Orthotics Prosthetics Canada

Intern Name:

Supervisor Information

Note:

- *An Intern must have a Primary Supervisor but can also have additional Supervisors.*

#1 (Primary) Supervising Certifee or Registered Technician

Name _____ **Credential Number** _____

Email for Typhon _____

Name of Clinic _____

#2 Supervising Certifee or Registered Technician

Name _____ **Credential Number** _____

Email for Typhon _____

Name of Clinic _____

#3 Supervising Certifee or Registered Technician

Name _____ **Credential Number** _____

Email for Typhon _____

Name of Clinic _____

#4 Supervising Certifee or Registered Technician

Name _____ **Credential Number** _____

Email for Typhon _____

Name of Clinic _____

As a Supervisor, you are authorizing that the Intern may apply to the Internship program and that you will be responsible for ensuring that the Intern is prepared for the Registration Examination. You are also responsible to be familiar with and follow the duties described in the Internship Program Handbook. This includes evaluating the Intern and completing the GCEs in a timely manner. The Intern must be working their Internship hours in the appropriate discipline, under your direct supervision as stipulated by Orthotics Prosthetics Canada.

During scheduled unsupervised hours the Intern must not conduct themselves in any way contrary to the OPC Canons of Ethical Conduct.

I / WE SOLEMNLY DECLARE THAT:

1. To the best of my knowledge, information and belief, the statements contained in the foregoing application to Orthotics Prosthetics Canada are true and correct in all respects.

2. I have read the regulations pertaining to registration as stated in the 2009 Technician Registry, and understand that any registration, which may be granted, shall be subject to such regulations.

3. I acknowledge and agree that Orthotics Prosthetics Canada may keep the information, including all personal information provided, on file in accordance with its obligations at law pursuant to the *Personal Information Protection and Electronic Documents Act* and in accordance with its Privacy Policy. Orthotics Prosthetics Canada may use my personal information provided to assess my certification, administer my application and this examination, and other connected or related administrative matters.

Primary Supervisor Signature _____

Supervisor #2 Signature _____

Supervisor #3 Signature _____

Supervisor #4 Signature _____

Applicant Signature _____

Note:

➢ A Change form must be submitted to the OPC National Office is there are any changes to the Supervisor personal information. This can be done through your membership profile on www.OPCanada.ca.