



Orthotics and Prosthetics Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Verification of the American Board for Certification in Orthotics and Prosthetics, Inc. Examination

Applicant Name:	
Please indicate the date the above applicant successfully completed the following examinations (not the date certified by ABC):	
Orthotic Clinical Patient Model Exams:	
Orthotic Written Simulation:	
Prosthetic Written Simulation:	
Prosthetic Clinical Patient Model Exams:	
Combined Written Exams:	
Signature:	Date:

Return this form to the address listed above. If you have any questions regarding the completion of this form, please contact the Office of Customer Service at 360-236-4700.

Note To The Applicant:

Please forward this form to the:

American Board for Certification in
 Orthotics and Prosthetics, Inc.
 330 John Carlyle St., Suite 210
 Alexandria, VA 22314

