Supplemental Affidavit of Applicant

I, _____ (Full Legal Name), testify under oath that I am the person referred to in the application and supporting documentation, and that the information, documentation and/or statement supplied with this supplemental affidavit is true and correct and that I am the responsible party to supply this information in support of my application.

I authorize all my references, educational institutions, employers, hospitals, business and professional organizations and associates -past and present - and all government agencies and instrumentalities (local, state, federal) to release to the State Board of Orthotics, Prosthetics, & Pedorthics any information requested concerning the processing of this application. I understand that it is my duty and responsibility as an applicant to supplement my application when any material changes in circumstances or conditions occur which might affect the Board's decision concerning my eligibility

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license to the Board.

I certify that I have received a copy of or have been provided access to Chapter 4779 of the Ohio Revised Code and rules concerning the regulation of Orthotics, Prosthetics, and Pedorthics in the State of Ohio. I understand that I must observe and comply with the code of ethics and standards of practice set forth in the rules, and that I am responsible for keeping the board informed of my current mailing address at all times. I understand that I am responsible for renewing my license, whether or not I receive a renewal notice.

Under penalty of falsification, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or loss of licensure, and criminal prosecution.

_____ _____

Signature of Applicant (to be signed before Notary Public only) Date Signed

THE STATE OF }
COUNTY OF }

Sworn to and subscribed before me, a Notary Public and, in my presence, the

said _____, this _____ day of _____, 20_____.

_____

Notary Public

Scan and Submit by Email To: BOPP@OPP.OHIO.GOV **SUBJECT: APPLICATION SUPPLEMENT**

or Mail To: **State Board of Orthotics, Prosthetics & Pedorthics**
Riffe Center, 18th Floor
77 South High Street
Columbus, Ohio 43215