



## State Board of Orthotics, Prosthetics & Pedorthics Fee Payment Form (for use with fees not submitted with an application or renewal form)

Full legal name **as it appears on your application or in the Board's records**

Last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of birth: *mm / dd / yyyy* (MM/DD/YYYY) OR SSN last four: \_\_\_\_\_

Check the fee that matches your payment type:

- \$200** Late Fee – License Renewal
- \$200** Late Fee – OPPCE
- \$100** License Upgrade – Temp to Full
- \$100** License Consolidate – LO or LP to LPO
- \$100** License Issuance (do not pay unless specifically instructed)
- \$50** New OPPCE Activity Review (submit with Application for Approval of OPPCE Units or for Teaching)
- \$25** Certified License Verification (submit with third-party form and/or written request)
- \$25** Replace Wall License
- \$250** Fine (per violation)

All fees must be submitted in the form of a **MONEY ORDER** or **BANK CHECK** or **BUSINESS CHECK** and made payable to the **TREASURER, STATE OF OHIO**. Please be certain to also put the applicant's full name on the check or money order.

**Please note: application fees are non-refundable.**

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