SUPERVISION STATEMENT FOR PEDORTHIC PRACTICE

(REF: OAC RULE 4779-5-03, EFF 11.01.2010)

This statement is being submitted for the purpose of (choose one):

☐ Confirming an arrangement/agreement is in place for Temporary License supervision that will be appropriate to meet the requirements of OAC Rule 4779-5-03 (E)(2)

☐ Attesting to completion of supervision in accordance with and meeting the requirements of OAC Rule 4779-5-03 (E)(2)

☐ Attesting only to arrangements for or completion of 8 months supervision in accordance with ORC §4779.13 (A) for a candidate or Temporary LPED licensee who has already passed the Certified Pedorthics exam

By our signatures below (supervisor and supervisee), we confirm that we

( ) will engage in OR ( ) have engaged in

a supervisory relationship consisting of at least 1000 hours of supervised pedorthic care practice including procedures and arrangements to assure the supervisor's ability to attest truthfully that at least 100 hours will be or have been devoted to each of the following five general areas of service delivery:

(1) Comprehensive assessment and evaluation of patients requiring the full spectrum of pedorthic care, including: (a) Custom fabricated and custom fitted foot orthoses; (b) Therapeutic/diabetic shoes, depth shoes and custom shoes; (c) Prefabricated inserts, custom fitted, moldable and rigid; (d) Shoe modifications; and (e) Retail, non-therapeutic shoes and foot orthoses.

(2) Development of a comprehensive treatment plan to provide appropriate pedorthic care.

(3) Selection of materials and components to meet the treatment plan, including on-site fabrication of the device where facilities are available, or in the alternative, working knowledge of how various devices are fabricated if fabrication is not done at the facility.

(4) Fitting and appropriate follow-up of the pedorthic device to assure optimal fit and function of the device, including modifications and adjustments of the device to ensure proper and continued function and instructing the patient on the use and care of the device with verbal and take-home instructions where indicated or required.

(5) Appropriate documentation of patient care and interaction, including that records are accurate, current and complete, and that principles and procedures of practice management are understood.

Supervisor signature:	*Date:*	*Supervisee signature:*	*Date:*
_____	_____	_____	_____
Print name:	*License #:*	*Print name:*	*License #:*
_____	_____	_____	_____

Supervision begin date: _____ *Supervision complete date:* _____

THE STATE BOARD OF ORTHOTICS, PROSTHETICS AND PEDORTHICS
77 SOUTH HIGH STREET, 18TH FLOOR COLUMBUS, OHIO 43215
TEL: (614) 466-1157 FAX: 614) 387-7347