

State Board of Orthotics, Prosthetics and Pedorthics
 77 S High St, #1854
 Columbus OH 43215-6128

OPP CONTINUING EDUCATION REPORT

Renewal Year 2015

Beginning Date	Ending Date	License Type(s)/Number(s) (enter)			
01/01/2012	12/31/2014	LO	LP	LPO	LPED

INSTRUCTIONS

Upon renewal you verified completion of the minimally necessary OPP Continuing Education credits. You must use this form to report your OPPCE. Documentation must be submitted along with this form.

ALL continuing education credits should be listed on page 2, by type.

You are encouraged to submit only that documentation minimally necessary to confirm your attainment of required OPPCE units. If you can provide a copy of a transcript from the American Board for Certification in Orthotics Prosthetics and Pedorthics (ABC) and such transcript documents at least the minimum number of OPPCE hours you need, you are NOT required to submit any further documentation. BOC transcripts must be supplemented by additional documentation.

This report MUST be completed, signed and dated at the bottom of this page. **INCOMPLETE OR UNSIGNED FORMS ARE NOT CONSIDERED PROPERLY FILED** and may be returned for further process.

COMPLETE ALL SECTIONS OF THIS FORM (Please Print or Type)

NAME	LAST	FIRST	MIDDLE	PHONE NO. ()
ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP
BUSINESS NAME				PHONE NO. ()
ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP

Please Print or Type

ATTESTATION

I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representations made in this report. I further certify that I have read the OPPCE law and rules, and that I have complied with all relevant requirements.

SIGNATURE	DATE
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OPP CONTINUING EDUCATION CREDIT COMPUTATION

Place the total of your AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS PROSTHETICS & PEDORTHICS APPROVED coursework for the RELEVANT 3-YEAR PERIOD ONLY in the box below, and attach your ABC CE transcript or provide vendor/instructor documentation.

Place the total of your BOARD OF CERTIFICATION IN ORTHOTICS AND PROSTHETICS APPROVED coursework for the RELEVANT 3-YEAR PERIOD ONLY in the box below, and attach your BOC CE vendor/instructor documentation. Please note: All BOC course hours must be accompanied by VENDOR/INSTRUCTOR DOCUMENTATION. **BOC Continuing Education transcripts will not be accepted as evidence of completion of coursework per March 6, 2013 BOPP decision.**

Place the total of your Faculty Member Teaching Credits in the box below, and attach documentation demonstrating your faculty status, that you taught the course, and the course title/content (must be courses in Orthotics, Prosthetics, and/or Pedorthics) including, but not necessarily limited to, course catalog information. These credits are granted at ½ unit per term/semester hour.

Place the total of your Non-Faculty Member Teaching Credits in the box below, and attach documentation demonstrating your teaching status, that you taught the course, and the course title/content (must be course in Orthotics, Prosthetics, and/or Pedorthics) including, but not necessarily limited to, course catalog information. These credits are granted at one unit per instructional hour.

IF you are submitting CE coursework that may require Board Approval that you NEED to meet the minimum OPPCE requirements, place the total number of those units/credits here, and fill out, complete and return the APPROVAL form, see the information at <http://opp.ohio.gov/forms.aspx>.

Submitted by: _____ (signature) Date: _____
Print name: