



CHANGES TO PROSTHETIC/ORTHOTIC RESIDENCY

Change requested (please select all that apply):

Place of Employment
(complete section A, B and C)

Supervisor
(Complete section A and C)

SECTION A

Name of Resident: _____

E-mail: _____

SECTION B

New Place of Employment: _____

Street _____

City

Province

Postal Code

Contact Numbers: (Tel) _____ (Fax) _____

E-mail: _____

Commencement Date: _____

Previous Place of Employment: _____

Street _____

City

Province

Postal Code

Contact Numbers: (B) _____ (F) _____

Last Day Worked: _____

Discipline: Prosthetics Orthotics / FT PT



SECTION C

Primary Supervisor

Name: _____ C.B.C.P.O. Reg. # _____

Email: _____

Name of Facility: _____

Effective Date: _____

Secondary Supervisor

Name: _____ C.B.C.P.O. Reg. # _____

Email: _____

Name of Facility: _____

Effective Date: _____

As the supervising Certifee you will be responsible for ensuring that the Resident is prepared for the Certification Examination. The Resident must be working his/her Residency hours in the appropriate discipline, under your direct supervision as stipulated by Orthotics Prosthetics Canada (OPC).

During scheduled unsupervised hours Resident must not conduct himself/herself in any way contrary to the [OPC Canons of Ethical Conduct](#).

Removal of Supervisor(s)

Name: _____ C.B.C.P.O. Reg. # _____

Effective Date: _____

Name: _____ C.B.C.P.O. Reg. # _____

Effective Date: _____



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 (OPC) are true and correct in all respects.
2. We have read the regulations pertaining to certification as stated in the 2009-2010 Registry, and understand that any certification, which may be granted, shall be subject to such regulations.
3. We 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 its Privacy Policy. Orthotics Prosthetics Canada (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 Certifee Signature _____

Secondary Certifee Signature _____

Resident's Signature _____

NOTE: Any changes to Supervision Require a new Changes to Residency form to be submitted to the OPC National Office. Any changes to personnel information must be reported to the OPC National Office.

Please return this to programs@opcanada.ca