

## **Registration Examination Application**

Dear Applicant,

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

Before completing the Examination Application, read all instructions carefully. Applicants should familiarize themselves with examination information, guidelines, policies and procedures as outlined in the Examination Handbook and Examination Policy and Procedure Manual. These documents are available to Interns on [www.opcanada.ca](http://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
- Internship and practical experience form
- Statement of Adherence to Internship 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.  Examination application fee (as outlined on [www.opcanada.ca](http://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.  Internship and Practical Experience information form (**page 5-6**)
5. Proof of completion of additional Internship 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 Internship Guidelines (within a sealed envelope) from each Primary and Secondary Supervisor(s). Certifees & Registered Technicians 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**



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 Registration as stated in the most current Registry, and understand that any Registration, 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 Internship 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: \_\_\_\_\_

## Internship Practical Experience Form

Internship 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 Internship completed:

<b>Internship</b>	
Method I Internship	3450 hours ( )
Method II Internship	6900 hours ( )
2nd Discipline Internship*	1725 hours ( )

\* Post 5 years initial Registration

Give the name and discipline of:

**A. Primary Supervisor**

NAME: \_\_\_\_\_ Certification/Registration #: \_\_\_\_\_  
(Please Print)

**B. Secondary supervisor(s) (if applicable)**

NAME: \_\_\_\_\_ Certification/Registration #: \_\_\_\_\_  
(Please Print)

**C. Additional supervisor(s) (if applicable)**

NAME: \_\_\_\_\_ Certification/Registration #: \_\_\_\_\_  
(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 Internship.

### **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 Internship 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 Internship.

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 Intern has followed the Internship 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 Intern 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 Internship 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 Registration 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