



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

Prosthetic/Orthotic Residency Application

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

First name

Last name

Home Address

Address _____

Street

City

Province

Postal Code

E-mail: _____

Business Address

Company: _____

Address _____

Street

City

Province

Postal Code

H () _____

W () _____

F () _____

E-mail: _____

****Mailing Address Preference:**

Home

Business

****Website e-mail Preference:**

Home

Business

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.

Residency Types

Accredited School Program:

- | | | |
|---|------------------------------------|--------------------------------------|
| <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: |

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 resident Certifee in the appropriate discipline is required.

Non Accredited Program (5175 hours): **Prosthetics** **Orthotics**

All graduates from the non- accredited program, from College Montmorency, 1993-2000 and College Merici 2006, must apply for residency and complete a total of 5175 hour residency under a CBCPO Certifee who is in good standing with the Corporation, in the appropriate discipline.

Foreign Applicants (3450 hours): **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 foreign qualifications are deemed equivalent to the current standards of the Corporation, then the individual will be required to register with the residency program and complete a residency, in Canada, of 3450 hours. Acceptance letter must accompany this application.

PRIMARY SUPERVISING CERTIFEE

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

Name of Clinic: _____

SECONDARY SUPERVISING CERTIFEE

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

Name of Clinic: _____

As the supervising certifee 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. The Resident must be working his/her Residency 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 Resident 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 certification as stated in the 2008-2009 Amended Registry, and understand that any certification, 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 Certifée Signature _____

Secondary Certifée Signature _____

Resident's Signature _____

Please include with your payment the attached Privacy documents.
Please include Residency Fees of \$175.00 + GST=\$183.75(except NS/NB/NF)
+ HST=\$197.75(NS/NB/NF)
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,

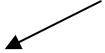
Phone: (204) 949-4972

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