



**CANADIAN SOCIETY OF
ORTHOPAEDIC
TECHNOLOGISTS**

*Ensuring Excellence in
Orthopaedic Technology
Since 1972*

Manager Form

Manager

I am personally acquainted with the reputation of the applicant and his/her qualifications for the class of membership for which he/she has applied. He/she is gainfully employed and actively working in the fracture/cast/emergency clinic and on tractions for at least one year (minimum of 850 hours). I recommend that he/she be considered for admission to membership.

Manager: _____

Affiliation: _____

Position: _____

Address: _____

City: _____ Postal Code: _____

Email Address: _____

Manager Signature: _____

Applicant's Signature: _____