

**FORM D
VERIFICATION OF EXAMINATION
RELEASE OF INFORMATION**

AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS AND PROSTHETICS, INC. (ABC).

PLEASE SEND THIS FORM DIRECTLY TO THE AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS AND PROSTHETICS, INC. (ABC).

ORTHOTIST AND/OR PROSTHETIST: Please complete the top half of this form prior to mailing to the ABC.

Social Security Number: _____

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code

The undersigned authorizes the **ABC** to release to the **Composite State Board of Medical Examiners (CSBME)**, the information requested below:

Applicant's Signature

Date Signed

TO: COMPOSITE STATE BOARD OF MEDICAL EXAMINERS (CSBME)

As Registrar of the American Board for Certification in Orthotics and Prosthetics (ABC), I hereby attest that the above named applicant was certified on _____ and is currently certified by the Board until _____.

ABC Certificate # _____.

Signature

Date Signed

COMMISSION SEAL

PLEASE RETURN THIS FORM DIRECTLY TO:
Composite State Board of Medical Examiners (CSBME)
Attention: Orthotist and Prosthetist Licensure Unit
2 Peachtree Street, N.W. – 36th Floor
Atlanta, GA 30303