplinary sanction, being current with annual renewal fees, and complying with mandatory continuing education.)

C. 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. Please refer to the ABC Practitioner Book of Rules & Candidate Guide for further information.)

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 personal email address.

QUESTIONS?

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

IMPORTANT NOTES FOR EXAM APPLICANTS

- Complete all sections of the application.
- Include your official transcripts and copies of your certificate(s).
- Include fees in full.
- Application fee of \$250 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.

NOTES ABOUT RESIDENCY INFORMATION:

Applicants must complete all NCOPE requirements prior to applying for the ABC exams. This includes, but is not limited to, the research paper, technical attestation, resident evaluation and all quarterly evaluations.

EDUCATION QUALIFICATIONS

Under which path in the *ABC Practitioner Book of Rules & Candidate Guide* are you applying?

A. **Path 1** – Bachelors or Masters Degree in orthotics and prosthetics

Name of College/University: _____

Date Degree Awarded: _____
(MM/DD/YY)

B. **Path 2** – B.S., B.A., M.S. or M.A. (non-orthotic and prosthetic major) with an orthotics and prosthetics certificate program

Name of College/University: _____

Date Degree Awarded: _____
(MM/DD/YY)

Name of School Awarding Certificate: _____

PROGRAM: Orthotics Prosthetics

Date Certificate Awarded: _____
(MM/DD/YY)

RESIDENCY INFORMATION

RESIDENCY INFORMATION:

From: _____ To: _____
(MM/DD/YY) (MM/DD/YY)

Name of NCOPE accredited residency program:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name of Your Direct Supervisor: _____

In the discipline of this application, indicate your hours worked per week: _____

All applicants are required to pass the ABC certification exams to become certified. Applications must be postmarked by the indicated application deadline for each exam date. **No exceptions will be made.**



EXAM REGISTRATION & FEES

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

Written and Written Simulation Exam Date

Application Deadline

<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:

<input type="checkbox"/> Application Fee	\$250
<input type="checkbox"/> Written Exam	\$250
<input type="checkbox"/> 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:

<input type="checkbox"/> CPM exam	\$700
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If you are not registering for all three exams at this time: When you are ready to register for the additional exam(s), you will need to submit the Certified Practitioner Exam Registration Form, available on the ABC website.

Please indicate if you require special accommodations. An additional application is required. (Refer to the ABC Practitioner Book of Rules & Candidate Guide for further information and contact the ABC office for the additional required application.)

Total fees remitted: \$ _____

(First-time applicants, including those extending their ABC credential, must also remit the \$250 application fee.)

All applicants must read and sign this statement:



AUTHORIZATION

I, _____, say that I am the applicant in this application; that I have made or read the contents thereof, and to the best of my knowledge, information, and belief, the foregoing statements and answers are true. In making this application to ABC for the issuance to me of a Certificate, all in accordance with and subject to its Articles of Incorporation, Bylaws and other such governing provisions as, from time to time, are in force (hereinafter collectively referred to as its regulations). I agree to disqualification from the issuance to me of a Certificate; suspension of such Certificate; revocation of such Certificate; or to surrender such Certificate in the event of any misstatement or misrepresentation in this application or in the event that any of the aforementioned regulations applicable to such Certificate are violated by me as determined by the ABC. I waive and release any and all claims, demands or actions against ABC, its officers and directors, agents and employees and release from all liability said ABC from any and all matters arising out of participation in the ABC certification programs or examinations. I further agree to hold ABC, its officers, examiners and agents, free from any claim, damage or liability by reasons of action they, or any of them, may take in respect of this application including, but not limited to the failure of ABC to issue me such Certificate, or the suspension, revocation or making of any demand for the surrender of an issued Certificate, or the removal of my name from any list of holders of such certificates. I agree to adhere to the ABC Code of Professional Responsibility and participate in the Mandatory Continuing Education program. I understand that by providing my fax number I consent to receive communications sent by The American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc. via fax transmission. I further understand that ABC does not discriminate against any person on the basis of race, creed, color, religion, sex, national origin, physical handicap or marital status.

Signature: _____ Date: _____/_____/_____
Sign Here (MM/DD/YY)

The application fee and the exam fee(s) are required to register for the Certified Practitioner Exam(s). This form must be included with your application.

The application fee is non-refundable.

Make checks payable to ABC.



Please mail application to:

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in Orthotics, Prosthetics &
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P.O. Box 34862
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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: \$ _____ 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: \$ _____



IMPORTANT! APPLICATION CHECKLIST

Have you...?

- Included official transcripts and if applicable, copies of your program certificate(s)
- Included a WES evaluation form if you have a foreign education
- Indicated your NCOPE residency information on the application
- Completed the registration and exam section on page 5
- 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 Practitioner Book of Rules & Candidate Guide)
- Signed the required authorization statement