

MAIL APPLICATIONS TO:  
Attention: Kaely MacMillan  
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Victoria, BC V8Z 7H5

**LEVEL I – III ONLINE/VIRTUAL EXAMINATION INFORMATION & 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. IMPORTANT DATES (dates remain the same each year)

MARCH EXAMINATION

Application deadline - Feb. 8  
Results mailed out - May 15

JUNE EXAMINATION

Application deadline - May 8  
Results mailed out - Aug. 15

SEPTEMBER EXAMINATION

Application deadline - Aug. 8  
Results mailed out - Nov. 15

DECEMBER EXAMINATION

Application deadline - Nov. 8  
Results mailed out - Feb. 15

You will receive a confirmation email once your application has been received & processed. Consider using traceable mail if you'd like to confirm your application's whereabouts prior to receiving your confirmation email.

B. HOW THE EXAMINATION WORKS

The examination is an online examination that is written under the virtual supervision of an invigilator. The invigilator will be assigned by The Orthopaedic Division.

Each examination month there will be a number of exam sittings on various dates and times that you will choose from. Once your application has been received the options will be emailed to you for selection. **This online/virtual option requires diligence and co-operation from each candidate who participates.**

Prior To Exam Day:

You will need **two devices** to take this exam:

- 1) One device to take the online exam (no camera required on this device – suggest laptop or desktop computer)
- 2) One device to facilitate the Zoom monitoring (camera required on this device – a cellphone is acceptable).

Install Zoom on the device with the camera you will use for the video stream & familiarize yourself with Zoom on your chosen device by watching the tutorial in advance here:

<https://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Meeting>

There is a REQUIRED Practice Test for this exam to ensure your personal device is compatible with the exam software. Failing to take your practice test may negatively impact your ability to take the exam on your laptop or desktop computer on exam day. More information about the practice test will be provided.

Ensure you choose a suitable, quiet place to complete your examination

Ensure you have a stable internet connection

On Exam Day:

Ensure your devices are fully charged

Present photo ID to the Invigilator on screen. You may obscure all info except your name and photograph.

Complete the online exam in full view of the camera

In case of technical difficulties:

- Have a phone available for use in emergent technical situations- the phone should not be accessed during the completion of the exam and doing so can result in an unsuccessful result
- Make note of the time
- Be prepared to take a screen shot or collect any supporting information if there is an unforeseen interruption during the exam
- Call 250-812-2953 to describe the circumstances and receive further advice

C. EXAMINATION APPLICATION AND PAYMENT PROCEDURES

1. Applications, in writing, must be **POSTMARKED** by\* the application deadline. Late applications will be offered the next available sitting without exception. Consider sending your application and payment via traceable and/or expedited mail.  
\*“Postmarked by” means accepted at a postal outlet by the deadline (it does not mean *received* by the exam coordinator by the deadline).
2. You may withdraw from the examination and receive a refund of your fee by applying **in writing (email is acceptable)**. If your withdrawal request 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.
3. You may defer writing your examination until the next examination mail-out by applying **in writing (email is acceptable)**. If your deferral request 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. Changing your virtual exam session choice once it has already been confirmed will also result in a \$21.00 admin fee.
4. There is a nominal fee for replacing lost certificates / proof of exam completion.
5. Cheques will be cashed during your exam month unless you are otherwise notified. 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:	\$150.00 + TAX for CPA Members	** see below for tax info
	\$250.00 + TAX for Non-CPA Members	** see below for tax info
Level II & III Exams:	\$150.00 + TAX for CPA Members	** see below for tax info
	\$250.00 + TAX for Non-CPA Members	** see below for tax info

Please see the following chart for tax calculation information:

AB, BC, SK, MB, NT, NU, YK add 5% (\$157.50 CPA, \$262.50 Non-CPA)

ON add 13% (\$169.50 CPA, \$282.50 Non-CPA)

QC add 14.975% (\$172.46 CPA, \$287.44 Non-CPA)

NB, NS, NL, PE add 15% (\$172.50 CPA, \$287.50 Non-CPA)

**Please make cheques/bank drafts payable to "CPA, Orthopaedic Division"**

**PLEASE NOTE THAT CREDIT CARD & EFT/WIRE PAYMENTS  
CAN NOT BE ACCEPTED AT THIS TIME**

## D. LEVEL EXAMINATIONS DETAILS

### 1. **PURPOSE**

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

### 3. **DESCRIPTION**

#### Level 1 Challenge Exam

Comprised of approximately 60 questions in multiple choice format (MCQ).

The duration of the exam is 2.0 hours (120 minutes)

The passing mark is 50%

Results will include the mark in percentage

Please see additional document “Candidate’s Guide to Level 1 MCQ Exam” at

<https://www.orthodiv.org/wp-content/uploads/2017/08/Candidates-Guide-Level-1.pdf> for further information & sample MCQ questions.

#### Level I, II & Level III RE-WRITE Exams

Comprised of short answer and/or written multiple choice questions.

The duration of the exam is 1.5 hours (90 minutes)

The passing mark is 65%

Results are provided as pass/fail only

### 4. **ADDITIONAL INFORMATION**

- a. The examination is administered by the National Orthopaedic Division, CPA.
- b. The examination is marked by the National 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 twice. If the exam is failed twice the candidate will be required to take the full, in-person 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 to the next Level Course.

### 5. **EXAMINATION SECURITY BREACHES** - Including but not limited to the following:

- Having access to reference material, including the use of electronic devices or peer interactions;
- The copying, in whole or in part, of any Orthopaedic Division Examination, including electronic scans or screenshots;
- Writing the exam outside the specified timeframes;
- Taking any rough paper notes.

- Engaging with anyone to discuss any part of the exam before, during or after you have completed it.

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 and penalties, including exam invalidation, may be levied at their sole discretion.

\*\*please do not staple cheques to application form

**ONLINE/VIRTUAL LEVEL EXAMINATION APPLICATION FORM**

Applicant's last name: \_\_\_\_\_ Applicant's first name \_\_\_\_\_  
(As you would like it to appear on your certificate)

E-mail address: \_\_\_\_\_ (required to contact you).  
(Suggest NOT using your university or workplace email account as you may not have access to it forever).

Phone # for exam day contact if necessary: \_\_\_\_\_

Applicant's mailing address to receive receipt & results:

\_\_\_\_\_

\_\_\_\_\_

City

Province

\_\_\_\_\_

Postal Code

CPA number: \_\_\_\_\_

I would like my exam questions presented in FRENCH (circle) ENGLISH (circle)

I would like to purchase the e-Manuals for an additional cost of \$125.00+tax:  
(only mail payment for the exam, instructions to pay online for the manuals will follow)

Level of examination applied for:

I       II Lower       II Upper       III Lower       III Upper

Date of examination applied for:     March     June     September     December

If you are re-writing a previously failed Multiple Choice Exam please provide the Date & Province of the Level Course taken: \_\_\_\_\_

**I have read the detailed rules and procedures for the ONLINE/VIRTUAL Level Examinations and agree to all of my responsibilities as a candidate. I have enclosed the correct examination fee including tax for my province and made my cheque payable to: "CPA, Orthopaedic Division"**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this application form and your payment to:

Kaely MacMillan  
PO Box 48079, Uptown PO  
Victoria, BC V8Z 7H5

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