

# Internship Application Sept 2017

Mr. / Mrs. / Ms. (Circle one)

\_\_\_\_\_

First name

\_\_\_\_\_

Last name

## Home Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

City Province Postal Code

E-mail: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Employment Address

Company: \_\_\_\_\_

\_\_\_\_\_

Street Address

\_\_\_\_\_

City Province Postal Code

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*\*Mailing Address Preference:** Home  Employment

**\*\*E-mail Preference:** Home  Employment

College/University \_\_\_\_\_

Year Graduated \_\_\_\_\_

Highest Degree/Diploma held: \_\_\_\_\_

**Employment Start Date:** (mm/dd /yr) \_\_\_\_\_

**Note:**

- If applying through Method I, please include a copy of your diplomas, etc. from the "Canadian" accredited clinical school (The diploma may be sent in separately if not received yet.)
- If applying under Foreign Applicant Status, a copy of a letter from Orthotics Prosthetics Canada (OPC) stating the acceptance of your educational evaluation.
- **Please enclose a copy of your Grade XII High School or G.E.D. equivalence diploma**

## Internship Program Classifications

Please select one of the below method

**Method I**

Accredited School Program

	<u>First Discipline</u>	<u>Second Discipline</u>	<u>*Second Discipline</u>
<input type="checkbox"/> <b>Prosthetics</b>	<input type="checkbox"/> <b>3450 hours</b>	<input type="checkbox"/> <b>3450 hours</b>	<input type="checkbox"/> <b>1725 hours</b>
<input type="checkbox"/> <b>Orthotics</b>	<input type="checkbox"/> <b>3450 hours</b>	<input type="checkbox"/> <b>3450 hours</b>	<input type="checkbox"/> <b>1725 hours</b>

The applicant must have completed an OPC approved and officially recognized technical prosthetic and orthotic school program. Applicants must be employed in a prosthetic and/or orthotic facility. This must be followed by 3450 hours of full-time work in the appropriate discipline. The **3450 hours** must be actual working time, which excludes any and all forms of absence from the job due to vacation, sickness, etc. This practical experience must be under the supervision of an on-site resident Certifee and/or Registered Technician in good standing with the corporation, in the appropriate discipline.

\*Post 5 years practicing as a Registered Technician in your first discipline. If a Registered Technician (who has obtained their first discipline after completing a recognized Technical prosthetic/orthotic school program) has been registered for more than **five years** and practicing full time in their primary discipline, a further **1725 hours** of practical experience and Internship under the supervision of an on-site OPC Certified or Registered Technician member in the appropriate discipline is required.

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**Method II**

	<u>First Discipline</u>	<u>Second Discipline</u>	<u>**Second Discipline</u>
<input type="checkbox"/> <b>Prosthetics</b>	<input type="checkbox"/> <b>6900 hours</b>	<input type="checkbox"/> <b>6900 hours</b>	<input type="checkbox"/> <b>3450 hours</b>
<input type="checkbox"/> <b>Orthotics</b>	<input type="checkbox"/> <b>6900 hours</b>	<input type="checkbox"/> <b>6900 hours</b>	<input type="checkbox"/> <b>3450 hours</b>

The applicants must be employed in a prosthetic-orthotic facility. This must be followed by 6900 hours of full-time work in the appropriate discipline, no less than 37.5 hours per week. The **6900 hours** must be actual working time, which excludes any and all forms of absence from the job due to vacation, sickness, etc. This practical experience must be under the supervision of an on-site resident Certifee and/or Registered Technician in good standing with the corporation, in the appropriate discipline.

\*\* Post 5 years practicing as a Registered Technician in your first discipline. If pursuing a second discipline (Method II), and the Registered Technician has been practicing in their first discipline for five or more years, only **3450 hours** of experience is required in their second discipline to be eligible to sit the Registration Examination.

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**Foreign Applicant**

- Prosthetics**                       **Orthotics**

Foreign trained applicants must have their education assessed by the education committee and by a third party assessment organization as directed by the Corporation. If the qualifications are deemed equivalent to the current standards of the Corporation, then the individual will be required to register with the OPC Technician Internship Program and complete an internship in Canada of **3450 hours**.

**An acceptance letter from OPC must accompany this application.**

## **Supervisor Information**

### **Primary Supervising Certifee or Registered Technician**

Name: \_\_\_\_\_ Credential # \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Email: \_\_\_\_\_

### **Secondary Supervising Certifee or Registered Technician**

Name: \_\_\_\_\_ Credential # \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Email: \_\_\_\_\_

As the primary supervisor you are authorizing that the Intern may apply to the Internship program and that you will be responsible for ensuring that the Intern is prepared for the Registration Examination. The Intern must be working his/her Internship hours in the appropriate discipline, under your direct supervision as stipulated by Orthotics Prosthetics Canada.

During scheduled unsupervised hours the Intern must not conduct himself/herself in any way contrary to the OPC Canons of Ethical Conduct.

#### **I / WE SOLEMNLY DECLARE THAT:**

1. To the best of our knowledge, information and belief, the statements contained in the foregoing application to Orthotics Prosthetics Canada are true and correct in all respects.
2. We have read the regulations pertaining to registration as stated in the 2009 Technician Registry, and understand that any registration, which may be granted, shall be subject to such regulations.
3. We 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 its Privacy Policy. Orthotics Prosthetics Canada may use my personal information provided to assess my certification, administer my application and this examination, and other connected or related administrative matters.

**Primary Supervisor Signature** \_\_\_\_\_

**Secondary Supervisor Signature** \_\_\_\_\_

**Intern's Signature** \_\_\_\_\_

*NOTE: Any changes to Supervision Requires a new application to be submitted to the OPC National Office. Any changes to personnel information must be reported to the OPC National Office.*

## Payment

You must include the Application Fee of \$250.00

**Total application fee with tax:**

(BC/AB/SK/MB/QC) + 5% GST	= <b>\$262.50</b>
(ON) + 13% HST	= <b>\$282.50</b>
(NL/NB/NS/PE) + 15% HST	= <b>\$287.50</b>

An annual Internship fee of \$306.00 + applicable tax is invoiced and payable annually to OPC beginning in the year following your acceptance into the Internship program.

Please return this via **Courier Registered Mail** only to:

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

## OPC Privacy Policy

OPC is a non-profit corporation recognizing proficiency in the field of prosthetics and orthotics. OPC regulates the credentialing and ethics of all its members who practice in the field of fitting and manufacturing prosthetic and orthotic devices.

In order to provide these services OPC must collect certain personal information from its members and from third parties. OPC understands the importance of keeping personal information confidential and is dedicated to upholding certain confidentiality obligations at law, pursuant to the *Personal Information Protection and Electronic Documents Act and Regulations*, and as set out in this Privacy Policy.

To comply with its obligations at law, OPC has adopted a Privacy Policy and appointed a Privacy Officer who is accountable for its compliance with its obligations at law.

The complete OPC Privacy Policy is available on request from the OPC Privacy Officer.

OPC has undertaken to ensure that its employees, agents and authorized persons take all reasonable steps to protect the confidentiality of personal information. OPC is dedicated to taking reasonable steps to protect personal information from risks such as inappropriate collection, use, disclosure, storage or destruction.

Accordingly, OPC will only use the personal information collected in order to address issues of certification, to keep a membership register, to address ethical and regulatory procedures and issues, to promote OPC, its members and the industry and to provide you with updates concerning the industry and OPC generally from time to time.

If there are any matters that are not expressly addressed in the Policy, or if an individual, (1) requires clarification as to how to implement or interpret the Policy, or (2) would like to request access to his or her personal information or to amend such information, such concerns should be brought to the attention of the Privacy Officer immediately.

The Privacy Officer can be contacted as follows:

Orthotics Prosthetics Canada (OPC)  
202-300 March Road  
Ottawa, ON K2K 2E2  
Phone: (613) 595-1919  
Fax: (613) 595-1155

# Internship Application Payment Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City Prov/State Postal Code/Zip

\_\_\_\_\_  
Phone E-mail

Amount: \_\_\_\_\_

Please identify applicable payment:

	Application Fee of \$250.00	Cost
<input type="checkbox"/>	(BC/AB/SK/MB/QC) + 5% GST	= \$262.50
<input type="checkbox"/>	(ON)+ 13% HST	= \$282.50
<input type="checkbox"/>	(NL/NB/NS/PE) + 15% HST	= \$287.50

Check the method of payment you are using:

Credit Card

Cheque (enclosed)

In order to process your payment by credit card please fill out the form below and email to [info@opcanada.ca](mailto:info@opcanada.ca) or fax to (613) 595-1155.

VISA  Master Card

Card # \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Print

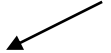
\_\_\_\_\_  
Signature

OPC National Office: 202-300 March Road, Kanata ON K2K 2E2  
Tel (613) 595-1919 Fax (613) 595-1155  
Email: [info@opcanada.ca](mailto:info@opcanada.ca) Website: [www.opcanada.ca](http://www.opcanada.ca)

## Personal Information Consent form

I, the undersigned, hereby give permission for the release of my personal information (name, address, phone, fax and email address) by the staff of Orthotics Prosthetics Canada (OPC),

**\*\*\*Please INITIAL the appropriate lines (DO NOT USE 'X' OR '✓') \*\*\***



\_\_\_\_\_ I do approve of the release of personal information to sponsors and other association(s) in order that such third parties may contact me with respect to their products and services.

\_\_\_\_\_ I give permission to publish my personal information (as noted) on the OPC website in the member directory.

\_\_\_\_\_ None of the above

I hereby release and Orthotics Prosthetics Canada (OPC), its directors and employees from all actions, causes of actions and I further acknowledge and understand that OPC is not responsible for the practices of companies and organizations it does not control or own.

A copy of this consent form shall be kept in my file at OPC National Office.

**I understand that I am entitled to amend the above within 30 days' written notice sent to OPC National Office**

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature