

## CONTINUING EDUCATION RENEWAL CERTIFICATION

CERTAIN LICENSEES ONLY – SEE BELOW

As a practitioner whose license carries the “sub 3” modifier and was not first issued in 2015, you MUST complete this form (or answer these questions online) for the Board to be able to process your renewal. IF YOU BELIEVE BASED ON CORRESPONDENCE WITH THE BOARD OR YOUR OWN RENEWAL HISTORY THAT YOU ARE ON A DIFFERENT CYCLE, INCLUDE AN EXPLANATORY STATEMENT AND COPIES OF ANY RELEVANT CORRESPONDENCE. According to statute (ORC §4779.20):

- CE units must first be certified to the Board at the time of a licensee's 4<sup>th</sup> license renewal, and every 3<sup>rd</sup> renewal following
- CE units must be accrued during the 3-year period prior to that renewal due date (i.e., January 1, 2013 - December 31, 2015 for those with a “- 3 ” (dash three) tag on their license number.

[ORC § 4779.20 - Renewal](#) and [OAC Rule 4779-9-01](#) provide as follows regarding the number of units/points that will be required for reporting:

- licensed as an orthotist or prosthetist: 45 CE units
- licensed as a pedorthist: 33 CE points
- licensed as a prosthetist and orthotist: 75 CE units

### CONTINUING EDUCATION -- STATEMENT OF COMPLIANCE

#### Attestation

I am licensed in:

- Prosthetics       Orthotics       Prosthetics-Orthotics       Pedorthics

***I have completed OPPCE as required from January 1, 2013 through December 31, 2015:***      **TOTAL:** \_\_\_\_\_  
(documentation not required with this form)

For CE approved by the American Board for Certification in O&P&Ped (ABC):	_____ (units/credits)	W o r k s h e e t
For CE approved by the Board for O/P Certification (BOC):	_____ (units/credits)	
*For teaching as a faculty member a curriculum course in O&P or Pedorthics:	_____ semester hours = _____ (½ unit per hr)*	
*For teaching as a non-faculty member a curriculum course in O&P or Pedorthics:	_____ instructional hours = _____ (1 unit per hr)*	
*For CE coursework that may require Board approval:	_____ (units/credits)*	

➤ *Under the penalty of falsification, I declare that the information provided in this application is true, complete, and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial of renewal, loss of licensure, and criminal prosecution.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\*Forms for Board approval of OPPCE not already approved by ABC or BOC are available at the Board's website. Go to: <http://opp.ohio.gov/conted.stm>. Requirements and standards are set in statute and **not** subject to Board revision.

**STATE BOARD OF ORTHOTICS, PROSTHETICS AND PEDORTHICS**

77 SOUTH HIGH STREET, #1854

COLUMBUS, OHIO 43215-6108

TEL: 614-466-1157

FAX: 614-387-7347