



CANADIAN BOARD FOR CERTIFICATION OF PROSTHETISTS AND ORTHOTISTS
CONSEIL CANADIEN DE LA CERTIFICATION DES PROTHÉSISTES ET ORTHÉSISTES

Prosthetic/Orthotic Internship Application

Mr. /Mrs. /Ms. (Circle one)

First name **Last name**

Home Address

Address _____

Street

City **Province** **Postal Code**

E-mail: _____

Employment Address

Company: _____

Address _____

Street

City **Province** **Postal Code**

H () _____ W () _____ F () _____

E-mail: _____

****Mailing Address Preference:** **Home** **Employment**

****Website e-mail Preference:** **Home** **Employment**

Correspondence preference: **English** **French**

College/University _____

Year Graduated _____

Highest Degree/Diploma held: _____

Note:

- Please 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 under Foreign Applicant Status, a copy of a letter from the Canadian Board for Certification of Prosthetists and Orthotists ("C.B.C.P.O.") Education Chairman stating the acceptance of your educational evaluation.
- Please enclose a copy of your Grade XII High School or G.E.D. equivalence diploma

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

Internship Classifications:

Method I

Accredited School Program: (Maximum of 48 weekly reporting hours)

- | | | |
|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Prosthetics | <input type="checkbox"/> 3450 hour | <input type="checkbox"/> 1725 hours: |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> 3450 hour | <input type="checkbox"/> 1725 hours: |

The applicant must have completed a Canadian Board for Certification of Prosthetists and Orthotists approved and officially recognized technical prosthetic and orthotic school program. Applicants must be employed in a prosthetic-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 resident Certifee and/or registered technician in good standing with the corporation, in the appropriate discipline.

If a Registered Technician (who has obtained their first discipline after completing a recognized Technical prosthetic/orthotic school program) has been registered for more than five years and practicing full time in their primary discipline, a further 1725 hours of practical experience and internship under the supervision of an on-site C.B.C.P.O. Certifee or Registered Technician in the appropriate discipline is required.

Method II (Maximum of 48 weekly reporting hours)

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Prosthetics | <input type="checkbox"/> 6900 hour s | <input type="checkbox"/> 3450 hours |
| <input type="checkbox"/> Orthotics | <input type="checkbox"/> 6900 hour s | <input type="checkbox"/> 3450 hours |

The applicants must be employed in a prosthetic-orthotic facility. This must be followed by 6900 hours of full-time work in the appropriate discipline, no less than 37.5 hours per week. The 6900 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 resident Certifee and/or registered technician in good standing with the corporation, in the appropriate discipline.

To qualify for acceptance for the examination in the second discipline, technicians who obtained their first discipline must complete a further 3450 hours of practical experience under the supervision of an on-site resident Certifee and/or registered technician, in good standing with the corporation, in the appropriate discipline.

Foreign Applicants: **Prosthetics** **Orthotics**

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 C.B.C.P.O. Technician Internship Program and complete an internship in Canada of 3450 hours. An acceptance letter from the C.B.C.P.O. Education Chairperson must accompany this application.

(Maximum of 48 weekly reporting hours)

Primary Supervising Certifee or Registered Technician

Name: _____ **C.B.C.P.O. REG. #** _____

Name of Clinic: _____

Secondary: Supervising Certifee or Registered Technician

Name: _____ **C.B.C.P.O. REG. #** _____

Name of Clinic: _____

As the primary supervisor you are authorizing that the Intern may apply to the Internship program and that you will be responsible for ensuring that the Intern is prepared for the Registration Examination. The Intern must be working his/her Internship hours in the appropriate discipline, under your direct supervision as stipulated by the Canadian Board for Certification of Prosthetists and Orthotists.

During scheduled unsupervised hours the Intern must not conduct himself/herself in any way contrary to the C.B.C.P.O. Code of Ethics. See the Registry for further details.



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I/WE SOLEMNLY DECLARE THAT:

1. To the best of our 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. We have read the regulations pertaining to registration as stated in the 2009 Technician Registry, and understand that any registration, which may be granted, shall be subject to such regulations.
3. We 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.

Primary Certifee/Registered Technician Signature _____

Secondary Certifee/Registered Technician Signature _____

Intern's Signature _____

Please include with your payment the attached Privacy documents.

Please include Internship Fees of \$175.00 + 5% GST = \$183.75 (AB/SK/MB/PE/QC)
+ 12% HST = \$196.00 (BC)
+ 13% HST = \$197.75 (ON/NB/NF)
+ 15% HST = \$201.25 (NS)
Payable annually to C.B.C.P.O

Please return this via **Courier** **Registered Mail** only to:

C.B.C.P.O. Head Office
#605-294 Portage Avenue
Winnipeg, MB R3C 0B9

NOTE: Any changes to Supervision Requires a new application to be submitted to CBCPO Head Office. Any changes to personnel information must be reported to CBCPO Head Office.

The CBCPO Privacy Policy

CBCPO is a non-profit corporation recognizing proficiency in the field of prosthetics and orthotics. CBCPO 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 CBCPO must collect certain personal information from its members and from third parties. CBCPO 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, CBCPO has adopted a Privacy Policy and appointed a Privacy Officer who is accountable for its compliance with its obligations at law.

The complete CBCPO Privacy Policy is available on request from the CBCPO Privacy Officer.

CBCPO has undertaken to ensure that its employees, agents and authorized persons take all reasonable steps to protect the confidentiality of personal information. CBCPO is dedicated to taking reasonable steps to protect personal information from risks such as inappropriate collection, use, disclosure, storage or destruction.

Accordingly, CBCPO 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 CBCPO, its members and the industry and to provide you with updates concerning the industry and CBCPO 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:
Canadian Board for Certification of Prosthetists and Orthotists,
Attn: Kathy Kostycz, Privacy Officer,
605-294 Portage Avenue,
Winnipeg, Manitoba R3C 0B9,

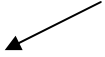
Phone: (204) 949-4972

Fax: (204) 947-3627.

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 The Canadian Board for Certification of Prosthetists and Orthotists (CBCPO),

****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 CBCPO website.

_____ None of the above

I hereby release and The Canadian Board for Certification of Prosthetists and Orthotists (CBCPO), its directors and employees from all actions, causes of actions and I further acknowledge and understand that CBCPO 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 CBCPO Head Office.

I understand that I am entitled to amend the above within 30 days written notice sent to CBCPO Head Office

Date:

Print Name

Signature