

APPLICATION FOR LICENSE IN PEDORTHICS



State Board of Orthotics, Prosthetics and Pedorthics
77 S. High Street, 18th Floor
Columbus, Ohio 43215
614.466.1157
www.opp.ohio.gov

INSTRUCTIONS: Completion and submission of this form, by hard copy or electronically, is required for an individual applying for an initial license to practice Pedorthics in the state of Ohio. Please complete all sections and include all requested documentation and applicable fees. If a section does not apply, please mark N/A. **NOTE:** All information must be entered by typeface or printing in **INK**. When fully completed, the application form must be **NOTARIZED**. All fees that are not payable online must be submitted in the form of a **MONEY ORDER** or **BANK CHECK** or **BUSINESS CHECK** and made payable to the **TREASURER, STATE OF OHIO**. All initial application fees are non-refundable. A **2" x 2" PHOTO** of applicant (passport-type photo of face) must accompany application.

DISCLOSURES: Information requested on this form is required for orderly administrative processes and to document or determine qualifications for licensure under Ohio Revised Code Sections 4779.09, 4779.13, 4779.17, and/or 4779.18. Information provided on this form may be subject to disclosure under Ohio Public Records laws, subject to the Board's responsibility to maintain and in certain cases protect from re-disclosure Confidential Personal Information (CPI) such as SSN's. The Board's Administrative Rule series governing use of and access to CPI is at OAC Agency Rule Series 4779-13. BY SUBMITTING THIS APPLICATION, YOU ARE ACKNOWLEDGING THAT YOU UNDERSTAND BOARD PERSONNEL MAY ACCESS YOUR INFORMATION IN THE COURSE OF PROCESSING THE APPLICATION AND/OR RESPONDING TO ANY LAWFUL INQUIRIES IN THIS REGARD.

Part A - Personal Information

1. First Name		Middle Name	Last Name		
2. As an adult, have you been known by any other names? If YES, please provide full prior names/aliases:		<input type="checkbox"/> Yes / <input type="checkbox"/> No	First Name	Middle Name	Last Name
3. Residential Mailing Address: County (if Ohio)		Street	City	State	Zip Code
4. Social Security Number (required*) - -		5. Date of Birth (mm/dd/yy) / /		6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Home Telephone Number () -		8. Mobile Telephone Number () -		9. Personal Email Address	

* Provision of your social security number ("SSN") is mandatory for child support purposes, pursuant to Ohio Revised Code Section 3123.50. Provision of your SSN will also facilitate the processing of your application. Your social security number may also be disclosed to the Federal Department of Health and Human Services' National Practitioner Data Bank (NPDB), pursuant to Title IV, of Public Law 99-660, the Healthcare Quality Improvement Act of 1986, as amended; 45 CFR pt. 60 and 61; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act, as amended by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996. It may also be used for reporting to law enforcement authorities for investigative/law enforcement purposes in compliance with ORC 4761.031, and/or as otherwise required by state and federal law. Your social security number is protected from redisclosure under Ohio law as confidential personal information.

FOR OFFICE USE ONLY	
Application Received:	
Amount \$:	
Money Order#:	
Batch Number:	
Original Issue Date:	
License Number:	

TAPE Passport Photo Here

Photograph must be 2 x 2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken within the past 6 months. Sign back of photograph.

(Print Name)

Part B - Current Business Address

Present Employer (Use additional paper for previous employers)				
Street Address	City	State	Zip Code	County
Position Title	Dates of Employment		Average Hours Per Week	
Supervisor's Name	Telephone Number () -	Applicant's Work Email Address		

Preferred Credential Mailing Address: Home / Business

Part C - Authorization Requested & Fees: (fees are set by Administrative Rule, see OAC Rule 4779-12)

Please check one

<input type="checkbox"/>	Temporary Pedorthist License*	\$150.00	Full licenses expire on the 31st of January of the year after issue. Licenses issued in December will renew in January for a reduced fee. Temporary licenses expire one year after issue and can only be renewed once.
<input type="checkbox"/>	Full Pedorthist License	\$150.00	
<input type="checkbox"/>	Full LPED / Reciprocity	\$150.00	

*Choose Temporary if you have not accrued 8 months/1000 hours in-state supervision and/or have not passed the C.Ped. Exam

Part D - Pedorthics Educational History (include a copy of diplomas, degrees or certificates earned):

Name of High School	City, State	Date Graduated	
		/ /	
Other Post High School Institution	City, State	Certificate / Degree	Dates Attended (MM/YY)
			From To
Other Post High School Institution	City, State	Certificate / Degree	Dates Attended (MM/YY)
			From To
Pedorthic Pre-certification Education	Provider	Hours Online	Hours Classroom
			Dates Attended (MM/YY)
			From To

Part E - Pedorthics Examination History

Examination Type (check only one)	Date of Exam	Score Attained
<input type="checkbox"/> ABC	/ /	

Have you passed the ABC Certified Pedorthist Exam? (If yes, attach copy of score report or other documentation available)
<input type="checkbox"/> Yes <input type="checkbox"/> No

Part F - Practice Information & Supervision

- Do you have experience other than in coursework or residency practicing the principles or procedures in the field of Pedorthics including but not limited to the evaluation, measurement, design, assembly, fitting, adjusting, servicing, or training in the use of a pedorthic device, or the repair, replacement, adjustment, or service of a pedorthic device?
 Yes No
- Has any of your practical experience been under the supervision of an Ohio-Licensed Practitioner?
 Yes No

« If yes, please list the name(s) of the Licensed Practitioner(s), including license type and number:

Name	Dates of Supervision (MM/YY)	License #
	From To	
Name	Dates of Supervision (MM/YY)	License #
	From To	

*Only report government-issued license certifications or registrations in this space.

_____(Print Name)

Part G - Licensure History

1. Do you possess a license, certification, or registration in any profession issued by this state or any other state?

Yes No

« If yes, please complete:

License #	Type	Date Issued / /	State
License #	Type	Date Issued / /	State

*Only report government-issued license certifications or registrations in this space.

Part H - Required Questions*

(Boxes must be INITIALED, not checked)

Answer ALL of the following questions. DO NOT LEAVE ANY QUESTION BLANK.

	YES	NO
1. Have you been convicted, had a judicial filing or 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.)		
2. Have you been denied licensure, certification, or registration for any reason in this state or any other state?		
3. Has any license entitling you to practice in any state been revoked, suspended, or voluntarily surrendered?		
4. Have you ever practiced with a revoked, suspended, expired, or inactive license?		
5. 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?		
6. Have you been notified of any charges or complaints filed against you with respect to Medicare/Medicaid fraud in this state or any other state?		
7. 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?		
8. 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 pedorthics?		
9. Are you currently participating in a supervised rehabilitation program or professional assistance program that includes monitoring to assure that you are not illegally engaging in the use of controlled or dangerous substances?		

If the answer to any question Part H 1 - 9 is "yes", please provide a written AFFIDAVIT (a sworn statement signed in the presence of a notary public) explaining the incident(s), the state in which it occurred, and attach supporting documentation including but not limited to: *court records, police records, and/or documentation from other state licensing boards* . If you have been convicted of a felony, you must provide certified copies of the following court documents as available: *Indictment, Plea Entry, Disposition, Sentencing Entry, Terms of Parole or Probation, Parole or Probation and Release/Discharge*. Additional information may be requested by the Board, including but not necessarily limited to documents, employment verification, evaluative letters or reports. Prior legal history is not by itself a bar to licensure; application misrepresentation could be cause for denial.

* Note: Be advised that you are under a continuing obligation to supplement your answers to these questions should any answers change following the submission of this application.

_____ (Print Name)

Part J - Supervision Statement for Pedorthic Practice

(Ref: OAC Rule 4779-5-03)

This statement is being submitted for the purpose of (choose one or more, if appropriate):

- Confirming an arrangement / agreement is in place for Temporary License supervision that will be appropriate to meet the requirements of ORC Section 4779.18
- Attesting to completion of supervision in accordance with and meeting the requirements of ORC Section 4779.18 and 4779.13
- Attesting only to arrangements for or completion of 8 months supervision in accordance with ORC §4779.13 (A) for candidate or Temporary LPED licensee who has already passed the Certified Pedorthic exam

By our signatures below (supervisor and supervisee), we confirm that we

will in engage in **OR** **have engaged in**

a supervisory relationship consisting of at least 1000 hours of supervised pedorthic care practice including procedures and arrangements to assure the supervisor's ability to attest truthfully that at least 100 hours will be or have been devoted to each of the following five general areas of service delivery:

- (1) Comprehensive assessment and evaluation of patients requiring the full spectrum of pedorthic care, including: (a) Custom fabricated and custom fitted foot orthoses; (b) Therapeutic / diabetic shoes, depth shoes and custom shoes; (c) Prefabricated inserts, custom fitted, moldable and rigid; (d) Shoe modifications; and (e) Retail, non-therapeutic shoes and foot orthoses.
- (2) Development of a comprehensive treatment plan to provide appropriate pedorthic care.
- (3) Selection of materials and components to meet the treatment plan, including on-site fabrication of the device where facilities are available, or in the alternative, working knowledge of how various devices are fabricated if fabrication is not done at the facility.
- (4) Fitting and appropriate follow-up of the pedorthic device to assure optimal fit and function of the device, including modifications and adjustments of the device to ensure proper and continued function and instructing the patient on the use and care of the device with verbal and take-home instructions where indicated or required.
- (5) Appropriate documentation of patient care and interaction, including that records are accurate, current and complete, and that principles and procedures of practice management are understood.

Supervisor:

Signature of Supervisor	Date	License #	Printed Name of Supervisor

Supervisee:

Signature of Supervisee	Date	License #	Printed Name of Supervisee

Supervision begin date: _____ Supervision complete date: _____