

PLEASE ANSWER THE FOLLOWING QUESTIONS AS TO STATUS SINCE THE SUBMISSION OF YOUR ORIGINAL APPLICATION OR YOUR LAST RENEWAL, WHICHEVER IS MORE RECENT. A “YES” ANSWER TO ANY ITEM #1-4 REQUIRES A SEPARATE SIGNED STATEMENT IN EXPLANATION ATTACHED. A “YES” ANSWER WILL NOT PREVENT COMPLETION OF YOUR RENEWAL, BUT MAY RESULT IN FURTHER ADMINISTRATIVE PROCESSES.

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

SUPERVISION DECLARATION AND STATEMENT OF COMPLIANCE

- √ ORC 4779.02 and 4779.04 provide, in part, for an unlicensed individual to perform services within the scope of orthotics, prosthetics and/or pedorthics under the supervision of a licensed professional, so long as (a) the licensed person is competent to provide the services being supervised, (b) the licensed person is not supervising more than 4 persons concurrently, and (c) the licensed supervisor is “physically present during the initial evaluation. . . [and] during the fitting and delivery of a (covered) device.”
- √ ORC 4779.18 (B) provides/allows for the **supervision of a Temporary Licensee** to be performed under the terms of OAC Rule 4779-3-01 (C)(3) “at a location where the supervising [licensee] is readily available to the individual through some means of telecommunication and is in a location that under normal circumstances is not more than sixty minutes travel time away from the location where the temporary license holder is practicing.”
- √ **Supervision of an unlicensed person** must take place “at the same building, location or facility.” [ref: OAC 4779-3-01 (C)(1)]

I am currently supervising the following individuals in accordance with ORC §4779.02, §4779.04, and/or §4779.18:

NAME (PLEASE PRINT)	SUPERVISION TYPE (INDICATE) UNLICENSED or TEMP LICENSE	TITLE / CERTIFICATIONS / LICENSE (IF ANY)

- 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 Board personnel may need to access my personal confidential information in processing this application and I consent to any such necessary access.

SIGNATURE (required)

DATE

PRINT NAME