



Technician Competency Attestation – Prosthetics

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: _____

| PROSTHETIC KNOWLEDGE AND COMPETENCY | | | | | | |
|---|--|--|--|---|--|--|
| | Is able to prepare/ fill negative impression | Is able to complete positive model rectification | Is able to prepare mold and vacuum form or laminate | Is able to accomplish initial set-up and static alignment | Is able to successfully transfer alignment | Is able to fabricate and apply cosmetic finishing |
| Partial Foot | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SYMES | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transtibial | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transfemoral or Knee Disarticulation | <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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is able to prepare/ fill negative impression | Is able to fabricate Figure 8 harness | Is able to prepare mold and vacuum form or laminate | | | |
| Upper Extremity | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

PROSTHETIC 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 prostheses.
- Keeps abreast of all new techniques for fabricating prostheses.
- Is skilled with hand and power tools.
- Knows the qualities of the materials used in fabricating 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 Attester: _____ Date: _____

All sections of this form must be complete.

Note: ABC certified attestors will receive four (4) Category II CEUs (up to two times per five-year cycle).



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