
NCOPE RESIDENCY DIRECTED STUDY REPORT COVER PAGE

Name of Resident: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Email address: _____
O&P Program (Name of University or School): _____
Type of Degree or Certificate: _____
Date of Completion of Academic Program: _____
Date of Submission of Report: _____
Name of Residency Site: _____
Address of Residency Site: _____

Name of Residency Director: _____ Phone: _____
Name of Research Director (if applicable): _____ Phone: _____

PROJECT TITLE: _____

Type of Project (Please check one):

- I.A Case Study Involving Human Subjects
- I.B. Scientific Study Involving Human Subjects
- I.C. Scientific Study Involving Human Subjects Supervised by a Qualified Research Organization
- I.D. Other Study Involving Human Subjects
- II.A. Literature Review
- II.B. Scientific Study Not Involving Human Subjects
- II.C. Scientific Study Not Involving Humans Subjects Supervised by a Qualified Research Organization
- II.D. Other Study Not Involving Human Subjects

Primary Subject (Please check one):

- Prosthetics
- Orthotics
- Other

Do you wish to have your Directed Study Report reviewed by the American Academy of Orthotists and Prosthetists for possible designation as a “Best of the Resident Research Report?” If granted this designation, the Academy may place it on their website.

_____ yes _____ no

For NCOPE use only:

Internal NCOPE Number: _____
Name of Reviewer: _____
Date Submitted to Reviewer: _____

