



**CANADIAN SOCIETY OF
ORTHOPAEDIC
TECHNOLOGISTS**

*Ensuring Excellence in
Orthopaedic Technology
Since 1972*

Date:

Name:

Institution:

Address:

_____ would like to apply for membership in the Canadian Society of Orthopaedic Technologists.

In order for us to determine if this person is qualified to join our Society, we kindly request some background information on their present job description. We ask that this form be completed and uploaded with the member's application.

Qualification for membership with CSOT is as follows:

"A person must be gainfully employed and actively working in the Orthopaedic Fracture clinic, E.R. and/or Cast Room of the Hospital and must have done so for at least one full year (850 hours). During that time, they must have been actively engaged in applying plaster/synthetic casts and orthopaedic traction." They should be able to carry out these procedures with a minimum amount of direct supervision. Members should strive for reclassification in the CSOT as a Registered Orthopaedic Technologist.

A three-part examination must be successfully completed to become Registered with the Canadian Society of Orthopaedic Technologists.

Name of Applicant: _____

Position: _____

A. Is he/she working on a regular basis applying plaster/synthetic cases in the Fracture Room, E.R./Cast Clinic?

Yes No

B. Is he/she working on a regular basis in the setting up and maintenance of orthopaedic traction on the wards?

Yes No



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If No, please give some indication of the scope of his/her responsibilities in relation to orthopaedics. _____

If he/she is actively working on a regular basis applying plaster/synthetic casts and setting up traction, please indicate length of service in this capacity. _____

C. Number of hours worked per year on cast application/traction: _____
Names of Orthopaedic Surgeons on staff at your hospital:

Name of Human Resources Director: _____

Name of Person completing this form: _____

Title: _____

Other Comments: _____

If possible, please provide the applicant with a Job Description and ROE (record of employment, ie # of hours worked to date) to be uploaded with their application.

Date: _____ Signature: _____

We sincerely appreciate your cooperation in this regard.

Sincerely,

Canadian Society of Orthopaedic Technologists (CSOT)