

**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:** \_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

The undersigned authorizes the **ABC** to release to the **Georgia Composite Medical Board (GCMB)**, the information requested below:

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**

**TO: GEORGIA COMPOSITE MEDICAL BOARD**

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

ABC Certificate # \_\_\_\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

**COMMISSION SEAL**

**PLEASE RETURN THIS FORM DIRECTLY TO:  
Georgia Composite Medical Board  
Attention: Licensure Division-Orthotist and Prosthetist  
2 MLK Jr. Drive SE, East Tower 11<sup>th</sup> Floor  
Atlanta, GA 30334**