



Technician Competency Attestation – Orthotics

To meet the eligibility criteria for ABC’s Certified Technician 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 or technician 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: _____

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
Shoe Modifications	<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
Foot Orthoses (i.e. functional, accommodative)	<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
UCBL	<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
AFO's				
SMO	<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
Plastic	<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
Plastic Articulated	<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
KAFO's				
Thermoplastic	<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
SPINAL				
Spinal Thermoplastic LSO or TLSO	<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
UPPER EXTREMITY				
Upper Extremity Thermoplastic WHO	<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
AFO				
Metal	<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
KAFO				
Metal	<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

ORTHOTIC TECHNICIAN COMPETENCY ATTESTATION

Applicant's Name: _____

Your Name: _____

Your practitioner or technician 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 ABC credential holder, has demonstrated knowledge and competency in all elements contained on this attestation form 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.
- Keeps abreast of all new techniques for fabricating orthoses.
- Is skilled with hand and power tools.
- Knows the qualities of the materials used in fabricating orthoses.

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 Attester: _____ Date: _____

All sections of this form must be complete.

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.

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