

**APPLICATION FOR LICENSURE FOR PEDORTHIST ACTIVELY
PRACTICING OR TEACHING PEDORTHICS AS OF OCTOBER 27, 2000***
OHIO STATE BOARD OF ORTHOTICS, PROSTHETICS, AND PEDORTHICS
(commonly referred to as "grandfathering")

IMPORTANT INSTRUCTIONS, PLEASE READ:

- ❖ Complete all relevant categories (type or print in INK).
- ❖ Application form must be **NOTARIZED**.
- ❖ The following must accompany the application form:
 - 2" x 2" photo of applicant, passport type photo of face.
 - Non-refundable \$125.00 application fee, per applicant, (Money order or Cashier's check payable to "**Treasurer, State of Ohio**").

Tape one
2" x 2"
Current Photo of
Applicant

PERSONAL INFORMATION:

NAME _____

(FIRST)

(MIDDLE INITIAL)

(LAST)

MAILING ADDRESS _____

_____PERMANENT ADDRESS _____

HOME PHONE () _____

BUSINESS PHONE () _____

FAX NUMBER () _____

E-MAIL ADDRESS _____

Have you ever been known by any other name?

 Yes NoIf so, please state other names you were known by: _____

SOCIAL SECURITY NUMBER* _____ DATE OF BIRTH ____/____/____

*Social Security Numbers are required of all licensees pursuant to 42 U.S.C. §1329a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pr.61, and Ohio Revised Code §3123.50 for potential disclosure to the Federal Department of Health and Human Services Healthcare Integrity and Protection Data Bank and/or the Local County Support Enforcement Agency. In compliance with the revised Code §1347.05 (E) you are notified that failure to supply the information requested on this application may result in a denial of the application.

❖ **FOR OFFICE USE ONLY:**

APPLICATION RECEIVED: _____ AMOUNT: _____ MONEY ORDER# _____

ORIGINAL ISSUE DATE: _____ LICENSE NUMBER: _____

PROFESSIONAL INFORMATION:

Undergraduate and Graduate Education. (Provide additional sheets if necessary).

Name of Institution _____

Location _____

Dates Attended _____ Degree Earned _____

Name on Transcript _____

Clinical Residency or Clinical Laboratory experience. (Provide additional sheets if necessary).

Name of Facility _____

Address of Facility _____

Date Residency Began _____ Ending Date _____

Hours Completed _____ Name & Credentials of Supervisor _____

PRACTICE OR TEACHING INFORMATION

1. Were you practicing on or before October 27, 2000, any of the principles or procedures in the field of pedorthics including but not limited to the evaluation, measurement, design, assembly, fitting, adjusting, servicing, or training in the use of a pedorthic device, or the repair, replacement, adjustment, or service of an pedorthic device? Yes No

If so, please identify the public or private entity where you have practiced the field of Pedorthics:

Name _____

Address _____

Phone Number _____

- Please attach at least one document reflecting proof of employment, including but not limited to professional listings, advertisements, pay stubs, or a professional reference.

2. Were you teaching on or before October 27, 2000 in the field of pedorthics the following principles or procedures: the evaluation, measurement, design, fabrication, assembly, fitting, adjusting, servicing, or training in the use of a pedorthic device, or the repair, replacement, adjustment, or service of an existing pedorthic device? Yes No

If so, please identify the public or private entity where you taught:

Name _____

Address _____

Phone Number _____

- Please attach at least one document reflecting proof of, but not limited to, course listings, published professional articles, or a professional reference.

3. Are you certified by the Board for Certification in Pedorthics? Yes No

◀ If so, please attach a copy of your certificate

QUESTIONNAIRE: Answer ALL of the following questions with either “YES” or “NO”. DO NOT LEAVE ANY QUESTION BLANK. NOTE: An attached written AFFIDAVIT (a sworn statement in the presence of a notary public) must accompany any “YES” answers (to questions 1-10) explaining in detail the “YES” answer. The affidavit must include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals. Additional information may be requested by the Board, such as documents, employment verification, evaluation letters from treating physicians, etc.

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, 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 denied licensure, certification, or registration for any reason in this state or any other state?

Yes No
3. Has any license entitling you to practice in any state been revoked, suspended, or voluntarily surrendered?

Yes No
4. Have you ever practiced with a revoked, suspended, expired, or inactive license?

Yes No
5. 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
6. Have you been notified of any charges or complaints filed against you with respect to Medicare/Medicaid fraud in this state or any other state?

Yes No
7. 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
8. Are you currently engaged in the illegal use of controlled or dangerous substances?

Yes No
9. Are you currently participating in a supervised rehabilitation program or professional assistance program that includes monitoring to assure that you are not illegally engaging in the use of controlled or dangerous substances?

Yes No
10. Are you currently engaging in the use of alcohol to the extent that it impairs your practice in the field of pedorthics?

Yes No
11. Do you possess a license certification, or registration in any profession issued by this state or any other state?

Yes No

➤ If yes, please complete:

License #: _____ Type: _____

Date Issued: _____ State: _____

ATTESTATION OF PRACTICE OR TEACHING PEDORTHICS CARE

Pedorthic care must include all of the following experiential elements:

- Evaluation of patients with a wide range of foot deficiencies;
- Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements into a custom pedorthic design;
- Selection of materials and components;
- Fitting and critique of the pedorthic device;
- Appropriate follow-up, adjustments, modifications and revisions in an pedorthic facility;
- Instructing patients in the use and care if the pedorthic device; and
- Maintaining current patient records.

I attest that during the period of October 27, 1999 thru October 27, 2000 I completed all the above listed elements to the pedorthic device as indicated below. Please put a check mark in the appropriate box, and include the facility of practice and supervisors name in the completed box.

Pedorthic Device	Completed (List Facility and Supervisor)	Not Completed
Direct mold inlays		
Multidensity foot orthoses		
Rigid foot orthosis		
UCLB		
Prosthesis (partial foot)		
Application of footwear modifications to include: shoe wedges, flares, and elevations		
Shoe fitting with and without pedorthic device		
Custom footwear to include: Evaluation, casting, and fitting		
Internal footwear modification		

The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license may be cause for denial or loss of license. I understand that knowingly providing false information on a government document is punishable as a first degree misdemeanor, pursuant to R.C. 2921.13.

STATEMENT AND AFFIDAVIT OF APPLICANT

I _____, testify under oath that I am the person referred to in the application and supporting documentation, and that the photograph attached to the application is a photograph of me.

I authorize all my references, education institutions, employers, hospitals, business and professional organizations and associates, past present, and all governmental agencies and instrumentalities (local, state, federal), to release to the State Board of Orthotics, Prosthetics, & Pedorthics and 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 for licensure.

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 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

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 _____, 2001

Notary Public

ENCLOSED: The non-refundable \$125.00 application fee, per applicant completed application and photo.
Make Cashier's check payable to "Treasurer, State of Ohio"

MAIL TO State Board of Orthotics Protsthetics, and Pedorthics
 Riffe Center, 16th floor
 77 South High Street
 Columbus, Ohio 43215

NOTE: Please allow 3 to 4 weeks for processing from the date your application is received. An incomplete application will not be processed until all required fees and documents are received.