



Certified Pedorthist Exam Registration Form

This form is to be completed only by candidates who are retaking an exam.

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

P.O. Box 34862, Alexandria, VA 22334-0862 • (703) 836-7114, ext. 229 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: _____

EXAM REGISTRATION & FEES

Please check your desired exam date:

Exam Date

Application Deadline

May 14-19, 2012

March 1, 2012

August 13-18, 2012

June 1, 2012

November 12-17, 2012

September 1, 2012

Fees:

Written Exam

\$250

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

QUESTIONS?

For questions about the application, eligibility or exam, contact ABC at 703-836-7114 ext. 229 or mayp@abcop.org.

By signing this registration form, you acknowledge that you have read this form and have complied with all instructions for exam registration. Further you acknowledge that you have read and will adhere to the cancellation/refund policy as outlined in the current ABC *Pedorthist Book of Rules & Candidate Guide*.

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

The exam fee is required to register to retake the Certified Pedorthist Exam.

The application fee is not required.

Make checks payable ABC.



This registration form and fee must be postmarked by the application deadline.

**Mail or fax forms to:
American Board for Certification
in Orthotics, Prosthetics &
Pedorthics, Inc.**

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

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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: **\$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**

REGISTRATION FORM INSTRUCTIONS

Exam Fees: Registration forms are not accepted without the appropriate exam fee.

Payment may be remitted by personal check, company check or money orders/cashier's check made payable to ABC. Credit card payments are accepted. Payment information must be sent with the registration form. Personal checks returned from your bank unpaid will cancel your registration. A \$15 fee will be assessed for any check returned to ABC for any reason.

Process of Choosing Exam Dates and Site Locations: 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.

Important: Upon submission of this form all approved candidates may consider themselves registered for the written exam indicated on this form, provided the following conditions have been met:

- the appropriate exam fee has been remitted
- candidate is within his/her three year eligibility period
- candidate has not exhausted the allotted four attempts at the exam

Withdrawing from the Exam: Exam fee shall be refunded or deferred in accordance to the schedule as outlined in the current ABC *Pedorthist Book of Rules & Candidate Guide*.

All cancellations must be in writing and signed by the candidate. Cancellation notices are effective on the date received by ABC. Cancellation notices will be acknowledged in writing by ABC.