



Certified Pedorthist Exam Application and Instructions

IMPORTANT: Read the following instructions and the ABC *Pedorthist 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, two letters of reference, 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 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 date 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 (\$150) and the exam fee (\$250). 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 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 mail 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:

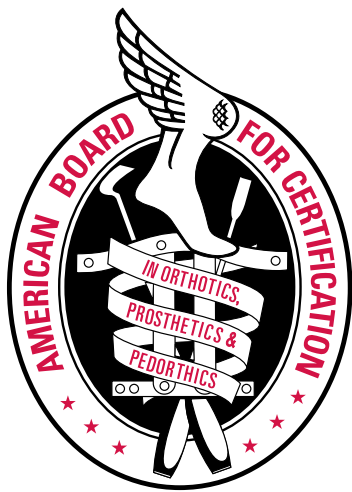
American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.

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

(703) 836-0838

- 1. Application Fee:** The application fee of \$150 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 pre-certification pedorthic educational program as outlined in the *ABC Pedorthist Book of Rules & Candidate Guide*.
- 3. High School Diploma, GED certificate, or official undergraduate/graduate transcripts:** A photocopy of your high school diploma 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. Please request the WES Evaluation of your Educational Credentials.
- 5. NCOPE Approved Pedorthic Pre-Certification Educational Program:** You must submit a photocopy of your certificates of completion from an NCOPE approved pedorthic pre-certification educational program completed within five years of the application submission date.
- 6. Letters of Reference:** You must submit two letters of reference from pedorthic referral sources. Examples of accepted sources include, but are not limited to, therapists, orthopaedic surgeons, general physicians, nurse practitioners and physiatrists. The letters must speak to the applicant’s patient care experience and length of service.
- 7. Exam Registration:** 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 >>



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.

Certified Pedorthist Exam Application

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: _____

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 Pedorthist Book of Rules & Candidate Guide for further information.)

QUESTIONS?

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

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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 two letters of reference from pedorthic referral sources
- Include fees in full.
- Application fee of \$150 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. 229 or mapp@abcop.org.

EDUCATION QUALIFICATIONS

Applicants **MUST** possess a high school diploma, GED or a college degree and satisfy the pedorthic educational qualifications as outlined in the ABC *Pedorthist 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 course you have completed from the following list of NCOPE-approved pedorthic pre-certification programs. A copy of the program certificate(s) must be included with the application and course completion must be within five years of the application submission date:

- Eneslow Pedorthic Institute
- Foot Solutions
- International School of Pedorthics
- Northwestern University
- Pro-Learn, LLC
- Temple University's School of Podiatric Medicine
- The Robert M. Palmer, MD Institute of Biomechanics
- Dr. Scholl College of Podiatric Medicine

Program Location: _____

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

PEDORTHIC EXPERIENCE

Applicants must have a minimum of 1,000 hours of pedorthic patient care experience. Documentation of the work experience must be verified by the supervisor or employer. Additionally, **two letters of reference** from pedorthic referral sources must be submitted. Please refer to the ABC *Pedorthist Book of Rules & Candidate Guide* for guidelines.

Please indicate the time-frame you are using for the 1,000 hours of required patient care experience. *The experience may occur prior to or following the pedorthic program cited above.*

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

Name of facility: _____

Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

EXPERIENCE VERIFICATION

This section must be completed by a supervisor or employer to verify experience in pedorthic patient care.

Your Name: _____

Professional relationship to applicant: supervisor employer referral

Please indicate the time frame for which you are attesting:

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

Your current Employer and Daytime Phone Number:

The application fee of \$150 and the exam fee of \$250 are required to register for the Certified Pedorthist exam.

The application fee is non-refundable.

Make check(s) 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. 229
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: **\$400.00** 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: **\$400.00**



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 pedorthic course certificate
- Included your two reference letters
- 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 Pedorthist Book of Rules & Candidate Guide)
- Signed the required authorization statement

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