

***National Commission on
Orthotic and Prosthetic Education (NCOPE)***

***POLICIES AND PROCEDURES
MANUAL***



Amended September 2025

Glossary of Abbreviations

ABC:	American Board for Certification in Orthotics, Prosthetics and Pedorthics
AAOP:	American Academy of Orthotists and Prosthetists
AMP	Accreditation Management Portal
AOPA:	American Orthotic and Prosthetic Association
ASPA:	Association of Specialized and Professional Accreditors
BOC:	Board of Certification/Accreditation, International
BoD:	Board of Directors
CAAHEP:	Commission on Accreditation of Allied Health Education Programs
CHEA:	Council for Higher Education Accreditation
CoA:	Committee on Accreditation (CAAHEP subgroup)
COP:	The Center for Orthotic and Prosthetic Learning
ED:	Executive Director
ISPO:	International Society for Prosthetics and Orthotics
NAAOP:	National Association for the Advancement of Orthotics and Prosthetics
NCOPE:	National Commission on Orthotic and Prosthetic Education
O&P:	Orthotics and Prosthetics
ROSE:	Report of the On-Site Evaluation

NCOPE Policy Manual

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Section I: Organization: General, Authority, Structure and Responsibility

1.0 General Principles and Policies

1.1 Vision of the National Commission on Orthotic and Prosthetic Education (NCOPE)

Promoting excellence in education and training to inspire and empower future orthotic and prosthetic professionals.

1.2 Mission

NCOPE creates, upholds, and advances rigorous educational standards to develop highly skilled orthotic and prosthetic professionals. Through collaboration, data-driven practices, and robust accreditation processes, we aim to improve patient outcomes and elevate the profession.

Goals

1.2.1 Standards in O&P Education.

1.2.2 Accreditation and Quality Assurance.

1.2.3 Community Collaboration and Communication.

1.2.4 Internal Organization Engagement and Alignment

1.3 Development of Policy and Procedures

The policies and procedures of NCOPE shall be developed and adopted in accordance with Commission on Accreditation of Allied Health Education Programs (CAAHEP) established processes when appropriate for CAAHEP system functions. For NCOPE-sponsored activities and business, NCOPE shall establish additional policies and procedures as needed (see Section III).

1.4 Revisions of Policy and Procedures

The policies of NCOPE shall be reviewed at least every five years or earlier if needed. NCOPE staff shall be responsible for highlighting those policies which need review.

2.0 NCOPE Governance: Structure and Responsibility

2.1 Basic Structure Statement

NCOPE functions as a Committee on Accreditation (CoA) within the CAAHEP system and adheres to the CAAHEP policies and procedures whenever relevant. The NCOPE will assure consistency in its policies and procedures with the CAAHEP policies and procedures.

- 2.1.1 The NCOPE organization and responsibilities are defined within the NCOPE Bylaws.
- 2.1.2 NCOPE is a 501(c)(3) tax exempt organization.
- 2.1.3 NCOPE's fiscal year shall begin as of January 1 of each year and end on December 31st.

2.2 Board of Directors (BoD)

Composition and Terms (include non-voting Executive Director.) The NCOPE board of directors is a 12-member Commission. It is comprised of the Executive Director (non-voting) and representatives (voting) from the educational community, the O&P profession, and the public via an open nominations process. These representatives include American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC) certified practitioners, O&P educators (curriculum specialists and administrators), and public members.

- 2.2.1 Selection and Appointment – These representatives are recruited via open nominations from trade associations, professional societies, consumer groups, or individual members or organizations of the profession. Each is appointed as a Board Member by the current Board of Directors (BoD) membership as current member terms expire.
- 2.2.2 Each Board member serves a term of three (3) years and holds membership until the selection and qualification of his/her successor. All Board members may succeed themselves in office, but only to allow two (2) consecutive terms. The term of each Board member expires at the end of the fiscal year, December 31st.
- 2.2.3 Board Orientation – Each appointment to NCOPE's BoD will be provided a copy of the policy and procedure manual as well as meeting minutes from the past two years prior to the initial term. An on-site office visit may take place, with an orientation training that is presented by the NCOPE Chair and Executive Director.
- 2.2.4 Service on One National Orthotic/Prosthetic Board of Directors at a Time – Individuals serving on the NCOPE BoD may not concurrently be a member of another national Orthotic/Prosthetic organization's board of directors.
- 2.2.5 To ensure effective governance and continuous improvement, the NCOPE Board of Directors will conduct a formal board assessment at least once every three years. This assessment will evaluate the board's performance, effectiveness, and adherence to its strategic and fiduciary responsibilities.

2.2.6 To ensure that all NCOPE Board members have a comprehensive understanding of the academic and clinical accreditation processes, board members are required to complete training and actively participate in site visits and self-study reviews. This policy establishes structured requirements to enhance board members' knowledge and engagement in NCOPE's accreditation services.

1. Accreditation Training Requirement:

All Board members must complete NCOPE's Residency and Site Visitor Training Courses within their first year of service.

Training will cover both academic and clinical accreditation services to provide a well-rounded understanding of the accreditation process.

2. Site Visits & Self-Study Reviews:

By the second year of Board service, members must participate in at least one site visit or review a self-study report for an academic or residency program.

Participation will be coordinated through NCOPE to ensure proper oversight and alignment with accreditation timelines.

3. Course Completion Timeline:

Year One: Complete the NCOPE Site Visitor Training Course within the first year of Board term.

Year Two: Participate in a site visit or self-study review if NCOPE has received the necessary materials or if related accreditation activity is occurring.

4. Accountability & Compliance:

The Governance Committee will oversee compliance with this policy.

Failure to complete the required training or participate in accreditation activities may result in review by the Board Chair and Governance Committee.

This policy ensures that NCOPE Board members are well-equipped to make informed accreditation decisions and uphold the integrity of the accreditation process.

2.3 Executive Committee/Officers

The Executive Committee is comprised of the Board Officers and the

Executive Director. Its responsibility is to coordinate the work of the board and acts in place of the board between board meetings as prescribed in the bylaws and as delegated by the board. The Executive Committee initiates strategic planning efforts and provides oversight for the strategic plan.

The officers of NCOPE BoD consist of a Chairperson, a Vice-Chairperson, a Secretary, and a Treasurer.

The officers of this board are elected from among the Board. The Chair position is a term of two (2) years. The Chair is limited to two (2) consecutive terms. The Vice-Chair, Secretary and Treasurer positions are elected annually, with no term limit.

Chairperson - The Chair is the principal officer of the Board and under the direction of the Board and has full charge of all activities of the Board. He/She makes recommendations to the Board from time to time as may seem to be wise, regarding any phase of the commission policy and administration. He/She will make all nominations or appointments to positions which are subject to approval by the board. He/She shall preside at all meetings of the board.

Vice-Chairperson - The Vice-Chair is the chief administrative officer of the Board, who, under the direction of the Chair, supervises all activities of the board and performs other duties as may be assigned to him/her by the Chair. In the absence or disability of the Chair, the Chair's duties will be performed by the Vice-Chair.

Secretary - The Secretary of the Board shall keep the minutes of all the meetings; he/she will see that all notices required to be given by the Board are duly given and served; he/she will see that the reports, statements and other documents are properly kept and filed; and he/she shall, in general, perform all duties pertaining to the office of the Secretary and such other duties as may be assigned to him/her by the Board or the Chair.

Treasurer - The Treasurer shall be the chief financial officer of the Board and will be responsible for and have general supervision over the financial affairs of the Board, including the Finance Committee. He/She will perform such other duties as may be assigned to him/her by the Chair or the Board.

Appointees - The Board may, from time to time, in the absence of any one of the officers or at any other time, temporarily appoint another person or persons on behalf of the Board to sign any document or attend any meeting in the place of an officer and this will be valid as if he/she is an officer.

Executive Director - The Executive Director shall be appointed by the BoD. He/She is a non-voting member of the board and his/her responsibilities are to

manage the routine administrative and business functions of the Corporation.

2.4 Nominations Committee

2.4.1 Composition: The committee shall be comprised of up to five of former Immediate Past-Chairs. The most recent Immediate Past-Chair shall serve as the chair.

2.4.2 Responsibilities:

- i. Review candidates' qualifications for the respective categories of board vacancy, as set forth by the bylaws, Article 6, section 3. A slate of recommendations shall be created and submitted to the NCOPE board.
- ii. Strive to establish and maintain a balance of board diversity, including professional affiliations, within the confines of the category vacancies, background of current board members and the qualifications of nominated candidates.

2.5 Board of Directors Meetings

2.5.1 Attendance Policy – If a Board member anticipates being absent from a Board meeting, the individual will contact the Chair or Executive Director as to the reason. If the Board member has three notified or un-notified consecutive absences, the Board member will be deemed to have resigned and the position declared vacant.

2.5.2 Regular meetings of the Board are held at least twice every year. A separate meeting is regularly scheduled for the purpose of the election of officers.

2.5.3 Notice of the regular meetings of the Board will be in writing, signed by the Chair, Vice-Chair, Executive Director, or Secretary and shall be given personally or sent to each Board by mail, fax, or email. Notice of special meetings may be given by telephone, in writing, email and/or fax.

2.5.4 In the case of regular meetings, notices will be issued at least thirty (30) calendar days prior to the date set for the meetings. In the case of changing the time and/or place of the meeting for the purpose of election of officers, notice will be made at least thirty (30) calendar days preceding the election meeting. In the case of other or special meetings, notices will be given at least ten (10) calendar days before the dates designated for the meetings.

2.5.5 Physical Arrangements – Staff will make accommodations for the NCOPE BoD meetings and committee meetings and communicate cut-off dates for

room reservations to BoD members or committee members prior to contracting with the hotel.

- 2.5.6 Quorums and action by majority vote – A majority of the Board in office is necessary to constitute a quorum for the transaction of business at any meeting of the board, but a smaller number may adjourn a meeting to a later date. At least two (2) calendar days' notice of such adjourned meeting shall be given.

Action by the majority for the Board is 50% plus one.

2.6 Miscellaneous Meetings

Special meetings of the Board may be held by means of telephone conference. Participating in meetings by telephone or similar communication equipment will constitute a presence in person.

2.7 **Code of Ethics and Professional Conduct**

NCOPE's mission can only be realized through a common Code of Ethics and Professional Conduct upheld by our volunteers and representatives, Board of Directors (BoD), all volunteers and staff members.

2.7.1 NCOPE's expectations of professionalism:

- 2.7.1.a We expect integrity, honesty, and trustworthiness in our work; courage in our decisions; and dedication to NCOPE's values and beliefs.
- 2.7.1.b We expect responsible action on behalf of the organization and are accountable and transparent to our constituents and to one another. We share information when appropriate without sacrificing confidentiality.
- 2.7.1.c We expect to be treated and to treat others with respect. We respect the opinions of and the differences among individuals.
- 2.7.1.d We expect fairness to be evident in our actions internally and externally. We are equitable in our decisions and mindful of their impact on other groups and people.
- 2.7.1.e We expect our actions to demonstrate our care for others and the O&P community. We care about the well-being of each other, the O&P community, and NCOPE.
- 2.7.1.f We expect that there will be a Zero Tolerance of Harassment within NCOPE's communities of interest. Unlawful harassment includes, but is not necessarily limited to, unwelcome intimidation,

ridicule, insult, comments, or physical conduct based on race, color, religion, sex (including sexual orientation and gender identity), national origin, age, disability, or retaliation:

- i. An employee's acceptance or rejection of such conduct explicitly or implicitly forms the basis for an employment decision affecting the employee; or
- ii. The conduct is sufficiently severe or pervasive to alter the terms, conditions, or privileges of the employee's employment, or otherwise create an abusive work environment. This type of harassment typically does not involve discrete personnel actions such as denial of promotion.
- iii. The reporting of such misconduct.

2.7.2 Conflict-of-Interest policy: All volunteers, BoD, and staff members shall be required to annually sign and submit this Conflict-of-Interest policy form to the NCOPE office.

2.7.3 Confidentiality policy: All volunteers, BoD, and staff members shall be required to annually sign and submit this Confidentiality policy form to the NCOPE office.

2.7.4 Social Media and Networking policy: All volunteers, BoD, and staff members shall be required to annually sign and submit this social media and Networking Acknowledgement form to the NCOPE office.

2.7.5 NCOPE shall follow a Due Process for complaints and personnel issues. This Due Process shall allow opportunity for all parties to present their complaint and any supporting documentation; it should also allow for NCOPE to respond in a timely manner to the complaint. Unless addressed elsewhere, the BoD will make the final decision on all such matters.

2.7.6 CAAHEP requires that its accreditation procedures, and those of the NCOPE, be sensitive to the need of maintaining confidentiality in the accreditation process, while also disclosing certain information to serve and protect the public interest. To comply with this requirement, NCOPE shall hold as confidential the following documents and the information contained therein:

- Self-Study Report
- Site Visit Report
- All Progress and Annual Reports
- All correspondence between CAAHEP, NCOPE and the program which relates to the accreditation process (including the appeals process, if any).

2.7.7 NCOPE shall follow an informed consent process for recordings or electronic surveillance of others. Unauthorized electronic surveillance of others is disruptive to morale and is disrespectful. For this reason, no individual may record the conversation of another without his or her full knowledge and consent. Secret recordings are strictly prohibited unless authorized in writing by legal counsel. A violation of this provision may result in disciplinary action.

3.0 Office Management

3.1 Data Management and Protection

NCOPE maintains all records and files. Files and records will be kept based upon the adopted [NCOPE Document Data and Document Retention Policy](#). NCOPE shall not provide confidential information to any third parties, including state, county or local governmental agencies without a validly issued Virginia subpoena specifically requesting such documents or prior written consent. NCOPE adheres to the General Data Protection Regulation (GDPR) as part of our [Privacy Policy - The National Commission on Orthotic and Prosthetic Education](#) in managing personal data.

Further Guidance:

“‘Personal data’ means any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.” (Reference: [Art. 4 GDPR – Definitions - General Data Protection Regulation \(GDPR\)](#))

3.2 ABC Management Agreement/Contract

The NCOPE will maintain a management agreement to receive certain administrative/personnel services from ABC. NCOPE will reimburse ABC for all direct and indirect costs associated with administering payroll on behalf of NCOPE employees, including but not limited to salary, payroll taxes, pension, and insurance.

3.3 Review of Management Contract

The management contract will be reviewed and accepted by NCOPE in accordance with the timetable stated in the contract.

3.4 Executive Director

3.4.1 NCOPE Executive Committee will contract with the Executive Director for his/her employment. The contract will be reviewed and negotiated based upon the agreed time identified in the contract. As Executive Director of NCOPE, Employee shall exercise all authority extended to his/her by the NCOPE BoD.

This includes the following:

- Responsibility for managing the daily operations of the organization
- Directing the efforts of the NCOPE staff to ensure the BoD objectives are met
- Assumes responsibility for the financial integrity of the organization
- Works to ensure that programs of NCOPE are developed and implemented in accordance with the objectives of NCOPE.
- Works to develop and implement an ongoing accreditation program in accordance with the guidelines set forth by the board.
- Prepares and distributes an annual report regarding the NCOPE budget, status of the schools and the accreditation process.
- Establishes means and methods of communication and dialogue with other health related professions in all areas of NCOPE's interest.
- Performs such other duties as may be required from time to time.

3.4.2 The Annual Review for the Executive Director shall be an in-person or virtual meeting conducted by the chair. During the Annual Review, the Executive Director will provide the chair and/ or Executive Committee with a written list of goals for NCOPE for the coming year (the "NCOPE Goals"). The NCOPE Goals will be used, in part, to evaluate the Executive Director's performance during the next year.

3.5 Whistleblower

A whistleblower as defined by this policy is an employee of NCOPE who reports an activity that he/she, in good faith, considers to be illegal, dishonest, or unethical in connection with the finances or other aspects of NCOPE's operations.

- 3.5.1 Any employee of NCOPE who knows or has a reasonable belief that persons associated with NCOPE plan to engage or have engaged in illegal, dishonest or unethical conduct in connection with the finances or other aspects of NCOPE's operations should immediately file a complaint with the Executive Director, and/or any member of the Executive Committee, and/or NCOPE's outside general counsel.
- 3.5.2 The whistleblower must exercise sound judgment to avoid baseless allegations. Any employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.
- 3.5.3 The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities. All reports of illegal and dishonest activities will be promptly submitted to NCOPE's Executive Committee which is responsible for investigating and coordinating corrective action.
- 3.5.4 NCOPE will take appropriate action in response to any complaints, including, but not limited to, disciplinary action against any person who, in NCOPE's assessment, has engaged in misconduct and reported such misconduct to the relevant civil or criminal authorities as required by law.
- 3.5.5 NCOPE will not knowingly, with the intent to retaliate, take any action harmful to any person, including interference with lawful employment or livelihood, for reporting a complaint in good faith pursuant to this policy or to law enforcement officers, governmental agencies or bodies, or persons with supervisory authority over the complainant. Likewise, there will be no punishment or other retaliation for providing information regarding a complaint in good faith too, or otherwise assisting in any investigation regarding a complaint conducted by, NCOPE, law enforcement officers, governmental agencies or bodies, or persons with supervisory authority over the complainant.

Employees with any questions regarding this policy should contact the Office Administrator or the Executive Director.

3.6 Anti-Fraud

The organization and its board, management, employees, and volunteers must,

always, comply with all ethical principles and policies of the organization and all laws and regulations governing the activities of the organization. The board accepts its responsibility to undertake all appropriate actions to prevent and detect fraud against the organization or that may be perpetrated by anyone associated with the organization.

3.7 Emergency/Non-Emergency Succession Plan

The Board of Directors has two policies in place. There are separate documents that provide greater detail, but the plans cover the following areas:

Succession Planning non-emergency:

- Guiding Principles
- Lines of Authority
- Emergency Backup Plan
- Board Action in the Event for Vacancy in the Executive Director Position
- Preparation Time Frame for Replacement of the Executive Director
- Role of the Outgoing Executive Director in Planned Transitions
- Initial Implementation of the Transition Plan
- NCOPE Commitment Regarding Diverse Candidates and Staff Leader Development

Emergency Succession Plan:

- Succession Plan in Event of a Temporary, Unplanned Absence: Short-Term (shorter than 3 months)
 - Authority and Compensation of the Acting Executive Director
 - Board Oversight
 - Communications Plan
 - Completion of Short-Term Emergency Succession Period
- Succession Plan in Event of a Temporary, Unplanned Absence: Long-Term (Longer than 3 months). Same as Short Term, but with the addition of:
 - The Executive Committee will give immediate consideration, in consultation with the Acting Executive Director, to temporarily fill the management position left vacant by the Acting Executive Director. This is in recognition of the fact that for a period of more than three months, it may not be reasonable to expect the Acting Executive Director to carry the duties of both positions. The position description of a temporary manager would focus on covering the priority areas in which the Acting Executive Director needs assistance.
- Succession Plan in Event of a Permanent Change in Executive Director

4.0 Financial Management

The Financial Management policies of NCOPE ensure financial integrity, transparency, and efficiency by providing a framework for budgeting, auditing, financial reporting, expense reimbursement, cash flow management, and investment strategies. These policies are reviewed and updated as necessary to reflect changes in regulations, best practices, and organizational needs. For detailed procedures and guidelines, please refer to the NCOPE Accounting Manual, which includes comprehensive information on various financial operations.

4.1 Budget Review

The BoD will annually review and approve a budget jointly proposed by the Finance Committee and Executive Director on or before December 31st. The Executive Director oversees the development of the budget, ensuring it aligns with NCOPE's financial goals and operational needs.

4.2 Financial Audit

The Executive Director will arrange for a full audit of the accounting records every year. The results of these audits will be provided to the entire BoD for formal adoption.

4.3 Financial Reports

NCOPE financial reports will be provided monthly by the Executive Director to the Finance Committee and the BoD during their meetings. These reports include balance sheets, income statements, budget versus actual reports, and cash flow statements.

4.4 Expenses/Reimbursement: BoD, Committee and Other Volunteers

- 4.4.1 General expenses incurred because of NCOPE business (travel, room, meals and miscellaneous) shall be reimbursed according to established policies provided below and on the NCOPE Expense Form. Reimbursement requests of expenses not specifically addressed on the Expense Form shall be reviewed individually for reimbursement.
- 4.4.2 NCOPE covers hotel room and meal expenses for board meetings and committee meetings.
- 4.4.3 Reservations are typically made by NCOPE.
- 4.4.4 Expenses for the nights directly before and after the meeting are covered.
- 4.4.5 Executive Committee members may have additional nights covered for extra responsibilities and meetings.
- 4.4.6 NCOPE does not cover meeting registrations, except for Executive Committee members and when staying longer than the board meeting

due to other responsibilities.

- 4.4.7 NCOPE Expense Forms are to be submitted within 14 days of the date of completed travel. Reimbursement will be made for submitted Expense Forms within 30 days of submission to the NCOPE Office.
- 4.4.8 Mileage allowance of business-related travel shall be in accordance with the IRS allowable rate.
- 4.4.5 The NCOPE Expense Form shall be regularly reviewed and updated as necessary to reflect customary business reimbursement expenses (type and amount).
- 4.4.6 Upgrades of rooms and/or charges for additional persons shall be paid by the attendee.

4.5 Internal system for cash flow

- 4.5.1 The Executive Director of NCOPE is the only individual that has access to and uses QuickBooks accounting program for NCOPE. It is password protected to enter the program. The Executive Director contracts and consults for services from an accounting company for assistance and guidance throughout the year to assure that proper accounting records are being utilized. Checks are processed through the platform bill.com and occur as received. Invoices submitted to the Executive Director will be processed and paid within two weeks. Checks are scheduled based on the invoice and distributed through the platform bill.com.
- 4.5.2 All payables and receivables shall be reconciled by the 15th of each month for the previous month's activity.
- 4.5.3 When checks are received in the mail at the NCOPE office, they are typically deposited using virtual deposit methods or taken to the bank. A copy of each check is maintained for record-keeping purposes.
- 4.5.4 All bills shall be entered by the Executive Director onto the bill platform.
- 4.5.5 All reimbursement approvals for BoD and committee members shall be made by the Executive Director. Staff reimbursement shall be approved by the Executive Director. The Executive Director's expense reimbursements shall be approved by the NCOPE Treasurer.
- 4.5.6 The Treasurer for NCOPE shall be given access to review and sign off monthly on all bank statements. Additionally, the Treasurer shall act as a second approvers on all bills within the bill platform.

4.6 Finance Committee

4.6.1 Responsibility of the Finance Committee as outlined in the bylaws is as follows:

- I. the development of a proposed annual budget,
- II. oversight of financial processes, including monthly review of income and expense statements,
- III. the regular, review and monitoring of NCOPE's investments, with periodic reporting to the BoD, and
- iv. the preliminary review of the Annual Financial Audit

4.6.2 The NCOPE Treasurer shall be a standing member and serve as Chair of the Finance Committee. The Executive Director shall be a standing member.

4.7 Tax Form 990 Review

The BoD shall review the draft prepared for Tax Form 990 prior to submission to the IRS.

4.8 Issuing Payments

NCOPE payments for any amount up to \$2,500 may require one approval through the electronic system of bill.com and amounts more than \$2,500.00 always require two approvals. Authorized Signatories/Approvers on NCOPE's accounts shall be the Executive Director, the Treasurer and ABC's director of human resources.

4.9 Investment Policy

NCOPE is responsible for implementing NCOPE's Cash Reserve Plan.

PURPOSE

The purpose of this investment policy is set forth by the Board of Directors to:

1. Define and assign the responsibilities of all parties involved.
2. Establish a clear understanding for all parties involved in investment goals and objectives for plan assets.
3. Offer guidance and limitations to all investment managers regarding the investment of plan assets.
4. Establish a basis for evaluating investment results.

Greater detail focusing on the greater detail of investment policy: [NCOPE Investment Policy](#)

4.10 Corporate Credit Cards/Allowable Uses

The company credit card can be used for business purchases, such as office supplies, travel expenses and company dinners. Any expense that is related to doing business can be placed on the card.

Prohibited Uses

The card should not be used for personal purchases, such as home utility bills, employee/volunteer's car payments or vacations. Any purchase that is not related to business use should be prohibited, unless express permission from the executive director or board member.

Internal Controls

The use of the credit card is monitored on a regular basis. The card usage is reconciled with its monthly statement, and any discrepancies should be investigated immediately. Employees/volunteers should be required to submit receipts for the usage of the card assigned to them. For charges of \$35 or less a receipt is not mandatory.

4.11 Protecting Sensitive Data

As an organization that accepts and processes credit card payments, NCOPE is committed to protecting sensitive payment information in accordance with the PCI Data Security Standard (PCI DSS). NCOPE utilizes Stripe or Intuit, a third-party processor, for all credit card transactions and does not store Social Security numbers or credit card numbers. All employees must adhere to the following procedures to ensure the security of cardholder data:

1. **Redaction of Card Information:** If a payment is every received containing a credit card number and has been processed and payment confirmation is received, employees must redact the credit card number and CVV code (if provided) by shredding and not retaining that information.
2. **Social Security Number Collection:** NCOPE will never collect Social Security numbers (SSN) for resident registrations or other services provided.
3. **Handling Email Communications:** If credit card information is received via email, employees must immediately inform the sender that this is an unsafe practice and advise against sending such information via email. Employees must then delete the email from both the inbox and the deleted items folder.

4. **Stripe Integration and Compliance:** NCOPE will ensure that all payment processing through Stripe is conducted using secure methods, such as Stripe Elements, Checkout, or Terminal SDKs, which help minimize PCI compliance obligations 1. Employees must use TLS (Transport Layer Security) to encrypt and secure data transmission between the client and server 2.
5. **Regular Audits and Compliance Checks:** NCOPE will conduct regular audits and compliance checks to ensure adherence to PCI DSS requirements and Stripe's security standards3.
6. NCOPE will continuously uphold the standards set by the PCI Security Standards Council and act responsibly when handling sensitive data to maintain compliance and protect our customers' information. NCOPE is a member of SecurityMetrics.

SECTION II: Academic Programs CAAHEP Sponsored

For CAAHEP sponsored programs, if a policy/procedure is not addressed here in the NCOPE P&P, then the CAAHEP Policy Manual will be the default. See the current [CAAHEP Policy and Procedure Manual](#).

1.0 CAAHEP/NCOPE

1.1. Sponsorship of NCOPE within the CAAHEP system

When a national professional organization believes that its membership has legitimate concerns about, and responsibilities for, the quality of personnel prepared in educational programs accredited by CAAHEP, the organization may petition NCOPE for approval to join them as a sponsoring organization.

CAAHEP's policy requires that all sponsoring organizations of NCOPE must become a Member within the CAAHEP system.

For those organizations wishing to petition NCOPE for sponsorship within the CAAHEP system, the following criteria must be met:

- a. Must accept the current CAAHEP Standards and Guidelines.
- b. Must demonstrate a significant relationship to the orthotist/prosthetist and/or technician level through organizational programmatic activities, which shall include continuing education courses/activities or administration of certification exams.
- c. Must demonstrate support of CAAHEP level education for a minimum of three years. This must include requiring CAAHEP level education as condition of membership or examination eligibility criteria.
- d. Must have at least 40% of organization's board of directors possess a minimum of a bachelor's degree in O&P, post baccalaureate certificate in orthotics and/or prosthetics or a master's in O&P or be equivalent to ISPO Prosthetist/Orthotist level.

1.2. Responsibilities of Sponsoring Organization

- a. Participate and support CAAHEP.
- b. Appoint a commissioner to CAAHEP that provides experience in orthotics/prosthetics and Education and/or accreditation.
- c. Have the commissioner attend the annual CAAHEP meeting. Duties as commissioner during these meetings may include approval of bylaws or amendments, mission, and vision statements, determination of new health science professions being recognized, and accreditation activities as managed by CAAHEP.
- d. Pay annual membership fee to CAAHEP.
- e. Participate in the evaluation, comments and adoption of the Standards and Guidelines when requested by NCOPE.

1.3. NCOPE Commissioner to CAAHEP

Upon recommendation from the NCOPE Executive Committee, the NCOPE BoD shall elect a representative to serve as the CAAHEP Commissioner representing NCOPE (CoA Member of CAAHEP) at CAAHEP meetings. The CAAHEP commissioner position is a three (3) year term. This voting CAAHEP commissioner representative shall regularly attend the CAAHEP meetings, and provide a report of CAAHEP actions and activities to the NCOPE BoD

2.0

2.1 Programs and Educational Standards

Standards: NCOPE is responsible for developing and periodically revising the CAAHEP Accreditation *Standards*, the minimum standards of quality used in accrediting programs that prepare individuals to enter the O&P profession. These *Standards* are the minimum requirements to which an accredited program is held accountable, and include fair business practices, ethical standards, due process and fair educational practices and outcome measures.

- Orthotist/Prosthetist Practitioner Standards
- Orthotist and Prosthetist Assistant Standards
- Orthotic and Prosthetic Technician Standards

2.2 Ownership: *Standards* are the legal property of CAAHEP.

- 2.3 **Review:** *Standards* review shall be done at least once every five (5) years, shall maintain compliance with CAAHEP policy, and shall maintain congruence between the educational preparation of students and the accepted state of practice for the discipline.
- 2.4 **Program Sponsorship – Satellite Campuses:** Separate programs conducted by a single sponsor are considered individual programs and require individual accreditation. If an institution which sponsors an accredited program initiates a similar program in which all or the majority of instruction occurs at another location, the new program will not be subsumed under the accreditation of the existing program but must be accredited as a separate entity.
- 2.5 **Program Types:** Programs shall be held to compliance of the *Standards*, regardless of the type or delivery mode: classroom, blended learning (classroom and online) or distance delivery (interactive television or online).
- 2.6 **Transparency**
CoA must follow. These guidelines typically require programs to share specific information to ensure transparency and accountability. This includes:
- a. **Accreditation Status:** Programs must publicly disclose their accreditation status and any changes to it.
 - b. **Program Outcomes:** Programs are required to share key outcomes, such as graduation rates, certification exam pass rates, and job placement rates.
 - c. **Compliance with Standards:** Programs must demonstrate compliance with CAAHEP standards and provide documentation of their adherence.
 - d. NCOPE requires that all programs publish, in a readily accessible place on their websites, at least the following outcome(s): Orthotist/Prosthetist level employment data and Technician level graduation rates. The data to be published should be consistent with the most recent Annual Report filed by the program.
 - e. **Consequences** for failing to share the required transparency information and impact on accreditation may be as follows:
 1. **Loss of Accreditation:** Programs that do not comply with transparency requirements may risk losing their accreditation status. This can significantly impact their reputation and ability to attract students.
 2. **Reduced Trust and Credibility:** Transparency is crucial for maintaining trust among stakeholders, including students, faculty, and the public. Lack of transparency can lead to diminished credibility and

- trust in the program.
3. **Financial Implications:** Accreditation is often tied to eligibility for federal funding and financial aid. Non-compliance with transparency standards can jeopardize access to these financial resources.
 4. **Legal and Regulatory Consequences:** Programs may face legal and regulatory repercussions for failing to adhere to accreditation standards, which can include fines and other penalties
 5. **Negative Impact on Quality Assurance:** Transparency is essential for continuous improvement and quality assurance. Without it, programs may struggle to identify and address areas needing improvement.

3.0 Recognition Statuses & Actions

NCOPE shall regularly review a program's compliance with the CAAHEP Standards and forward a recommendation to CAAHEP. The CAAHEP Board of Directors shall make the final decision on awarding accreditation status.

Accreditation Statuses:

- 3.1 Candidate for Accreditation: Candidate for Accreditation is pre-accreditation status whose purpose is to recognize programs that are seeking accreditation status and are in process of *Standards* compliance. It establishes a formal, publicly recognized relationship with NCOPE that helps ensure that the institution develops an O&P program with adequate planning and with the necessary resources (e.g., leadership, faculty, physical plant, budget, clinical education sites).

Attainment of Candidate for Accreditation status does not assure accreditation by CAAHEP. This is a preliminary status that is granted by NCOPE; it is not a recognized CAAHEP accreditation status. It shall be granted by NCOPE for a period not to exceed two years.
- 3.2 Initial Accreditation: The first status of accreditation shall be granted to a program for a period no longer than five years. At any point during the initial accreditation period, a program may be recommended for continuing accreditation or, if warranted, for probationary accreditation. If no recommendation is forthcoming, the Initial Accreditation will automatically expire.
- 3.3 Continuing Accreditation: It is granted to a program when it is re-evaluated at specified intervals. It does not expire. It shall remain as the status until a recommendation is forwarded to CAAHEP.
- 3.4 Probationary Accreditation: It is a temporary status of accreditation imposed when a program does not continue to meet accreditation

Standards but should be able to meet them within the specified time. This status shall remain as the status until a recommendation is forwarded to CAAHEP.

3.5 Administrative Probation: It is a temporary status of accreditation imposed when a program has not complied with administrative requirements (see *Standards*). In addition to those requirements stated in the *Standards*, it also includes non-payment of fees (CAAHEP and/or NCOPE fees). NCOPE shall notify CAAHEP to place a program on administrative probation when NCOPE fees have not been paid or other administrative requirements have not been met.

3.6 Actions: These actions result in no recognized accreditation status.

Withhold – is an action taken when a program seeking initial accreditation is not in compliance with the accreditation *Standards*.

Withdrawal of Accreditation - is an action taken when a program is no longer in compliance with the accreditation *Standards*.

4.0 Accreditation Process

4.1 Application: CAAHEP requires that a program complete an application form indicating that the program is seeking accreditation. Programs must periodically submit a self-study report and on-site visit to obtain and maintain accreditation. Review of applications and self-studies shall be performed by the Self-Study Review Committee. Programs and committees must use the NCOPE Accreditation Management System for the accreditation service.

4.2 Self-Study: The self-study will be completed by using the NCOPE AMP system. The self-study review committee will review the submitted self-study by using the NCOPE AMP system.

4.3 Site Visit:

4.3.1 Purpose: The site visit shall be conducted to verify the factual statements within the Self-Study. This shall include review of program documents referenced within the Self-Study, interviews with program personnel, students, graduates and clinical affiliations, and inspection of institutional facilities (offices, classrooms, labs, resources, and support services).

4.3.2. Length: The site visit shall be 1½ to two business days for each program being considered for accreditation. For sites in which multiple-delivery modes are offered, NCOPE shall determine a length

appropriate to adequately perform responsibilities for each program under consideration.

4.3.2. Virtual Visits: NCOPE initiated a virtual site visit process for institutions that are in good standing with NCOPE and CAAHEP. The virtual visit replaces the traditional on-site but retains all major components. Refer to the accreditation manual for an overview of the site visit components.

4.4. Site Visit Team:

- 4.4.a. Composition: A team of three (3) individuals shall conduct each program evaluation for O&P Practitioner level and O&P Technician level. The composition of the team shall be as follows:
- O&P Practitioner/Educator and/or respective professional for level evaluated
 - O&P Practitioner and/or respective professional for level evaluated (non-educator)
 - NCOPE staff member that meets the qualifications
- 4.4.b. Qualifications: Site visitors shall be qualified by education and experience to evaluate the learning concentrations for which the program is seeking accreditation.
- At least one site visitor will be appropriately credentialed and have experience with O&P education and accreditation.

- The second site visitor may be qualified by other experience and education in allied health.
- All should have received and attended some type of site visitor training course.

4.4.c. Responsibilities: In addition to the verification of the Self-Study, the site visit team shall receive specific, written instructions from the Self-Study Review Committee to provide a narrative response to each of the Committee Reviewers' issues of concern. Completion of the Report of the Site Visit shall be submitted completed on the NCOPE AMS within one (1) week of the site visit.

4.4.d. Site Visitor Evaluation:

Site Visitors shall be evaluated using the post-visit questionnaires. Staff will review all the questionnaires and maintain the Post Site Visit Questionnaire Tally Sheet. The staff will note which program site visits resulted in an unfavorable response for a site visitor, defined as any "no" answer at all, and/or any score less than "3".

Staff will forward copies of unfavorable post-visit questionnaires to the Chair as they become available, along with any summaries of phone conversations that occur regarding a program's site visit and site visitors, the findings letter, and the response letter for that program. Staff will also include these materials, and copies of the unfavorable questionnaires, with the tally sheet in the meeting binder for discussion at the next scheduled NCOPE meeting. For adverse evaluations, the BoD shall consider the following actions: maintaining or retiring a site visitor, notifying the site visitor of the noted problems, or providing the site visitor with a copy of the questionnaire. No site visitor will be contacted without first obtaining authorization from the program generating the unfavorable questionnaire.

4.5 Accreditation Recommendations:

The BoD shall review the on-site visit report submitted by the Site Visit Team. Upon review and consideration, the BoD shall forward an accreditation recommendation to CAAHEP for practitioner level programs and for technician level programs. Actual accreditation status is awarded by CAAHEP.

4.6 Expenses/Reimbursement: Site Visitors

4.6.1 General expenses incurred because of the Site visit (travel, room, meals and miscellaneous) shall be reimbursed according to established policies in the Site Visit Manual and noted on the NCOPE Expense Form.

Reimbursement requests of expenses not specifically addressed on the Expense Form shall be reviewed individually for reimbursement.

4.6.2. NCOPE Expense Forms are to be submitted within 14 days of the date of completed travel. Reimbursement will be made for submitted Expense Forms within 30 days of submission to the NCOPE Office.

4.6.3. Mileage allowance of business-related travel shall be in accordance with the IRS allowable rate.

4.6.4. The NCOPE Expense Form shall be regularly reviewed and updated as necessary to reflect customary business reimbursement expenses (type and amount).

4.6.5 The Site Visitor shall pay for upgrades of rooms and/or charges for additional persons.

5.0 Maintenance of Accreditation

Review activities and regular reports shall be requirements of maintaining accreditation.

5.1 Comprehensive Review: Educational programs shall regularly undergo a comprehensive review to ensure that the program continues to be in compliance with the *Standards*. This review shall include a complete Self- Study and a Site Visit. The time between comprehensive reviews shall not exceed five (5) years.

5.2 Progress Reports: Progress reports shall be required by NCOPE whenever a program is not in full compliance with the *Standards* and compliance can be demonstrated by providing documentation. The required documentation and deadline for the Progress Report shall be individualized for each program, dependent on the *Standard(s)* that is/are not in compliance.

5.3 Focused Site Visits: Focused Site Visits shall be required by NCOPE whenever a program is not in full compliance with the *Standards* and compliance cannot be demonstrated with documentation alone (facilities, interviews, etc.) The number of visitors, length of visit, and Standard to be reviewed shall be individualized for each program, dependent on the *Standard(s)* that is/are not in compliance. Expenses for this visit shall be charged back to the program.

5.4 Annual Reports: Each program shall be required to submit the NCOPE Annual Report by the specified deadline. Failure to do so may result in Administrative Probation. Staff shall screen the Annual Report for completion and for any possible noncompliance with *Standards*. The staff shall forward these Annual Reports to the Chair for further review. The Chair shall submit to the BoD any Annual Report of a program with noncompliance concerns. Upon review and consideration, the BoD shall determine if no action is needed or if a

Progress Report, Focused Site Visit, Comprehensive Review or Adverse Accreditation recommendation may be warranted.

6.0 Accreditation Committee (AC)

Purposes, Authority, and Structure of the Accreditation Committee.

6.1 **Purposes.** The purposes of the Committee are:

6.1.a To educate stakeholders about and enforce the CAAHEP Standards.

6.1.b. To investigate legitimate complaints related to CAAHEP standards

6.1.c. To investigate and conduct reviews and/or violations of the CAAHEP Standards, when a complaint is received.

6.1.d. To assess the merits of applicant educational programs for accreditation by CAAHEP in accordance with the Standards and Guidelines for the following professions: Orthotist/Prosthetist, Pedorthist, Orthotic and Prosthetic Technician, Orthotic and Prosthetic Assistant.

6.1.e. To maintain an ongoing mechanism for continuous improvement of accreditation administration, operations, and services to academic programs and for the public.

6.1.f Develop a yearly plan for comprehensive accreditation reviews. Assure that programs going through the accreditation process (self-study submission, self-study review, site visit, site visit report, board review and recommendation to CAAHEP) takes place in a timely and efficient manner.

6.1.g Recruit and train self-study reviewers and site visitors.

6.1.h. Track progress of programs through annual reports.

6.1.i. Engage with academic program faculty and other stakeholders on accreditation standards and procedures for the advancement of quality education and enhancement of the profession.

6.1.j. Maintain ongoing assessment and improvement. E.g., review of survey feedback, e.g., post-site visit surveys and other stakeholder feedback.

- 6.2 **Authority.** The authority of the Committee is to:
- 6.2.a. Receive, review, evaluate, initiate, investigate and respond to legitimate Complaints against CAAHEP Programs, when notified by CAAHEP.
 - 6.2.b. Review, evaluate, and recommend programs for an accreditation status or candidate for accreditation to the NCOPE BoD based on their compliance with the CAAHEP Standards.
 - 6.2.c. Develop and update accreditation resources including the accreditation manual for Academic Programs and self-study reviewer/site visitor training materials.
 - 6.2.d. Assist with identifying, drafting, and revising policies and procedures for site visits and complaint review.
 - 6.2.e. Conduct all Committee affairs in a manner and atmosphere free of discrimination based on race, color, gender, age, sexual orientation, ethnicity, national origin, religion, disability, and marital status, as defined and prohibited by applicable law.
 - 6.2.f. Perform other tasks commensurate with the Committee's purposes as requested by the Board.
- 6.3 **Structure.**
- 6.3.a. Composition. The Committee shall consist of at least (4) voting members.
 - 6.3.b. Qualifications. To be a member of the Committee, an individual must:
 - (i) have experience in programmatic accreditation;
 - (ii) have a minimum of a bachelor's degree;
 - (iii) have a record of service demonstrating experience with the delivery of education in a clinical, laboratory, or didactic setting to orthotic and prosthetic students or other health science professions.
 - 6.3.c. Selection. The Chair of the Board shall appoint the Chair of the Committee and the Committee members. The Chair of the Committee shall interview, evaluate, and select the members of

the Committee.

6.3.d. Meetings. The Committee shall meet at reasonable intervals, as needed, to carry out its responsibilities as set forth in these Rules and Procedures. All meetings may be conducted by telephone or other type of communication allowing all Committee members to be heard and participate. Minutes shall be kept for each meeting as a record of the Committee's activities. The presence of a majority of the voting membership of the Committee shall constitute a quorum for meetings of the Committee. Committee decisions shall be made by a majority vote of a quorum present at a meeting.

6.4. **Submission and Receipt of Complaints.**

6.4.1 Parties That May Submit Complaints. A Complaint about a CAAHEP Program must be submitted to the Committee by:

6.4.1.a. Submission through the CAAHEP complaint process.

6.5 **Processing of Complaints**

6.5.1 NCOPE will follow the complaint process in Section 602 of the CAAHEP policy manual.

SECTION III: Residency Program Services

Residency Programs

1.1 Residency Program Description and Overview – **2021 Standards**

Residency Programs provide an opportunity for graduates of CAAHEP-accredited Master's O&P degree programs to obtain clinical education experiences in a supervised setting. The residency period must be equivalent to a minimum of a 12-months for the single discipline residency program or equivalent to a minimum of 18-months for the dual residency program and must be a structured experience that complies with the NCOPE [Standards of Accreditation of the Orthotic/Prosthetic Residency Program](#). It is during the residency program that Residents gain the clinical training and competence need to balance their primary education and enhance their skills in the provision of patient care. Residency Programs are overseen and accredited by NCOPE. NCOPE shall be responsible for monitoring and maintaining the requirements of Residency Programs and the Residency sites.

1.1.a Residency Program Description and Overview - **2025 Standards**

NCOPE-accredited Residency Programs provide structured, immersive clinical education experiences for graduates of CAAHEP-accredited Master's O&P degree programs. These programs are designed to bridge academic preparation with real-world clinical practice, enabling residents to develop into independent, competent entry-level practitioners.

Residency programs must be a minimum of **18 months** and may extend up to **36 months**, defined in three-month increments (e.g., 18, 21, 24 months) at the time of accreditation application. The duration must reflect the intended program length and cannot be shortened post-approval. Extensions due to unmet competencies or minimum activity volumes (MAVs) are governed separately under Standard 2.4b. [2025 Residency Standards - The National Commission on Orthotic and Prosthetic Education](#)

Each residency must:

- Be structured to support progressive responsibility in patient care under defined **direct and indirect supervision**.
 - Include a blend of supervised clinical care, didactic learning, and professional development.
 - Be guided by a competency framework organized into **seven domains**, with resident engagement levels categorized as **Observe, Assist, or Independent**.
 - Maintain clear policies on **duty hours, leave time** (not to exceed 37 days annually), and remediation procedures.
 - Ensure timely submission of evaluations and maintain documentation for a minimum of **three years**.
- Residency Programs are overseen and accredited by NCOPE,

which is responsible for monitoring compliance with the Standards of Accreditation of the Orthotic/Prosthetic Residency Program. Sites must submit comprehensive documentation during the accreditation process and may be exempt from a site visit if all standards are clearly met.

1.1.1 Residency Site:

1. Prospective residency site applicants or NCOPE accredited sites applying to renew their residency program accreditation cycle, add-on residency program(s) or affiliate locations to the current accreditation cycle are required to complete and submit the NCOPE on-line application, remit payment of the applicable application fees, and allow up to 6 weeks for the review and accreditation recommendation processes to be completed by NCOPE staff and the professional application review committee.
2. Residency Site Accreditation, once granted, is for a period of three (3) years; however, certain circumstances such as changing accrediting organizations from ABC to BOC or vice versa require a new application and application fee. Application fee payments remitted to NCOPE shall always be considered non-refundable.
3. Facility and staff requirements of the site shall be met (see the Residency Program Policies Manual) prior to a Resident beginning the O&P experience.

1.1.2 Residency Program Requirements – 2021 Standards

1. The NCOPE accredited residency program must be committed to, and responsible for, promoting patient safety. It must ensure that Residents are integrated and participate in clinical care with progressively increasing levels of patient care responsibility under the supervision of certified/licensed clinicians.

Further Guidance: Supervision will be provided by certified/licensed clinicians either directly or indirectly with direct supervision immediately available on site as defined in [NCOPE Residency Program Accreditation Standard 2.3](#). Subsequently, specific procedures may be allowed with indirect supervision and must be delineated with demonstrated and recorded competence prior to performance of such procedures. The Orthotic and/or Prosthetic competency assessment evaluation for that device/procedure must be submitted via NCOPE Tracker.

2. The working environment must include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic learning events for the Resident.

Further Guidance: The educational mission of the NCOPE accredited residency program must not be compromised by an excessive reliance of the Practitioner Resident to manage clinical and non-clinical functions.

3. The NCOPE accredited residency program agrees to configure and utilize the Orthotic/Prosthetic Residency Centralized Application Service

(OPRESCAS) or an NCOPE preapproved alternative method as defined in Standard 3.2.6. Failure to do so may impact a program's accreditation status.

1.1.2.a Residency Program Requirements – **2025 Standards**

1. **Resident Integration and Patient Safety**

The NCOPE-accredited residency program must be committed to, and responsible for, promoting patient safety and professional development. Residency programs must ensure that Residents are actively integrated into clinical care environments with progressively increasing levels of responsibility, guided by a structured competency framework.

Residents must engage in patient care under defined supervision protocols, which include both **direct and indirect supervision** as appropriate to their level of training and competency. These supervision models must be clearly documented and comply with ABC Scope of Practice and applicable state laws.

The program must also support the Resident's growth through a blend of supervised clinical practice, didactic instruction, and professional mentoring, ensuring that each Resident advances toward independent practice in alignment with the seven competency domains and engagement levels (Observe, Assist, Independent) outlined in the 2025 Standards.

2. **Advertising and Recruitment**

Sites must use OPRESCAS and comply with Appendix C requirements. Advertising must be objective and fair.

3. **Mentor and Director Training**

Mandatory completion of ACM training or online residency development course within the past 3 years. Certificates must be submitted during accreditation.

4. **Residency Site Accreditation**

Sites must submit comprehensive documentation to earn accreditation **without a mandatory site visit**. Inadequate submissions may trigger denial or a site visit.

4.a. **Clinical Education Agreements**

Purpose: To ensure adequate, fair, and equitable access to clinical education experiences for orthotic and prosthetic students and residents while supporting the needs of patients, the professions ethical principles, and compliance with the NCOPE Residency Standards and Guidelines.

Policy Statement: Residency sites seeking NCOPE residency accreditation or holding active accreditation status—including post-academic and integrated residency programs are required to enter into agreements with satellite, partner, and academic partner clinics to ensure clearly defined the roles and responsibilities of all parties and any other requirements to enable the resident to participate in direct patient care as defined by federal, state, or local jurisdictions. This agreement must not:

1. Limit access to residency positions.
2. Limit a participating clinic's ability to independently operate its own NCOPE accredited residency program.
3. Require a participating clinic to only accept students or residents from a specific sponsor/organization, partner, or academic partner.

Access to further details of the policy access here: [add link](#)

5. Competency Framework

Competencies are now organized into **seven domains** (e.g., Professionalism, Patient Care, Decision Making), with **engagement levels** (Observe, Assist, Independent) replacing time-based discipline percentages.

6. Evaluation and documentation

Timely submission of quarterly and final evaluations, self-assessments, and mentor evaluations. Records must be maintained for **at least 3 years**.

7. Transfer and Completion Policy

Clear documentation requirements for competency and MAVs (Minimum Activity Volumes) during transfers. Completion verification must be standardized.

8. Compliant and Concern Process

Internal procedures must be defined, with reference to NCOPE's external complaint policy for unresolved issues. (section 4.4)

9. Remediation and Disciplinary Action

Sites must outline steps for addressing lack of progress or unprofessional behavior, including criteria for extension, dismissal, or withholding completion.

10. Duty Hours and Workload

Clear definitions for **full-time and part-time expectations**, rest periods, on-call duties, and travel limits. Monitoring and compliance procedures must be documented.

11. Leave and Absence

Sites must define allowable time away (e.g., **37 days/year**), procedures for extensions, and salary/benefit status during leave. Must comply with labor laws.

1.1.3 Residency Director/Mentor:

1. All Board Certified and/or Licensed Practitioners who will serve as Residency Directors and/or Mentors shall be considered clinical faculty at the residency program and must be identified in the residency program accreditation application. All clinical faculty shall meet and adhere to all qualifications as defined in NCOPE's [Standards of Accreditation of the Orthotic/Prosthetic Residency Program](#). Accredited residency sites are responsible for notifying NCOPE of any clinical faculty staff changes.
2. The Residency Director and Mentor shall be considered representatives of NCOPE's mission and goals and therefore must also adhere to the 2.7 Code of Ethics and Professional Conduct policy and ABC's [Code of Professional Responsibility](#).

1.1.4 Resident:

1. Prior to admission as a NCOPE Resident at an accredited residency program, the applicant shall be a graduate of a CAAHEP-accredited Master's O&P degree or enrolled in a CAAHEP master program that is approved for the academic model..
2. The prospective Resident must complete and submit the [Resident Registration form](#) to NCOPE no later than two (2) weeks prior to the start date of their accredited residency program.
3. Residents must adhere to ABC's [Code of Professional Responsibility](#), per Standard 5.5 of the [Standards of Accreditation of the Orthotic/Prosthetic Residency Program](#).
4. Official Master's O&P transcripts with degree conferral date must be received in NCOPE's office no later than 60 days after the residency start date. If the transcripts are not received by this time, the residency will be placed on administrative hold until NCOPE receives the required documentation. If the administrative hold time exceeds two weeks, this may impact the resident's end day, which may impact the ability to meet certification exam application deadlines.
5. Payment in full of the residency registration fee must be received no later than 60 days after the start date of the residency program to avoid a \$50 dollar late fee being assessed to the unpaid balance. Delay in payment can be cause for placing the residency on administrative hold, which could impact the end date of the program.
6. Completion of the residency is based on all required documentation received within 30-days after the scheduled end date. Delay in submission

can be cause for placing the residency on administrative hold, which could impact the end date of the program.

7. The Resident shall meet all requirements cited under Standard V of NCOPE's [Standards of Accreditation of the Orthotic/Prosthetic Residency Program](#) to be eligible for completion of their accredited residency program and award of the Certificate of Residency Completion.

7.a. **Residents Under 2025 Standards** - To be eligible for completion of an NCOPE-accredited residency program and the award of the Certificate of Residency Completion, the Resident must meet **all requirements outlined in Standard V** of the [2025 NCOPE Standards of Accreditation of the Orthotic/Prosthetic Residency Program](#).

This includes:

- Demonstrated competency across the **seven defined domains** using the engagement levels of **Observe, Assist, and Independent**.
- Completion of all required **evaluations, self-assessments, and mentor assessments**.
- Fulfillment of **Minimum Activity Volumes (MAVs)** and documentation of clinical experiences.
- Adherence to all program policies regarding supervision, duty hours, leave, and professionalism.

Residency sites are responsible for verifying that all documentation is submitted within the required timeframe and that the Resident has met all criteria before confirming completion.

8. All Resident information that is submitted to NCOPE, including photographs, are considered confidential and shall not be provided to any third party, including State, county, local government or law enforcement agencies without a validly issued Virginia Subpoena specifically requesting such documents or prior written consent by the Resident.

1.1.5 Residency Program Requirements for Residents

1. Residents must log into their NCOPE Tracker account no later than 2 weeks after their account creation and/or residency start date. Failure to do so may impact the end date of your residency.
2. Residents must enter all patient encounters equal to or greater than 15 minutes over the entire period of the residency. Residents must log in at least once every two weeks throughout the entire residency program. Failure to do so may impact the end date of your residency.

Further Guidance: This includes continuing to enter patient encounters in which competency evaluations have already been submitted by the Residency Director and/or Mentor.

3. Residents' NCOPE Tracker account status will be changed to *Inactive* once

the residency is complete.

4. Current and completed Residents can send in a written request via email or fax to NCOPE to obtain copies of their residency evaluations.

Switching Residency Tracks	
Switching from Clinical Track to Research & Development Track	Switching from Research & Development Track to Clinical Track
Request from director of accredited residency program must send the request within 90 days or no later than the first quarter of residency.	Request from director of accredited residency program must send the request within 90 days or no later than the first quarter of residency.
Site must have indicated in application of accreditation that track can be accommodated	Site must have indicated in application of accreditation that track can be accommodated
<i>Hanger Residents: NRP director and administrator will be notified of requests.</i>	

Switching Residency Disciplines	
Switching 12 month residency disciplines – 2021 Standards <ul style="list-style-type: none"> • Request from director of accredited residency program must send the request within 30 days of the Residents start date (NO VERBAL REQUESTS WILL BE ACCEPTED) 	Switching from 12 month to 18 month – 2021 Standards <ul style="list-style-type: none"> • Request from director of accredited residency program must send the request within 30 days of the Residents start date (NO VERBAL REQUESTS WILL BE ACCEPTED)
Explanation/Request to include a plan of action as to how the Resident will receive exposure to clinical competencies related to the appropriate devices/procedures for a combined residency program.	Explanation/Request to include a plan of action as to how the Resident will receive exposure to clinical competencies related to the appropriate devices/procedures for a combined residency program.
NCOPE will accept requests via email, fax and US Mail	NCOPE will accept requests via email, fax, and US Mail

<p>Submitting a request does not mean request is “approved”</p> <p>Request will be reviewed for decision by NCOPE staff or if necessary, Residency Director’s Committee *NCOPE Board of Director’s</p>	<p>Submitting a request does not mean request is “approved”</p> <p>Request will be reviewed for decision by NCOPE staff or if necessary, Residency Director’s Committee *NCOPE Board of Director’s</p>
NCOPE will reply with decision within 10 business days	NCOPE will reply with decision within 10 business days.
Resident’s program will not be placed on hold during the time the request is being reviewed.	Resident’s program will not be placed on hold during the time the request is being reviewed.
<i>Hanger Residents: NRP director and administrator will be notified of requests.</i>	

Switching from one residency site to another	
If departure or switch is due to a Resident’s own choice/decision. The Resident must submit a Notification of Incomplete Residency Form to NCOPE	If departure or switch is due to the sites choice/decision (such as termination) the residency director must submit a Notification of Incomplete Residency Form to NCOPE
Residency will be placed “on hold” as of the last day of work indicated on the form. <ul style="list-style-type: none"> A residency may remain on hold no more than a period of one-year before a Resident must start over. If starting over, applicable registration fees will apply. 	Residency will be placed “on hold” as of the last day of work indicated on the form. <ul style="list-style-type: none"> A residency may remain on hold no more than a period of one-year before a Resident must start over. If starting over, applicable registration fees will apply.
The Resident is required to submit a new registration form. Resident must adhere to the NCOPE registration policy. To not to start over, the Resident must have complete evaluation forms and assignments corresponding with the time spent in residency to ensure time- spent in residency is verifiable and accounted for.	The Resident is required to submit a new registration form. Resident must adhere to the NCOPE registration policy. To not to start over, the Resident must have complete evaluation forms and assignments corresponding with the time spent in residency to ensure time-spent in residency is verifiable and accounted for.
NCOPE Admin <ul style="list-style-type: none"> Audit on residency NetForum record Audit on patient encounters Fees refunded or invoice generated appropriately 	NCOPE Admin <ul style="list-style-type: none"> Audit on residency NetForum record Audit on patient encounters Fees refunded or invoice generated appropriately
<i>Hanger Residents: NRP director and administrator will be notified of requests.</i>	

Re-Activating a Residency	
Re-Activating a 12-month discipline residency	Re-Activating a 18-month residency
<p>A Resident has 24 months to complete a 12-month residency program. If at the time the resident registered, it was indicated the residency is “part-time” a Resident will have 36 months to complete a residency program.</p> <ul style="list-style-type: none"> • If a Resident has not completed a residency within 24 months (or 36 months for part-time), the Resident must start over and re-register with NCOPE. • Applicable registration fees apply. • A residency may remain on hold no more than a period of one-year before a Resident must start over. If starting over, applicable registration fees will apply. 	<p>A Resident has 36 months to complete an 18-month dual residency program. If at the time of registration, it was indicated the residency is “part time” a resident will have 45 months to complete a dual residency program.</p> <ul style="list-style-type: none"> • If a Resident has not completed a residency within 36 months or 45 months if part-time), the resident must start over and re-register with NCOPE. • Applicable registration fees apply. • A residency may remain on hold no more than a period of one-year before a resident must start over. If starting over, applicable registration fees will apply.
<ul style="list-style-type: none"> • The residency must have been placed on hold at the request of the Resident 	<ul style="list-style-type: none"> • The residency must have been placed on hold at the request of the resident
<p>Site must have indicated in application of accreditation that track can be accommodated</p>	<p>Site must have indicated in application of accreditation that track can be accommodated</p>
<p><i>Hanger Residents: NRP director and administrator will be notified of requests.</i></p>	

1.1.6 Residency Standards: NCOPE is responsible for the development, implementation, and periodic review of the **Accreditation Standards and Guidelines for Orthotic and Prosthetic Residency Programs**, including both the 2021 and 2025 versions. These standards define the minimum requirements necessary to ensure a clinical experience that adequately prepares O&P graduates to become qualified practitioners.

All **Practitioner Residents** and **Residency Sites** must adhere to the applicable NCOPE Residency Standards in effect during the resident’s training period. Practitioner Residents who do not successfully complete their residency program will not be recognized as having completed an NCOPE-accredited residency and, as a result, will be ineligible to sit for the national certification examination.

NCOPE does not serve as an arbitrator in disputes between residency programs and Practitioner Residents, including cases where a resident is deemed unsuccessful or incompetent in completing the program.

2.0 Recognition Statuses & Actions

2.1 Accreditation - A status of Accreditation is conferred when the Residency Review Committee determines that a Sponsoring program has demonstrated substantial compliance with the residency standards.

2.2 Accreditation Withheld - Accreditation shall be withheld when the Residency Review Committee determines that an application for a new Sponsoring program does not demonstrate substantial compliance with the residency standards.

2.2.1 If a Sponsoring program reapplies for accreditation within two years of the effective date of Accreditation Withheld, the accreditation history of the previous accreditation action shall be included as part of the file. The Sponsoring program shall include a statement addressing each previous citation with the new application.

2.2.2 Within two years of its accreditation being withheld or withdrawn, a program may reapply for accreditation only to the same Review Committee.

2.2.3 A site visit may be conducted for all residency program re-applications submitted within two years of receipt of an accreditation decision of Accreditation Withheld or Accreditation Withdrawn.

2.3 Probationary Accreditation - A status of Probationary Accreditation is conferred when the Residency Review Committee determines that a Sponsoring program has failed to demonstrate substantial compliance with the residency standards.

2.3.1. A Sponsoring program with the accreditation status of Accreditation may undergo a site visit before a Residency Review Committee may confer Probationary Accreditation upon it.

2.3.2 Upon site visit if conducted and review, a Sponsoring program demonstrating substantial compliance with the residency standards will achieve a status of Accreditation. If a Sponsoring program with a status of Probationary Accreditation does not demonstrate substantial compliance with the standards due to failure to correct previous citations, or if new areas of non-compliance are identified, accreditation may be withdrawn.

2.3.3. Sponsoring programs with a status of Probationary Accreditation may not apply for accreditation of new programs.

2.3.4. All current Residents and applicants (those invited for interviews) at the Sponsoring program must be advised in writing if the Sponsoring program's status is Probationary Accreditation.

2.3.5. All applicants invited to interview, and Residents accepted into or enrolled in a program with a status of Probationary Accreditation must be

notified in writing of the probationary status, with copies of these communications sent to the Executive Director of NCOPE.

2.4. Administrative Withdrawal of Accreditation due to withdrawal of sponsoring program's accreditation

2.4.1. A sponsoring program may have administrative withdrawal of accreditation due to losing facility accreditation by ABC or BOC.

2.4.2. Upon administrative withdrawal of accreditation of a program:

2.4.2.1 the program may complete the current academic year, and, at the discretion of the Residency Review Committee;

2.4.2.2. no new Residents may be accepted to the program;

2.4.2.3. all applicants invited to interview and Residents accepted into or enrolled in the program must be notified in writing of the administrative withdrawal and its effective date, with copies of these communications sent to the Executive Director of NCOPE.

2.5 Withdrawal of Accreditation - Accreditation may be withdrawn when the Residency Review Committee determines that a Sponsoring program has failed to demonstrate substantial compliance with the standards. A Sponsoring program may undergo a site visit before a Residency Review Committee considers withdraw of accreditation.

2.5.1 upon withdrawal of accreditation of a program:

2.5.1.1. the program may complete the current academic year, and, at the discretion of the Review Committee;

2.5.1.2. no new Residents may be accepted to the program;

2.5.1.3. all applicants invited to interview and Residents accepted into or enrolled in the program must be notified in writing of the withdrawal and its effective date, with copies of these communications sent to the Executive Director of NCOPE.

2.6 Voluntary Withdrawal of Accreditation - A Sponsoring program may request Voluntary Withdrawal of Accreditation.

Such a request must:

2.6.1. indicate residency director approval;

2.6.2 be submitted in writing, with electronic communication accepted;

2.6.3 have an effective date that should coincide with the end of the

current academic/calendar year for the residency program; and, 2.6.4 state whether Residents are currently enrolled, and if so, describe any plans of assistance for Resident placement in another program.

A program that has requested Voluntary Withdrawal of Accreditation:

2.6.5 may not accept new Residents;

2.6.6 may not request “reversal” of the action after submitting the request (regardless of the proposed effective date);

2.6.7 may seek re-accreditation after a period of 12 months following the effective date of the Voluntary Withdrawal.

2.7 **Administrative On-Hold** – A resident’s program could be placed on administrative hold for the following reasons:

2.7.a. lack of payment for the resident’s registration fee

2.7.b. lack of receipt of official transcripts

2.7.c. Residency Site fails to maintain accreditation, either through lack of payment or non-submission of an application for reaccreditation

2.7.d. lack of all required documentation for completion of a residency that is 30 days past the scheduled end date

2.7.e. Duration of the administrative hold will be determined by the due date set by staff to come in compliance. Any administrative hold that exceeds three weeks, the resident’s end day may be delayed, which could impact the resident’s ability to apply to ABC’s exams

3.0 Residency Program Site Visits:

Definitions.

3.1.1 Appeal Request: A written request to appeal the Residency Review Committee’s or NCOPE Board of Director’s decision by a Residency Program in accordance with Articles V and VI of these Rules and Procedures.

3.1.2 Application: An NCOPE Residency Accreditation Application.

3.1.3 Board: The Board of Directors of NCOPE.

3.1.4 Executive Director: The Executive Director of NCOPE.

3.1.5 Director of Residency Program Services: The manager of NCOPE’s residency program services.

3.1.6 Residency Review Committee: Committee comprised of credentialed individuals that have served as residency directors and/or mentors.

3.1.7 Improper Conduct: Conduct that violates the Residency Standards.

3.1.8 NCOPE: The National Commission on Orthotic and Prosthetic Education.

3.1.9 Residency Program: An orthotic and/or prosthetic Resident program that is either: (i) applying for NCOPE accreditation; or (ii) currently an NCOPE accredited residency program.

3.1.10 Residency Standards: The NCOPE Standards for Accreditation for Orthotics and Prosthetic Residency Program

3.1.11 Rules and Procedures: These Rules and Procedures Regarding Resident Site Visits.

3.1.12 Site Visit: An unannounced visit to the Residency Program to determine whether the Residency Program meets the Residency Standards.

3.1.13 Site Visit Team: A group individuals that are selected by NCOPE's executive committee to conduct Site Visits of Residency Programs. Purposes, Authority, and Structure of the Site Visit Team.

3.2 Purposes. The purposes of the Site Visit Team are:

3.2.1 To conduct a Site Visit with a Residency Program under review by NCOPE.

3.2.2. To serve as the fact-finding arm of NCOPE.

3.2.3. To provide a report to NCOPE summarizing the results of the Site Visit and set forth any deficiencies of the Residency Program.

3.3 Authority. The authority of the Site Visit Team is to:

3.3.1 Conduct a Site Visit of a Residency Program to determine if such Residency Program follows the Residency Standards. The Site Visit Team will investigate the Residency Program using any reasonable method, including without limitation, interviewing Residency Program employees and students, and reviewing relevant Residency Site information and documentation.

3.3.2. Prepare a Site Visit Report for the Residency Review Committee.

3.3.3 Conduct all Site Visits in a manner and atmosphere free of discrimination based on race, color, gender, age, sexual orientation, ethnicity, national origin, religion, disability, and marital status, as defined, and prohibited by applicable law.

3.3.4. Perform other tasks commensurate with the Site Visit Team's purposes as requested by the Board.

3.4 Structure.

3.4.1 Composition. The Site Visit Team shall consist of at least one credentialed individual that has served as a residency director. Members, which shall include, but not be limited to, professionals in the field of orthotics and prosthetics residency education.

3.4.2 Conflict of Interest. No individual shall be a Site Visit Team member if such person sufficiently knows an officer, owner, or employee of the Applicant, is in direct competition with the Applicant, or otherwise should be excluded from the Site Visit Team due to an existing or potential conflict of interest.

3.5 Events That May Trigger NCOPE Site Visits.

3.5.1 Action Taken Against the Residency Program. In the event the Residency Program's NCOPE accreditation is revoked due to the Residency Program's failure to abide by the Residency Standards, NCOPE may conduct a Site Visit of the Residency Program prior to deciding whether to accredit the Residency Program once again.

Application Irregularities. If a Residency Program's Application contains erroneous, conflicting, or irregular information, NCOPE may decide to conduct a Site Visit of the Residency Program.

3.5.2 Comprehensive O&P Accreditor Changes. In the event that a Residency Program is already accredited as a residency program and they change the O&P comprehensive accreditation agency and submission of a new application is received and reviewed, NCOPE may decide to conduct a Site Visit of the Residency Program.

3.5.3 Receipt of Formal complaints. If NCOPE receives a written formal complaint about a Residency Program, NCOPE may decide to conduct a Site Visit of the Residency Program.

3.5.4 Application Review. Within forty-five (45) days of receiving a complete Application, NCOPE shall evaluate the Application. If it is determined that a Site Visit is required, NCOPE will notify the Applicant in writing that a Site Visit will be conducted. NCOPE shall have ninety (90) days from the date of this notification to perform the Site Visit. In the event the Applicant modifies the Application, or the Applicant submits a new Application prior to the Site Visit, the Site Visit may be delayed giving NCOPE additional time to review the new information. NCOPE shall then have ninety (90) days from the date NCOPE receives the new or amended

Application to conduct the Site Visit. All Site Visits shall be unannounced. However, NCOPE shall provide the Applicant with a three (3) week timeframe in which the Site Visit shall be conducted.

3.6. Site Visit Procedure

3.6.1 Timing, Interviews and Documentation. A Site Visit will usually be conducted over a period of two (2) consecutive days, though the Site Visit may be extended if additional information is needed. The Site Visit Team may interview the owners, officers, employees, and Residents of a Residency Program. Additionally, it may review the Residency Programs mission statement, Resident agreements, policies, Resident attendance records, insurance and Resident benefits, requirements for residency completion, non-competition agreements, evidence of maintenance of patient logs, program requirements, safety policies, facilities and equipment, affiliate agreements, and any other information the Site Visit Team reasonably requests to determine if the Residency Program is adhering to the Residency Standards. Residency Program's failure to provide any requested information may be taken into consideration by NCOPE.

3.6.2 Report to the Residency Review Committee. Upon the completion of the Site Visit, the Site Visit Team shall submit a written report of the Site Visit to the Residency Review Committee. The report must include the names of the Site Visit members who participated in the investigation, the facts of the situation that gave rise to the Site Visit, a description of violations of the Residency Standards. Within forty-five (45) days of receiving the report, the Residency Review Committee shall review the report.

3.6.3 Expenses. The expense of the Site Visit would be the responsibility of the Residency Program.
Disposition

3.7. Disposition

3.7.1 Action regarding Residency Programs. Upon the receipt and acceptance of the Site Visit Team's report, the Residency Review Committee shall review the relevant information, and take one (1) or more of the following actions, as appropriate:

3.7.1.a. approve the NCOPE accreditation of the Residency Program;

3.7.1.b. issuance of a Notice of Deficiency setting forth corrective actions the Residency Program must take to become accredited;

3.7.1.c. permanent revocation of Residency Program's accreditation;

3.7.1.d. denial of Residency Program's application;

3.7.1.e. such other action as it deems appropriate.

3.8 Notice of Action. The Executive Director or Director of Residency Program shall provide written notice of the Residency Review Committee's decision within fifteen (15) days of the Residency Review Committee's review or meeting. The notice shall include a brief description of the reasons for the action, the Residency Standards violated, and information about the process for appealing the Residency Review Committee's action.

3.9 Requests for Appeal. Residency Program shall have thirty (30) days from the date of the written notice to file a written Appeal Request. The Appeal Request shall be sent to the Executive Director by certified mail, overnight express mail, or such other delivery methods containing written verification of its delivery. By requesting an appeal, the Residency Program agrees to be bound by the provisions of these Rules and Procedures in all matters relating thereto. The Executive Director shall notify the Chair of the Board about the Appeal Request.

3.9 Waiver by Failure to Request an Appeal. Absent extraordinary circumstances, if a Residency Program fails to properly submit the Appeal Request within the time and manner specified in Section 5.3, the Residency Review Committee shall be deemed to have waived the right to such appeal. NCOPE's action shall thereupon be final.

3.10 Appeal Procedure.

3.10.1 Requirements of an Appeal Request. Residency Program must include in its written Appeal Request proof that the: (1) violations found by the Residency Review Committee lack a factual basis, and/or (2) resulting sanction, the basis of the Residency Review Committee's decision, or the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. The Appeal Request must include all evidence that is to be considered by the Board. All such evidence must be new and different than the evidence considered by the Residency Review Committee and must set forth adequate reasons why such evidence was not provided to the Site Visit Team. If the Appeal Request does not adequately address one or both of these requirements, the Appeal Request will be denied, and the Residency Review Committee's decision will be final.

3.10.2 Granting of an Appeal Request. Upon the receipt of the Appeal Request, the Executive Director shall deliver it to the Board for consideration. Within thirty (30) days from the Executive Director's receipt of the Appeal Request, and after consultation with NCOPE's legal counsel, the Board shall determine if the Appeal Request meets the requirements set forth in Section 3.10.1. If the Board determines that the Appeal Request is not likely to meet the requirements for Section 3.10.1, the Residency Review Committee's decision shall be final. Within five (5) days from the Board's determination, the Executive Director shall notify the Residency Program.

3.10.3 Board Restrictions. No member of the Board who served on the Site Visit Team shall review the Appeal Request. Board members voting on this Appeal

3.10.4 shall not be in direct economic competition with the Residency Program requesting the appeal or otherwise should be recused due to an existing or potential conflict of interest.

3.10.5 Attendance. The Board's review of the Appeal Request may be conducted in person, by telephone conference or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. The Board Panel may allow the Residency Program's representative to attend on a case-by-case basis.

3.10.6 Burden of Proof. The Board Panel shall reverse, remand or modify the Residency Review Committee's recommended sanction only in the event that the written Appeal Request shows, by clear and convincing evidence, that the grounds for the Residency Review Committee's sanction lack a factual basis or that such bases or the conclusion drawn therefrom are arbitrary, unreasonable, or capricious.

3.10.7 Board Deliberations. After reviewing the Appeal Request, the Board shall conduct its deliberations. Upon the conclusion of those deliberations, the appellate review shall be declared finally adjourned.

3.10.8 Board Decision. Within fifteen (15) days from the date of the consideration of the Appeal Request, the Board shall notify the Executive Director, in writing, of its decision and action. The Board's decision is final and cannot be appealed. The Executive Director shall provide the Residency Program with written notification of the Board's decision.

4.0 RULES AND PROCEDURES REGARDING COMPLAINTS AGAINST NCOPE ACCREDITED RESIDENCY PROGRAMS

All NCOPE Accredited Residency Programs are required to maintain certain standards. Pursuant to these Rules and Procedures, NCOPE has the legal authority to award accreditation and may withhold, place on probation, suspend or revoke accreditation if a facility violates the Standards of Accreditation for the Orthotic/Prosthetic Residency Program, the Educational Standards policy 1.0 of NCOPE's Policies and Procedures, the Residency Agreement and/or ABC's Code of Professional Responsibility.

Definitions.

4.1.0 ABC's Code of Professional Responsibility and Conduct:

The American Board of Certification in Orthotics, Prosthetics and Pedorthics Code of Professional Responsibility.

4.1.1 Appeal Request: A written request to appeal the Committee's decision by a Residency Program in accordance with Articles IV and V of these Rules and Procedures.

4.1.2 Application: An NCOPE Residency Accreditation Application.

4.1.3 Board: The Board of Directors of NCOPE.

4.1.4 The Committee: The Residency Review Committee.

4.1.5 Executive Director: The Executive Director of NCOPE.

4.1.6 Director of Residency Program Services: The manager of NCOPE's residency program services.

4.1.7 NCOPE: The National Commission on Orthotic and Prosthetic Education.

4.1.8 Residency Program: An orthotic and/or prosthetic Resident program that is either: (i) applying for NCOPE accreditation; or (ii) currently an NCOPE Accredited Residency Program.

4.1.9 Residency Standards: The Standards for Accreditation for Orthotic/Prosthetic Residency Program.

4.1.10 Rules and Procedures: These Rules and Procedures Regarding Complaints Against NCOPE Accredited Residency Programs.

4.1.11 Site Visit: An unannounced visit to the Residency Program to determine whether the Residency Program meets the Residency Standards.

4.1.12 Unethical Conduct: Conduct that violates: (i) the Residency Standards; (ii) the Educational Standards policy 1.0 of NCOPE's Policies and Procedures rules or regulations; (iii) the Residency Agreement, and/or (iv) ABC's Code of Professional Responsibility.

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4.2 Purposes, Authority, and Structure of the Residency Review Committee.

4.2.1 Purposes. The purposes of the Committee are:

4.2.1.a. To enforce the Residency Standards.

4.2.1. b. To serve as a means for evaluating ethical questions about Residency Program on a peer review basis.

4.2.1.c. To investigate legitimate Complaints as determined by the Committee.

4.2.1.d.. To determine Unethical Conduct and/or violations of the Residency Standards.

4.2.2 Authority. The authority of the Committee is to:

4.2.1.a. Receive, review, evaluate, initiate, investigate, and respond to legitimate Complaints against Residency Programs.

4.2.2.b. Review, evaluate, and either approve or deny Applications based on their compliance with the Residency Standards.

4.2.2.c. Develop and update an accreditation manual for Residency Programs.

4.2.2.d. Assist with identifying, drafting, and revising policies and procedures for site visits and complaint review.

4.2.2.e. Develop and update an expedited renewal approval process.

4.2.2.f. Conduct all Committee affairs in a manner and atmosphere free of discrimination based on race, color, gender, age, sexual orientation, ethnicity, national origin, religion, disability, and marital status, as defined and prohibited by applicable law.

4.2.2.g. Perform other tasks commensurate with the Committee's purposes as requested by the Board.

4.3 Structure.

4.3.a. *Composition.* The Committee shall consist of at least (4) voting members.

4.3.b. *Qualifications.* To be a member of the Committee, an individual must:

- (i) have successfully completed an NCOPE residency;
- (ii) meet the NCOPE requirements for being a residency program director; and (
- iii) have a record of service demonstrating experience with the delivery of education in a clinical, laboratory, or didactic setting to practitioner level orthotic and prosthetic students or Residents.

4.3.c. *Selection.* The Chair of the Board shall appoint the Chair of the Committee and the Committee members. The Chair of the Committee shall interview, evaluate, and select the members of the Committee.

4.3.d. *Meetings.* The Committee shall meet at reasonable intervals, as needed, to fulfill its responsibilities as set forth in these Rules and Procedures. All meetings may be conducted by telephone or other type of communication allowing all Committee members to be heard and participate. Minutes shall be kept for each meeting as a record of the Committee's activities. The presence of a majority of the voting membership of the Committee shall constitute a quorum for meetings of the Committee. Committee decisions shall be made by a majority vote of a quorum present at a meeting.

4.4. Submission and Receipt of Complaints.

4.4.1 Parties That May Submit Complaints. A Complaint against a Residency Program may be submitted to the Committee by:

4.4.1.a. any party claiming to have been harmed by the Unethical Conduct of a Residency Program;

4.4.1.b. a Residency Program self reporting Unethical Conduct;

4.4.1.c. any individual who, in good faith, believes that the Residency Program engaged in Unethical Conduct;

4.4.1.d. any international, national, regional, state, or local professional association of orthotics, prosthetics or pedorthics which the Residency Program is a member;

4.4.1.e. any licensing or certifying authority; or

4.4.1.f. the Committee.

The Committee may not act solely based on an anonymous Complaint or a Complaint by a Complainant who does not want his or her name to be disclosed to the Residency Program who is the subject of the Complaint.

4.4.2. Contents of a Complaint. All legitimate Complaints must include the following information:

4.4.2.a. the name, address, e-mail, and telephone number of the Residency Program;

4.4.2.b. the name, address, e-mail, and telephone number of the Complainant;

4.4.2.c. a detailed description of the facts supporting the Complaint;

4.4.2.d. a description of any steps that have been taken to address the situation explained in the Complaint, and the results thereof.

4.4.2.e. the specific sections of the Residency Standards, the Educational Standards policy 1.0 of NCOPE's Policies and Procedures, the Residency Agreement and/or ABC's Code of Professional Responsibility alleged to have been violated and an explanation as to how the sections were violated;

4.4.2.f. the Complainant's approval for the Committee to disclose all information to the Residency Program, the Committee, NCOPE staff, legal counsel, and experts involved in handling the Complaint; and

4.4.2.g. the Complainant's signature. Copies of these Rules and Procedures, the

Residency Standards and other relevant NCOPE documentation may be provided to the Complainant to assist the Complainant in drafting a Complaint and with complying with these Rules and Procedures.

4.5 Initial Evaluation of a Complaint. Within forty-five (45) days of receiving a legitimate Complaint in compliance with Section 4.4, the Committee shall evaluate the Complaint and determine whether the allegations in the Complaint, if true, would constitute Unethical Conduct. If the Committee determines that the allegations, if true, would constitute Unethical Conduct, the Complaint shall either (i) review the Compliant; or (ii) refer the Complaint to a Site Visit Team to conduct a Site Visit pursuant to the Rules and Procedures Regarding Residency Site Visits. If the Committee determines that the allegations, if true, would not constitute Unethical Conduct, the Executive Director shall inform the Complainant of the Committee's determination within thirty (30) days of such determination. No Committee member shall consider, evaluate or help determine the validity or disposition of a Complaint if such Committee member sufficiently knows any material party to the Complaint, is in direct competition with the Complainant, Residency Program, or otherwise should be recused due to an existing or potential conflict of interest.

4.6 Informing Complainant and Residency Program of Investigation. In the event the Committee decides to investigate the Complaint in accordance with this Section, the Executive Director must inform the Complainant and Residency Program of the Committee's decision that the Complaint warrants review within fifteen (15) days of such determination. The correspondence to the Residency Program must include:

- 4.6.a. a copy of the Complaint;
- 4.6.b. copies of the Residency Standards and these Rules and Procedures; and
- 4.6.c. a request that the Residency Program respond in writing within thirty (30) days of the date of the correspondence.

4.7 Residency Program's Response to Complaint. The Residency Program must respond, in writing, to the allegations contained in the Complaint within thirty (30) days of the date of the Complaint. The response shall include a detailed description of the facts surrounding the allegations contained in the Complaint, the situation giving rise to the Complaint, and copies of any evidence related to the Complaint. Failure to respond to the Complaint will not constitute a waiver of the Residency Program's right to appeal any sanction imposed by the Committee in response to the Complaint. Failure to respond may be considered as a factor by the Committee when considering the merits of the Complaint. Moreover, the Residency Program's failure to respond shall not prevent the Committee from completing its investigation and/or acting based on the information available.

4.8. Disposition of Complaint.

4.8.1 Committee Actions Regarding Residency Programs. Upon a determination by the Committee that it has sufficient information to make a decision the Committee shall review the relevant information and take one (1) or more of the following actions, as appropriate:

- 4.8.1.a. no action;
- 4.8.1.b. issuance of a written warning;

- 4.8.1.c. issuance of a letter of reprimand;
- 4.8.1.d. imposition of terms of probation, which may include additional requirements for the Residency Program;
- 4.8.1.e. suspension of a Residency Program's accreditation for a defined period of time;
- 4.8.1.f. permanent revocation of a Residency Program; or
- 4.8.1.g. such other action as it deems appropriate.

4.8.2 Notice of Action. The Executive Director shall provide written notice to the Residency Program within fifteen (15) days of the Committee's action under Sections 4.8.1. The notice shall include a brief description of the reasons for the action, the Unethical Conduct, the Residency Standards violated, and information about the process for appealing the Committee's action.

4.8.3 Request for Appeal. A Residency Program shall have thirty (30) days from the date of the written notice pursuant to Section 4.8.2 to file a written Appeal Request. The Appeal Request shall be sent to the Executive Director by certified mail, overnight express mail, or such other delivery method containing written verification of its delivery. By requesting an appeal, the Residency Program agrees to be bound by the provisions of these Rules and Procedures in all matters relating thereto. The Executive Director shall notify the Chair of the Committee and the Chair of the Board about the Appeal Request.

4.8.4 Waiver by Failure to Request an Appeal. Absent extraordinary circumstances, if a Residency Program fails to properly submit the Appeal Request within the time and manner specified in Section 4.8.3, the Residency Program shall be deemed to have waived the right to such appeal. The Committee's action shall thereupon be final.

4.9. Appeal Procedure.

4.9.1 Requirements of an Appeal Request. Residency Program must include in its written Appeal Request proof that the: (1) violations found by the Committee lack a factual basis, and/or (2) resulting sanction, the basis of the Committee's decision, or the conclusions drawn therefrom are arbitrary, unreasonable, or capricious. The Appeal Request must include all evidence that is to be considered by the Board. All such evidence must be new and different than the evidence considered by the Committee and must set forth adequate reasons why such evidence was not provided to the Committee. If the Appeal Request does not adequately address one or both of these requirements, the Appeal Request will be denied, and the Committee's decision shall be final.

4.9.2 Granting of an Appeal Request. Upon the receipt of the Appeal Request, the Executive Director shall deliver it to the Board for consideration. Within thirty (30) days from the Executive Director's receipt of the Appeal Request, and after consultation with NCOPE's legal counsel, the Board shall determine if the Appeal Request meets the requirements set forth in Section 4.9.1. If the Board determines that the Appeal Request is not likely to meet the requirements for Section 4.9.1, the

Committee's decision shall be final. Within five (5) days from the Board's determination, the Executive Director shall notify the Residency Program.

4.9.3 Board Restrictions. No member of the Board who served on the Committee shall review the Appeal Request. Board members voting on this Appeal Request shall not be in direct economic competition with the Residency Program requesting the appeal or otherwise should be recused due to an existing or potential conflict of interest.

4.9.4 Attendance. The Board's review of the Appeal Request may be conducted in person, by telephone conference or similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. The Board may allow the Residency Program's representative to attend on a case-by-case basis.

4.9.5 Burden of Proof. The Board shall reverse, remand or modify the Committee's recommended sanction only in the event that the written Appeal Request shows, by clear and convincing evidence, that the grounds for the Committee's sanction lack a factual basis or that such bases or the conclusion drawn therefrom are arbitrary, unreasonable, or capricious.

4.9.6 Board Deliberations. After reviewing the Appeal Request, the Board shall conduct its deliberations. Upon the conclusion of those deliberations, the appellate review shall be declared finally adjourned.

4.9.7 Board Decision. Within fifteen (15) days from the date of the consideration of the Appeal Request, the Board shall notify the Executive Director, in writing, of its decision and action. The Board's decision is final and cannot be appealed. The Executive Director shall provide the Residency Program with written notification of the Board's decision.

4.10. Notification of Final Action.

4.10.1 Notification to Complainant. If the Residency Program does not file an Appeal Request, the Executive Director shall inform the Complainant in writing of the Committee's action within fifteen (15) days of the expiration of the time period within which the Residency Program was required to file the Appeal Request. If the Residency Program requests an appeal, the Executive Director shall inform the Complainant of the Board's decision within fifteen (15) days of receipt of the Board's written report of its decision.

4.10.2 Publication of Sanctions Against Residency Program. Sanctions against a Residency Program shall be published on NCOPE's website. This and additional information also may be disclosed to interested private, public, governmental, quasi-governmental, and regulatory bodies, and third-party payers, at NCOPE's sole discretion.

4.10.3 Inclusion in NCOPE's Database. All final actions taken against Residency Program's pursuant to these Rules and Procedures shall be noted in NCOPE's

internal database of information.

4.11. Information and Processing.

4.11.1 Confidentiality. All information disclosed to the Committee and Board during the processes contained in these Rules and Procedures shall be maintained as confidential. Notwithstanding the above, NCOPE may disclose such information when compelled by law. In addition, all information that is submitted to NCOPE, including photographs, may be provided to law enforcement agencies and state, county, and/or local governmental agencies upon their request and at NCOPE's discretion. NCOPE also may disclose such information to parties essential to the processes contained in these Rules and Procedures, including NCOPE staff, legal counsel, and experts. Experts must agree in writing to maintain all such information as confidential.

4.11.2 Recordkeeping. Once a case is closed, the Committee shall work with NCOPE staff to ensure that the confidentiality of the record is maintained. Committee members and Board members shall shred or return to NCOPE for destruction all information received, and notes generated during the procedures contained in these Rules and Procedures. Upon the shredding of all information received and generated during the procedures contained in these Rules and Procedures, Committee members and Board members shall notify NCOPE in writing about such shredding within ten (10) days from the date they are notified of the closing of the case. At the conclusion of a case, all members of the Committee and the Board shall use reasonable and commercially accepted means to permanently delete and remove all information that is in electronic format and that is under their control and shall verify with NCOPE staff that such efforts have been undertaken.

4.11.3 Time Periods for Processing. Residency Programs and Complainants acknowledge that, while good faith efforts will be made to consider Complaints and appeals in a reasonably timely manner and within the time periods specified in these Rules and Procedures, the specified time periods requiring Committee action shall not be deemed to create any rights on the part of Residency Programs or Complainants to have information processed within those periods. Failure of the Committee or NCOPE to comply with the time periods shall in no event prevent continuation or conclusion of a proceeding.

Listing of Policy Documents

1. **NCOPE Bylaws**
2. **CAAHEP Documents**
 - a. CAAHEP Policy & Procedure Manual -
 - b. CAAHEP Orthotist/Prosthetist Master Standards
 - c. CAAHEP Orthotist/Prosthetist Associates Standards
 - d. CAAHEP Technician Standards
 - e. CAAHEP Appeal and Complaints
3. **NCOPE Documents**
 - a. **Governance Documents**
 - i. Vision & Mission Statements
 - ii. Conflict of Interest
 - iii. Confidentiality Statement
 - iv. Operations Agreement with ABC – maintained in the office of the ED
 - v. ED employment contract – maintained in the office of NCOPE and NCOPE’s lawyers’ office
 - vi. Whistleblower – identified in the Policy Manual as well as maintained in office of NCOPE
 - vii. Anti-fraud – identified in the policy manual as well as maintained in the office of NCOPE
 - viii. Financial Audit – maintained in NCOPE office as well as 990 tax forms on-line at [NCOPE information on Candid.Guide Star](#)
 - ix. Expense Reimbursement Form
 - x. Accreditation Information –
 1. Overview of Comprehensive Review Process for Accreditation Process
 2. NCOPE Accreditation Manual
 3. Accreditation Management Portal (AMP) - AMP Welcome and Login
 4. Maintaining CAAHEP Accreditation
 5. Academic Program Fees
 6. Site Visit Manual
 7. Developing/New Programs
 - b. **Residency Standards**
 - i. 2021 - Orthotist/Prosthetist
 - ii. 2025 – Orthotist/Prosthetist