

TEXAS BOARD OF ORTHOTICS & PROSTHETICS

Telephone: (512) 834-4520 Fax: (512) 834-6677

E-mail: op@dshs.state.tx.us

Web Page: www.dshs.state.tx.us/op

CHANGE OF ON-SITE PRACTITIONER IN CHARGE FORM

(Please type or print legibly in black or blue ink)

Do NOT LEAVE BLANKS, WRITE "NONE" OR "SAME" FORM WILL BE RETURNED IF INCOMPLETE

Type of Facility: _____ Orthotic _____ Prosthetic _____ Orthotic/Prosthetic

Name of Facility: _____

Accreditation # _____

Mailing Address: _____

_____ Zip _____

Physical Address: _____

_____ TX Zip _____

Phone Number: (_____) _____ Fax Number: (_____) _____

E-mail address: _____

Name of on-site practitioner in Charge of ORTHOTICS _____

Signature of on-site practitioner in charge of ORTHOTICS License # _____ Date became PIC at this facility _____

Name of on-site practitioner in Charge of PROSTHETICS _____

Signature of on-site practitioner in charge of PROSTHETICS License # _____ Date became PIC at this facility _____

Attestation:

I declare that all information on this form is accurate and true.

Signature of person completing this form

Printed name & title of person completing this form

Date: _____

Daytime phone #: (_____) _____

Fees may be paid by check or money order. Do not send cash. We do not accept payment by credit or debit card.

MAIL COMPLETED FORM AND \$100.00 FEE TO:

TEXAS BOARD OF ORTHOTICS AND PROSTHETICS
P.O. Box 149347 MC-1982
Austin, TX 78714-9347