



INTERNATIONAL CREDENTIAL EVALUATION SERVICE

3700 Willingdon Avenue, Burnaby, British Columbia, Canada V5G 3H2
Tel: 604-432-8800 Toll-free: 1-866-434-9197 Fax: 604-435-7033

Canadian Board for Certification of Prosthetists & Orthotists Evaluation Requirements

The Canadian Board for Certification of Prosthetists & Orthotists (CBCPO) requires the following for all evaluations completed by the International Credential Evaluation Service (ICES).

1. Evaluation Report Required

- a) The **CBCPO** requires a **Comprehensive Evaluation Report** for all evaluations conducted by ICES. This can be ordered by completing the Credential Order Form section of the ICES Application Form. The cost of a Comprehensive Report is **\$225.00** per credential. Detailed information about ICES fees, reports, and documents required as well as a copy of the ICES Application Package can be found at <http://www.bcit.ca/ices>.
- b) The **CBCPO Supplemental Report (\$125.00)** is required in addition to the Comprehensive Report. This is ordered by completing **Section C** of the ICES Application Form. In **Section C** please write "**CBCPO**".

2. Documents Required by ICES

- a) **Official Documents:** The CBCPO requires that ICES base its evaluation report on *Official* documents for each credential that you are paying to be evaluated. For documents to be considered official, they **must be sent directly to ICES by the educational institutions** you attended. The official documents must indicate the name of the credential, the courses or subjects studied, the grades earned, the hours of study or number of credits for each course, and the date of graduation. These documents may be called an academic record, transcript, detailed marks card, relevé de notes, examination report, extract, student's book, index, or other names, depending on the country from which it is issued. If required, we may ask for the original copies of your educational documents after your official documents arrive at our office.

If it is not possible to have an official copy of your academic record sent to ICES, you may submit original documents instead; however, you will also need to request an official letter sent by the institutions you attended to confirm the credentials you have completed. These official degree confirmation letters must be sent directly to ICES and signed by the Registrar (or similar authority) of the institutions you attended.

ICES understands that it can be difficult and costly for some clients to arrange for official documents to be sent to our office. Official documents are required if you are planning to use your report for CBCPO. ICES cannot waive this requirement.

- b) **Program Confirmation Form:** The attached Program Confirmation Form must be sent to the educational institution(s) you attended. The form must be completed and returned **directly to ICES by the educational institutions** along with an official transcript of your marks. International students who are unable to get official documents re-issued by your institution may submit original documents that are in your possession instead.

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- c) **Translations:** All required documents written in a language other than French or English must be accompanied by an English translation completed by a certified translator. All translated documents must also be submitted with the original in the original language.

Affiliated Colleges: ICES only accepts educational documents from the institution that awards the credential. For that reason, ICES does not accept documents from affiliated colleges or institutes. ICES must see documents issued from the awarding institution.

3. Number of Credentials

When you apply for a Comprehensive Report, you must indicate the number of credentials you wish to have evaluated. A “credential” is one partially or fully completed educational program taken at one institution or school leading to a certificate, diploma or degree. Any coursework completed at two or more institutions and applied (or transferred) toward a credential is considered a separate credential. If you wish to have more than one credential evaluated, please include the additional fee with your ICES Application Form and make arrangements to have each institution send the necessary official documents directly to ICES.

4. Additional Copy of Report

All clients receive two copies of the completed report. The first copy is always sent to you; the second copy of your report will be sent directly to the **CBCPO**. Please indicate this in **Section D** of the ICES Application Form. If you do not indicate where you want your second copy sent, it will be automatically sent to you. If you require more than two copies of your report, the fee is **\$10.00** per copy.

5. Contact Information

If you have not already done so, please contact the **Canadian Board for Certification for Prosthetist & Orthotists (CBCPO)** to see if they require any additional information from you. They can be reached at:

CBCPO Head Office

#605 – 294 Portage Avenue

Winnipeg, Manitoba

R3C 0B9

Telephone: (204) 949-4972

Fax: (204) 947-3276

Website: www.pando.ca

Email: capo@mts.net or cbccpo@mts.net

Please contact ICES directly at icesinfo@bcit.ca if you have any questions about your ICES evaluation.



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Canadian Board for the Certification of Prosthetists and Orthotists Program Confirmation Form

Note to Applicant: Please send this form to your educational institution, with a covering letter which includes the following: a) your current full name, maiden name, and other names used b) your student number c) your date of graduation d) your full address and telephone number

To: Registrar or Director of Educational Programs:

_____ has applied to the Canadian Board for the Certification of Prosthetists and Orthotists (CBCPO). In order for the International Credential Evaluation Service (ICES) to determine how his/her educational program meets the competency requirements of the CBCPO, we require the completion of this form, as well as an official transcript of his/her education. Your assistance in this matter will greatly assist in the processing of this application. Thank you.

To be completed by the **Registrar or Director of Educational Programs**, and returned (with an official transcript) *directly to ICES by the educational institutions* you attended.

This certifies that _____ was admitted to

(School) (City) (Province/State/Country)

in _____. The length of the program was _____ months/years.
(Month/Year)

He/she successfully completed the _____
(Name of program)

program on _____ and was issued a _____
(Month/Year) (Name of credential eg. **Bachelor of Science**)

OR

client has not successfully completed the program, but has completed _____ months/years of the program.

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– Please Complete & Sign Last Page –

Part A: Competencies

Please check off the competencies that the student *successfully completed studies* in each of the following areas.

Clinical – The Human System:

- Anatomy
- Biomechanics/Pathomechanics
- Normal and Pathological Gait
- Pathology
- Psychology/Sociology
- Research Design

Clinical – Patient Assessment:

- Applied Anatomy, Pathomechanics
- Patient History
- Neuromuscular/Musculoskeletal Testing
- Pathological Gait Assessment
- Orthotic/Prosthetic Materials Applications
- Fabrication Techniques

Practical – The Device System:

- Mechanics of Materials
- Materials Testing
- Selection of Materials
- Electronics

Orthotic Case Studies:

- Including the majority of:
Spina bifida; cerebral palsy, multiple sclerosis, muscular dystrophy, Legg Perthes, arthritis, fractures, sports injuries, scoliosis, Cerebral Vascular Accident/Stroke, special seating devices.

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Part B: Orthotic Devices

The following orthotic devices must have been fit on actual patients and done under supervision of a certified orthotist or prosthetist.

Please check off all of the devices that the student successfully fit onto actual patients under supervision of a certified orthotist or prosthetist:

| Device Successfully Fit | | Number of Devices Fit <i>(please write the number)</i> |
|---|--|---|
| Flexible ankle foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Jointed ankle foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ground reaction ankle foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Ankle foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Knee ankle foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Wrist hand Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Short Opponens Orthosis (Thumb Post) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ThoracoLumboSacral Orthosis (TLSO), LSO spinal | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Cervical Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Leather wrist hand Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High temperature resting wrist hand finger Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Knee Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hip knee ankle foot Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fracture cast | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Torticollis Orthosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pavlik Harness (Hip Abduction Splint) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Serial casting | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Knee Immobilizer (Gators) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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Part C: Prosthetic Devices

The following prosthetic devices must have been fit on actual patients and done under supervision of a certified orthotist or prosthetist.

Please check off all of the devices that the student successfully fit onto actual patients under supervision of a certified orthotist or prosthetist:

| Device Successfully Fit | | Number of Devices Fit <i>(please write the number)</i> | Level(s) Fit |
|---|--|---|--------------|
| Transtibial Devices | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Transfemoral Devices | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Lower body extremity disarticulations (such as Partial Foot, Symes (ankle), Knee and Hip D/A) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Conventional Transradial Device | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Myoelectric Transradial Device | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Conventional Transhumeral Device | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Upper body extremity disarticulations (such as Wrist, Elbow & Shoulder) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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Part D: ISPO Levels

Please indicate the ISPO school classification level (if applicable): _____

(Print) Name of Registrar or Director of Program

Signature & Stamp/Seal of Registrar
or Director of Program

This information is gathered for the purpose of evaluating academic requirements for the Canadian Board for the Certification of Prosthetists and Orthotists.