

State Board of Orthotics, Prosthetics, and Pedorthics



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Email: bopp@opp.ohio.gov

tel: 614/466-1157
Website: <http://opp.ohio.gov>

APPLICATION FOR LICENSE REINSTATEMENT IN ORTHOTICS, PROSTHETICS &/OR PEDORTHICS

(PLEASE PRINT OR TYPE)

(Name)

(License type/number)

(License expired date)

Highest Educational Degree Attained, Institution, and Year Conferred: _____

Post-Graduate Certificate Program, if any, and year(s) completed: _____

Residency or formal term of supervised experience, number of hours, residency site and/or supervisor: _____

Certification Exam(s) Passed, Year, Organization: _____

APPLICATION INSTRUCTIONS:

- Complete ALL information requested on this form front and back; sign, date and return with your license reinstatement fee.
- All payments must be drawn from U.S. funds. Make check or money payable to *Treasurer, State of Ohio*.

Payments are non-refundable. *Any form received without a fee, signature or missing information may be returned unprocessed.*

◦ **LICENSE REINSTATEMENT APPLICATION FEE IS \$450 (Renewal fee of \$300 plus reinstatement fee of \$150)**

This reinstatement application is subject to consideration by the State Board of Orthotics, Prosthetics, and Pedorthics subject to the statutory and regulatory language which governs the Board's operations. Completion of the application and submission of fee is not a guarantee of license reinstatement. If documentation accompanying this application does not meet the criteria established for license reinstatement at the time received, you will receive written instructions advising you specifically what documentation is missing and/or the further conditions that need to be met.

ADDRESS INFORMATION:

- Please provide both your residential and primary business addresses and telephone numbers.
- Note which address you want the Board to use for correspondence relating to your license or application.
- Be aware that only information related to your business address will be linked with your name and any credential information on current and future website license look-up functions.
- You are asked to list more than one address with the Board, but we will ordinarily only mail to your identified Primary Contact address.

PLEASE PROVIDE OR CORRECT YOUR EMAIL ADDRESS.

Residential Address – Entry Required*

_____ Street Number and Street Name	
_____ City	_____ State
_____ County	
_____ Home telephone	_____ Cellular Phone
_____ Email address	

Primary Business Address – Entry Required*

_____ Business Name	
_____ Street Number, Name, Suite, etc	
_____ City	_____ State
_____ County	
_____ Business telephone	_____ Fax number
_____ Email address	

USE THIS ADDRESS AS MY PRIMARY CONTACT ADDRESS

USE THIS ADDRESS AS MY PRIMARY CONTACT ADDRESS

→*ONLY BUSINESS NAME/ADDRESS/PHONE WILL DISPLAY ON WEB-SITE LICENSE LOOK-UP – NO HOME DATA POSTED ONLINE*←

State Board of Orthotics, Prosthetics, & Pedorthics License Reinstatement Application

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY AND CORRECTLY. A "YES" ANSWER TO ANY ITEM #1-5 AND/OR A "NO" ANSWER TO ITEM #6 REQUIRES A SEPARATE SIGNED STATEMENT IN EXPLANATION ATTACHED. SUCH AN ANSWER WILL NOT PREVENT COMPLETION OF YOUR APPLICATION PROCESSING, BUT MAY RESULT IN FURTHER ADMINISTRATIVE PROCESSES OR REQUIREMENTS.

1. Have you been convicted, had a judicial finding of guilt, pled no contest or entered a plea of guilty to a violation of federal or state law or municipal ordinance, other than a minor traffic violation, whether in this state or any other state? (DUI/DWI is NOT a minor offense). Yes No
2. Have you been notified of any proceeding to determine whether you may be subject to listing on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to section 3797.08 of the Revised Code and/or are you listed on that Registry or any other sex offense-related registry in this state or any other state? Yes No
3. Have you been denied licensure, certification, registration or enrollment related to professional practice for any reason in this state or any other state, or have you entered into an agreement of any kind, with respect to a professional license, whether oral or written in lieu of formal disciplinary action with any board, bureau, department, agency or other licensing or certifying body whether in this state or any other state? Yes No
4. Have you had any administrative, civil, or criminal action filed against you with respect to Medicare/Medicaid fraud in this state or any other state? Yes No
5. Are you currently engaged in the illegal use of controlled or dangerous substances, or are you currently engaging in the use of alcohol to the extent that it impairs your practice in the field of orthotics, prosthetics or pedorthics? Yes No
6. Have you maintained national certification in your specialty field(s) while your license has been inactive? Yes No
7. Have you completed submission of your fingerprints for a criminal record check to be reported to the Board in accordance with the procedures provided at: <http://www.opp.ohio.gov> >> Applicants >> Applications >> Criminal Records Check Instructions? Yes No

The following information or documentation is included with this application:

(Check any that apply – no checkmark indicates no information is available to report)

- Copy of highest educational diploma or transcript from records office or registrar**
- Documentation of completion of post-graduate certificate program in area(s) of specialization**
- Documentation of completion of residency or signed statement of residency supervisor**
- Certification exam results – test report or report from organization responsible for examination**
- Continuing education transcript or other documentation of continuing professional education showing credits attained during the past three to five (3-5) years**
- Proof of current licensure in another state whose standards for licensure are at least equal to those in effect in the state of Ohio**
- A signed, notarized statement explaining any answers to questions #1-6 above requiring a statement or providing any supplemental information you wish the Board to consider regarding this application.**

- Under the penalty of falsification, I declare that the information in this renewal application is true, complete, and correct.
- I understand that providing false or misleading information in or concerning my application may be cause for denial of renewal, loss of licensure, and formal legal proceedings, administrative, civil and/or criminal.
- I understand that the information provided on or with this application form is likely subject to public record disclosure with the only exceptions being information that is prohibited from re-disclosure by specific federal or state laws or regulations.

SIGNATURE (required)
PRINT NAME:

DATE