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Evaluation of Technical Competency

Resident Information

Enter the name of the facility / location where the skills are being assessed:*

Enter the First Name of the resident practitioner you are evaluating:*

Enter the Last Name of the resident practitioner you are evaluating:*

Enter the e-mail address of the resident practitioner identified above:*

Mentor Information

Enter the First Name of the residency supervisor/mentor completing this form:*

Enter the Last Name of the residency supervisor/mentor completing this form:*

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Enter the e-mail address of the residency director/mentor that was listed in the questions above:*

General Competency Assessment

In what quarter is the resident currently enrolled?*

- 1st Quarter
- 2nd Quarter
- 3rd Quarter
- 4th Quarter
- 5th Quarter
- 6th Quarter
- 7th Quarter
- 8th Quarter

Rate the resident's ability to perform the following aspects of O&P care associated with technical implementation:*

	Beginner	Developing	Advancing	Competent
Demonstrates a knowledge of material science and design as needed to implement orthotic/prosthetic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adheres to universal precautions and	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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infection control protocols implemented in all patient care settings				
Demonstrates proper use of person protective equipment (PPE) associated with orthotic/prosthetic technical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates a knowledge of components required to implement orthotic/prosthetic care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates a knowledge of orthotic/prosthetic component warranty and limitations that are defined by both the manufacturer and third party payer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates entry-level skill in orthotic/prosthetic fabrication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the knowledge and skills to perform static and/or dynamic alignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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of orthoses/prostheses				
Demonstrates the knowledge and ability to perform maintenance and repair to orthoses/prostheses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates a knowledge of materials management and inventory control consistent with contemporary business practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Attestation and Distribution Options

You have identified the resident has demonstrated competence for orthotic/prosthetic technical skills and safety.

By selecting "Yes" and submitting this form, you are confirming that competency has been attained consistent with the requirements outlined in NCOPE Standard 2.4 and it will be submitted to the NCOPE staff for verification. Do you confirm that technical competency has been attained?*

- Yes
- No

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