



APPLICATION FOR PROFESSIONAL CONTINUING EDUCATION (PCE) CREDITS CATEGORY II

Important: Refer to instructions on the reverse side for completing this application. Please photocopy this form in advance and as needed. Category II applications may not be submitted electronically. Documentation must accompany application for processing.

Name: _____

Certification/Registration number: _____

Five-year MCE Period: From (year): _____ To (year): _____

I. Indicate the Category II program/activity for which this application is being submitted:

- | | |
|---|--|
| <input type="checkbox"/> Business/Commercial program | <input type="checkbox"/> Teaching Clinic |
| <input type="checkbox"/> Medical or Allied Health program | <input type="checkbox"/> Study Group |
| <input type="checkbox"/> Published Article | <input type="checkbox"/> College Course |
| <input type="checkbox"/> Independent Studies | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Journal Reading | <input type="checkbox"/> In-House Seminar |
| <input type="checkbox"/> Unique Circumstances | <input type="checkbox"/> Lecture Presented |
| <input type="checkbox"/> Humanitarian Work | <input type="checkbox"/> Other |

* This form may not be used for Exhibit Hall Attendance. Please use the Exhibit Hall Attendance Form.

Please check whether you were a participant or speaker.

Course/program title: _____

Sponsor: _____

Date(s) and Location: _____

II. Program Evaluation: Describe in a paragraph the knowledge you gained from your participation in this activity as it relates to orthotics and prosthetics. (Attach additional sheets if necessary)

INSTRUCTIONS

1. Applications for PCE Category II credits must be printed or typewritten.
2. Applicants may apply for Category II credits for attendance at courses or programs that have not previously been submitted for course/program approval for PCEs by the sponsor.
3. Applicants may only use one form for each activity submitted.
4. This application must be submitted within 60 days of completion of the course/program or other activity.
5. Appropriate documentation (see below) must accompany this application.

Appropriate Documentation:

- Business/Commercial or Medical/Allied Health programs: A copy of the detailed course/brochure, indicating titles of lectures, names and qualifications of lecturers, and duration of each lecture must be included along with proof of attendance (Certificate or cancelled check for payment of registration fee).
- Journal Readings: A summary of the material read must be provided on the front of this form. A copy must be provided of the first and last pages of the reading materials to confirm length.
- Teaching Clinics, Study Groups, In-house Seminars, Teaching, Presentations, etc.: A letter from the sponsor or coordinator confirming your attendance, duration of program, information presented and qualifications of presenters/lecturers.
- College Courses: An official transcript from the institution attended, course outline and description of relevance to the profession.

* Please refer to your *Mandatory Continuing Education Book of Rules* for more detailed guidelines on applying for Category II credits.

I have read and understand the policies and procedures governing the award of Category II PCE credits as outlined in the *Mandatory Continuing Education Book of Rules*. Further, I understand that applications that are incomplete or illegible, will cause a delay in processing or may render this application ineligible for consideration.

Signature: _____

Date: _____

Retain a copy of this application for your records. Mail to:

American Board for Certification in Orthotics and Prosthetics, Inc. (ABC)
Attn: Continuing Education Department
330 John Carlyle Street, Suite 210
Alexandria, Virginia 22314
