

National Board for Certification of Orthopaedic Technologists, Inc.



The Doris Hardy OTC® Memorial Examination Grant Application

Mail completed application and documentation to:

NBCOT, Inc.
Attn: DHMEG
4736 Onondaga Blvd. #166
Syracuse, NY 13219-3304

Revised April 12, 2016

About the Doris Hardy Memorial OTC® Examination Grant

The Doris Hardy Memorial OTC® Examination Grant (DHMEG) was created to honor Doris Hardy OTC®. Doris was an Orthopaedic Technologist Certified (OTC®) for over 20 years before her passing on September 29, 2004. Doris was a driving force in the field of Orthopaedic Technology and was a great supporter of Certification. The DHMEG will be a living testament to her devotion to the Certification of all Orthopaedic Technologists. The NBCOT is pleased to honor her memory with the "Doris Hardy Memorial OTC® Examination Grant".

The Examination Grant is a means for an OTC® Candidate to be able to sit for the OTC® Exam one time at no charge. The NBCOT will absorb the testing fees for the individual that is awarded this Grant. Applications will be reviewed by the NBCOT Doris Hardy Grant Committee and members of Doris Hardy's Family. Their decision shall be deemed final. An individual will only be awarded the DHMEG once.

TERMS

The following will outline the terms, requirements and application process of applying for the DHMEG.

- The recipient of this Grant will be allowed to sit for the OTC® Examination once at no charge.
- The recipient of this Grant is **required** to sit for the OTC® Exam within **two testing** cycles from the time the Grant is awarded. Award is granted each June. Exam must be taken in June, August or November of the SAME year.
- The recipient of this Grant is **not** allowed to reschedule the Exam once an appointment is made by the recipient and confirmed by the Test Administrator. Any fees charged for rescheduling an examination must be paid by the recipient. See the current OTC® Candidate Handbook for fee schedule.
- If the recipient is a **"no show"** for the Exam then he/she shall forfeit the Grant and **not** be allowed to reschedule, unless he/she pays the full testing fee and reapplies with a new OTC® Examination Application.
- If the recipient fails the Exam, he/she will be required to pay the required testing fee and submit a new application if they want to challenge the examination in the future.
- The Grant award may not be exchanged for cash value, or used by any other person other than the awarded recipient.

Eligibility Criteria

Applicants must meet the following requirements to be considered for the Doris Hardy Memorial OTC® Examination Grant:

1. Applicant must meet the requirements found within the NBCOT OTC® Application under Eligibility Route A, B1, B2, or C. Documentation to meet one of the current Eligibility Routes is to be included within your application submission.
2. Applicant must submit a completed current OTC® Examination Application. (**Leave payment information blank on the payment page**). If you are not awarded the DHMEG Grant, you will have the opportunity for paying the examination fee at the time of notification that you were not the recipient of the DHMEG Grant.
3. Applicant must include and pay the required OTC® Examination Application fee. This fee applies to any applicant applying for consideration to be tested if required. This fee has nothing to do with consideration for the DHMEG Grant. This Fee is to process any exam application.

4. The OTC Exam Application must be approved by the NBCOT office before the DHMEG Grant Application will be reviewed by the Grant Committee and members of the Hardy Family.

5. Graduates from a NAOT recognized Orthopaedic Technology School/Program must submit their Grant Application within one year of graduation or file under eligibility route A (After Two (2) Years of on the job training). All graduation documentation must be on file to be considered for the DHMEG Award.

6. Applicant **cannot** have previously taken the NBCOT OTC® Examination. Retests, Recertification, or Lapsed Certificants **are not allowed** to apply for this Grant.

Applicant must be able to be legally employed in the USA.

DHMEG Application and Award Process

Please be advised, due to the high interest in the DHMEG, the scheduled deadline will be adhered to.

TASK	DEADLINE
Grant Application Deadline. Any application arriving after the posted deadline will be returned without consideration.	May 1st each calendar year.
Review of the OTC® Examination Application by the NBCOT Office.	Within 3 Business Days of Receipt.
Review of the DHMEG Grant Application by the DHMEG Committee.	Within 20 Business Days of Receipt.
Review of the DHMEG Letters of Recommendation and Personal Statement.	Within 20 Business Days of Receipt.
A Personal Telephone Interview if requested by the DHMEG Committee.	Arranged on a Need Basis with the Applicant.
Grant Decision to be announced by the NBCOT. Inc. on the homepage of www.nbcot.net .	June 1st each calendar year.

Applicants will be notified by Certified US Mail of the final decision. The Applicant must sign for the mailing.

**All decisions by the DHMEG Committee are final.
There is no appeal to the decision made.**

Identifying Appropriate Applicants

It is important to identify applicants for the DHMEG who will truly benefit from the grant and will be potential leaders in the field of Orthopaedic Technology.

DHMEG Candidate Application

Name: _____ Daytime Telephone: () _____ - _____

Mailing
Address: _____

City: _____ State _____ Zip Code: _____

Email Address:
_____ @ _____

If Applicable: Orthopaedic Technology School/Program Name: _____ :

Eligibility route your application reflects: _____ :

Other Professional Certificates/Licenses you currently hold _____ :
(Send photocopy of Certificates or Licenses)

Graduation date / completion date _____
(Send copy of Diploma/Certificate of Completion) Mo / Day / Year

Financial statement: Your last year's gross income \$ _____
(Send copy of last year's income tax return)

DHMEG Questions (use separate sheets of paper if needed)

1. What outside or Community Service activities do you participate in?
2. Have you ever received any awards? (If so, what awards?)
3. What career plans do you have?

4. If I were to talk to your Instructor(s) or your current Employer, what would they say about you?

5. If I were to talk to your fellow classmates or people in your current office, would they know you? What would they say about you?

6. What has been the most rewarding accomplishment for you this year?

7. Why would you like to receive the DHMEG?

8. What are your plans for next year?

9. Five years from now?

10. If you knew you couldn't fail, what would you try and why?

11. What are your three most important values?

12. Outside your family and friends, who do you most respect and why?

13. If five candidates – including you – are equally qualified, why should you be the one selected for the DHMEG?

14. Name one thing that you have done that made you feel good about yourself.

15. Why is certification important to you?

16. Why did you choose the Profession of Orthopaedic Technology?

17. What do you have to offer or hope to do, that will advance the Profession of Orthopaedic Technology?

Attach to this application:

- **Two letters of recommendation including contact information for each:**
 - A school Instructor **or** your current Attending Orthopaedic Physician.
 - A friend **or** family member.
- **A copy of your last year's income tax return.**
- **Your Current Resume.**

All applications are held in strict confidence. Only Committee members and the Hardy Family will view its content. All decisions made by the standing Committee are binding and final. There are no appeals to the decision made.