



# Pedorthist Competency Attestation

## SUPERVISOR INSTRUCTIONS

To meet the eligibility criteria for ABC's Certified Pedorthist 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 one of the following: an certified/license orthotist, pedorthist, or a professional referral source\*.

*\*Professional referral source is defined as any appropriately licensed healthcare provider who is familiar with the applicant's professional knowledge and skills. Complete Pages 1 and 3.*

**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: \_\_\_\_\_

## KNOWLEDGE AND COMPETENCY ASSESSMENT

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

Does the applicant possess knowledge and understanding of:

Anatomy of the foot and ankle related to common pedorthic diagnoses

Yes  No

Medical terminology related to common pedorthic diagnoses

Yes  No

Common foot pathologies and deformities

Yes  No

Patient evaluation techniques, including physical evaluation of the foot, skin/tissue evaluation, including identification of therapeutic shoe eligibility criteria

Yes  No

Evaluation, impression taking techniques, measurement and fitting of custom and prefabricated pedorthic devices

Yes  No

Materials and their properties specific to custom and prefabricated pedorthic devices

Yes  No

Complications associated with the diabetic foot, including signs and symptoms and associated risk factors

Yes  No

Documentation requirements (eg., progress notes, Medicare required documentation)

Yes  No

Practice Management (e.g., knowledge of reimbursement, patient confidentiality, federal and state rules and regulations)

Yes  No

Has the applicant demonstrated competency in:

Interviewing patients and communicating with referral sources

Yes  No

Taking a patient history and performing a physical exam (e.g., previous use of diabetic shoes, other health issues present, skin/ tissue evaluation, edema assessment)

Yes  No

Managing patients relative to their diagnosis and condition

Yes  No

Measuring for shoes

Yes  No

Rectification/modification and fabrication procedures related to pedorthic design

Yes  No

Assessing the fit and function of custom and prefabricated pedorthic devices (e.g., shoes, foot orthoses, SCFO's)

Yes  No

Assuring appropriate fit and function of custom and prefabricated pedorthic devices at final fitting and delivery (e.g., adjusting device to optimize fit and function)

Yes  No

Appropriate documentation methods using established record-keeping techniques

Yes  No

Providing follow-up care (e.g., determine fit/function of pedorthic device, patient compliance, change in patient's condition)

Yes  No

Educating patients regarding safe usage, maintenance and hygiene issues related to pedorthic devices

Yes  No

Use of universal precautions

Yes  No

*continues »*

## SUPERVISOR ATTESTATION

To be completed by certified/license orthotist or pedorthist

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

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

Your orthotic or pedorthic certification/license 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 certifiants. I further attest that the applicant has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above that are required of a Certified Pedorthist.

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 complete before the application is submitted.**

**This Competency Attestation form must be included with the Certified Pedorthist 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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## PROFESSIONAL REFERRAL SOURCE ATTESTATION

**Professional referral source is defined as any appropriately licensed healthcare prescriber who is familiar with the applicant's professional knowledge and skills.**

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

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

Credential Type: \_\_\_\_\_ Certification/license number: \_\_\_\_\_

Are you in good standing with 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 had familiarity of this applicant's knowledge and competency.

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I attest that the applicant, in my opinion, possesses the moral character and professional standards required of ABC certifiants. I further attest that the applicant has demonstrated knowledge and competency in all elements contained on this attestation form and is capable of performing the functions listed above that are required of a Certified Pedorthist.

Any act of falsification by the attester shall be reported to their applicable credentialing body.

Attester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**This Competency Attestation form must be included with the Certified Pedorthist application.**



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