

LEVEL EXAMINATION COORDINATOR

Attention: Kaely MacMillan
550 Snelling Street
Victoria, BC V8Z 2B4
orthoexams@shaw.ca

LEVEL I – III MAIL OUT EXAMINATION APPLICATION

Enclosed are the purpose, objectives, description, scope, and rules of the examinations, along with an application form. This application is intended for physiotherapists who feel that they have, through other courses or studies, completed the course requirements for Level 1 and would like to challenge the Level I written examination. It is also to be used for applying to write a Level I – III course examination after having completed the course but choosing to delay the examination, or for re-writing a failed examination.

A. HOW THE EXAMINATION WORKS

The examination is a correspondence examination that is written under the supervision of an invigilator named by you. The examination is mailed out to your invigilator, who supervises you writing the examination. The invigilator then mails it back to the Level Examination Coordinator for marking. The examination can be written anywhere, at any time during the examination period, but must be **POSTMARKED** to be returned by the examination deadline.

B. EXAMINATION DATES

MARCH EXAMINATION

Application deadline - Feb. 15
Examination mail-out - March 1
Examination return deadline - April 1
Results mailed out - May 15

JUNE EXAMINATION

Application deadline - May 15
Examination mail-out - June 1
Examination return deadline - July 1
Results mailed out - Aug. 15

SEPTEMBER EXAMINATION

Application deadline - Aug. 15
Examination mail-out - Sept. 1
Examination return deadline - Oct. 1
Results mailed out - Nov. 15

DECEMBER EXAMINATION

Application deadline - Nov. 15
Examination mail-out - Dec. 1
Examination return deadline - Jan. 1
Results mailed out - Feb. 15

C. EXAMINATION PROCEDURES

1. Applications, in writing, must be **POSTMARKED** by the application deadline. Late applications will be returned for resubmission without exception. Please note that applications by fax will not be accepted, as payment must accompany the application.
2. On the examination mail-out date a letter will be sent to each candidate assigning a candidate number and enclosing a receipt for fees paid for the examination. On this same date the examination, with the assigned candidate number, will be mailed to the invigilator.
3. The examination must be written under the supervision of an invigilator according to the examination rules.
4. All examinations must be **POSTMARKED** to be returned to the exam coordinator's office by the examination deadline.
5. You may withdraw from the examination and receive a refund of your fee by applying **in writing**. If your withdrawal letter is received prior to the application deadline there is no penalty. If the withdrawal is received after the application deadline you will receive a refund less a \$31.50 administration fee.

6. You may defer writing your examination until the next examination mail-out by applying **in writing**. If your deferral letter is received prior to the application deadline there is no penalty. If your deferral letter is received after the application deadline you must pay a \$21.00 administration fee.
7. Cheques for the exam fee will be held, un-cashed, until after the exam application deadline to allow candidates to defer or withdraw from the exam without being charged the administrative fee. Please expect the funds to be drawn from your account during the first 2 weeks of your exam month as stated on the previous page.
There is a \$10.00 penalty for all NSF cheques.

The examination fees are as follows:

Level I Challenge Exam:	\$157.50 for CPA Members
	\$262.50 for Non-CPA Members
Level II & III Exams:	\$105.00 for CPA Members
	\$157.50 for Non-CPA Members

Please make cheques/money orders payable to "CPA, Orthopaedic Division"

**PLEASE NOTE THAT CREDIT CARD PAYMENTS
CAN NOT/ WILL NOT BE ACCEPTED**

D. LEVEL EXAMINATIONS

1. PURPOSE

The Level Examinations are designed to test the theoretical knowledge of the physiotherapist in the field of manual therapy.

2. OBJECTIVES

The candidate should demonstrate by written examination:

- a. The ability to answer questions based on:
 - 1) material presented in the Level courses;
 - 2) clinical case histories.
- b. That the theoretical objectives of the Level courses have been met. The objectives and content of the courses are outlined in the CPA Diploma of Advanced Orthopaedic Manual and Manipulative Physiotherapy: Policies and Procedures: Education and Examination Standards Document - Curriculum.

3. DESCRIPTION

The examination is written in the presence of an invigilator who is selected by the candidate (more details regarding the selection of an invigilator will follow). The examination questions are comprised of a case history essay and short answer and/or multiple choice questions. A combined mark of the case history and written components of 00 – 64.9% = fail; 65 – 100% = pass. A section of safety questions will be incorporated into each of the Level Course examinations. This section will be a mandatory pass requirement for the examination.

Results are on a pass/fail basis only. No total score or percentage will be disclosed. Results will be given in writing only. **No results will be given out over the phone.**

4. RULES

- a. The examination is administered by the Orthopaedic Division, CPA.
- b. The examination is marked by the Education Committee of the B.C. Section, Orthopaedic Division, CPA, following the guidelines set out by the National Orthopaedic Division, Education Committee.
- c. The fee for the examination is ratified by the National Orthopaedic Division Executive and Education Committee.
- d. Candidates challenging the Level I examination without having taken the Level I Course will only be allowed to challenge the examination once. If the exam is failed the candidate will be required to take the Level I course prior to rewriting the examination. In the case of failure of a Level I – III Course examination, the examination can be rewritten once without retaking the corresponding course. If the re-write examination is failed, the corresponding course must be retaken in its entirety and the examination successfully passed before the individual can move on the next Level Course.
- e. The candidate is responsible for:
 - 1) choosing an invigilator. (See “F” below for further details);
 - 2) selection of a mutually acceptable time and place to write the examination;
 - 3) writing the examination prior to the examination return deadline and getting the registered package postmarked by the examination return deadline;
 - 4) any gratuity to the invigilator;
 - 5) reimbursing the invigilator the cost of sending the examination registered mail to the exam co-ordinator.
- f. The invigilator must preferably be:
 - A registered Orthopedic Division Instructor or instructor in the process of credentialing with the Orthopedic Division or,
 - A registered Orthopedic Division mentor
 - Or Alternatively:
A faculty member or instructor at a recognized educational institution Canada. (University or College, Academic or Professional Program) This individual does not need to be a physiotherapist.
 - In the event the Level 1 Candidate lives in a more rural or isolated part of Canada the invigilator must hold a valid professional license i.e. Chartered Accountant, nurse, occupational therapist etc.. to be eligible.
 - In the event the above is not possible please contact the chair of the National Education Committee – Orthopaedic Division – CPA (Roland Lavallée physio@mymts.net) to determine an acceptable alternative.

***Note: the examination is sent by registered mail and must be signed for by the invigilator upon delivery. It may be better to apply using the invigilator's work address for this reason. Unclaimed exam packages will remain at the post office location indicated on the invigilator's delivery slip for 14 days before being sent back to the Exam Coordinator's office as per Canada Post.**

- g. The invigilator is responsible for:
- 1) receiving and storing the examination before the examination;
 - 2) ensuring that the rules of the examination are adhered to;
 - 3) ensuring the candidate has no access to the examination before or after the examination time;
 - 4) returning the examination by TRACEABLE MAIL (no signature required – Xpresspost is preferred) to:
LEVEL EXAMINATION COORDINATOR
ORTHOPAEDIC DIVISION, CPA
550 SNELLING ST
VICTORIA, BC
V8Z 2B4
- h. The examination must be COMPLETED AND POSTMARKED TO BE RETURNED to the Level Examination Coordinator by the examination deadline. Examinations that have not been written before the examination deadline must also be returned.
- i. The time for the exam is 3 hours (180 minutes) and must be under the view of an invigilator at all times.
- j. Examination Security Breaches: Included but not limited to the following:
- Divulging questions to candidates on any Level examination procedure;
 - Allowing reference material during any Level examination procedure;
 - The copying, or knowingly allowing the copying in whole or in part of any Orthopaedic Division Examination is strictly prohibited; and
 - Permitting the use of electronic devices, allowing peer interactions or permitting the exam to exceed the specified timeframes.
 - Rough paper notes are not allowed to be taken out
- k. No name must appear on the examination; THE CANDIDATE NUMBER ONLY should be used

Variance from the above examination protocols is considered to be a serious violation of professional ethics and the Education Committee, on behalf of the Orthopaedic Division, will investigate and act accordingly to any violations the committee is made aware of.

**please do not staple cheques to application form

LEVEL EXAMINATION APPLICATION FORM

Send to Level Exam Coordinator's address on the first page of this document

Applicant's name: _____

(As you would like it to appear on your certificate)

Mailing address for confirmation
of registration:

Mailing address for results:

(telephone no.): _____

(work phone no.): _____

E-mail address: _____ (required to contact you)

CPA number: _____

College of PT number: _____ (required)

Invigilator's name: _____

Invigilator's address: _____

_____ Postal Code: _____

Telephone Number: _____ E-mail address: _____

Level of examination applied for:

I

II Lower - Multiple choice re-write Y N

II Upper - Multiple choice re-write Y N

III Lower - Multiple choice re-write Y N

III Upper - Multiple choice re-write Y N

Date (month) of examination applied for: _____

Date Level Course taken (for re-write): _____

I have read the rules and procedures for the Level Examinations and have chosen an appropriate invigilator according to the guidelines. I have enclosed the correct examination fee and made my cheque payable to: "CPA, Orthopaedic Division"

Signature: _____ Date: _____

****If you would like confirmation that your application has been received,
please use traceable mail to send it so you may track it online****

FOR OFFICE USE ONLY:

Application received - date: _____

Candidate number: _____ Cheque number: _____