

Certification Examination Application

Dear Applicant,

CBCPO and CAPO amalgamated to create Orthotics Prosthetics Canada (OPC). All trademarks, including CBCPO and all certification and Registration credentials, are owned by OPC. However, The Certification and Registration Board remains the certification body and is the independent Board responsible for implementing and managing the certification and certification process. Successful candidates are still considered CBCPO Certified/Registered through OPC.

Before completing the *Certification Examination Application*, read all instructions carefully. Applicants should familiarize themselves with examination information, guidelines, policies and procedures as outlined in the *Certification Examination Handbook and Examination Policy and Procedure Manual*. These documents are available to Residents on www.opcanada.ca. Please ensure the documentation, information and fees listed in the *Application Submission Checklist* are returned with your application.

The complete application and non-refundable application fee must be received by the OPC National Office no later than the specified dates below. Payment must be in the form of certified cheque, money order or credit card and is payable to Orthotics Prosthetics Canada. Applicants will receive confirmation of acceptance to sit the Examination a minimum of 6 weeks prior to the Examination date.

Enclosed you will find:

- Application Check-list
 - Includes required proof of identity documents
- Examination Application Form
- Residency and practical experience form
- Statement of Adherence to Residency Guidelines
- Certificate Name Designation Form

Incomplete applications or late applications will NOT be processed.

Please send all required documents and fees to:

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

Exam Application Check List

1. Examination Application Form (**pages 3-4**)

2. Certification Exam Payment form & Certification Written Application Fee

(as outlined on www.opcanada.ca)

3. Proof of identity documents*
 - a. Copy of government issued ID showing legal name (i.e. birth certificate, driver's license, passport, etc.)
 - b. One passport photo for onsite identification (attached)

*As of November 2015, the OPC Board of directors approved the new proof of identity requirements for Examinations.

4. Residency and Practical Experience information form (**page 5-6**)

5. Proof of completion of additional Residency requirements. This only applies to applicants who were not trained at an accredited Canadian P & O School. If your acceptance was conditional on the completion of additional requirements such as taking a specific course, you must provide proof that you have completed these requirements with your application. (Applicant, please check appropriate box) (**page 9**)

Proof of requirements attached **Not required**

6. Statement of Adherence to Residency Guidelines (within a sealed envelope) from each Primary and Secondary Supervisor(s). Certificatees must be in good standing with OPC. (**page 7**)

7. Certificate Name Designation Form (indicating how you would like your name printed on your certificate. (**page 8**))

**RETURN THIS CHECKLIST WITH THE REQUIRED DOCUMENTATION
AND IN THE SAME ORDER AS LISTED ABOVE**

Application Form

Contact Information *

Name _____
 First Middle Last

E-mail _____

*As part of the application process, please login to your profile at www.opcanada.ca and ensure all of your contact and employment information is current and up to date. This contact information will be used to contact you regarding important exam information.

Date of Application (mm/dd/yy) _____

Please check appropriate:

Orthotics	<input type="checkbox"/>	Prosthetics	<input type="checkbox"/>
Fall Written Exam	<input type="checkbox"/>	Winter Written Exam	<input type="checkbox"/>
Spring Written Exam (2018 only)	<input type="checkbox"/>	Practical Exam	<input type="checkbox"/>

Previous Examination History

Have you previously sat a CBCPO Examination in the discipline you are applying for?

Yes No

If yes, provide the year(s) _____

Other Required Information

Are you applying for accommodation of a physical or learning disability? Yes No

Are you registering a medically necessary electronic device? Yes No

Please note, your acceptance to sit any Examination is conditional on OPC receiving the appropriate Examination Fees on or before the Examination Fee deadlines (Fee and deadline information is available in the Examination Handbook or from OPC Management Office).

OPC shall keep such documentation and information on file, which may contain personal information. The personal information provided will be used solely for the purpose of determining Registered Technician status and will be recorded in your membership file. All personal information shall be handled in accordance with its obligations pursuant to the *Personal Information Protection and Electronic Documents Act and Regulations* and in accordance with the OPC Privacy Policy.

I _____, solemnly declare that:

1. To the best of my knowledge, information and belief, the statements contained in the foregoing application to Orthotics Prosthetics Canada (OPC) are true and correct in all respects.
2. I have read the regulations pertaining to Certification as stated in the most current Registry, and understand that any Certification, which may be granted, shall be subject to such regulations.
3. I have read and understand my obligations as it applies to applying and participating in OPC Examinations as outlined in the most current information provided including the Examination Handbooks, and Examination Policy and Procedure Manual.
4. I acknowledge that participation in OPC Examinations assumes acknowledgment and permission to review Examination marks for statistical purposes. By signing the Examination Application, Candidates are consenting to the use of the Examination related data for Examination development research purpose.
5. I acknowledge that if I fail to abide by the Residency and Examination rules and guidelines set out by CBCPO I may be barred from future Examinations.
6. I acknowledge and agree that OPC 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. OPC may use my personal information provided to assess my Certification, administer my Application and this Examination, and other connected or related administrative matters.

Signature of the Applicant: _____

Date: _____

Residency Practical Experience Form

Residency Program Start Date: (as per acknowledgement letter)

(mm/dd/yy) _____

Practical experience requirement: To be eligible to sit the CBCPO Examination, you must have completed the required number of work hours as per your acknowledgement letter; this practical experience must be under the supervision of an on-site Resident Certifee/Registrant (as applicable) in good standing in the appropriate discipline.

Please mark the appropriate Residency completed:

Residency	
1 st Discipline Residency	3450 hours ()
2 nd Discipline Residency	3450 hours ()
2 nd Discipline Residency*	1725 hours ()

* Post 5 years initial Certification

Give the name and discipline of:

A. Primary Supervisor

NAME: _____ Certification #: _____
(Please Print)

B. Secondary supervisor(s) (if applicable)

NAME: _____ Certification #: _____
(Please Print)

C. Additional supervisor(s) (if applicable)

NAME: _____ Certification #: _____
(Please Print)

Practical Experience

List positions separately, beginning with your present position. Add additional sheets if necessary. Please note all changes of Supervisors, Facility, etc. during your Residency.

A. Inclusive Dates (mm/dd/yy)

From: _____ To: _____ Total number of hours: _____

Employer Name: _____ Phone: _____

Briefly describe your duties

B. Inclusive Dates (mm/dd/yy)

From: _____ To: _____ Total number of hours: _____

Employer Name: _____ Phone: _____

Briefly describe your duties

C. Inclusive Dates (mm/dd/yy)

From: _____ To: _____ Total number of hours: _____

Employer Name: _____ Phone: _____

Briefly describe your duties

Statement of Adherence to Residency Guidelines

A separate statement is to be filled out by each primary and secondary Supervisor(s) that has been involved in supervising the Candidate during his or her Residency.

The statement must be placed in a sealed envelope and the Supervisor must sign across the envelope seal.

1. During this time under my guidance, this Resident has followed the Residency requirements as set out by OPC in terms of completion and reporting of hours, supervision, and professional conduct.

Yes _____ No _____

2. During this time under my guidance, this Resident has, to the best of my knowledge, conducted him/herself within the OPC Code of Ethics.

Yes _____ No _____

3. To the best of my knowledge, this applicant has completed, or is on track to complete their Residency hours by the week of the Practical Examination.

Yes _____ No _____

If you answered "no" to any of the above questions, please comment (attach additional pages if necessary).

I recognize that this Statement will remain on the applicant's file to which the applicant may be granted access pursuant to the terms of the *Personal Information Protection and Electronic Documents Act* and the *OPC Privacy Policy*. OPC shall retain this information on file and shall handle any personal information provided in accordance with its obligations at law and pursuant to its Privacy Policy.

SIGNATURE: _____ DATE: _____

NAME: _____ CERTIFICATION #: _____

(Please Print)

Certificate Name Designation Form

In order for your Certification certificate to be printed upon successful completion of the Examinations, we would like you to indicate the name preference that you would like to appear on the document.

Please ensure that the spelling is correct and return this with the Examination Application. The information provided will be used solely for the specified purpose.

OPC may, however, retain a copy of the completed form on file in accordance with the terms of its Privacy Policy. For a complete copy of the OPC Privacy Policy please contact the OPC National Office.

Name to appear on Certificate:

(Please print clearly)

Certificate Language

English

French

Signature of Applicant



Certification Exam Payment Form

Name: _____

Address: _____

CityProv/StatePostal Code/Zip

PhoneE-mail

Amount: _____

Please identify all applicable payments:

	Expense Item	Cost
<input type="checkbox"/>	Certification Written Application Fee	\$150.00
<input type="checkbox"/>	Certification Written Exam Fee	\$500.00
<input type="checkbox"/>	Certification Practical Application Fee	\$150.00
<input type="checkbox"/>	Certification Practical Exam Fee	\$700.00

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 or fax to (613) 595-1155.

VISA Master Card

Card # _____ Exp 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 Website: www.opcanada.ca