



B A P F O L
Board for Accreditation of
Prescription Foot Orthotic Laboratories

PFOLA International Office
1383 Homer Street
Vancouver, BC V6B 5M9 Canada
Tel: 604-685-4818 Toll Free: 1-800-347-6585
Fax: 604-685-5787 Email: info@pfola.org

APPLICATION FOR ACCREDITATION

This application for Accreditation, submitted by _____ on
(Name of Laboratory)
_____ is intended to show that the previously named laboratory desires to submit
(Date)
to the examination process for accreditation as a prescription foot orthotic laboratory.
As a representative of the above named laboratory, I _____, request
(Name)
the sample molds and sample forms that are required for submission for accreditation.
As a prerequisite for accreditation, I _____, declare that
(Name)
_____ does manufacture prescription foot orthoses as it's
(Name of Laboratory)
principal business. It is understood that failure to pass the accreditation process at this time will not prevent
reapplication by this facility for accreditation at a future date. It is further understood as part of the
accreditation process all accredited facilities will be subjected to a "re-accreditation" process, to assure
continuing adherence to the Accreditation guidelines, and to their own quality processes as stated in their
Quality Manual.

Signature _____

Address _____

Telephone _____

Email _____

Please return this application to:

Prescription Foot Orthotic Laboratory Association
1383 Homer Street
Vancouver, BC V6B 5M9
Canada

**This application must be accompanied by the \$700 USD
examination fee made payable to PFOLA.**

Annual dues are \$100 USD. Billed annually on December 1 of the year approved
for accreditation for the period January 1 to December 31.

FOR OFFICE USE

() Application & exam fee CK # _____
() Applicable pkg forwarded on _____
() Sample Molds & Forms received _____
() Accreditation Granted () Accreditation Not Granted
() Re-Accreditation _____
Dated _____ () Pass () Fail