STATE BOARD OF ORTHOTICS, PROSTHETICS, AND PEDORTHICS
77 S. HIGH ST., #1854 COLUMBUS, OHIO 43215
(614) 466-1157 FAX: (614) 387-7347 HTTP://OPP.OHIO.GOV

OPPCE Remediation Worksheet

(for use for licenses expiring 01/31/2010)

Licensee: (enter full name)
License Type: (enter license type)
License Number: (enter license number)

OPPCE required for 2007 - 2009 accrual period: (circle one) 33 LPED 45 LO/LP 75 LPO

OPPCE documented for 2007 - 2009 accrual period: _____

OPPCE deficiency: (enter required minus documented) _____ (a)

OPPCE augmentation: (LPED: 11 / LO or LP: 15 / LPO: 20) _____ (b)
→ **AUGMENTATION NOT REQUIRED IF COMPLETED PRIOR TO LICENSE EXPIRATION** ←

TOTAL OPPCE Units Required for Remediation: (a) + (b) _____

Please check one of the following statements:

☐ I can meet my OPPCE Remediation Requirement with OPPCE already undertaken beginning January 1, 2007, through _____.

☐ I can meet some of my OPPCE Remediation Requirement with OPPCE already undertaken beginning January 1, 2007, and I will complete the requirement by June 30, 2010.

☐ I will need more time to complete my OPPCE Remediation Requirement. Please allow me until _____ to supplement and augment my 2007 - 2009 OPPCE accrual. I understand none of the OPPCE utilized for remediation will count toward my accrual required for license renewal in 2013.

_____ _____
Date Signature: (sign above, print name here)

PLEASE (1) FAX completed form back to board office with any additional transcripts or CE certificates, AND (2) MAIL form and documentation WITH $150 LATE FEE (if completed after January 31st 2010), payable: Treasurer, State of Ohio) to Board office.