

**INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS, APPLICATION FORM**

ISPO-No

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**Title :**

Mrs.	Dr.	Prof.
Ms.	Mr.	: Other

**Tick Only One Box (Priority)**

**Last Name :**

**First Name :**

**Address :**

**Town :**

**Postal Code :**

**Province :**

**Country :**

**Date of Birth :**

**Gender**

**Nationality :**

**Present Post, Job or Position :**

**Professional Qualifications :**

<b>Professional Category</b>		
Administrator	A	<input type="checkbox"/>
Company	C	<input type="checkbox"/>
Engineer	E	<input type="checkbox"/>
Podiatrist, Chiropodist	F	<input type="checkbox"/>
Institution	I	<input type="checkbox"/>
Medical Doctor	MD	<input type="checkbox"/>
Nurse	N	<input type="checkbox"/>
Occupational Therapist	OT	<input type="checkbox"/>
Prosthetist-Orthotist	PO	<input type="checkbox"/>
Physiotherapist	PT	<input type="checkbox"/>
Student	S	<input type="checkbox"/>
Shoemaker, Shoefitter	SH	<input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/>

**Please detail :**

**Tick Only One Box**

**Subcategory (if any)**

*Engineers :*

Biomechanical	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>
Other	<input type="checkbox"/>

*Medical Doctors :*

Orthopaedic Surgeon	<input type="checkbox"/>
Pediatrician	<input type="checkbox"/>
Physician	<input type="checkbox"/>

Rehabilitation Medicine

Surgeon	<input type="checkbox"/>
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*Prosthetist-Orthotists :*

Orthopaedic Technologist	<input type="checkbox"/>
Orthotist	<input type="checkbox"/>
Prosthetist	<input type="checkbox"/>

**Other**

<input type="checkbox"/>
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**Please detail :**

**Telephone :**

**Fax :**

**E-mail :**

**Tick in boxes; more than one, if appropriate.**

Language	Indicate Fluency		
	Good	Average	Poor
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please detail :**

*Use block letters or type, please.*

**INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS, APPLICATION FORM**

**INFORMATION ABOUT CURRENT ACTIVITIES :**

*Tick in boxes; more than one, if appropriate.*

<b>Working Fields</b>	
Administration	A
Activity Daily Living	ADL
Amputations	AMP
Biomechanics	BM
Business	BU
CAD/CAM	CAD
Community Based Rehab	CBR
Communication	COM
Cerebral Palsy	CP
Developing World	DW
Education	EDU
Foot	F
Functional Electr Stim	FES
Functional Outcome Meas	FOM
Fracture Bracing	FRB
Gait	G
Geriatrics	GER
Hip Disarticulation	HD
Lower Limb Prosthetics	LL
Lower Limb Orthotics	LLO
Materials	M
Neurologic Disorders	NEU
Orthotics	O
Occupat. Therap.	OT
Prosthetics	P
Pain	PAI
Pediatrics	PED
Pharmaceuticals	PH
Prosthetics/Orthotics	PO
Physiotherapy	PT
Quality Control	QC
R&D	RD
Rehabilitation	REH
Seating	SEA
Shoes	SH
Socket	SO
Spine	SP
Sports	SPO
Surgery	SU
Training	T
Upper Limb Prosthetics	UL
Upper Limb Orthotics	ULO
Vascular Surgery	VAS
Wheel Chair	WC
Other	

*Please detail :*

<b>R&amp;D Fields</b>	
Administration	A
Activity Daily Living	ADL
Amputations	AMP
Biomechanics	BM
Business	BU
CAD/CAM	CAD
Community Based Rehab	CBR
Communication	COM
Cerebral Palsy	CP
Developing World	DW
Education	EDU
Foot	F
Functional Electr Stim	FES
Functional Outcome Meas	FOM
Fracture Bracing	FRB
Gait	G
Geriatrics	GER
Hip Disarticulation	HD
Lower Limb Prosthetics	LL
Lower Limb Orthotics	LLO
Materials	M
Neurologic Disorders	NEU
Orthotics	O
Occupat. Therap.	OT
Prosthetics	P
Pain	PAI
Pediatrics	PED
Pharmaceuticals	PH
Prosthetics/Orthotics	PO
Physiotherapy	PT
Quality Control	QC
R&D	RD
Rehabilitation	REH
Seating	SEA
Shoes	SH
Socket	SO
Spine	SP
Sports	SPO
Surgery	SU
Training	T
Upper Limb Prosthetics	UL
Upper Limb Orthotics	ULO
Vascular Surgery	VAS
Wheel Chair	WC
Other	

<b>Teaching Fields</b>	
Administration	A
Activity Daily Living	ADL
Amputations	AMP
Biomechanics	BM
Business	BU
CAD/CAM	CAD
Community Based Rehab	CBR
Communication	COM
Cerebral Palsy	CP
Developing World	DW
Education	EDU
Foot	F
Functional Electr Stim	FES
Functional Outcome Meas	FOM
Fracture Bracing	FRB
Gait	G
Geriatrics	GER
Hip Disarticulation	HD
Lower Limb Prosthetics	LL
Lower Limb Orthotics	LLO
Materials	M
Neurologic Disorders	NEU
Orthotics	O
Occupat. Therap.	OT
Prosthetics	P
Pain	PAI
Pediatrics	PED
Pharmaceuticals	PH
Prosthetics/Orthotics	PO
Physiotherapy	PT
Quality Control	QC
R&D	RD
Rehabilitation	REH
Seating	SEA
Shoes	SH
Socket	SO
Spine	SP
Sports	SPO
Surgery	SU
Training	T
Upper Limb Prosthetics	UL
Upper Limb Orthotics	ULO
Vascular Surgery	VAS
Wheel Chair	WC
Other	

**INTERNATIONAL SOCIETY FOR PROSTHETICS AND ORTHOTICS, APPLICATION FORM**

**INFORMATION ABOUT WILLINGNESS TO WORK FOR ISPO OR OTHER AGENCIES :**

*Tick in boxes; more than one, if appropriate.*

Willing to Work		
Committee	ORG	<input type="checkbox"/>
Lecturing	EDU	<input type="checkbox"/>
Referee Prosth Orth Intern	REF	<input type="checkbox"/>
Advisory	ADV	<input type="checkbox"/>
Abroad	DW	<input type="checkbox"/>

Working Environment		
Industrialised World	I	<input type="checkbox"/>
Arabian Gulf	GU	<input type="checkbox"/>
Developing World	DW	<input type="checkbox"/>

Time Available		
< 1 Mo	1	<input type="checkbox"/>
1 - 3 Mo	3	<input type="checkbox"/>
3 - 6 Mo	6	<input type="checkbox"/>
< 1 Y	12	<input type="checkbox"/>
> 1 Y	18	<input type="checkbox"/>
Any Time	ANY	<input type="checkbox"/>

**INFORMATION ABOUT PREVIOUS EXPERIENCE :**

Work Abroad		
Advisory	ADV	<input type="checkbox"/>
Clinical Work	CL	<input type="checkbox"/>
Research	RD	<input type="checkbox"/>
Teaching	EDU	<input type="checkbox"/>

Organisations		
USAID	AID	<input type="checkbox"/>
Intern Comm Red Cross	ICRC	<input type="checkbox"/>
German GTZ	GTZ	<input type="checkbox"/>
Handicap International	HI	<input type="checkbox"/>
British Council/ODA	ODA	<input type="checkbox"/>
Sandy Gall	SG	<input type="checkbox"/>
United Nations	UN	<input type="checkbox"/>
World Health Organization	WHO	<input type="checkbox"/>
World Orthop Concern	WOC	<input type="checkbox"/>
World Rehab Fund	WRF	<input type="checkbox"/>
World Vision	WV	<input type="checkbox"/>
<b>Other</b>		<input type="checkbox"/>

Duration of Previous Work		
< 1 Mo	1	<input type="checkbox"/>
1 - 3 Mo	3	<input type="checkbox"/>
3 - 6 Mo	6	<input type="checkbox"/>
< 1 Y	12	<input type="checkbox"/>
> 1 Y	18	<input type="checkbox"/>

Working Environment		
Industrialised World	I	<input type="checkbox"/>
Arabian Gulf	GU	<input type="checkbox"/>
Developing World	DW	<input type="checkbox"/>

*Please detail :*

This data contained within this form will only be used for purposes within the Constitutional aims of ISPO and the Canadian National Society for Prosthetics and Orthotics and in accordance with the Danish and/or Canadian Laws for protection of such files. Completion of this form indicates your consent to receive communications from ISPO International or CNSPO. Sensitive data will not be disclosed to third parties without written permission.

Completion of the sections relate to willingness to work for ISPO or other agencies, and about previous experience are not mandatory to be accepted as a member of ISPO.

Signed : \_\_\_\_\_

Date: \_\_\_\_\_

Annual membership fee is \$175.00 (student \$75.00)  
if paid by cheque  
Mail to:

CNSPO  
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