STATE BOARD OF ORTHOTICS, PROSTHETICS, AND PEDORTHICS
77 S. HIGH ST., #1854 COLUMBUS, OHIO 43215
(614) 466-1157 FAX: (614) 387-7347 HTTP://OPP.OHIO.GOV

OPPCE Remediation Worksheet

(for use for licenses expiring 01/31/2015)

Licensee: (enter full name)
License Type: (enter license type)
License Number: (enter license number)

OPPCE required for 2012 - 2014 accrual period: (circle one) 33 LPED 45 LO/LP 75 LPO

OPPCE documented for 2012 - 2014 accrual period: _____

OPPCE deficiency: (enter required minus documented) _____ (a)
*OPPCE augmentation: (LPED: 11 / LO or LP: 15 / LPO: 20) _____ (b)

→ ***AUGMENTATION NOT REQUIRED IF COURSEWORK COMPLETED PRIOR TO LICENSE EXPIRATION***

TOTAL OPPCE Units Required for Remediation: (a) + (b) _____

Please check one of the following statements:

☐ I can meet my OPPCE Remediation Requirement with OPPCE already undertaken beginning January 1, 2012, through _____, 2015.

☐ I can meet some of my OPPCE Remediation Requirement with OPPCE already undertaken beginning January 1, 2012, and I will complete the requirement by April 30, 2015.

☐ I will need more time to complete my OPPCE Remediation Requirement. Please allow me until _____, 2015 to supplement and augment my 2012 – 2014 OPPCE accrual. I understand none of the OPPCE utilized for remediation will count toward my accrual required for license renewal in 2018.

_____ _____
Date Signature: (sign above, print name here)

- If filed **BEFORE 1/31/2015** with required CE completed or to be completed by 1/31/2015, no fee or additional documentation is required at this time (documentation may be required during routine CE audit).

- For OPPCE Completion **AFTER 1/31/2015:**
  (1) FAX completed form back to Board office AND
  (2) MAIL form WITH $150 LATE FEE payable: TREASURER, STATE OF OHIO to Board office. Late fee must be paid by business check, bank check, or money order. Personal checks will be returned.
  (3) FILE documentation of compliance with this remediation agreement by the date stated above.