

RETIREMENT STATUS APPLICATION Nov. 2015

IMPORTANT REFERENCES - More information on rules and regulations on Retirement Status can be found in the link ~ [OPC Governance Policies and Procedures Manual](#) ~ from the OPC website / About OPC.

Retired Member:

A Retired member is a member who has officially requested retirement from the Corporation. Retirement status is granted to practitioners who have retired from practice, are in good standing with the Corporation and have officially notified the OPC National Office in writing of their intention to retire by completing this form.

Retired members may keep their certificate but have no voting rights. Retired practitioners are permitted the use of the registered trademark credential of the Corporation (with the appropriate designated modifier). The use of the retired credential is prohibited for purposes of professional remuneration or which would inure to the financial and business benefit of an orthotic and/or prosthetic facility. With consent, Retired members may be listed in the OPC Member Directory.

Once the Retirement Application has been approved by the Board, an acknowledgement letter of retirement will be sent by the OPC National Office.

First Name: _____	Last Name: _____	
Phone Number: _____	Fax Number: _____	
Address: _____		
City: _____	Province/State: _____	Postal Code/Zip: _____
Email: _____		
Designation: _____	Cert/Reg # to be Retired: _____	
Date Retired Status is to commence: _____		

Professional Fees:

Note: When retirement occurs part way through a fiscal year, OPC shall prorate the professional fees to the nearest quarter.

Appendix C - OPC Governance Policies and Procedures Manual

I, SOLEMNLY DECLARE THAT::

1. To the best of my knowledge, information and belief, the statements contained in the foregoing application to the Orthotics Prosthetics Canada are true and correct in all respects.
2. I have read the regulations pertaining to retirement in the foregoing application, and understand that any retirement, which may be granted, shall be subject to such regulations.
3. I acknowledge and agree that Orthotics Prosthetics Canada may keep the information, including all personal information provided, on file in accordance with its obligations at law pursuant to the Personal Information Protection and Electronic Documents Act and in accordance to its Privacy Policy. Orthotics Prosthetics Canada may use my personal information provided to assess my retirement, administer my application, and other connected or related administrative matters.

DECLARATION:

DECLARED before me at the City of _____ in the Province of _____

this _____ day of _____ 20 _____

Applicant Signature