



## **Advanced Post Graduate Education Credit Hours Application Form**

**Last Name:**

**Given Name:**

**Preferred Name:**

**Preferred E-mail:**

**Phone: (       )       -**

**OPC Resident/Intern Pathway:**

Orthotics	First Discipline	3450 hours
Prosthetics	Second Discipline	1725 hours

### **Institution and Program Details**

Institution Name:

Program Name:

Course Based

Project Based

Thesis Based

Program Description:

Full Time

Part Time

Expected completion date: *(mm/yyyy)*

Prerequisite to enter program (list relevant post-secondary degree/courses):



**Number of Electives Required:**

**List Elective Courses (Detailed Descriptions to be completed on following pages)**

*\*Equivalent OPC Credit Hours can be determined as described in the Residency Handbook Section 12.1*

<b>Course Code</b>	<b>Course Name</b>	<b>Institution Credits</b>	<b>Equivalent OPC Credit Hours*</b>

**Number of Additional Courses:**

**List Additional Courses**

*\*Equivalent OPC Credit Hours can be determined as described in the Residency Handbook Section 12.1*

<b>Course Code</b>	<b>Course Name</b>	<b>Institution Credits</b>	<b>Equivalent OPC Credit Hours*</b>

**Any Additional Information (Optional):**

**Core Course Details**

Core Course # \_\_\_\_\_ of \_\_\_\_\_

Complete this section per Course

Course Code	Course Name	Institution Credits	Expected Hours of coursework*

*\*In the box below, list each core course and provide website reference and/or documentation from the Institute with respect to the expected hours of coursework. If not found on the website, the applicant should reach out to the Institute for documentation.*

Website Reference on hours of coursework:

Course Description:

**Core Course Details**

Core Course # \_\_\_\_\_ of \_\_\_\_\_

Complete this section per Course

Course Code	Course Name	Institution Credits	Expected Hours of coursework*

*\*In the box below, list each core course and provide website reference and/or documentation from the Institute with respect to the expected hours of coursework. If not found on the website, the applicant should reach out to the Institute for documentation.*

Website Reference on hours of coursework:

Course Description:

**Elective Course Details**

Elective Course # \_\_\_\_\_ of \_\_\_\_\_

Complete this section per Course

Course Code	Course Name	Institution Credits	Expected Hours of coursework*

*\*In the box below, list each elective course and provide website reference and/or documentation from the Institute with respect to the expected hours of coursework. If not found on the website, the applicant should reach out to the Institute for documentation.*

Website Reference on hours of coursework:

Course Description:

**Elective Course Details**

Elective Course # \_\_\_\_\_ of \_\_\_\_\_

Complete this section per Course

Course Code	Course Name	Institution Credits	Expected Hours of coursework*

*\*In the box below, list each elective course and provide website reference and/or documentation from the Institute with respect to the expected hours of coursework. If not found on the website, the applicant should reach out to the Institute for documentation.*

Website Reference on hours of coursework:

Course Description:

**Additional Course Details**

Additional Course # \_\_\_\_\_ of \_\_\_\_\_

*Complete this section per Course*

Course Code	Course Name	Institution Credits	Expected Hours of coursework*

*\*In the box below, list each additional course and provide website reference and/or documentation from the Institute with respect to the expected hours of coursework. If not found on the website, the applicant should reach out to the Institute for documentation.*

*Website Reference on hours of coursework:*

**Course Description:**

**Additional Course Details**

Additional Course # \_\_\_\_\_ of \_\_\_\_\_

*Complete this section per Course*

Course Code	Course Name	Institution Credits	Expected Hours of coursework*

*\*In the box below, list each additional course and provide website reference and/or documentation from the Institute with respect to the expected hours of coursework. If not found on the website, the applicant should reach out to the Institute for documentation.*

*Website Reference on hours of coursework:*

**Course Description:**

Note: The credits will apply as follows:

1. A limit of not more than 15% (518 hours) of the total Residency/Internship Hours can be comprised of the credit for MSc. Studies.
  - a. As the McMaster MSc. in Rehabilitation Program has been developed and implemented in collaboration with prosthetic orthotic experts, this course is eligible for the maximum credit hours (15%).
  - b. Other MSc. (or PhD) in Rehabilitation Sciences or related fields delivered through Canadian provincially accredited education institutions are eligible for credit hours of up to 10% (345 hours) of the total Residency/Internship.
2. Credit hours are equally eligible to Residents/Interns regardless of whether they are in their first or second discipline.
3. Credit hours will be prorated based on the length of the discipline/pathway.
  - a. i.e. those eligible for shorter second discipline may not exceed 15% (McMaster MSc.) or 10% (Other Canadian accredited programs) of total Residency/Internship hours.
  - b. Credits will only be eligible for MSc. education activities that take place during the Residency/Internship period.
4. To allow for flexibility when accruing hours, Residents/Interns are not limited in the number of courses that can be completed at any one time.

**Please note: Hours applied towards the M.Sc. Program cannot be used as education hours**

**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 are true and correct in all respects.
2. I have read the regulations pertaining to certification and understand that any certification, which may be granted, shall be subject to such regulations.
3. I acknowledge and agree that Orthotics Prosthetics Canada (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 with 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



## **Documentation Required**

Official transcripts confirming successful course completion is required • Transcripts to be submitted to the OPC National Office on or before January 31 of each year.

**\*\*Please INITIAL in the appropriate spaces (DO NOT USE 'X' OR '✓') to indicate your understanding of each criteria\*\***

	A completed MSc./PhD Program Consideration for OPC Residency/Internship Credit Hours form has been completed
	Official Transcripts confirming successful course completion is required
	Transcripts to be submitted to programs@opcanada.ca on or before January 31 of each year

## **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)  
705-1 Eglinton Ave E, Toronto, ON M4P 3A1  
Phone: (416) 623-6687

## 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.
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I hereby release 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 by written notice sent to OPC National Office.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature