

SPOKANE FALLS COMMUNITY COLLEGE

# Orthotic-Prosthetic Technology

## Program Application

For Admission: Fall Quarter



**Community Colleges of Spokane**  
**Spokane Falls Community College**

**Orthotic and Prosthetic Technology**

MS 3190

3410 W Whistalks Way

Spokane, WA 99224-5202

509-533-3288

[O&P Program Website](#)





Community Colleges of Spokane  
Spokane Falls Community College

# Orthotic-Prosthetic Technology

SPOKANE FALLS COMMUNITY COLLEGE

## Program Application

O&P Technology Program – MS 3190  
3410 W. Whistalks Way  
Spokane, WA 99224-5288  
(509) 533-3288  
[O&P Program Website](#)

# Orthotic-Prosthetic Technology Program

## Applicant Checklist

Name \_\_\_\_\_

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- Apply for admission to Spokane Falls Community College (SFCC).

Contact Admissions at 509.533.3503 or [Apply Now](#)

Have the transcript(s) sent directly to:                      Spokane Falls Community College  
Admissions Office - MS 3011  
3410 W. Whistalks Way Spokane, WA  
99224-5288

- If you are enrolled at Spokane Community College (SCC), you still must complete a Student Information Update form to apply to SFCC.
- If you have previously been enrolled at SFCC, you must reactivate your application.
- Request an official transcript from each college you have attended.

Applicant Information Question Form Job

Shadow Verification Form Letter of

Recommendation (one)

Complete Financial Aid Application

Attach Copy of Previous Unofficial Transcripts

(if taken)

Submit completed application packet to:                      O&P Technology Program  
Attn: Māpuana Carey, Program Specialist - MS 3190  
3410 W. Whistalks Way  
Spokane, WA 99224-5288

If delivering by hand: SFCC Campus, Building 19, Room 106

To schedule an interview, contact Māpuana Carey  
mapuana.carey@sfcc.spokane.edu (509) 533-3288

# Orthotic-Prosthetic Technology Program

## Applicant Information

Name \_\_\_\_\_ SFCC ID# \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### College Education

Institution	Location	Coursework/Degree	Dates Attended
			From ___/___ to ___/___
			From ___/___ to ___/___
			From ___/___ to ___/___

### Work Experience

Company	Location	Position/Title	Dates Employed
			From ___/___ to ___/___
			From ___/___ to ___/___
			From ___/___ to ___/___
			From ___/___ to ___/___

Are you a veteran of the US Armed Forces?       Yes       No

Are you eligible to receive TAA benefits?\*       Yes       No

\*Eligible to receive TAA benefits: A person is eligible to receive Trade Adjustment Act (TAA) benefits if the individual is a worker who has lost a job through no fault of his/her own and who previously worked for an employer whose closure or layoffs were certified by the DOL to have been caused by foreign competition. People generally find out whether they are eligible for TAA benefits from their prior employer, their union, or a One-Stop workforce center.



# Orthotic-Prosthetic Technology Program

## Job Shadow Verification

Name \_\_\_\_\_

Name of O&P Professional Shadowed \_\_\_\_\_

Name of O&P Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Phone Number \_\_\_\_\_

Date(s) of Job Shadow \_\_\_\_\_

Number of Hours Spent Onsite \_\_\_\_\_

Please provide a brief summary of duties observed or performed.

I certify that the above information is correct.

\_\_\_\_\_  
O&P Professional Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# Orthotic-Prosthetic Technology Program

## Letter of Recommendation

Please provide this form to the person from whom you are requesting a letter of recommendation.

**NOTE:** Your recommendation needs to be from someone who has known you in a volunteer, work or educational setting.

Dear Colleague:

\_\_\_\_\_ is applying to the Orthotic-Prosthetic Technology Program at Spokane Falls Community College. This is a competitive application process, and your letter of recommendation is important. Please address as much of the following as you are able:

- How long you have known the applicant and in what capacity.
- Your opinion regarding the candidate's ability to work collaboratively, his/her manual dexterity related to tool use, behaviors, and/or personal characteristics that would contribute to being a successful O&P Technician.
- Any concerns you have regarding this applicant entering the healthcare field of orthotics and prosthetics.
- Your credentials and letter should be on your professional letterhead if possible.

Please mail your letter directly to the O&P Technology Program at the address below.

Spokane Falls Community College  
Māpuana Carey, MS 3190  
3410 W. Whistalks Way  
Spokane, WA 99224-5288

Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation or age in its programs, activities and employment. Person(s) with a disability requiring any auxiliary aids or accommodations should contact the college. For TTY service, call 533-3838.

The SFCC O&P Technology Program is accredited by the National Commission of Orthotic and Prosthetic Education (NCOPE).