



## OPC ENTRANCE-TO-RESIDENCY EXAMINATION APPLICATION

**APPLICATION FOR (Please check appropriate):**

DISCIPLINE

Orthotics

Prosthetics

Date (mm/dd/yy) \_\_\_\_\_

Title Mr. ( ) Mrs. ( ) Ms. ( ) Discipline ( )

Name \_\_\_\_\_  
Last First Middle

Choice of Mailing Address:

Work

Home

Home Address \_\_\_\_\_

City

Province

Postal Code

Business Address

Company \_\_\_\_\_

Address \_\_\_\_\_

City

Province

Postal Code

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_



**PREVIOUS EXAMINATION HISTORY:**

Have you previously sat an examination in the discipline you are applying for?

Yes

No

If yes, give years (mm/dd/yy) \_\_\_\_\_

\*An Entrance-to-Residency exam application stands for 12 months. This means Entrance-to-Residency exam applicants have two opportunities to sit the Entrance-to-Residency exam with each application in a 12 month period. If you fail the Entrance-to-Residency exam, it is the applicant's responsibility to inform OPC of your intention to participate in the next sitting of the Entrance-to-Residency exam a minimum of 12 weeks prior to the exam.

**OTHER REQUIRED INFORMATION:**

Are you applying for accommodation of a physical or learning disability?

Yes

No

Are you registering a medically necessary electronic device?

Yes

No

Please note: Your acceptance to sit any exam is conditional upon BCPO receiving the appropriate exam fees on or before the exam fee deadline. (Fee and deadline information is available from OPC national Office). Candidates have the option to write both Prosthetics and Orthotics exams but may only choose one discipline for residency.

OPC shall keep such documentation and information on file, which may contain personal information. The personal information provided will be used solely for the purpose of determining certification status and will be recorded in your membership file. All personal information shall be handled in accordance with its obligations pursuant to the Personal Information Protection and Electronic Documents Act and Regulations and in accordance with the OPC Privacy Policy.

I, \_\_\_\_\_, SOLEMNLY DECLARE THAT:



Orthotics Prosthetics Canada

1. To the best of my knowledge, information and belief, the statements contained in the foregoing application to the Canadian Board for Certification of Prosthetists and Orthotists are true and correct in all respects.
2. I have read the regulations pertaining to Residency/Internship and Certification/Registration as stated in the most current CBCPO Registry, and understand that any Certification / Registration, which may be granted, shall be subject to such regulations.
3. I have read and understand my obligations as it applies to applying to and participating in CBCPO Examinations as outlined in the most current Registry, Examination Handbooks, and Examination Policy and Procedure Manual.
4. I acknowledge that participation in CBCPO Examinations assumes acknowledgment and permission for CBCPO to review examination marks for statistical purposes. By signing the exam application, candidates are consenting to the use of the exam related data for exam development research purpose.
5. I acknowledge that if I fail to abide by the Residency/Internship and Examination rules and guidelines set out by CBCPO, I may be barred from future CBCPO Examinations.
6. I acknowledge and agree that the Canadian Board for Certification of Prosthetists and Orthotists 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. The Canadian Board for Certification of Prosthetists and Orthotists may use my personal information provided to assess my certification, administer my application and this examination, and other connected or related administrative matters.

Please note, applications are collected at end of each month and then shared amongst the Professional Qualifications Committee for a 10-day review.

Signature of the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_