

OPP CONTINUING EDUCATION REPORT

Renewal Year 2016

Activity Beginning Date	Activity Ending Date	Your Credential Type(s)/Number(s) (enter)			
01/01/2013	12/31/2015	LO	LP	LPO	LPED

INSTRUCTIONS

Upon renewal you verified completion of the minimally necessary OPP Continuing Education credits. You must use this form to report your OPPCE. Documentation must be submitted along with this form.

Please list ALL continuing education credits on page 2. **ALL ABC or BOC approved courses qualify to meet your minimum requirement – no need to distinguish between business and scientific.**

You are encouraged to submit only that documentation minimally necessary to confirm your attainment of required OPPCE units. If you can provide a copy of a transcript from the American Board for Certification in Orthotics Prosthetics and Pedorthics (ABC) or the Board of Certification International (BOC) and such transcript documents at least the minimum number of OPPCE hours you need, you are NOT required to submit any further documentation.

This report MUST be completed, signed and dated at the bottom of this page. INCOMPLETE OR UNSIGNED FORMS ARE NOT CONSIDERED PROPERLY FILED and may be returned for further process.

COMPLETE ALL SECTIONS OF THIS FORM **(Please Print or Type)**

NAME	LAST	FIRST	MIDDLE	PHONE NO.
				()
ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP

ATTESTATION

I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representations made in this report. I further certify that I have read the OPPCE law and rules, and that I have complied with all relevant requirements.

SIGNATURE	DATE

OPP CONTINUING EDUCATION CREDIT COMPUTATION

Place the total of your **AMERICAN BOARD FOR CERTIFICATION** IN ORTHOTICS PROSTHETICS & PEDORTHICS APPROVED coursework for the RELEVANT 3-YEAR PERIOD ONLY in the box below, and attach your ABC CE transcript or provide vendor/instructor documentation.

ABC Credits

Place the total of your **BOARD OF CERTIFICATION** IN ORTHOTICS AND PROSTHETICS APPROVED coursework for the RELEVANT 3-YEAR PERIOD ONLY in the box below, and attach your BOC CE vendor/instructor documentation.

BOC Credits

Place the total of your **Faculty Member Teaching Credits** in the box below, and attach documentation demonstrating your faculty status, that you taught the course, and the course title/content (must be courses in Orthotics, Prosthetics, and/or Pedorthics) including, but not necessarily limited to, course catalog information. These credits are granted at ½ unit per term/semester hour.

FACULTY

Place the total of your **Non-Faculty Member Teaching Credits** in the box below, and attach documentation demonstrating your teaching status, that you taught the course, and the course title/content (must be course in Orthotics, Prosthetics, and/or Pedorthics) including, but not necessarily limited to, course catalog information. These credits are granted at one unit per instructional hour.

Non-Faculty

IF you are submitting **CE coursework that may require Board Approval** that you NEED to meet the minimum OPPCE requirements, place the total number of those units/credits here, and fill out, complete and return the APPROVAL form along with the \$50 fee (OAC 4779-12-01), see the information at <http://opp.ohio.gov/forms.aspx>.

Submitted by: _____ (signature) Date: _____
Print name: