

**Applicants for a License in Orthotics and/or Prosthetics must also complete the following section.**

**Supervision Completion Statement for Orthotic and/or Prosthetic Practice**

(Ref: OAC Rule 4779-5-03)

This statement is being submitted for the purpose of :

Attesting to completion of supervision in accordance with and meeting the requirements of ORC Section 4779.10, 4779.11, 4779.12; and/or OAC Rule 4779-6-01 (Temporary License Application Procedure) or as required by OAC Rule 4779-5-03 (License Application Procedure)

**By our signatures below (supervisor and supervisee), we confirm that we have engaged in a supervisory relationship consistent with the requirements of ORC § 4779.18 (B) [Temporary License]; or a supervisory relationship consistent with the requirements of ORC § 4779.10 (A)(1) [Orthotics]; § 4779.11 (A)(1) [Prosthetics]; or § 4779.12 (A)(1) [Prosthetics and Orthotics].**

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: \_\_\_\_\_

IF THE FOLLOWING STATEMENT IS TRUE, THE ABOVE STATEMENT DOES NOT NEED TO BE ATTESTED TO. NO SUPERVISOR SIGNATURE IS NECESSARY. APPLICANT SHOULD SIGN AND DATE AND ENTER BEGINNING-ENDING DATES OF RESIDENCY.

**My profession-specific residency was completed under supervision of an Ohio-licensed practitioner, so the documentation of my residency which is part of this application satisfies the requirement of eight (8) months supervision under a practitioner licensed pursuant to Chapter 4779, Ohio Revised Code**

Supervisor:

	(N/A)		
Signature of Supervisor (not required)	Date	License #	Printed Name of Supervisor

Applicant:

Signature of Applicant	Date	License # (if any)	Printed Name of Applicant

Residency begin date: \_\_\_\_\_ Residency complete date: \_\_\_\_\_

Notes (optional):