



Washington State Department of  
**Health**  
 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 <b>successfully completed</b> 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

