

To obtain an Application for Accreditation of a Residency Program visit

www.ncope.org

1. Click on Residency Sites (left hand side)
2. Click on Forms for Residency Sites
3. Click on Application for Accreditation of a Residency Program (3rd form listed)

*Please Note: The application is fill-able online, which allows you to start, save as and complete at a later time if needed. The completed application must be mailed directly to our office with application fee of \$400.00 if you are re-applying or \$500.00 if you are applying for the first time (**Checks only**)*

RESIDENCY PROGRAM UPDATE: AS OF APRIL 1, 2010, NCOPE REQUIRES THE RESIDENCY DIRECTOR OF THE RESIDENCY PROGRAM

NCOPE

**330 John Carlyle Street, Suite 200
Alexandria, VA 22314**

The application review process takes 4-6 weeks. Once accredited, the cycle lasts 5 years. Your facility must be accredited by an organization that accredits Comprehensive O & P Patient Care Services and requires a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited orthotic and prosthetic education for orthotists and prosthetist.

TIPS for filling out an application of accreditation of a residency program

TIP #1 – Residency Director must be listed and have 5 years of Post-certification experience by ABC (credential and certification dates are verified)

TIP #2 – All other practitioners involved in the residency program must have at least 3 years of Post-certification experience by ABC (credential and certification dates are verified)

TIP #3 – If only applying for one discipline, only fill out the portions of the application related to that discipline

TIP #4 – Please place numbers in the columns titled “Projected Resident Experience” on pages 2 & 4. If the columns are left blank, your application will be returned as the application is considered INCOMPLETE.

TIP #5 – Filling the application out on-line ensures a legible application. The application is copied and electronically scanned and sometimes faxed when sent to the NCOPE review committee.

TIP #6 – The columns on pages 9, 10 and 11 (percentages) should be added to total 100% VERTICALLY

TIP #7 – Question # 8 on pages 10 requires applicant to provide how often your practice/facility participates in any specialty clinics (Frequency)

TIP #8 – Question 12 on pages 11 **is required**

TIP #9 – Feel free to contact NCOPE at (703)836-7114 to speak with Dominique Mungo at Ext. 237 or Joan Dallas at Ext. 203. You may also email us at dmungo@ncope.org or jdallas@abcop.org