



## Residency Off-Site Application

Prior approval by the OPC National Office is required to claim Residency hours for off-site clinical experiences. The Attending Supervising Certifee must be in good standing with OPC.

Steps for Off-Site Residency Procedure:

- 1) The Resident must complete the following application form. Both the Resident and the Resident's Supervisor must sign the form.
- 2) Send application to the OPC National Office for approval.
- 3) Once approved, the Resident may attend the site for the dates indicated.

**Note: it is the Residents responsibility to have appropriate workplace and liability insurance for the visit.**

- 4) While at the visiting clinic, have Attending Supervisor sign the approved application form to indicate that the Resident has attended.
- 5) Resident is to keep application as record of hours. Visiting hours will be logged as per usual in Typhon and verified by Resident's Supervisor.

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

Primary Supervisor: \_\_\_\_\_ Cert. # \_\_\_\_\_

Dates of off-site visit (please list): \_\_\_\_\_

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

Attending Supervisor: \_\_\_\_\_ Cert. # \_\_\_\_\_

Visiting Clinic Address: \_\_\_\_\_  
Street

City Province Postal Code

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

**Resident Signature** \_\_\_\_\_

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

Please return this to the OPC National Office:

Email: [programs@opcanada.ca](mailto:programs@opcanada.ca)

Phone: 416.623.6687

Fax: 613.595.1155

I, the Attending Supervising Certifee, confirm that the said Resident has participated in an off-site experience on the dates stated above. I ensure that the Resident is in compliance with the policies and procedures outlined by the OPC.

**Attending Supervisor Signature** \_\_\_\_\_

<b>Office Use:</b>			
Approved by OPC National Office (circled):	YES	NO	Signed: _____ Date: _____