



Residency Application

Applicant _____

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:

Employment Start Date: (mm/dd/yr) _____

**Mailing Address Preference Home Employment

**E-mail Preference Home Employment

Education

1) College/University (Prosthetic & Orthotic Program) _____

Year Graduated (or expected date) _____ Highest Degree/Diploma held: _____

2) College/University _____

Year Graduated _____ Highest Degree/Diploma held: _____

Personal Information

Date of Birth (DD/MM/YY): _____

Gender (please check one of the following):

Female _____

Male _____

Non-binary _____

A gender not listed here _____

Unsure how to describe myself _____

Prefer not to say _____

Nationality: _____

Complete this section if you have previously volunteered for an OPC Clinical Practical Exam

Most recent date volunteered for **OPC Clinical Practical Exam** on: (mm/dd/yr) _____

Residency Program Classifications

Please select one of the Residency Pathways below:

Accredited School Program

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

The applicant must have completed an OPC approved and officially recognized Clinical 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 Certifee in good standing with the corporation, in the appropriate discipline.

*Post 5 years practicing as a Certifee in your first discipline. If a Certifee (who has obtained their first discipline after completing a recognized Clinical prosthetic/orthotic school program) has been certified for more than **five years** and practicing full time in their primary discipline, a further **1725 hours** of practical experience and Residency under the supervision of an on-site OPC Certifee in good standing with the corporation, in the appropriate discipline is required.

Foreign Applicant

- Prosthetics** 3450 hours
- Orthotics** 3450 hours

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 Clinical Residency Program and complete a residency in Canada by completing **3450 hours** 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 OPC Certifee in good standing with the corporation, in the appropriate discipline.

An acceptance letter from OPC must accompany this application.

- Note:
- If applying through the Accredited School Program, 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 as a Foreign Applicant, include a copy of a letter from Orthotics Prosthetics Canada (OPC) stating the acceptance of your educational evaluation

Supervisor Information

- Note:
- A Resident must have a Primary Supervisor but can also have additional Supervisors.

#1 (Primary) Supervising Certifee

Name _____ Credential Number _____

Email for Typhon _____
Name of Clinic _____

#2 Supervising Certifee

Name _____ Credential Number _____

Email for Typhon _____
Name of Clinic _____

#3 Supervising Certifee

Name _____ Credential Number _____

Email for Typhon _____
Name of Clinic _____

#4 Supervising Certifee

Name _____ Credential Number _____

Email for Typhon _____

Name of Clinic _____

As a Supervisor, you are authorizing that the Resident may apply to the Residency program and that you will be responsible for ensuring that the Resident is prepared for the Certification Examination. You are also responsible to be familiar with and follow the duties described in the [Residency Program Handbook](#). This includes evaluating the Resident and completing the GCEs in a timely manner. The Resident must be working their Residency hours in the appropriate discipline, under your direct supervision as stipulated by Orthotics Prosthetics Canada (OPC) residency program policies.

During scheduled unsupervised hours the Resident must not conduct themselves in any way contrary to the OPC Code of Ethics.

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. 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.

Primary Certifree Signature _____

Supervisor #2 Signature _____

Supervisor #3 Signature _____

Supervisor #4 Signature _____

Applicant Signature _____

Note:

- A [Change Form](#) must be submitted to the OPC National Office if there are any changes to Supervisors or personnel information. The Change Form must be submitted to amy@opcanada.ca.

Payment

You must include the one time **Application Fee** of \$500.00 with your application.

Total Application Fee with tax:

(BC/AB/SK/MB/QC) + 5% GST	= \$525.00
(ON) + 13% HST	= \$565.00
(NB/NL/NS/PE) + 15% HST	= \$575.00

In addition to the Application Fee, a **Residency Fee** of \$856.00 + applicable tax is invoiced and payable annually to OPC beginning in the year following your acceptance into the Residency program.

Note:

- *As a Resident, you are also required to pay the annual OPC Membership Dues (Associate Level)*

The 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)
1 Eglinton Ave. E., Suite 705
Toronto, ON M4P 3A1
(416) 623-6687

Please submit this application via email to amy@opcanada.ca

Residency Application Payment Form

Name: _____

Address: _____

City Prov/State Postal Code/Zip

Phone E-mail

Amount _____

Please identify applicable payment:

	Application Fee of \$500.00	Cost
<input type="checkbox"/>	(BC/AB/SK/MB/QC) + 5% GST	= \$525.00
<input type="checkbox"/>	(ON)+ 13% HST	= \$565.00
<input type="checkbox"/>	(NL/NB/NS/PE) + 15% HST	= \$575.00

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 amy@opcanada.ca

VISA Master Card

Card # _____

Expiry Date: _____

Security Code: _____

Cardholder Print

Signature

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 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