

## Active Military & Veterans Questionnaire



**State Board of Orthotics, Prosthetics and Pedorthics**  
**77 S. High Street, 18th Floor**  
**Columbus, Ohio 43215**  
**614.466.1157**  
[www.opp.ohio.gov](http://www.opp.ohio.gov)

**In an effort to promote opportunities for and inclusion of active military, veterans, and their spouses in the licensed occupational fields offered in Ohio, and in compliance with Am. Sub. House Bill 98, completion of this document resulting in proof of active or prior service in the military by you or your spouse may entitle you to certain licensure benefits, including but not limited to expedited processing of your application.**

**Instructions:** This questionnaire is being used to collect Veteran Workforce Data in an effort to determine your military status and eligibility for whatever benefits you may be entitled to receive from the OPP Board. Please complete this questionnaire and return it along with any required documents when submitting your application for licensure.

Please make sure you have collected and are prepared to submit all additionally required documents for proof of military service and status before submitting your application for licensure in Pedorthics, Orthotics and/or Prosthetics.

### **Section A:** Complete the following section with the OPP Applicant's information.

First Name	Middle Name	Last Name	(Boxes must be INITIALED, not checked)	
			YES	NO
<b>1. Have you served in the military?</b> <i>If yes, skip to question 3.</i>				
<b>2. Has your spouse served in the military?</b>				
<b>3. Was your / your spouse's military country of service the USA?</b> <i>If no, STOP. You are not qualified for the veteran program.</i>				

**In order to qualify for the veteran program, either you or your spouse must have served in the United States military. If your answers in Section A reflect that, please continue to Section B. If you or your spouse did not serve in the United States military, please STOP. This form is not required for your application for OPP licensure.**

### **Section B:** Complete the following section with active military or veteran's information.

4. First Name	Middle Name	5. Last Name
6. Social Security Number - -	7. Military Service Branch: (choose one)	
8. Is this person still serving in the military (active or reserve)?  <input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Air Force / <input type="checkbox"/> Air Force Reserve / <input type="checkbox"/> Army / <input type="checkbox"/> Army Reserve <input type="checkbox"/> Coast Guard / <input type="checkbox"/> Coast Guard Reserves / <input type="checkbox"/> Marine <input type="checkbox"/> Marine Reserve / <input type="checkbox"/> National Guard Air / <input type="checkbox"/> National Guard Army <input type="checkbox"/> Navy / <input type="checkbox"/> Navy Reserve	
	9. Military Service Dates (MM/DD/YY) From	10. To