Application for the ROT, Registered Orthopedic Technologist Exam

Please read and sign all of the information requested below. Scan to ASOP.Jacob@gmail.com OR mail to ASOP, 625 6th Avenue South, Suite 365, St. Petersburg, FL 33701 OR fax to 727-231-8385

Last Name: _____ First Name: _____

Home Mailing Address:_____

City/State/Province/Zip:_____E-Mail Address: _____

Cell Phone :(_____) _____

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

Highest Academic Level: (Circle One) High School 1 to 3 yrs college Bachelors Masters Doctorate

Primary Place of Employment: (Circle One) Hospital Private Practice Military Other: _____

Orthopedic Experience: (Circle One) 1 Year 2 Years 3-5 Years 6-10 Years +10 Years

Other Professional Certifications/Licenses? _____

Physician Verification: Physicians who specialize in orthopedics and urgent care can attest to the expertise of the applicant **MUST** complete this section. I certify that, to the best of my knowledge, the experience of the above individual as reported in this application is correct and complete. I further certify that the applicant has the necessary experience, skills and knowledge in applied orthopedic cast technology for ROT examination eligibility.

_____ _____

Name of Attesting Orthopedic Physician (Print) Signature of Attesting Orthopedic Physician

_____

Work Address:

_____

City/State/Zip

I, _____, attest to the fact that I have fulfilled the eligibility requirements for the ASOP Registered Orthopedic Technologist examination as stated, including necessary educational and/or work experience.

Signature of Applicant: _____ Date:_____

___ ***No-fee for ASOP Members*** ___***$200.00 NON Members***

I HEARBY AUTHORIZE ASOP to charge the above amount to my credit card. You will receive a 2 year ASOP Membership

❑ Visa ❑ MasterCard

Card Number: _____ Exp. Date: _____ CID #: _____ (3 digits)

Print Name Exactly as it appears on card: _____

Cardholder Signature: _____ Cardholder Phone :(_____) _____

Cardholder Billing Address: _____

_____

City/State/Zip