



Certification Test Answer Form

Name: _____

Practice Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____

Email: _____

Telephone: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please review certification slides and enter in your response to the multiple choice questions here. Once this form is complete, please scan and email your completed form to: sales@orthotool.com.