



Assistant Competency Attestation

To meet the eligibility criteria for ABC's Certified Assistant credential, each candidate is required to possess the knowledge and demonstrate sufficient competence in the areas detailed on this attestation form. The attester must be a certified/licensed practitioner in good standing, in the discipline in which the applicant is applying.

NOTE: The attester should address any areas that cannot be marked as **Yes** with the applicant prior to completing this Competency Attestation form.

Applicant's Name: _____

Discipline of Application: Orthotics Prosthetics

KNOWLEDGE AND COMPETENCY ASSESSMENT

Please complete the following related to the applicant's knowledge or competency in the following areas:

Does the applicant possess adequate knowledge and understanding of:

Componentry, with respect to indications/contraindications for use

Yes No

Processes, tools and machinery used in contemporary orthotics and/or prosthetics fabrication

Yes No

Commonly used impression taking techniques and materials that correlate to orthoses and/or prostheses

Yes No

Instruments used in measuring, impression taking, positive model rectification, aligning and fitting of orthoses and/or prostheses

Yes No

Materials and their properties specific to the practice of orthotics and/or prosthetics

Yes No

Current techniques used in suspension and alignment of orthoses and/or prostheses

Yes No

Medical, orthopedic and orthotic and/or prosthetic terminology

Yes No

Has the applicant demonstrated sufficient competency in:

Measurement and cast impression techniques related to orthoses and/or prostheses

Yes No

Preparing and filling negative impressions for orthoses and/or prostheses

Yes No

Positive model rectification, as appropriate, for orthoses and/or prostheses

Yes No

Final assembly and finishing of orthoses and/or prostheses to prepare device for fitting and delivery

Yes No

Assessing the fit and function of the orthosis and/or prosthesis at initial or diagnostic fitting

Yes No

Assuring appropriate fit and function of orthosis and/or prosthesis at final fitting and delivery

Yes No

Appropriate documentation methods using established record-keeping techniques

Yes No

Relating the design of the orthosis or prosthesis to the biomechanical forces required for proper function (i.e. appropriate TKA alignment, flexible vs rigid material application)

Yes No

Educating patients regarding safe usage, maintenance and hygiene issues related to orthoses and/or prostheses

Yes No

ASSISTANT COMPETENCY ATTESTATION:

Applicant Name: _____

Your Name: _____

Your practitioner certification number: _____

Are you in good standing with ABC, or your professional credentialing body? Yes No

Current Employer: _____

City/State: _____

Daytime Phone Number: _____ Email Address: _____

Please indicate the time frame during which you supervised this applicant.

From: ____/____/____ To: ____/____/____

I attest that the applicant possesses the moral character and professional standards required of an ABC credential holder, has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above.

Any act of falsification by the supervisor is a violation of the ABC Code of Professional Responsibility and shall be referred to the ABC Professional Ethics Committee or applicable credentialing body.

Signature of Supervisor: _____ Date: _____

All sections of this form must be completed before the application is submitted.

Note: ABC certified attestors will receive four (4) Category II CEUs (up to two times per five-year cycle).



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