

STAKEHOLDER RESPONSE FORM

STATE BOARD OF ORTHOTICS, PROSTHETICS, AND PEDORTHICS

RULES PENDING REVIEW

FY2016 FIVE-YEAR RULE REVIEW

EMAIL TO: BOPP@OPP.OHIO.GOV; CSIPUBLICCOMMENTS@GOVERNOR.OHIO.GOV

FAX TO: 614-387-7347

RULE NUMBER: 4779 - ____ - ____

RULE TITLE: _____

GENERAL CONCERN IDENTIFIED: (CHECK BOXES THAT APPLY)

- (1) The rule should be continued without amendment, be amended, or be rescinded, taking into consideration the purpose, scope, and intent of the statute under which the rule was adopted;
- (2) The rule needs amendment or rescission to give more flexibility at the local level;
- (3) The rule needs amendment or rescission to eliminate unnecessary paperwork, or
 the rule incorporates a text or other material by reference and, if so, whether the text or other material incorporated by reference is not deposited or displayed as required or does not meet the standards
- (4) The rule duplicates, overlaps with, or conflicts with other rules;
- (5) The rule has an adverse impact on businesses, and any such adverse impact has not been eliminated or reduced.

Narrative explaining or supporting above concerns, or any other concerns: _____

(add additional pages if necessary)

Submitted by: Name: _____ email: _____
Address: _____
City, St, Zip: _____ date: _____