



Residency Program Application Ver 2.0 - March 2023

Information and Agreement to Terms

This application will capture the information (data) required to host an NCOPE Accredited Residency Program. At times there will be embedded links to resources and information that pertain to the question listed.

If at any time you have any questions, please email residency@ncope.org or call (703) 836-7114 x 213 during normal business hours.

Programs will be held accountable for meeting the Residency Program Standards and Policies & Procedures Manual:

- [Residency Program Standards](#)
- [NCOPE Policy and Procedures Manual](#)

You will be automatically provided a personal link to continue entering information into the application once you provide basic information about the application type, the organization, and the person completing the application. Most applications are completed during multiple sessions.

The information being prompted is best answered by the residency program director as much of the information being solicited is related to clinical practice/education design and not administrative/HR practices.

This application is best viewed using the latest versions of Google Chrome, Mozilla Firefox, or Apple Safari Browser on a desktop or laptop computer with at least 720P resolution.

1) By selecting the "Agree" option from the space below, you attest:

- 1) The information entered into this application is honest and accurate.
- 2) You have familiarized yourself with the current NCOPE Standards for Accreditation of Residency Programs and will adhere to them in the administration of the residency program if

approved.

3) You have familiarized yourself with the current NCOPE Policy and Procedures Manual and will adhere to them in the administration of the residency program if approved.

4) You understand that a failure to provide required information will delay the application process and may result in the accrual of additional administrative fees from NCOPE.*

<Agree>

Application Type

A brief description of each application type is listed below:

First-Time Application - This application type is appropriate if the facility is not currently an NCOPE-accredited residency site. *This includes any sites formerly accredited that failed to renew their accreditation prior to the accreditation cycle lapsing.* First-Time applications that are approved will be accredited for no more than a period of three (3) years.

Renewal Application - This application type is appropriate for a facility that is currently an NCOPE-accredited residency program. Renewals that are approved are re-accredited for a period of three (3) years if the program is in full compliance with the NCOPE Residency Standards. To view a list of all actively accredited NCOPE Residency programs, please visit the NCOPE Residency Program Directory by [CLICKING HERE](#).

Additional Discipline or Dual Discipline (Combined Orthotics & Prosthetics) - Add-On Application - This application type is for a facility that is currently hosting an NCOPE-accredited residency and wishes to add either the opposite discipline of practice (for example an accredited prosthetic residency site wishing to add an orthotic residency) or the ability to host a dual discipline residency where the resident receive simultaneous exposure in both orthotic and prosthetic care. This application will allow additional satellite and/or affiliate locations to be added in addition to designations/program types (Ex: Combined O&P/Dual-Discipline). To view a list of all actively accredited NCOPE Residency programs, please visit the NCOPE Residency Program Directory by [CLICKING HERE](#).

Affiliate Add-On Application - This application is for a current NCOPE-accredited facility that wishes to add (an) additional physical location(s) for a clinic owned/operated by the same organization or additional physical location(s) for a clinic owner/operated by a different organization. Affiliate locations must be within 75 miles of the primary residency program site. If a facility falls outside of the 75-mile radius then the site must seek independent NCOPE Residency Accreditation. Please complete the first-time application for facilities not within a 75-mile radius of an actively accredited primary site. To view a list of all actively accredited NCOPE Residency programs, please visit the NCOPE Residency Program Directory by

[CLICKING HERE.](#)

International Application - This application is for both new and current NCOPE-accredited facilities outside of the United States and its territories.

Academic Institution Application - This application type is for programs that include the residency program within the curriculum of the program and require it in order to receive their degree. Whether the academic program is seeking initial accreditation for an integrated residency program or a renewal for an integrated residency program, this is the most appropriate application. This application type is designed exclusively for education programs that are seeking/hold NCOPE Candidacy Recognition or CAAHEP-accredited master's level programs and should not be selected unless the institution is clearly listed here: <https://ncope.org/index.php/home-page-v2/academic-programs/accredited-practitioner-programs/>

2) Enter the name of the organization this application is for:*

3) Identify the application type:*

- 1st Time Application
- Renewal
- Additional Discipline or Dual Discipline Add-On Application
- Affiliate Site - Add-On Application
- International Application
- Academic Institution Application (Initial or Renewal)

The prompt #4 below will only be shown for renewal or add-on applications.

Enter the SITE-ID, which can be found by visiting the NCOPE [Residency Program Directory](#). The Site-ID begins with 9 numbers and ends with a Capital Letter "O"

4) Residency Site-ID

Application Contact Person

Please enter the following information for the person completing the application. Once you enter the required information and select the "Next" button, a "magic link" will be sent to the person identified above to allow them to return to the application and complete it at a later time.

5) *All fields listed below are required**

- First Name:
- Last Name:
- Company Name:
- Email Address:
- Phone Number:

6) Is the person identified above the residency program director?*

- Yes
- No

Organization and General Program Information

9) Organization Information

Please enter the primary physical location the facility seeking residency accreditation. You will have the opportunity to add additional facilities and/or affiliate locations on a subsequent page.

- Company Name*:
- Street Address*:
- Apt/Suite/Office:
- City*:
- State:
- Zip/Postal Code*:
- Country*:
- Phone Number*:
- Fax Number:
- Company Website URL:

10) Residency Director:

- First Name*:
- Last Name*:
- Work Email Address*:
- Work Phone Number*:

11) Is the residency director identified above physically located at the clinic location identified at the top of this page? *

- Yes
- No

12) Identify the residency program disciplines/types you would like to seek accreditation for:

*Choose all that apply**

- Orthotics
- Prosthetics
- Dual-Discipline (Combined Orthotics & Prosthetics at least 18 months in duration)

13) Identify the residency tracks that will be offered for the residency program:

*Choose all that apply**

- Clinical
- Research & Development

Selecting “No” to the prompt below will require all residents have their direct supervision performed by the residency director entered above.

14) Will future O&P residents be supervised/mentored by any other practitioner besides the residency program director identified above? *

- Yes
- No

Selecting “No” to the prompt below will require all residents to gain all of their experience at the site located at the address provided above.

15) Will future O&P residents rotate to other offices owned by your organization OR other O&P clinics owned/operated by a different organization?*

- Yes
 - No
-

Renewal / Add-On Information Verification

Questions displayed on this page will only be shown for renewal or add-on applications.

17) Are any of the following components tied to the administration of the residency program at your organization changing from what was identified within the previous application?*

	Yes	No
Mission statement		
Residency tracks offered (Clinical / Research)		
Resident selection procedures		
Resident agreement documentation		
Orientation		
Use of technology to enable direct supervision		

18) Are any of the following resources tied to the residency program at your organization changing from what was identified within the previous application?*

	Yes	No
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Facility accreditation organization and/or type		
Physical facilities or equipment		

Standard I: Mission, Purpose, Objectives, Outcomes and Program Improvement

The prompt below is only shown if the site is undergoing a new application or the information being prompted has changed since the previous application.

19) Enter the Mission Statement for the residency program at [question("value"), id="69"] in the space below:

Renewal Application Outcomes

The prompt below is only shown if the site is undergoing a renewal application.

The information below is designed to capture relevant outcome data for residents that completed their O&P Residency at your organization.

20) Enter the number of residents that have started AND finished their residency in the past three (3) years.*

21) Enter the number of residents that have started AND DID NOT finish their residency in the past (3) years.*

22) For each resident that started and did not finish their residency, provide a brief narrative as to the reason why this occurred. *

23) Enter the number of residents that pursued a dual-discipline (combined O&P) residency in the past three (3) years:

Do not include any residents that pursued consecutive single discipline (for example: 12 months orthotic followed by 12 months prosthetic) residencies in this number. Please enter 0 if the dual-discipline pathway was not offered.

24) Identify the relative percentage of orthotic exposures that were offered to the individuals that participated in a dual-discipline (combined orthotic & prosthetic) residents at your organization:

*Only enter whole numbers for your response. There is no need to add any symbols or text.**

25) Identify the relative percentage of prosthetic exposures that were offered to the individuals that participated in a dual-discipline (combined orthotic & prosthetic) residents at your organization:

*Only enter whole numbers for your response. There is no need to add any symbols or text.**

26) Did any resident enrolled in the dual-discipline pathway fall below 40% exposure in either prosthetic or orthotic clinical experiences?

*If no residents pursued this pathway in the past 3 years, please select "No" from the options below.**

- Yes
- No

OPRESCAS Acknowledgement

OPRESCAS is a requirement for residency programs unless the organization receives approval from the [NCOPE Clinical Resource Director](#). You will be given information about how to register for OPRESCAS upon approval of the application.

To learn more about OPRESCAS prior to your application approval, please visit: <https://oprescas.liaisoncas.org/>

29) Is the residency program at your organization currently registered on the OPRESCAS system?*

- Yes
- No
- I am not sure

30) Have you or a representative at your organization accessed the WebAdMIT Prelaunch Configuration Portal and submitted a program configuration within the past 12 months?*

- Yes
- No

The remaining prompts on this page are attestations that must be completed by the residency program director. The director must enter their initials in each prompt below. Having a designed power of attorney or alternative staff member complete these prompts does not exempt the residency program from meeting these requirements.

31) I acknowledge that residency positions must be advertised using the OPRESCAS system and this requirement has been in place since July 1, 2017.*

32) I acknowledge that I am only allowed to advertise residency positions in OPRESCAS for sites that are actively NCOPE Accredited and that I can view a directory of all actively accredited programs at any time by visiting: <https://ncope.org/index.php/home-page-v2/residency-and-professional-experiences/residency-program-directory/>*

33) I acknowledge that applications are not visible within OPRESCAS unless I submit a configuration in WebAdMIT prelaunch and applications are only visible on the dates I define that applications are being accepted.*

34) I acknowledge that it is my responsibility to check for new applications by visiting WebAdMIT on a regular basis and that no email is sent to any member of my company staff when the application is received.*

35) I acknowledge that I or a designated staff member must confirm the receipt of an application via a phone call or email to the applicant within the time frame defined by me or a designated staff member.

*Most companies define 10 business days as the typical time frame defined by most companies.**

36) I acknowledge that if a position is filled, it is my responsibility to change the "Application Close" date in WebAdMIT so that the applications are not visible to applicants within OPRESCAS.*

37) I acknowledge that I or a designated staff member will contact all applicants not selected for a residency position via phone or email to inform them that the position has been filled shortly after an offer is accepted.*

38) I acknowledge that I will make all residency directors/mentors and staff members (including HR professionals) aware of the need to use OPRESCAS for advertising O&P residency positions. *

39) I acknowledge that it is a best practice to direct anyone interested in pursuing an O&P residency position at my company to identify, "Applications are only accepted using OPRESCAS" and that the applicants can submit applications to any open position by visiting: <https://oprescas.liaisoncas.com/applicant-ux/#/login>*

40) I acknowledge that O&P residents who are:

1) Employed at the company at least 6 months BEFORE the residency start date

OR

2) Seeking their 2nd residency discipline after completing their 1st residency discipline at the company

do not need to apply using OPRESCAS and a residency position does not need to be advertised using OPRESCAS unless the company is seeking to hire additional residents outside of current employees or residents. *

41) I acknowledge that failure to advertise a residency position using OPRESCAS or hiring persons who did not apply using OPRESCAS may result in any of the following:

- The inability for NCOPE to process the hired resident's registration form to being their residency at my company.
- Reduce the duration of the residency program's accreditation will last.
- Prevent renewal of residency site re-accreditation in the future.*

42) I acknowledge that failure to advertise a residency position using OPRESCAS may violate state or federal employment laws and/or educational program fair practice requirements. Some circumstances that could be a violation of law or regulations are:

- Prospective residents who are unable to apply for a residency position at your organization when one was available but not advertised in a clear and fair manner

OR

- OPRESCAS applicants who were denied a position because a position was filled by an applicant who applied outside of the OPRESCAS system

43) I acknowledge that residents will be prompted to enter their OPRESCAS-ID when registering for an NCOPE O&P residency position and they will not receive an OPRESCAS-ID unless my organization advertises a residency position in agreement with the requirements defined above and in the [NCOPE Residency Standards](#).*

Standard II: Residency Requirements

44) Does the residency program at [question('value'), id='69'] utilize technology such as steaming video, webcam, or other means to enable direct supervision of residents?

*This is common only with residency programs where the residents engage in patient care in a location physically separate from the primary location.**

- Yes
- No

45) Provide a summary of how technology is leveraged to enable direct supervision at your organization in the space provided below: *

46) Does the residency program offer a non-traditional format (mobile office), which requires the residents to drive/commute to provide services in non-accredited facilities (ex: patient homes)?

*This includes locations operated by the residency site in addition to any affiliate locations.**

- Yes
- No

47) Provide a summary of the frequency, location and purpose for having residents be required to provide services in a non-traditional (mobile office) format:*

48) Do residents ever need to physically relocate away from the metropolitan area near the primary residency site in order to complete the residency?*

- Yes
- No

49) Are residents provided housing for placements outside of the metropolitan area where the primary residency site is located?*

- Yes
- No

50) Are residents provided transportation for placements outside of the metropolitan where the primary residency site is?

- Yes
- No

Discipline Specific Requirements

When entering the number of anticipated encounters and percentage of pediatric/adult/geriatric cases below, please enter values reflective of what the resident(s) will be exposed to not just at the primary residency location but also any affiliate/satellite locations within a 75-mile radius that they will rotate through as well.

51) For each orthosis listed below, identify the number of patient encounters you anticipate the resident practitioner will have exposure to over the course of the residency program 😊

	0	1-4	5-9	10-14	15-19	20+
Foot orthosis						

Ankle-foot orthosis						
Knee orthosis						
Knee-ankle-foot orthosis						
Scoliosis orthosis						
Hip orthosis						
Cervical orthosis						
Thoraco-lumbo-sacral orthosis						
Lumbo-sacral orthosis						
Wrist-hand orthosis						

Please note that each orthosis listed above is a required competency/exposure.

52) For each patient age group, identify the relative percentage of time you anticipate the resident will spend with this population providing orthotic care:

*The values should total to 100%**

- Pediatric (0-17 y/o)

- Adult (18-64 y/o)
- Geriatric (65+ y/o)

53) For each prosthesis listed below, identify the number of patient encounters you anticipate the resident practitioner will have exposure to over the course of the residency program:*

	0	1-4	5-9	10-14	15-19	20+
Transtibial prosthesis						
Transfemoral prosthesis						
Upper limb prosthesis						
Symes and/or partial foot prosthesis						
Post operative care						

Please note that each prosthesis listed above is a required competency/exposure.

54) For each patient age group, identify the relative percentage of time you anticipate the resident will spend with this population providing prosthetic care:

*The values should total to 100%**

- Pediatric (0-17 y/o)

- Adult (18-64 y/o)
- Geriatric (65+ y/o)

The following two prompts relate to residents pursuing a dual-discipline residency where they learn orthotic and prosthetic management at the same time. They do not apply to residents pursuing an orthotic residency followed by a prosthetic residency or vice versa.

55) Identify the anticipated relative percentage of orthotic exposures that will be offered to dual-discipline (combined orthotic & prosthetic) residents at your organization:

*Only enter whole numbers for your response. There is no need to add any symbols or text.**

56) Identify the anticipated relative percentage of prosthetic exposures that will be offered to dual-discipline (combined orthotic & prosthetic) residents at your organization:

*Only enter whole numbers for your response. There is no need to add any symbols or text.**

Standard III: Administration and Resources of the Residency Program

Please enter the facility accreditation information in the prompts below for the primary residency site. If there are additional locations being identified, details for those locations will be prompted later.

57) Select the O&P Facility Accreditation(s) held by the primary site:

** You do not need to report any local or state business licenses**

- American Board for Certification (ABC)
- Board of Certification in Orthotics & Prosthetics (BOC)
- Other - Write In (Required): *

The NCOPE Residency Standards only recognize ABC and BOC facility accreditation.

Please answer the next two questions considering the clinical experiences residents will have when they rotate through the primary residency site and any affiliate/satellite clinics.

61) Which setting best describes where the majority of the O&P residents' clinical education will take place?*

- Private Practice (Outpatient Facility not within a Hospital or University)
- College / University
- Hospital / Interdisciplinary Care Clinic
- Federally Funded Military Care Facility (VA / DOD)
- Other - Write In (Required)

62) Which settings will the O&P residents at your organization have the opportunity to see patients in during their residency?

*Choose all that apply**

- Private Practice (Outpatient Facility not within a Hospital or University)
- College / University
- Hospital / Interdisciplinary Care Clinic
- Federally Funded Military Care Facility (VA / DOD)
- Other - Write In (Required): *

63) Provide a summary the written selection procedures in the space provided below:

64) Provide a summary the Resident Agreement including:

- Program duration (if different program lengths are offered, please explain all options)
- Weekly hours (including the total number of hours, start/end times and if there are any expectations to perform tasks outside of normal business hours including on-call)
- Compensation
- Benefits
- Liability coverage
- Requirements for successful completion of the residency

3.3.7 - NCOPE's philosophical position continues to be non-supportive of orthotist/prosthetist resident practitioners being obligated to sign non-competition agreements as a condition of employment. However, NCOPE recognizes residents are employees of, and receive salary and benefits from, their residency program. As employees, in most states they can be asked to sign valid non-compete agreements. Programs must provide full disclosure of non-compete if required to resident prior to admission.

65) Are resident practitioners required to sign a non-compete agreement?*

- Yes
- No

66) Will this information be provided prior to admission (offering of the position)? *

- Yes
- No

67) Provide an explanation about why non-compete information will not be provided until after admission (offer of a residency position)?

68) Provide a summary the orientation to the residency program:

Affiliate & Satellite Locations / Resources

This page is only shown if the organization has residents rotate through more than 1 facility.

69) Enter the number of O&P Clinic satellite locations within a 75-mile radius of the primary residency site shown below owned/operated by your organization:

Please do not include any affiliate sites, which are O&P clinics owned and operated by a company different than your organization.

70) Provide a description of facilities, equipment, and ancillary staff available to enable the mission, goals, and objectives of the O&P residency program including the primary location and any additional locations identified in the previous question.

- Include confirmation that residents will have daily and/or weekly access to a computer with internet access or the ability for the resident to bring a personal laptop into the office and be provided internet access

71) Enter the number of O&P Clinic affiliate locations within a 75-mile radius of the primary residency site shown below NOT owned/operated by your organization:

Please do not include any satellite locations, which are O&P clinics owned and operated by your organization for this prompt. You were already prompted for details about satellite locations in a prompt above.

The guidance below is only displayed if the resident site has identified 1 or more affiliate locations.

We strongly encourage you to obtain digital copies of the affiliation agreement document before proceeding to the next page of the application. Without those documents, you will be unable to progress through the application.

Residency Program Mentors & Directors

72) Enter the number of residency co-directors that meet [ALL NCOPE Requires to Serve as a Director](#) who will work with the primary director previously identified to provide oversight to the residency program.

73) Enter the number of residency mentors who meet [ALL NCOPE Requirements to Serve as a Mentor](#), employed by your organization, and will work with residents at the main location **or** any satellite locations identified on the previous page.

74) Enter the number of residency mentors who meet [ALL NCOPE Requirements to Serve as a Mentor](#), are not employed by your organization, and will work with residents at affiliate locations identified on the previous page.

Residency Program Mentors & Directors

75) Enter the maximum number of concurrent residents that you would register at your organization at any given time 😊

Please note that there can be no more than 2 residents for each faculty member (including residency directors and mentors).

76) Provide the following information for each co-director (if identified) and residency mentor that is an employee at your organization who will supervise/mentor residents.

This prompt can capture up to 15 mentors and 2 co-directors employed at your organization.

	First Name	Last Name	Credential	Email Address
Co-Director 1				
Co-Director 2				
Mentor 1				
Mentor 2				
Mentor 3				
Mentor 4				
Mentor 5				
Mentor 6				
Mentor 7				
Mentor 8				
Mentor 9				
Mentor 10				
Mentor 11				
Mentor 12				
Mentor 13				
Mentor 14				
Mentor 15				

77) Provide the following information for each residency mentor that is not an employee at your organization who will supervise/mentor residents at an affiliate site.

This prompt can capture up to 15 mentors employed at affiliate sites that are not employed at your organization.

	First Name	Last Name	Credential	Email Address
Affiliate Mentor 1				
Affiliate Mentor 2				
Affiliate Mentor 3				
Affiliate Mentor 4				
Affiliate Mentor 5				
Affiliate Mentor 6				
Affiliate Mentor 7				
Affiliate Mentor 8				
Affiliate Mentor 9				
Affiliate Mentor 10				
Affiliate Mentor 11				

Affiliate Mentor 12				
Affiliate Mentor 13				
Affiliate Mentor 14				
Affiliate Mentor 15				

This NCOPE Residency Program application requires PDF copies of the Online Residency Director Training Module certificates of completion or a PDF of the certificate of completion for the Approved Clinical Mentor (ACM) course. If a director/mentor completed the online training via the AAOP Online Learning Center (prior to August 2018), they can sign in to their personal OLC account to view the certificates and save PDF copies. If the person listed above completed the online training in August 2018 or later using the NCOPE Canvas LMS system or the ACM course, they may download copies of the certificates of completion by visiting: <https://v2.accounts.accreditable.com/retrieve-credentials?origin=https:%2F%2Fwww.credential.net>

To learn more and register for the online residency development course, please visit: <https://ncope.org/index.php/home-page-v2/residency-and-professional-experiences/residency-directors-mentors-and-administrator-information/residency-residency-program-development-course/>

We strongly encourage you to obtain copies of those certificates of completion for ALL of the directors/mentors identified above before proceeding. You will be unable to progress through the application without uploading PDF copies of the documentation identified above.

When submitting a New Application or International Application for NCOPE Residency Program Accreditation, transcripts are required for each residency program director/mentor.

We strongly encourage you to obtain digital copies of the transcript before proceeding to the next page of the application. Without those documents, you will be unable to progress through the application.

Satellite Location Details

This page will be repeated multiple times, once for each satellite location of your organization within a 75-mile radius of the primary site.

78) Satellite Location

- Company Name*:
- Street Address*:
- Apt/Suite/Office:
- City*:
- State:
- Postal Code*:
- Country*:
- Phone Number*:
- Fax Number:

79) How many miles away is the location above from the primary residency site?

*Please enter whole numbers, for example: '65'**

80) Enter the name of the director/mentor that will be the primary residency supervisor at the location identified above.

Affiliate Location Details

Affiliate locations are clinical locations owned and operated by a company/organization different from the primary residency site. The affiliate locations must meet the same requirements that the primary/satellite locations do in order to be eligible to host an NCOPE O&P residency. Please note that additional information is required in order to vet each affiliate site(s).

This page will be repeated multiple times, once for each affiliate location within a 75-mile radius of the primary NCOPE site.

81) Affiliate Location

- Company Name*:
- Street Address*:
- Apt/Suite/Office:
- City*:
- State:
- Postal Code*:
- Country*:
- Phone Number*:
- Fax Number:
- URL:

82) How many miles away is the affiliate location above from the primary residency site?

*Please enter whole numbers, for example: '65'**

83) Enter the name of the director/mentor that will be the primary residency supervisor at the affiliate location identified above.

84) Select the O&P Facility Accreditation(s) held by the clinical site listed above.

** You do not need to report any local or state business licenses**

- American Board for Certification (ABC)
- Board of Certification in Orthotics & Prosthetics (BOC)
- Other - Write In (Required): *

85) Provide a signed/official copy of the affiliate agreement between [question('value'), id='69'] and the organization identified above

The agreement file must be smaller than 5MB in size and in PDF format

Residency Director Details

86) Residency Director:

- First Name*:
- Last Name*:
- Work Email Address*:
- Work Phone Number*:

Identify the certification/credential held by the clinician identified above:*

- ABC Certified Orthotist
- ABC Certified Prosthetist
- ABC Certified Prosthetist / Orthotist
- BOC Orthotist
- BOC Prosthetist
- BOC Prosthetist / Orthotist
- Licensed Orthotist
- Licensed Prosthetist
- Other - Write In (Required): *

87) Provide the following information for the credentials identified in the previous question:*

Year the Credential(s) Were Awarded (Ex: 2009):

Certification/License Number(s) (Ex: ABC CPO0002892):

88) Residency Director Education / Past Experience*

	Yes	No
Did the residency director above complete a bachelors degree, post-baccalaureate certificate, or master's degree in Orthotics/Prosthetics?		
Has the residency director identified above been certified or licensed as an orthotist/prosthetist for at least 5 years?		
Has the residency director identified above served as the director at the organization in the past?		
Has the residency director identified above served as the director at facility other than the organization in the past?		
Has the residency director identified above completed Section I, Section II, and Section III of the Online Residency Director Training Course?		
Has the residency director identified above completed the NCOPE		

Approved Clinical Mentor (ACM) Course?		
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89) Did the residency director identified above earn their O&P degree/post-baccalaureate certificate from a US-based institution accredited by CAAHEP, NCOPE, or the EAC (O&P accreditor before NCOPE was incorporated)? *

- Yes
- No

90) Identify the institution where the residency director earned their O&P degree: *

91) Upload a copy of the residency director's O&P school transcripts:

- Upload prompt

Question 92 is only displayed for persons who received their O&P education outside of the US.

92) Upload a WES Education verification for the institution listed above in PDF format:

- Upload Prompt

93) Answer the following questions about the residency director identified above*

	Yes	No
Is the individual currently in good standing with the organizations that awarded the following credentials?		

Has the individual ever been disciplined by an O&P credentialing body and/or had their license/certification suspended or revoked?		
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This NCOPE Residency Program application requires PDF copies of the Online Residency Director Training Module certificates of completion or a PDF of the certificate of completion for the Approved Clinical Mentor (ACM) course. If a director/mentor completed the online training via the AAOP Online Learning Center (prior to August 2018), they can sign in to their personal OLC account to view the certificates and save PDF copies. If the person listed above completed the online training in August 2018 or later using the NCOPE Canvas LMS system or the ACM course, they may download copies of the certificates of completion by visiting: <https://v2.accounts.accreditable.com/retrieve-credentials?origin=https:%2F%2Fwww.credential.net>

You will not be able to proceed to the next page of the application without submitting the required PDF files via the prompts below.

96) Upload all three (3) certificates from the online residency director training modules in PDF format:*

- Upload Prompt

The prompt below is only displayed if the director took the ACM course. Most mentors only complete the online development modules/courses defined above.

97) Upload the certificate of completion for the ACM course in PDF format:*

- Upload Prompt

Residency Mentor #1 Details

This page will repeat multiple times, once for each residency mentor working with residents at the organization

98) Residency Mentor #1

- First Name*:
- Last Name*:
- Work Email Address*:
- Work Phone Number*:

Identify the certification/credential held by the clinician identified above:*

- ABC Certified Orthotist
- ABC Certified Prosthetist
- ABC Certified Prosthetist / Orthotist
- BOC Orthotist
- BOC Prosthetist
- BOC Prosthetist / Orthotist
- Licensed Orthotist
- Licensed Prosthetist
- Other - Write In (Required): *

99) Provide the following information for the credentials identified in the previous question:*

Year the Credential(s) Were Awarded (Ex: 2009):

Certification/License Number(s) (Ex: ABC CPO0002892):

100) Residency Mentor Education / Past Experience*

	Yes	No
Did the residency mentor above complete a bachelors degree, post-baccalaureate certificate, or master's degree in Orthotics/Prosthetics?		
Has the residency mentor identified above been certified or licensed as an orthotist/prosthetist for at least 3 years?		
Has the residency mentor identified above served as the director/mentor at the organization in the past?		
Has the residency mentor identified above served as the director/mentor at facility other than the organization seeking accreditation in the past?		
Has the residency mentor identified above completed Section II and Section III of the Online Residency Director Training Course?		
Has the residency mentor identified above completed the NCOPE		

Approved Clinical Mentor (ACM) Course?		
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101) Did the residency mentor identified above earn their O&P degree/post-baccalaureate certificate from a US-based institution accredited by CAAHEP, NCOPE, or the EAC (O&P accreditor before NCOPE was incorporated)? *

- Yes
- No

102) Identify the institution where the residency mentor earned their O&P degree: *

103) Upload a copy of the residency mentor's O&P school transcripts:

104) Upload a WES Education verification for the institution listed above in PDF format:

- Upload Prompt

105) Answer the following questions about the residency mentor identified above*

	Yes	No
Is the individual currently in good standing with the organizations that awarded the following credentials?		
Has the individual ever been disciplined by an O&P credentialing body and/or had their license/certification suspended or revoked?		

This NCOPE Residency Program application requires PDF copies of the Online Residency Director Training Module certificates of completion or a PDF of the certificate of completion for the Approved Clinical Mentor (ACM) course. If a director/mentor completed the online training via the AAOP Online Learning Center (prior to August 2018), they can sign in to their personal OLC account to view the certificates and save PDF copies. If the person listed above completed the online training in August 2018 or later using the NCOPE Canvas LMS system or the ACM course, they may download copies of the certificates of completion by visiting: <https://v2.accounts.accreditable.com/retrieve-credentials?origin=https:%2F%2Fwww.credential.net>

You will not be able to proceed to the next page of the application without submitting the required PDF files via the prompts below.

108) Upload the two required certificates from the online residency director training modules in PDF format:*

- Upload Prompt

109) Upload the certificate of completion for the ACM course in PDF format:*

- Upload Prompt
-

Criminal History Attestation

In an effort to better serve the public trust, NCOPE reserves the right to perform a criminal history background check and to deny an application or make an accredited program's status "inactive" based on the commission of a felony by the facility owners or residency program personnel. Facility personnel includes individuals employed at [question('value'), id='69'] in addition to any affiliate locations where residents will rotate to gain clinical experience.

Failure to provide accurate, true, and correct information shall constitute grounds for denial of your application or an "inactive" status on a temporary or permanent basis.

242) Has any owner or facility personnel involved in the residency program ever been convicted of, or plead guilty to or nolo contendere (no contest) to a felony or a crime involving a patient? *

- Yes
- No

243) Has any owner or facility personnel involved in the residency program ever been charged with a felony and plead guilty to, or been convicted of a lesser charge (e.g. misdemeanor)? *

- Yes
- No

244) Has any owner or facility personnel involved in the residency program ever been charged with a felony which has yet to be dismissed?*

- Yes
- No

245) Has any owner or facility personnel ever been prohibited from doing business with any division of the federal government or is on the Office of Inspector General's (OIG) Execution List? *

- Yes
- No

246) Upload a detailed narrative for each statement above where the response was "Yes" including the following information:

- The name of the individual
- A description of the events that resulted in the citation
- The date(s) that the citation occurred

Acceptable file formats are PDF, DOC and DOCX

- Upload Prompt

Additional Information

It is important to recognize that the prompts provided previously in the application are designed to capture basic information about the program. This application is being reviewed by (an) education compliance professional(s) and/or certified prosthetist/orthotists with experience in clinical education. Please use the prompt below and/or the file attachment prompt to amend any additional information you would like the review committee to consider beyond the information given on the previous pages.

247) Provide any additional information that the review committee should be aware of that is not already clearly explained on previous pages.

248) Upload any supporting documents that you would like the committee to review beyond those uploaded on previous pages. This prompt can accept PDF, JPG, DOC, DOCX, XLS, and XLSX format files.

- Upload Prompt

249) How would you like to submit payment?*

- Credit Card
- Check/Money Order
- Other - Write In (Required): *

Please have your credit card information ready to submit immediate payment.

Residency Agreement

The undersigned Organization makes application to The National Commission on Orthotic and Prosthetic Education (NCOPE) for voluntary accreditation of the Organization and certifies that the information recorded in this application and attachments is true and correct. The Organization agrees, at all times, as a condition for residency program accreditation, to provide information requested by NCOPE relevant to the review, evaluation and maintenance of the Organization's residency program accreditation status.

Information obtained or generated by NCOPE in the accreditation process is solely for the

purpose of reviewing the professional service of, and the quality of care provided or arranged by, the Organization, NCOPE acknowledges that the information obtained or generated by NCOPE shall be considered confidential between the Organization and NCOPE and shall be treated on a confidential basis, except as otherwise provided in NCOPE's policies or a required by law, a court of law or a governmental agency. NCOPE will not take possession of any private health information about which it becomes aware during the course of NCOPE's investigation of this application.

The Organization understands that all fees associated with this application are non-refundable and agrees that it is solely responsible for being aware of and understanding NCOPE accreditation standards and that failure to do so will result in loss of NCOPE accreditation status. The Organization is responsible for immediately being in compliance with existing, new and/or modified accreditation standards, as and when they are adopted by NCOPE. The Organization must notify NCOPE in writing of any changes to this application.

The Organization agrees to abide by and be bound by the NCOPE Standards of Accreditation for The Orthotic/Prosthetic Residency Program, NCOPE Policies & Procedures, and the ABC Code of Professional Responsibility & Rules and Procedures including any revisions that occur while applying or serving as a residency program.

The Organization's failure to abide by these terms and conditions may result in sanctions, including loss of accreditation status, against the organization.

By entering the first and last name of the person submitting the form in the box below, you are indicating that you agree to the terms of the residency agreement and are authorized by the residency director to do so in the event the person submitting the form is not the residency director.*

Application Form Download and Payment Submission

- Links for the desired payment type will be automatically displayed on this page

Thank You!

Thank you for submitting the NCOPE Residency Program Application Form. You will receive an email confirmation from residency@ncope.org within the next 4 hours. Please keep your eyes peeled for correspondence from the NCOPE staff for information about the application

status and progress.

Please note, it may take up to 6 weeks for a residency program application to be approved.
