



Registration Form for Resident

National Commission on Orthotic and Prosthetic Education

330 John Carlyle Street, Suite 200, Alexandria, Virginia 22314

Phone: (703) 836-7114 ext. 237 • Fax: (703) 836-0838 • E-mail: info@ncope.org

Instructions:

This PDF document may be filled out on your computer. Place cursor in live fields and type in the information requested.

Using the tab key, advance to the next field. When complete, print and mail with your check to:

National Commission on Orthotic and Prosthetic Education, 330 John Carlyle Street, Suite 200, Alexandria, Virginia 22314

Make checks payable to **NCOPE**.

SECTION I: Personal Information

Name (Last, First, Middle Initial) _____

Primary Address (All information will be mailed here) _____

City _____

State _____

Zip _____

Home Phone Number _____

Cell Phone Number _____

E-mail Address Business Personal _____

Gender: Male Female Race: African American Caucasian American Asian American Other _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy) _____

SECTION II: Education

Please submit official transcripts for your bachelors program and a photocopy of your certificate from the orthotic/prosthetic program you attended.

Degree(s): Bachelors Non O & P Bachelors in O & P Masters Non O & P Masters in O & P

What is the name of the college/university where you obtained your degree(s)? _____

Select Practitioner/Certificate Program Attended:

California State University

GA Institute of Technology

University of Texas

Century College

Newington Certificate Program

University of Washington

Eastern Michigan

Northwestern University

Other _____

Did you receive your education in another country? Yes No

If yes, a copy of an International Academic Credential Evaluation by the World Education Service is required. Contact www.wes.org.

SECTION III: Residency Program

Type of Residency: Orthotics Prosthetics

Name of Residency Program/Facility

Program Director's Name (please include credential)

Residency Program/Facility Address

City

State

Zip

Facility's Phone Number

Facility's Fax Number

Start Date of Residency Program (mm/dd/yyyy)

End Date of Residency Program (mm/dd/yyyy)

SECTION IV: Method of Payment

Registration fee: \$1,200

You must register within 30 days of starting your residency

Make checks payable to **NCOPE** and mail with your completed Registration Form to:

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