



CHANGES TO PROSTHETIC/ORTHOTIC INTERNSHIP

Change requested (please select all that apply):

PLACE OF EMPLOYMENT
(complete section A, B and C)

SUPERVISOR
(Complete section A and C)

SECTION A

NAME OF INTERN: _____

E-mail: _____

SECTION B

NEW PLACE OF EMPLOYMENT: _____

Street

City

Province

Postal Code

Contact Numbers: (T) _____ (F) _____

E-mail: _____

COMMENCEMENT DATE: _____

PREVIOUS PLACE OF EMPLOYMENT: _____

Street

City

Province

Postal Code

Contact Numbers: (B) _____ (F) _____

LAST DAY WORKED: _____

INTERNING IN: PROS. _____ ORTH. _____ / FT _____ PT _____

EXAM APPLICATION TO BE SENT IN ENGLISH: _____ FRENCH: _____



SECTION C

PRIMARY SUPERVISOR

NAME: _____ C.B.C.P.O. REG. # _____

EMAIL: _____

NAME OF FACILITY _____

EFFECTIVE DATE: _____

SECONDARY SUPERVISOR

NAME: _____ C.B.C.P.O. REG. # _____

EMAIL: _____

NAME OF FACILITY _____

EFFECTIVE DATE: _____

As the supervisor you are authorizing that the Intern may apply to the Internship program and that you will be responsible for ensuring the intern is prepared for the examination. This intern will be working his/her ninety six weeks of full time work (internship) in the appropriate discipline, no less than thirty seven and one half hours per week (any individual wishing to pursue a part-time internship must do so within a five year time period after registration) under your direct supervision as stipulated by Orthotics Prosthetics Canada (OPC).

Note: If this is to be a part-time Internship please state the number of days per week this person is to receive direct supervision from a certifiee.

REMOVAL OF SUPERVISOR(S)

NAME: _____ C.B.C.P.O. REG. # _____

EFFECTIVE DATE: _____

NAME: _____ C.B.C.P.O. REG. # _____

EFFECTIVE DATE: _____



On scheduled unsupervised days/weeks the Intern must not conduct himself/herself in any way contrary to the OPC Code of Ethics. See the Registry for further details.

We certify that the information given on this form is accurate and complete to the best of our knowledge. It is the responsibility of each Intern and supervisor to insure that the Internship conforms to OPC Guidelines. See Registry Article I, Section 4 Practical Experience.

PRIMARY SUPERVISOR SIGNATURE _____

SECONDARY SUPERVISOR SIGNATURE _____

INTERN'S SIGNATURE _____

NOTE: ANY CHANGES TO THIS FORM SHOULD BE FORWARDED TO HEAD OFFICE

Please return this to:

OPC National Office
202-300 March Road
Ottawa, ON K2K 2E2

Tel: (613) 595-1919
Fax: (613) 595-1155
Email: info@opcanada.ca