



# Larry Lange Travel Fellowship Award

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## **Overview:**

Established in 2007, in honor and memory of Larry Lange, CPO, FAAOP, this award recognizes the outstanding practice/education of a current or recent graduate of an NCOPE Orthotic/Prosthetic Residency Program.

Larry dedicated over 27 years to the O&P profession and to the patients he served. He gave richly of his talents by volunteering his time and energy to national O&P organizations. One example was his service to ABC and his 22 years as examiner for the clinical patient management exams. Larry believed in furthering one's education as evidence by his pursuit and attainment of the American Academy of Orthotists and Prosthetists fellow designation.

## **Purpose:**

The purpose is to provide individuals at the start of their career an opportunity to further enrich their education and development as a professional in a particular aspect of orthotic and/or prosthetic care.

The Award is \$2000 dollars to be used for travel and meeting registrations fees for professional O & P conferences.

Attendance at the following conferences would meet the funds goal:

- **International Conferences**
- **American Academy of Orthotists and Prosthetists Annual Symposium**
- **American Orthotic and Prosthetic Association Annual Assembly**
- **Association of Children's Prosthetic-Orthotic Clinics**
- **Recognized Clinical Center of Excellence, i.e., military center, an O&P patient care center specializing in a treatment area, travel outside the United States to centers of interest or humanitarian efforts. (It is recommended that applicants make contact with the host to gain support before applying).**



# Application

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**Applicant:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Residency Information:**

**Residency Site:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Facility Ph:** \_\_\_\_\_

**Residency Director:** \_\_\_\_\_

**Residency Start Date:** \_\_\_\_\_

**Residency End Date:** \_\_\_\_\_

**Residency Discipline:** \_\_\_\_\_

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**IMPORTANT NOTES FOR APPLICANTS:**

- **Please complete all sections of the application**
- **Only the applicant can apply** (*within 18 months of starting an NCOPE Residency Program*)
- **Please Sign the application** (*by signing the application awardees are agreeing to share reports of the conferences they attended within 30 days of completing their trip*)
- **Annual Application Deadline is June 1**
- **Please mail or email the entire application to:**  
**NCOPE**  
**c/o Larry Lange Fund**  
**330 John Carlyle Street, Suite 200,**  
**Alexandria, VA 22314**  
[rseabrook@ncope.org](mailto:rseabrook@ncope.org)

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### **Education:**

**Current Degree Held:** \_\_\_\_\_

**GPA:** \_\_\_\_\_

**Orthotics/Prosthetics Education:** \_\_\_\_\_

*Please provide a transcript or facsimile of recent academic record with GPA*

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### **Official Recommendations:**

**Name and Title/Position:** \_\_\_\_\_

**School/Institution/O&P Practice where employed:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

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

**Name and Title/Position:** \_\_\_\_\_

**School/Institution/O&P Practice where employed:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

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

**Name and Title/Position:** \_\_\_\_\_

**School/Institution/O&P Practice where employed:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

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

*Minimum of two Letters of Recommendation, one of which is from your Residency Director, must be included with this application*

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**Personal Statement:**

*Please provide a brief statement below of your residency training; leadership and work roles; community involvement; participation in special projects; O & P career plans  
(250 words or less - you may use back of this page or attach additional pages, if needed)*

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## **Judging Criteria:**

***Awardees are chosen by a specially appointed selection committee of NCOPE utilizing the following judging criteria:***

- Travel Fellowship Application by June 1 Submission Deadline (within 18 months of starting an NCOPE Residency Program)
- Academic Achievement (Transcripts of Recent Academic Record with GPA )
- Minimum of two Letters of Recommendation, one which must be from Residency Director
- Personal Profile Statement (Relevance of Residency Training/Experience for future O & P Professional Goals)

If chosen, the award is \$2,000 dollars to be used for travel and meeting registration fees for professional O & P conferences. Please indicate the conference(s) you plan to attend that would meet the funds goal:

**International Conference:**

Name of Conference: \_\_\_\_\_

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

**American Orthotic and Prosthetic Association (AOPA) Annual Assembly**

**Association of Children's Prosthetic-Orthotic Clinics (ACPOC)**

**American Academy of Orthotists and Prosthetists (AAOP) Annual Symposium**

**Recognized Clinical Center of Excellence** –*Examples: military center; an O & P patient care center specializing in a treatment area; travel outside the United States to centers of interest or humanitarian efforts (it is recommended that applicants make contact with the host to gain support before applying).*

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

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

**Other O & P Conference**

Name of Conference: \_\_\_\_\_

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

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### **Award of Scholarship:**

**Awardees will be notified of their award via email, mail, or phone. The Scholarship check will be provided directly to the awardees**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***By signing this application, you agree that if awarded the Larry Lange Travel Fellowship Award you will provide and share a report of the conferences, education and development courses attended (minimum of one page double-spaced)***

