

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**

WHEN APPLYING FOR A LICENSE IN **PEDORTHICS**, PLEASE REFERENCE THE FOLLOWING CHECK-LIST WHEN COMPLETING YOUR APPLICATION:

Temporary License:

ORC § 4779.18 (A) (4) (d)

- Fee: \$150 by Cashier/Bank check or Money Order payable: Treasurer, State of Ohio
- Document: Proof of high school graduation or GED
- Document: Certificate(s) of Completion of Pedorthic Pre-Certification Education
- Document: Letter/statement from Ohio-Licensed Pedorthist, Orthotist, Prosthetist, or Prosthetist-Orthotist, confirming agreement to supervise under law and rules governing supervision for Temporary License. (see summary [here](#))
- Document: Proof of submission of fingerprints for criminal record checks by Ohio BCI&I and F.B.I. (copy of payment receipt, or statement confirming submission)

Full License:

ORC § 4779.13

- Fee: \$125 by Cashier/Bank check or Money Order payable: Treasurer, State of Ohio
- Document: Proof of high school graduation or GED
- Document: Certificate(s) of Completion of Pedorthic Pre-Certification Education
- Document: C.Ped. exam grade report and/or C.Ped. certificate
- Document: Letter from Ohio-Licensed Pedorthist, Orthotist, Prosthetist, or Prosthetist-Orthotist, attesting to supervision conducted between (begin date) and (end date) or continuing) in accordance with law and rules governing supervision
- Document: Proof of submission of fingerprints for criminal record checks by Ohio BCI&I and F.B.I. (required for issuance of initial license only).

Limited Reciprocity:

ORC § 4779.17 (A), (B), & (C) (4)

- Fee: \$125 by Cashier/Bank check or Money Order payable: Treasurer, State of Ohio
- Document: Proof of high school graduation or GED
- Document: Certificate(s) of Completion of Pedorthic Pre-Certification Education
- Document: BCP/ABC C.Ped exam grade report and/or C.Ped. certificate
- Document: Proof of active license in good standing issued by "the appropriate authority of another state."
- Document: Proof of submission of fingerprints for criminal record checks by Ohio BCI&I and F.B.I. (copy of payment receipt, or statement confirming submission)

APPLICATION FOR LICENSURE FOR PEDORTHIST
OHIO STATE BOARD OF ORTHOTICS, PROSTHETICS,
AND PEDORTHICS

IMPORTANT INSTRUCTIONS, PLEASE READ:

- ❖ Complete all relevant categories (type or print in INK).
- ❖ Application form must be **NOTARIZED**.
- ❖ The following must accompany the application form:
 - 2" x 2" photo of applicant, passport type photo of face.
 - Non-refundable \$125.00 application fee, per applicant, (**Money order** or **Cashier's check** payable to "**Treasurer, State of Ohio**").

Tape one
2" x 2"
Current Photo of
Applicant

PERSONAL INFORMATION:

NAME _____
(FIRST) (MIDDLE INITIAL) (LAST)

HOME ADDRESS _____

BUSINESS ADDRESS _____

HOME PHONE () _____ **BUSINESS PHONE** () _____

FAX NUMBER () _____ **E-MAIL ADDRESS** _____

Have you ever been known by any other name? Yes No

If so, please state other names you were known by: _____

SOCIAL SECURITY NUMBER* _____ **DATE OF BIRTH** ____/____/____

*Social Security Numbers are required of all licensees pursuant to 42 U.S.C. §1329a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pr.61, and Ohio Revised Code §3123.50 for potential disclosure to the Federal Department of Health and Human Services Healthcare Integrity and Protection Data Bank and/or the Local County Child Support Enforcement Agency. In compliance with the revised Code §1347.05 (E) you are notified that failure to supply the information requested on this application may result in a denial of the application. *

❖ **FOR OFFICE USE ONLY:**

APPLICATION RECEIVED: _____ **AMOUNT:** _____ **MONEY ORDER#** _____

ORIGINAL ISSUE DATE: _____ **LICENSE NUMBER:** _____

*SSN's are protected from re-disclosure as confidential personal information under Ohio law.

EDUCATIONAL INFORMATION: (Provide additional sheets if necessary).

HIGH SCHOOL

Name of Institution _____

Location (City,State) _____ Date Graduated _____

COLLEGE EDUCATION (include a copy of your diploma, if any)

Name of Institution _____

Location (City,State) _____ Dates Attended _____

Degree Earned _____

PEDORTHIC EDUCATION (attach additional sheet if necessary)

Name of Program _____ Where Attended: _____

Attendance Dates: ___/___/___ - ___/___/___ Hours online: _____

SUPERVISION INFORMATION:

Dates (range) : _____ to _____ Supervisor: _____

PRACTICE INFORMATION

1. Have you been practicing any of the principles or procedures in the field of pedorthics including but not limited to the evaluation, measurement, design, assembly, fitting, adjusting, servicing, or training in the use of a pedorthic device, or the repair, replacement, adjustment, or service of an pedorthic device?
 Yes No
2. Has any of your practical experience been under the supervision of an Ohio-Licensed Practitioner?
 Yes No

◀ If yes, please list the name(s) of the Licensed Practitioner (including license type and number) :

Name _____ Dates of Supervision _____ License # _____

Name _____ Dates of Supervision _____ License # _____

3. Have you passed the C.Ped. exam? yes no (If "yes", attach copy of certificate)

QUESTIONNAIRE: Answer ALL of the following questions with either “YES” or “NO”. DO NOT LEAVE ANY QUESTION BLANK. NOTE: An attached written AFFIDAVIT (a sworn statement in the presence of a notary public) must accompany any “YES” answers (to questions 1-10) explaining in detail the “YES” answer. The affidavit must include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals. Additional information may be requested by the Board, such as documents, employment verification, evaluation letters from treating physicians, etc.

1. Have you been convicted, had a judicial finding of guilt, pled no contest or entered a plea of guilty to a violation of federal, state law, or municipal ordinance other than a minor traffic violation, whether in this state or any other state? (DUI/DWI is NOT a minor offense)

Yes No
2. Have you been denied licensure, certification, or registration for any reason in this state or any other state?

Yes No
3. Has any license entitling you to practice in any state been revoked, suspended, or voluntarily surrendered?

Yes No
4. Have you ever practiced with a revoked, suspended, expired, or inactive license?

Yes No
5. Have you entered into an agreement of any kind with respect to a professional license, whether oral or written, in lieu of formal disciplinary action with any board, bureau, department, agency, or other licensing or certifying body whether in this state or any other state?

Yes No
6. Have you been notified of any charges or complaints filed against you with respect to Medicare/Medicaid fraud in this state or any other state?

Yes No
7. Have you had any administrative, civil, or criminal action filed against you with respect to Medicare/Medicaid fraud in this state or any other state?

Yes No
8. Are you currently engaged in the illegal use of controlled or dangerous substances?

Yes No
9. Are you currently participating in a supervised rehabilitation program or professional assistance program that includes monitoring to assure that you are not illegally engaging in the use of controlled or dangerous substances?

Yes No
10. Are you currently engaging in the use of alcohol to the extent that it impairs your practice in the field of pedorthics?

Yes No
11. Do you possess a license, certification, or registration in any profession issued by this state or any other state?

Yes No

➤ If yes, please complete:

License #: _____ Type: _____

Date Issued: _____ State: _____

ATTESTATION OF PRACTICE OR TEACHING PEDORTHICS CARE

Pedorthic care must include all of the following experiential elements:

- **Evaluation of patients with a wide range of foot deficiencies;**
- **Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements into a custom pedorthic design;**
- **Selection of materials and components;**
- **Fitting and critique of the pedorthic device;**
- **Appropriate follow-up, adjustments, modifications and revisions in an pedorthic facility;**
- **Instructing patients in the use and care if the pedorthic device; and**
- **Maintaining current patient records.**

I attest that I have completed substantially all the above listed elements to the pedorthic device as indicated below. Please put a check mark in the appropriate box, and include the facility of practice and supervisors name in the completed box.

Pedorthic Device	Completed (List Facility and Supervisor)	Not Completed
Direct mold inlays		
Multidensity foot orthoses		
Rigid foot orthosis		
UCBL		
Prosthesis (partial foot)		
Application of footwear modifications to include: shoe wedges, flares, and elevations		
Shoe fitting with and without pedorthic device		
Custom footwear to include: Evaluation, casting, and fitting		
Internal footwear modification		

The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license may be cause for denial or loss of license. I understand that knowingly providing false information on a government document is punishable as a first degree misdemeanor, pursuant to R.C. 2921.13.

STATEMENT AND AFFIDAVIT OF APPLICANT

I _____, testify under oath that I am the person referred to in the application and supporting documentation, and that the photograph attached to the application is a photograph of me.

I authorize all my references, education institutions, employers, hospitals, business and professional organizations and associates, past present, and all governmental agencies and instrumentalities (local, state, federal), to release to the State Board of Orthotics, Prosthetics, & Pedorthics and information requested concerning the processing of this application. I understand that it is my duty and responsibility as an applicant to supplement my application when any material changes in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for licensure.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license to the Board.

I certify that I have received a copy of Chapter 4779 of the Ohio Revised Code and rules concerning the regulation of Orthotics, Prosthetics, and Pedorthics in the State of Ohio. I understand that I must observe and comply with the code of ethics and standards of practice set forth in the rules, and that I am responsible for keeping the board informed of my current mailing address at all times. I understand that I am responsible for renewing my license, whether or not I receive a renewal notice.

Under penalty of falsification, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that providing false or misleading information in or concerning my application may be cause for denial or loss of licensure, and criminal prosecution.

Signature of Applicant

Date Signed

THE STATE OF }
COUNTY OF }

Sworn to and subscribed before me, a Notary Public and, in my presence, the said _____, this _____ day of _____, 20____.

Notary Public

ENCLOSED: The non-refundable \$125.00 application fee, (per applicant) completed application and photo.

Make Cashier's check payable to "Treasurer, State of Ohio"

MAIL TO State Board of Orthotics Protsthetics, and Pedorthics
 Riffe Center, 18th floor
 77 South High Street
 Columbus, Ohio 43215

NOTE: Please allow 3 to 4 weeks for processing from the date your application is received. An incomplete application will not be processed until all required fees and documents are received.