

☐ Yes ☐ No

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: \square Orthotics \square 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	Preparing and filling negative impressions for orthoses and/or prostheses ☐ Yes ☐ No
□ Yes □ No	Positive model rectification, as appropriate, for orthoses and/or prostheses
Processes, tools and machinery used in contemporary	□ Yes □ No
orthotics and/or prosthetics fabrication ☐ Yes ☐ No	Final assembly and finishing of orthoses and/or prostheses to prepare device for fitting and delivery
Commonly used impression taking techniques and	□ Yes □ No
materials that correlate to orthoses and/or prostheses □ Yes □ No	Assessing the fit and function of the orthosis and/or prosthesis at initial or diagnostic fitting
Instruments used in measuring, impression taking,	□ Yes □ No
positive model rectification, aligning and fitting of orthoses and/or prostheses ☐ Yes ☐ No	Assuring appropriate fit and function of orthosis and/or prosthesis at final fitting and delivery
Materials and their properties specific to the practice	☐ Yes ☐ No
of orthotics and/or prosthetics □ Yes □ No	Appropriate documentation methods using established record-keeping techniques ☐ Yes ☐ No
Current techniques used in suspension and alignment of orthoses and/or prostheses	Relating the design of the orthosis or prosthesis to the biomechanical forces required for proper function
□ Yes □ No	(i.e. appropriate TKA alignment, flexible vs rigid material application)
Medical, orthopedic and orthotic and/or prosthetic terminology	
□ Yes □ No	☐ Yes ☐ No
Has the applicant demonstrated sufficient competency in:	Educating patients regarding safe usage, maintenance and hygiene issues related to orthoses and/or prostheses
Measurement and cast impression techniques 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? \Box Yes \Box No
Current Employer:
City/State:
Daytime Phone Number: Email Address:
Please indicate the time frame during which you supervised this applicant.
From:/ To:/
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 attesters will receive four (4) Category II CEUs (up to two times per five-year cycle).



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

330 John Carlyle St, Suite 210, Alexandria, VA 22314

Tel: (703) 836-7114 • Fax: (703) 836-0838 • info@abcop.org

www.abcop.org

© 2024 American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. All rights reserved. May only be reproduced for the exclusive use of the candidate.