



## National Commission on Orthotic and Prosthetic Education

330 John Carlyle St.  
Suite 200  
Alexandria, VA 22314

(703) 836-7114, ext. 237  
Fax: (703) 836-0838  
Email: [info@ncope.org](mailto:info@ncope.org)

[www.ncope.org](http://www.ncope.org)

### Questions?

For questions about the residency program or registration, contact NCOPE at (703) 836-7114, ext. 237 or email [dmungo@ncope.org](mailto:dmungo@ncope.org).

# Resident Registration and Instructions

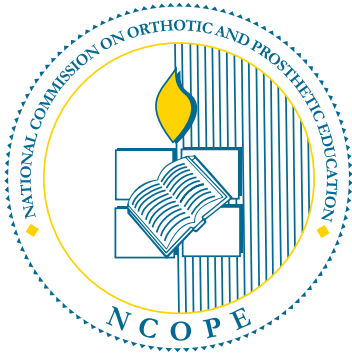
## REGISTRATION REQUIREMENTS

The following documentation and fees are required as part of the official registration. Your registration form, including all forms and fees are to be mailed to:

**National Commission on Orthotic and Prosthetic Education**  
330 John Carlyle Street, Suite 200, Alexandria, VA 22314-5760

**All residents must register with NCOPE before starting a residency program. You will receive confirmation from NCOPE and can start your residency once your registration has been processed. Registering at least 2 weeks to 30 days in advance is recommended.**

- 1. Resident Registration Fee:** The registration fee of \$1,500.00 is an annual fee per residency and **must be received** when a resident is registered with NCOPE. If registering for an 18-month residency program, total is \$3000. **Make check, certified check or money order payable to NCOPE. Credit card payments are not accepted.** In the event that a resident changes a residency site, NCOPE reserves the right to prorate the registration fee. Residents are responsible for notifying NCOPE of changes to their residency program. This includes but is not limited to, change in residency locations and staff changes.
- 2. General Information/Education:** Residents must possess a college degree and satisfy the orthotic-prosthetic educational qualifications as outlined in the *NCOPE Residency Program Standards*. An official college transcript must accompany the registration form.
- 3. Official undergraduate/graduate transcripts:** Transcripts must be submitted from the college or university which conferred your undergraduate or graduate degree. Transcripts may be sent directly to NCOPE from the school or enclosed in official sealed envelopes mailed with your registration form. All transcripts must be received within the first 60 days of starting a residency program. For each day after the initial 60 days, the resident's end date will be extended. Transcripts are not official if opened by the resident. Student copies of transcripts are not acceptable. If you are registering for a second residency, you do not have to submit a new transcript.
- 4. Transcripts from orthotics and/or prosthetics certificate program:** If applicable, in addition to your official undergraduate or graduate degree, you must submit a transcript from a CAAHEP accredited orthotic and /or prosthetic certificate program or a photocopy of your certificate.
- 5. World Education Services (WES) Report:** Residents who received their undergraduate and/or orthotics and prosthetics education outside of the United States must submit an official evaluation of the education from WES, P.O. Box 5087, New York, NY 10274-5087, 212-966-6311, [www.wes.org](http://www.wes.org).
- 6. Residency Site Information:** The facility must be accredited by an organization that accredits Comprehensive Orthotic and Prosthetic Patient Care Services and requires a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited orthotic and prosthetic education for orthotists and prosthetists, in order to participate in the residency program. In addition, the facility must be NCOPE accredited prior to the resident beginning a residency program.
- 7. ABC Exam Registration:** Residents must complete all NCOPE requirements prior to applying for the ABC Certified Practitioner Exams.
- 8. Residency Tracks:** A resident cannot change their residency and or career track once they have registered with NCOPE. It is the responsibility of the resident to ensure a facility can offer an experience related to a "clinical track or research and development track." *Reference Standard 2.6.*



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# Resident Registration

## PERSONAL INFORMATION

**New Resident**    **Second-time Resident**    **Changing Residency Sites**

Full Name: \_\_\_\_\_  
*(Last, First and Middle Initial)*

Last four digits of your SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(MM/DD/YYYY)*

Male    Female  
 Caucasian    Asian American    African American    Native American  
 Other: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_  Business    Personal

Your address and email address will be shared with the American Academy of Orthotists and Prosthetists so that you can receive information on the profession from them. If you do not want your addresses shared please check here

After completing your residency, would you like to be contacted by students and or future residents seeking advice and may have questions about your experience at your residency site?    Yes    No

## EDUCATION

Bachelors in O&P    Bachelors non O&P    Masters in O&P    Masters non O&P

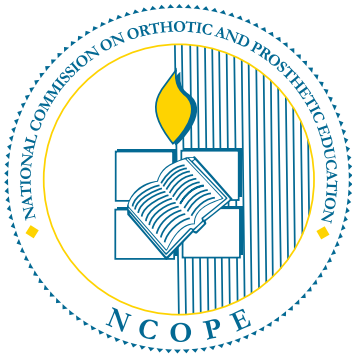
### Select O & P Program you attended:

<input type="checkbox"/> California State University	<input type="checkbox"/> St. Petersburg College
<input type="checkbox"/> Century College	<input type="checkbox"/> University of Pittsburgh
<input type="checkbox"/> Eastern Michigan	<input type="checkbox"/> University of Texas
<input type="checkbox"/> Georgia Institute of Technology	<input type="checkbox"/> University of Washington
<input type="checkbox"/> Newington Certificate Program	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Northwestern University	

Did you receive your education outside of the U.S.?    Yes    No

If your official college transcripts are under a different name, please indicate here:

\_\_\_\_\_



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## Resident Registration cont.

### RESIDENCY PROGRAM

**Residents must notify NCOPE of any changes to their residency program.**

Name of Residency Program: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Residency:

12-Month Orthotics     12-Month Prosthetics     18-Month Orthotics and Prosthetics

What is your career track?

Clinical Track     Research and Development Track

Residency Director's Name and Credential: \_\_\_\_\_

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

Residency Faculty Name and Credential: \_\_\_\_\_

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

Residency Faculty Name and Credential: \_\_\_\_\_

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

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

(MM/DD/YY)

(MM/DD/YY)

### CRIMINAL DISCLOSURE

Have you ever been convicted by a court of competent jurisdiction or pleaded nolo contendere to a felony or any crime involving moral turpitude, or are you now under indictment for such a crime?

Yes     No

*(If you answer yes to this question, you must submit a signed written statement of full explanation along with supporting documents to accompany this registration form.)*

### SPECIAL NOTES & INSTRUCTIONS TO NCOPE



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### IMPORTANT!

Effective June 1, 2010, residents are required to enter patient encounters and complete residency requirements online using *Typhon Group, an Allied Health Tracking System*. Residency directors and program faculty are required to approve patient encounters and perform quarterly evaluations using Typhon. Instructions for using Typhon can be found at [www.ncope.org](http://www.ncope.org) by clicking on *Tracking Instructions*.

Once registered, you, your residency director and your listed faculty will receive login and password information via email from Robin Seabrook, Executive Director of NCOPE. A letter confirming registration will be mailed to the resident.

**RESIDENTS:** *The cost to access Typhon is \$75.00 for a 3-year access period.* Fees must be paid by credit card (VISA, MasterCard, American Express or Discover). You will not be able to access Typhon unless you are registered with NCOPE.

### APPLICATION CHECKLIST

*Have you...*

- Completed all sections of the registration form?
- Included your official transcripts, and if applicable, a copy of your program certificate?
- Included a WES evaluation report if you received your education outside of the United States?
- Enclosed the Resident Registration fee, payable to NCOPE?
- Confirmed that your residency site is accredited by both NCOPE and an organization that accredits Comprehensive O & P Patient Care Services? **If your facility is not accredited, your registration will not be processed and will be returned to you.**

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