

MCE PROGRAM PURPOSE

To ensure that credentialed orthotic and prosthetic professionals have the most up to date knowledge and skills in their fields to provide patients with the highest quality prosthetic and orthotic treatment.

MCE APPROVAL PROGRAM

Manufacturers and distributors of products and services for orthotic and prosthetic professionals can apply to have their education programs and courses pre-approved by OPC for MCE credits. Pre-approval of courses is a significant benefit to attendees as they do not have to seek further approval. Once approved, the programs will be added to the list of courses available for MCE that is promoted to members and posted in our online events calendar. Please allow 5-10 days for MCE approval confirmation. If the course is by invitation only, please indicate that on the application and it will not be added to the online calendar of events.

IMPORTANT: A list of confirmed participants must be sent to the OPC National Office following the program for MCEs to be assigned to the attendees.

PRICING

OPC provides preferential pricing to its Associate Members. An OPC Associate membership is \$150 per year (plus tax) and provides pricing discounts on events sponsorships, registrations and other services provided by OPC. Application below demonstrates package pricing for multiple course approvals per year.

COMPANY INFORMATION:																					
Organization: _____		City: _____																			
Address: _____		Province/State: _____ Postal/Zip: _____ Phone Number: _____																			
Contact: _____		Email: _____																			
PAYMENT INFORMATION:																					
<input type="checkbox"/> Single Course Approval Only <input type="checkbox"/> Five Course Approval Package Course Approvals are valid for a single Calendar year GST #R129321634		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Prospective Members</th> <th style="width: 33%;">OPC Members</th> <th style="width: 33%;">Your Total</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$225.00 CAD</td> <td style="text-align: center;">\$200.00 CAD</td> <td></td> </tr> <tr> <td style="text-align: center;">\$1,000.00 CAD</td> <td style="text-align: center;">\$800.00 CAD</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Subtotal:</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Add HST @ 13%</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">Total Investment:</td> <td></td> </tr> </tbody> </table>		Prospective Members	OPC Members	Your Total	\$225.00 CAD	\$200.00 CAD		\$1,000.00 CAD	\$800.00 CAD		Subtotal:			Add HST @ 13%			Total Investment:		
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CREDIT CARD PAYMENT:																					
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Card #</td> <td style="width: 70%;"></td> </tr> </table>		Card #																	
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Payment can be made by Credit Card or Cheque.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name on Card:</td> <td style="width: 50%;"></td> <td style="width: 25%;">Exp. Date:</td> <td style="width: 25%;"></td> </tr> <tr> <td>Signature:</td> <td></td> <td>Security Code:</td> <td></td> </tr> </table>		Name on Card:		Exp. Date:		Signature:		Security Code:											
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Signature:		Security Code:																			

APPLICATION PROCESS

Cheques should be made out to: Orthotics Prosthetics Canada and sent to:
 202-300 March Road Ottawa, ON, K2K 2E2
 Phone: 613-595-1919 Fax: 613-595-1155 ~ Email: info@opcanada.ca

Completed applications should include payment and detailed program agenda of the program.

MCE COURSE APPROVAL APPLICATION FORM Jan. 2016

COURSE INFORMATION - Complete a separate form for each course to be approved

Organization: _____ Phone Number: _____

Contact Person: _____ Contact Email: _____

Course Title: _____

Course Focus:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Technical	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Orthotics	
Type of Activity:	<input type="checkbox"/> Lecture	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Labs	<input type="checkbox"/> Other (specify) _____	
Registration Type:	<input type="checkbox"/> Open	<input type="checkbox"/> By Invite Only	<input type="checkbox"/> Other (specify) _____		

Host Facility: _____ Course Date(s): _____

Presenter/Speaker: _____

OPC Reference Code: (if applicable) _____

**If applicable, please reference previously approved courses from OPC. Please reference this code on the subsequent Sign-In Sheets.*

Please summarize each of the following six program requirements:

Speaker Qualifications:	
Needs Identification:	
Learning Outcomes:	
Program Methodology:	
Assessment of Satisfactory Completion:	
Program Evaluation:	

Complete the form and send it along with payment and a detailed agenda of the program to:

Orthotics Prosthetics Canada (OPC) Email: info@opcanada.ca
 202-300 March Road Ottawa, ON, K2K 2E2 ~ Phone: 613-595-1919 ~ Fax: 613-595-1155

If you wish for your event to be promoted on the Events Listing on the OPC website, please complete the **OPC Online Event Profile Form**