



Testing Accommodations Application

Please email application to:

ABC

Email: certification@abcop.org

Phone: (703) 836-7114 x134

Applications and all supporting documentation must be received by ABC by the application deadline for your desired exam cycle. Please reference the [Testing Accommodations Policy](#) for additional information.

GENERAL INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Telephone Number: _____ Email: _____

Date of Birth: _____ (mm/dd/yy)

EXAM SELECTION

For which of the following exam(s) are you requesting an accommodation? (check all that apply)

Certified Practitioner

- O&P Written
- Orthotic Written Simulation
- Orthotic CPM
- Prosthetic Written Simulation
- Prosthetic CPM

Certified Pedorthist

- Pedorthic Written

Certified Assistant

- Orthotic Assistant Written
- Prosthetic Assistant Written

Certified Fitter

- Orthotic Fitter Written
- Mastectomy Fitter Written
- Therapeutic Shoe Fitter Written

Certified Technician

- Orthotic Technician Written
- Prosthetic Technician Written

TESTING ACCOMMODATIONS

1. List any prior classroom or similar test accommodations that you have received within the last five (5) years that are relevant to this accommodation request.

2. Please provide a personal statement describing your disability and its impact on your daily life and ability to take the exam.

3. **What testing accommodation(s) is your qualified healthcare professional recommending and/or are you requesting?**
(Please note: ABC's test centers provide a quiet, limited/reduced distraction test space.)

AUTHORIZATION

Certification / Authorization (Signature Required)

I certify that the above information is true and accurate.

If clarification of further information regarding the documentation provided is needed, I authorize the American Board for Certification in Orthotics, Prosthetics and Pedorthics to contact the professional(s) who diagnosed the disability and/or those entities who have provided me test accommodations. I authorize such professional(s) and entities to communicate with the American Board for Certification in Orthotics, Prosthetics and Pedorthics in this regard to provide such clarification and/or further information.

Signature: _____ Date: _____

REQUIRED DOCUMENTATION

Attached to this application, you must provide all required documents in support of your request. Please see the [ABC Testing Accommodations Policy](#) for specific information as to required documentation.