

Orthotics & Prosthetics Observation Experience

VERIFICATION FORM

Some programs require a certified orthotist or prosthetist to verify your orthotics or prosthetics experiences. If required, select the orthotist or prosthetist who supervised you during each experience and can best verify your hours. Print this form, complete all of the fields and deliver it to him/her. Once each form has been completed, the form should be sent directly to the program(s) to which you are applying that require verification of observation experiences. If the orthotist or prosthetist previously signed a different (non-OPCAS) form to verify your observation experience, attach it to this form and send both documents to your program in a single envelope. Send only one signed form per O&P experience.

Name of Applicant: _____ OPCAS ID#: _____

Name of Facility: _____

Street Address for Facility: _____

City: _____ State: ____ Zip/ Postal Code: _____

Country: _____

Name of Orthotist or Prosthetist: _____

O&P Certification Number: _____ State of O&P Certification: ____

Orthotist or Prosthetist Email: _____

Orthotist or Prosthetist Phone #: _____

Status of O&P Observation Experience: _____

Total # of Hours Over Span of Experience: _____

Start Date: _____ End Date: _____

SIGNATURE OF ORTHOTIST OR PROSTHETIST

DATE

Mail signed form directly to the program(s) to which you are applying that require verification of observation experiences.