



# Technician Competency Attestation – Orthotics

## SUPERVISOR INSTRUCTIONS

To meet the eligibility criteria for ABC’s Certified Technician credential, each candidate is required to possess the knowledges and demonstrate sufficient competence in the areas detailed on this attestation form. The supervisor must be a certified/licensed practitioner or technician in the discipline in which the applicant is applying.

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

Applicant’s Name: \_\_\_\_\_

ORTHOTIC KNOWLEDGE AND COMPETENCY				
	Is able to remove outsole to prepare shoe for modifications	Is able to properly apply lift material to shoe	Is able to grind material to specifications, i.e. lifts, rocker soles, wedges	Is able to finish and finish prepare shoe for delivery
<b>Shoe Modifications</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is able to prepare/correct and fill negative impression	Is able to complete positive model rectification	Is able to prepare mold and vacuum form device	Is able to trim-out device and finish to be ready for fitting
<b>Foot Orthoses (i.e. functional, accommodative)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>UCBL</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>AFO's</b>				
<b>SMO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Plastic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Plastic Articulated</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>KAFO's</b>				
<b>Thermoplastic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SPINAL</b>				
<b>Spinal Thermoplastic LSO or TLSO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>UPPER EXTREMITY</b>				
<b>Upper Extremity Thermoplastic WHO</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is able to Delineate/ Correct Tracing	Is able to select components based on work order	Is able to contour device to corrected tracing	Is able to assemble/finish device to be ready for fitting
<b>AFO</b>				
<b>Metal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>KAFO</b>				
<b>Metal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SUPERVISOR ATTESTATION

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your practitioner or technician certification number: \_\_\_\_\_

Are you in good standing with ABC, or your professional credentialing body?  Yes  No  
(Good standing is defined as being current with annual renewal fees, complying with mandatory continuing education, and not currently under disciplinary sanction.)

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, in my opinion, possesses the moral character and professional standards required of ABC certificants. I further attest that the applicant has demonstrated competency in all of the elements contained on this Attestation form in the discipline of application and is capable of performing the functions listed below that are required of a Certified Technician under the guidance of, and in consultation with, a certified/licensed practitioner.

- Performs assigned repairs and maintenance of orthoses or prostheses
- Keeps abreast of all new techniques for fabricating orthoses or prostheses
- Is skilled with hand and power tools
- Knows the qualities of the materials used in fabricating orthoses or prostheses

Any act of falsification by the attester is a violation of the ABC Code of Professional Responsibility and shall be referred to the Professional Ethics Committee.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**All sections of this form must be complete.**

**This Knowledge and Competency form must be included with the Certified Technician application.**

Effective January 1, 2022, ABC certified supervisors are eligible for four (4) Category II CEUs (up to two times per five-year cycle).  
Do you wish for this form to be submitted for CEUs?  Yes  No



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

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