



THE COLLEGE
OF PEDORTHICS
OF CANADA

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Facility Accreditation for Canadian Certified Pedorthists

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CPC Accreditation of Facilities Application Guideline

1.0 General Outline

In response to new requirements within certain provinces, The College of Pedorthics of Canada (the “CPC”) offers voluntary facility accreditation for the designations C Ped (MC) and C Ped (C). The purpose of the accreditation is to create a set of standards that:

- A) give assurance that such facilities are able to provide the highest quality of care for patients and referring professionals,
- B) to ascertain that the physical environment and working conditions meet acceptable standards of safety for staff and the public,
- C) to create a national standards level for Pedorthists to follow when designing, purchasing or modifying a Pedorthic facility.

2.0 Facility Titles

2.1 Definition of a Facility: The term “Facility” means:

- (a) the physical building and its layout;
- (b) the staff working in the physical building;
- (c) patient files located in or relating to the physical building;
- (d) equipment located in the physical building;
- (e) materials used to manufacture orthotics or to modify footwear; and
- (f) parking area used by patients and staff visiting the physical building.

2.2 Distinct Areas of Facility Accreditation:

1. Custom and Non – Custom Foot Orthotic Fabrication / Supply
2. Custom Footwear Fabrication / Supply
3. Non-Custom Footwear Supply / Modification

2.3 Multiple Accreditations in a Facility

Pedorthists may elect to certify in any or all of these areas as long as they meet the individual criteria outlined for each area in this document. Facility accreditation for one area does not assure accreditation in either of the other areas.

3.0 Accreditation Process

3.1 Application Overview

Applicants wishing to pursue Facility accreditation must fill out the required documentation completely and return it to the CPC.

3.2 Application Completeness

All information required on the application must be furnished. Incomplete application packages will be returned without processing.

3.3 Application Fee

The CPC will review and set the application fee (the “**Application Fee**”) for Facility accreditation yearly, which Application Fee will be stated on the Facility accreditation application form. The Application Fee must accompany the application when filed. Applications not accompanied by the Application Fee will be returned. All applicants (including secondary Facility locations) are required to pay the Application Fee to cover the costs of the initial accreditation process at the time of application. The Application Fee is NOT refundable if the Facility does not receive accreditation.

3.4 Annual Ongoing Accreditation Fee

If accredited, the Facility will be required to pay an annual ongoing accreditation fee (the “**Annual Fee**”) for ongoing record maintenance and incurred inspection costs. The CPC will review and set the Annual Fee for Facility accreditation yearly. The first Annual Fee will be due at the time of application for year one and then in January of every year thereafter. In the event accreditation is not granted at the initial accreditation review, the first year’s Annual Fee will be returned to the Facility. Secondary Facility locations will pay a reduced Annual Fee.

Failure to pay the Annual Fee by the annual due date will result in accreditation being revoked from the Facility.

4.0 Standard Requirements for Facility Accreditation

The CPC awards its certificate to Facilities that give evidence that:

- A) the Facility is managed by a C Ped (C) or a C Ped MC, whose membership with CPC and the Pedorthic Association of Canada is in good standing, who is accountable for the quality of all conducted services at the facility;
- B) all work is performed or monitored by a C Ped (C), a C Ped MC, or a C Ped Tech (C);
- C) the Facility meets the CPC minimum requirements as to Facility lay-out, appearance, equipment and safety standards, as attested to in writing by the Facility manager; and
- D) the Facility maintains complete and accurate patient files as outlined in the CPC's Code of Ethics, as well as its Standards of Practice; and which fulfill all the other requirements set out in this document.

5.0 Documentation Review

The CPC shall review all applications in the order in which they are received. A Facility Accreditation Committee (the "FAC") will receive and evaluate the documentation and data submitted by the Applicant. It will determine whether it meets the Requirements set out in this document.

6.0 Facility Description and Supporting Documentation

Applications must include the following:

- A) A complete copy of the current floor plan of the Facility. This copy should indicate the purpose of the rooms in the Facility and where any manufacturing equipment is placed.
- B) Digital file containing good, clear quality images showing at least two views of the following:
 - The reception area
 - The laboratory area *(If applying for Custom and Non-Custom Foot Orthotic Fabrication/Supply or Custom Footwear Fabrication/Supply)*

Please ensure that the images clearly show all required machinery and tools.

- One assessment room
 - Retail space (*If applying for Non-Custom Footwear Supply/Modification*)
 - Front of the building
- C) A copy of the current license to operate a business as required by the Facility's jurisdiction, including any licenses or approvals required to operate a business of the type conducted by the Facility.

7.0 Facility Layout

The Facility layout and physical structure must meet each of these criteria in order to obtain accreditation:

- A) The building itself on the exterior and interior must have a professional appearance.
- B) The front office and reception area must be large and comfortable enough for the daily patient load, including ease of movement for disabled patients.
- C) A secure filing area must be on site for patient records, which are to be stored in accordance with any and all applicable laws and regulations.
- D) Separate assessment / fitting rooms with privacy from the general public and other non-related commercial areas.
- E) The laboratory must be separate from the reception, waiting and assessment rooms.
- F) The building must meet all codes for people with disabilities.

8.0 Tools and Equipment

To warrant accreditation, the facility and applicant must have tools and equipment in good working order along with the proper safety protection required for its use. (See attached questionnaire section).

9.0 Facility Inspection

The CPC may send an official appraiser from across Canada to inspect the Facility. This process will be a random audit. The appraiser will hold either a C Ped MC or a C

Ped (C) certification with a minimum of 5 years experience since becoming certified by the CPC.

The inspection will:

- A) determine that there is sufficient safety equipment for the staff and public;
- B) determine Patient information is stored in an orderly and secure fashion in accordance with any and all applicable laws and regulations;
- C) determine that staff members know what WHMIS is (Workplace Hazardous Materials Information Systems);
- D) determine what is the overall physical condition of the Facility (e.g. condition of floors, doors and walls);
- E) determine that there is sufficient stock of items to be used in the area of accreditation application (e.g. shoe stock or plastics / foam for orthotic manufacturing or modification; and
- F) review an accurate work schedule of certified staff along with the hours the facility is to be operating.

10.0 Accreditation Decision

Within 30-90 days from the start of the accreditation review process, a decision will be made. If the decision is favorable, the FAC awards the accreditation in the name of the CPC for the district area(s) of Facility accreditation set out in Section 2.1 above. The accreditation is then effective immediately. Facility accreditation is valid for as long as the annual ongoing accreditation fee is paid. The managing C Ped (C) or C Ped MC is responsible for ensuring that the accreditation requirements are upheld for the duration of the accreditation period. In the event that an accreditation is revoked or allowed to expire, a complete application must be submitted for re-accreditation.

11.0 Appeal Process

The CPC considers and decides upon appeals from those applicants who have not met the requirements as determined by the FAC.

11.1 When Appeal can be Taken

Appeals can be launched when the applicant believes that the reasons for the failure in accreditation do not meet the facts contained in their application.

11.2 Appeal Deadlines

Appeals must be filed within 30 days after the applicant has received notice of the failed accreditation.

11.3 Addressing the Appeal

Appeals shall be addressed to the CPC's FAC.

11.4 Appeal Documentation

The appeal must be in writing and should contain any evidence, data, or reasons why the applicant feels the decision of the FAC not to grant accreditation to the applicant, should be reversed.

11.5 Appeal Decision

The FAC shall respond to the applicant, in writing, no later than 30 days following its receipt of the applicant's appeal, as to their reasoning for upholding their original decision or allowing the appeal and granting the applicant its accreditation.

12.0 Maintenance of Good Standing

The CPC requires a Facility to maintain the standards achieved at the time of accreditation for the duration of the accreditation process.

12.1 Failure to Pay Annual Fees

Failure to pay any fees to CPC, by the established due date for such fees, automatically voids the Facility accreditation granted to the Facility in question.

12.2 Minimum Standards

Facilities must maintain all standards of the Facility as they were presented to the CPC at the time of accreditation. They must also update standards as notified by the FAC. Any changes to the accreditation process will be communicated to accredited Facilities via mail announcements.

13.0 Temporary Cessation of Facility Accreditation

If an accredited Facility encounters a situation that affects the Facility's ability to maintain its standards, it must notify the CPC immediately. The following situations may arise for a facility:

- A) move to new location;
- B) change in senior management / certified pedorthist for accreditation;
- C) destruction or substantial damage to the Facility; and
- D) new/updated standards.

13.1 Guidelines for Notification

Senior management must, in writing, clearly describe the situation to the CPC as to why they are unable to maintain or meet the requirements of Facility accreditation. Since the accreditation is voluntary, the Facility may elect to withdraw itself from accreditation. Alternately, it may submit a list of items that impact its accreditation, and request a "Temporary Cessation of Accreditation". Once the Facility manager feels accreditation standards can be successfully demonstrated, s/he can request, in writing, that its accreditation be reinstated. The FAC will then determine if accreditation should be reinstated. Notification of reinstatement of Facility accreditation will be supplied in writing as expeditiously as possible. No fees for this review will apply.

13.2 Duration of Temporary Accreditation

Temporary accreditation can be held for a maximum of three months. The Facility must pay their annual dues as they expire to hold their Temporary accreditation. Failure to pay annual dues will cause the Temporary accreditation and Facility Accreditation to Cease.

14.0 Requests for Information

The FAC reserves the right to request applicants for Facility accreditation, to furnish such information and/or references, and to make such additional inquiries about their qualification, as it considers necessary at any time during the accreditation duration (i.e. not just at the time accreditation is granted). Failure to provide such information, may result in the revocation of accreditation.

15.0 Release From Liability

Each applicant for Facility accreditation, by signing and filing their application forms, thereby remises, releases and forever discharges the CPC, the directors, officers, agents and employees of CPC, the CPC's FAC and each of its members, and their heirs, executors, administrators, successors and assigns, of and from any and all manner of actions, causes of action, suits, dues, contracts, claims, demands, damages, costs and expenses whatsoever which the applicant ever had, now has or can, shall or may have, from or in respect of or arising out of the application, the timing of the processing of the application, or the granting, refusal to grant or revocation, of accreditation (including, without limitation, the granting of accreditation based on documents submitted by an applicant which are false, incomplete or misleading).

16.0 Effect of Signing

When an authorized representative of a Facility signs its application for accreditation and files it with the CPC for processing, they attest to the truth, completeness and accuracy of the statements it contains. Falsification will cause discontinuance of application processing or revocation of accreditation if it has already been granted.

17.0 Communication of Accreditation

Facilities who have been awarded with accreditation will be listed on the CPC website.

Facility Accreditation Application

Area of Accreditation Applying For:

- Custom and Non – Custom Foot Orthotic Fabrication / Supply
- Custom Footwear Fabrication / Supply
- Stock Footwear Modification / Supply

(please check all that apply)

Name of Facility Applying for Accreditation: _____

Facility Address:

Street: _____ Suite/Unit # _____

City: _____ Prov: _____ Postal Code: _____

Phone: () _____ Fax: () _____

Email: _____

How long has the Facility operated at current address? _____

Name of Company owner(s): _____

Owner's Address:

Street: _____ Suite/Unit # _____

City: _____ Prov: _____ Postal Code: _____

Phone: () _____ Fax: () _____

Email: _____

Has the Facility ever operated under a different company name? If so please provide details below.

Name(s) of certified Pedorthists upon whom the Facility accreditation will be based:

Name of Manager of Facility _____ Certification: _____ Cert. No.: _____

Additional Staff:

Name: _____ Certification: _____ Cert. No.: _____

Name: _____ Certification: _____ Cert. No.: _____

Name: _____ Certification: _____ Cert. No.: _____

Name: _____ Certification: _____ Cert. No.: _____

Name: _____ Certification: _____ Cert. No.: _____

Are the members in good standing with the PAC and CPC? YES NO

If no indicate their name(s) _____

I attest that the Facility complies with all local business, health, safety, building, privacy and fire regulations.

Signature: _____

Manager of Facility

Facility Accreditation Application (cont'd)

Has this Facility ever previously applied for accreditation with CPC? YES NO

If yes, please provide date and outcome of accreditation application: Date: _____

Outcome: accreditation awarded accreditation not completed accreditation denied

If accreditation awarded, please indicate the category::

- Custom and Non – Custom Foot Orthotic Fabrication / Supply
- Custom Footwear Fabrication / Supply
- Non-Custom Footwear Supply / Modification

Has the Facility been disciplined under the CPC Facility Audit System in the past 3 years or is it currently being audited? YES NO

If yes please explain below.

Accreditation Fees:

Application Fee: \$250.00 + GST (\$265.00) *(fee must accompany ALL applications)*

Annual Fee: Primary Facility: \$250.00 + GST (\$265.00)/HST (\$285.00)
Secondary Facility: \$100.00 + GST (\$106.00)/HST (\$114.00)

Payment Type: Cheque (payable to The College of Pedorthics of Canada)
 Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

I, _____, authorize The College of Pedorthics of Canada
(fill in name on the credit card)

to charge my facility accreditation fees of \$_____ to my credit card.

Signature: _____ Date: _____

A fee of \$25.00 will be charged for NSF cheques. If credit card transaction is declined because the credit line has reached its "spending limit", then a fee of \$10.00 will be charged for each declined credit card transaction.

Please complete the appropriate attached questionnaires
and submit with the application form

Custom and Non-Custom Foot Orthotic Fabrication / Supply Questionnaire

Please answer the following questions and provide any additional information that is requested or where clarification is required. Attach a separate sheet with clarification information clearly stating which question it pertains to.

Are these items available on-sight?	YES	NO	See Attached
1. A private assessment / fitting area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assessment chair and bench for supine / prone assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assessment aids goniometer, foot skeleton, diagrams etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate space for gait analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A means of capturing a three dimensional impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heat source for material molding and modifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Means and materials for adhering post, pads, covers etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate dust collection and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Grinding equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Assortment of Shoe Stretchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who is doing the fabrication of your orthotics? In House Central Fabricator

Central Fabrication Lab (if used) _____

Certification of your fabricators _____

Please list the name and model(s) of your:

Grinder(s) _____

Dust collector _____

Adhesives used _____

Main orthotic materials used _____

Custom Footwear Fabrication / Supply Questionnaire

Please answer the following questions and provide any additional information that is requested or where clarification is required. Attach a separate sheet with clarification information clearly stating which question it pertains to.

** If you are only a Central Fabricator, answer Questions 6-17 only.*

Are these items available on-sight?	YES	NO	See Attached
1. A private assessment / fitting area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assessment chair and bench for supine / prone assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assessment aids goniometer, foot skeleton, diagrams etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate space for gait analysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. A means of capturing a three dimensional impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heat source for material molding and modifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Means and materials for adhering posting, soles etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate dust collection and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Grinding equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sewing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lasting Pliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Finishers, polish, laces, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Insoles, heel counters, toes boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Soling material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sole stitcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Assortment of Stretchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certification of your fabricators _____

Please list the name and model(s) of your:

Grinder(s) _____

Dust collector _____

Adhesives used _____

Sewing Machine(s) _____

Non - Custom Footwear Supply and Modification

Questionnaire

Please answer the following questions and provide any additional information that is requested or where clarification is required. Attach a separate sheet with clarification information clearly stating which question it pertains to.

**For questions 1-4 please list makes and models carried as well as sizes carried in each (including widths).*

Are these items available on-sight?	YES	NO	See Attached
1. A stock of extra depth, extra width footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A stock of diabetic specific footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. A stock of Men's and Women's footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A stock of Children's footwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Adequate space for gait analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Measurement tools such as a Brannock device or Ritz stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Heat source for material molding and modifying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Means and materials for adhering posting, soles etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adequate dust collection and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Grinding equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Sewing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Finishers, polish, laces, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Insoles, heel counters, toes boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Soling material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sole stitcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Assortment of Stretchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Certification of your shoe fitters _____

Please list the name and model(s) of your:

Grinder(s) _____

Dust collector _____

Adhesives used _____

Facility Accreditation – Process Flowchart

