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Contact Information

ASOP
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Seminole, FL 33775

Phone:  727-394-1700
Fax: 727-231-8385

Email: cbarocas@asop.org
Website: www.asop.org
About ASOP

ASOP is the largest professional trade organization within the field of orthopedic technology. In the last 15 years, ASOP has trained over 8000 medical professionals, including orthopedic surgeons, physician assistants, nurses, certified athletic trainers, medical assistants, radiologic technologists, orthotic fitters and other healthcare practitioners in the area of orthopedic casting and bracing. ASOP conducts approximately 50 public and/or private casting and bracing workshops annually throughout the US with opportunities to expand internationally.

ASOP would like to provide the medical practice with an opportunity to stay ahead of future healthcare changes. To that end, ASOP will offer medical practices a structured and ongoing program towards certification and professional development for your employees.

The ASOP mission is to create strategic partnerships within the orthopedic community that would facilitate step-wise credentialing for your employees without the need for costly professional development programming and/or travel. ASOP will be your orthopedic training solution for your allied staff.
Mission Statement

The mission of the American Society of Orthopedic Professionals (ASOP) is to enrich the quality of health care delivered by orthopedic technologists and to further promote the professional advancement of the orthopedic technology profession.

The American Society of Orthopedic Professionals will fulfill its mission by:

- Supporting career advancement through a certification process focused on office-based orthopedic clinical procedures;
- Endorsing high standards of professional clinical competency by supporting its membership with criteria and means for continuing education;
- Providing evidence-based research that is responsive to the musculoskeletal demands of the orthopedic population;
- Being the primary advocate of the orthopedic technology profession for its legislative advancement towards professional licensure;
- Exploring the opportunity to further develop professional opportunities for employment diversification
- Advocating the demand for the highest clinical standards, ethical decision-making and professionalism of its membership
Practice Benefits:

- No work time loss for professional travel
- Fulfills CMS Meaningful Use requirements
- Step-wise professional development program for your staff
- Facilitates “Competency-based” job performance evaluations
- Compliments office involvement for staff training
- Substantially decrease professional development budget
- Facilitate desirable patient outcomes
Certification Pathways:

**OT1** is designed for newly hired or current non-certified staff. Level 1 requires successful completion of the Orthopedic Allied Professional (OAP(C)) examination which is based on the 200-page online Orthopedic Study Guide. The OAP(C) examination covers orthopedic terminology, anatomy and healthcare office practices, as well as, patient safety specifics.

**OT2** is intended for staff who have a minimum of one (1) year experience in casting under the direct supervision of an orthopedic surgeon. The Registered Orthopedic Technologist, “ROT” examination included the above mentioned competency areas as well as the specialized task of fracture cast application. The ROT examination is based on our 200-page orthopedic study guide, the 365-page Manual of Casting, Splinting & Traction and Dr. Sarmiento’s Manual of Fracture Casting and Bracing. All instructional resources are provided online at no charge and may be printed or saved to your computer or mobile device/tablet. Annual ASOP Membership countenance with ongoing program enrollment.

**OT3** is intended for staff who have at least (2) two years’ experience in orthopedic casting techniques and have successfully completed the ROT exam. The OT3 level requires attendance at an ASOP two-day casting workshop. Additionally, the OT3 candidate will challenge a practical skills assessment administered by ASOP instructors and then pass an online advanced Fracture Casting and Bracing examination. Master Caster certification eligibility. Annual ASOP Membership countenance with ongoing program enrollment.
The cost to the practice is only $100.00 per employee per year.

All study materials and exams are included and fully accessible online.

Examinations can be taken online or paper format with a proctor from your practice.

The OT Pathways provide your employees with motivational goals for professional advancement and the orthopedic practice with an additional objective metric for evaluating staff for retention and promotion.

Meet CMS Stage II requirements.

All continuing education to maintain the aforementioned certifications on an annual basis is included at no charge. Additionally, our certifications may also meet the continuing education requirements for staff certifications from other organizations. Lastly, a medical practice staff member enrolled in the above will receive a $100 discount to attend ASOP workshop.

Program(s) may be purchased as an employee block by the practice. The practice administrator or designee can utilize the application form provided herein with the necessary demographics. In the event an enrolled employee is replaced within the office, there is no extra charge for the new employee – transferable for internal replacement positions only.

All application/program fees may be remitted by company/corporate check or credit card – payable to the American Society of Orthopedic Professionals.
FAQs

Who is ASOP?

ASOP is the largest professional trade organization within the field of orthopedic technology. In the last 15 years, ASOP has trained over 8000 medical professionals, including orthopedic surgeons, physician assistants, certified athletic trainers, medical assistants, orthotic fitters and other healthcare practitioners in the area of orthopedic casting and bracing.

Why should my medical practice sign up with the ASOP training solutions for my allied staff?

ASOP’s OT Pathways provide your employees with motivational goals for professional advancement and the orthopedic practice with an additional objective metric for evaluating staff for retention and promotion.

Meets CMS Stage II requirements.

How long do the certifications last and what about renewal procedures?

Each employee registered for our ASOP pathway programs will be good for (1) one year. You will receive a renewal notice 30 days prior to your practice/employee’s sign up date.

How do my employees take the certification exams AND where do we access the online learning content?

All study materials and exams are included and fully accessible online.

Examinations can be taken online or paper format with a proctor from your medical practice. All employees will be provided with a unique URL link to take exams.

What will my employees need to do to maintain their Continuing Education requirements?

All continuing education to maintain the ASOP annual certifications are included at no charge. Additionally, our certifications may also meet the continuing education requirements for staff certifications from other organizations. Lastly, a medical practice staff member enrolled in the above will receive a $100 discount to attend any ASOP workshop.

How much does the program cost?

The cost to the practice is only $100.00 per employee per year. Program(s) may be purchased as an employee block by the practice.
**How do I register my employees for these certification pathways?**

The practice administrator or designee can utilize the application form provided at the end of this manual. Please include each employee’s name and email address.

**What if I have to replace an employee who is already registered in the program and hire a new employee?**

In the event an enrolled employee is replaced within the office, there is no extra charge for the new employee – transferable for internal replacement positions only.

**How do I remit payment to ASOP?**

All application/program fees may be remitted by company/corporate check or credit card – payable to the American Society of Orthopedic Professionals. See enclosed application.

Please do not hesitate to contact ASOP with any questions (727) 394-1700.

**What if I have questions about the program - whom may I can contact about registering my practice employees?**

You may contact any of the individuals below

<table>
<thead>
<tr>
<th>Mr. Charles Barocas, CO</th>
<th>Dr. Keith A. Vanic, ATC, ROT, OTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASOP Executive Director</td>
<td>Director of Credentialing and Continuing</td>
</tr>
<tr>
<td>(727) 394- 1700</td>
<td>Education</td>
</tr>
<tr>
<td><a href="mailto:cbarocas@asop.org">cbarocas@asop.org</a></td>
<td>(484) 357-3306</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:kvanic@nbcobt.org">kvanic@nbcobt.org</a></td>
</tr>
</tbody>
</table>

We (ASOP) look forward to working with you and your medical practice in the future.
Application for the ASOP – Orthopedic Practice Tri-level Training Program

TO BE COMPLETED BY PRACTICE ADMINISTRATOR
Please read and sign all of the information requested below.

Practice Administrator:

Last Name: ___________________________ First Name: ___________________________

Practice Mailing Address:________________________________________________________

City/State/Province/Zip:________________________________________________________

E-Mail Address: ___________________________ Cell Phone: (_____) __________________

Work Phone: (_____) ___________________ Fax Number: (_____) __________________

Practice Setting: (Circle One) Hospital Clinical Private Practice Military Other: ____________

Please provide the following information for each employee: (typewritten sheets may be used)

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL</th>
<th>Years of Experience with Casting</th>
</tr>
</thead>
</table>

[Please use additional sheets as needed]

☐ Fee: $100.00 USD per employee listed above Total: $______________

☐ Bank/Corporate Check/Money Order payable to “ASOP” (No Personal Checks)

I HEARBY AUTHORIZE ASOP to charge the above amount to my: ☐ Visa ☐ MasterCard

Card Number: ___________________________ Exp. Date: ___________ CID #: ______ (3 digits back of card)

Print Name Exactly as it appears on card: ____________________________________________

Cardholder Signature: ___________________________ Cardholder Phone: (_____) __________

Cardholder Billing Address: __________________________________________________________

________________________________________________________ Signature __________________

City/State/Zip