

## Role of the Board Member to NCOPE

### ***PURPOSE***

To provide representation and participation to NCOPE on accreditation and professional education issues.

### ***DUTIES/RESPONSIBILITIES***

1. Attend NCOPE Meetings
2. Participate in discussions
3. Participate in selected subcommittees (and discussion of plan or correction, annual or progress reports, or issues)

### ***TERM OF OFFICE***

Three years and no more than two consecutive terms.

### ***METHOD OF APPOINTMENT***

Nominations process.

### ***CRITERIA***

1. Have an interest or background in education and/or accreditation.
2. Have prominence, respect and name recognition among his/her peers.
3. A record of significant accomplishment in more than one area of endeavor, e.g., an individual who has been successful in his/her vocation and has served on other boards or committees.
4. Willingness and ability to articulate a point of view clearly and persuasively
5. The ability to provide constructive contributions, to compromise and to work towards consensus positions.
6. The ability to commit the time and effort necessary for active service as a member of the board.



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CONSENT TO NOMINATION

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

NCOPE  
330 John Carlyle St., Ste. 200  
Alexandria, VA 22314      **FAX 703.836.0838**

Dear Nominating Committee:

I have been nominated for a three year term for the National Commission on Orthotic and Prosthetic Education (NCOPE)

I verify the following (check all that apply) and I accept the nomination:

- I work for a patient care facility or education & research institution categories from the American Orthotic & Prosthetic Association;
- I am an active member in good standing with the American Academy of Orthotists and Prosthetists
- I am certified by ABC at the orthotist/prosthetist level and I am in good standing
- I am a residency director at a currently accredited and active NCOPE accredited residency program

I will submit the Biographical Information Form to the address above **by August 31, 2009.**

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print or type name)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state, zip)

\_\_\_\_\_  
(phone)

\_\_\_\_\_  
(fax)

\_\_\_\_\_  
(e-mail)

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BIOGRAPHICAL INFORMATION FORM FOR NOMINEES

Nominees for an elected position to NCOPE are requested to submit the following information to NCOPE.

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

Professional Degree(s): \_\_\_\_\_

Current Employment/Position Title: \_\_\_\_\_

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LIST PAST OR PRESENT CLINICAL OR ACADEMIC POSITIONS IN ALLIED HEALTH PROFESSIONAL EDUCATION

LIST EXPERIENCE IN POSTSECONDARY / PROGRAMMATIC ACCREDITATION

LIST ANY EXPERIENCE IN OTHER COLLABORATIVE ORGANIZATIONS

DESCRIBE YOUR CURRENT OR PAST INVOLVEMENT WITH NCOPE

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Return no later than **August 31, 2009** to NCOPE, Attn: Robin Seabrook, 330 John Carlyle St., Ste. 200, Suite 500, Alexandria, VA 22314. Fax (703) 836-0838.