TEXAS BOARD OF ORTHOTICS & PROSTHETICS
GENERAL APPLICATION FOR LICENSURE / REGISTRATION

(512) 834-4520
Fax: (512) 834-6677
E-mail: op@dshs.state.tx.us

OVERVIEW:

Carefully read these instructions, the Orthotics and Prosthetic Act and the Board Rules governing the practice of orthotics and prosthetics in Texas before completing the application. The Orthotics and Prosthetic Act and Board Rules can be downloaded off this webpage.

An application will **only** be processed and presented to the Texas Board of Orthotics and Prosthetics (Board) for licensure / registration consideration **IF** it is legible, **ALL** blanks are complete on the application, and **ALL** required documentation and fees have been received by the Board office. Should a section or question not apply, write "N/A" in that blank or section. Incomplete or illegible applications will be returned to the address provided on the application with a list of additional documents needed to complete the application.

All forms must have **original** signatures. **NO EXCEPTIONS.**

Fees must accompany the application and may be paid by personal or business check, money order, or cashier's check made payable to the Texas Board of Orthotics and Prosthetics. **DO NOT SEND CASH.**

All documents and photos become a permanent part of your Board file and cannot be returned.

Completed applications are reviewed according to the date received.

Changes to information submitted on any application must be reported **immediately** to the Board office in **writing**. Failure to do so could result in the denial of the application or revocation of licensure.

NOTE: Allow four to five weeks for processing from the day your application is mailed, even if mailed via overnight delivery. An incomplete application will not be processed until all required fees and documentation are received. You will be notified by mail should your application contain deficiencies.

PERSONAL INFORMATION, ITEMS 1-11:

1. **Name:** Applicants full legal name (Not "nick-names").

2. **Mailing Address:** Address where applicant receives mail.

3. **Permanent Address:** Applicant's home or fixed place of habitation to which applicant returns after a temporary absence. **Do not** use a post office box for this address.

4. **Name Change:** If you have ever been known by any other name than your current name, complete this entire section and attach photocopies of the legal documents authorizing the name change. If you have not had a name change, please check no.

5. **Social Security Number:** Is required by Family Code §231.302 and is confidential except for reporting to the Child Support Enforcement Division of the Attorney General's office.

EMPLOYMENT, ITEM 15:

Beginning with your current employer, list in chronological order all prosthetic or orthotic related employment for the past six years. All employment must be verifiable by the address or telephone number listed. If you have no previous prosthetic or orthotic employment, please write “none” in the current place of employment box.

QUESTIONNAIRE, ITEM 16:

Answer all of the questions and attach a written affidavit explaining in detail any questions answered “yes”. The affidavit must include all pertinent information including, but not limited to, explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals involved in any incident. Additional information may be requested, such as court documents, employment verifications, evaluation letters from treating physicians, etc., before your application will be processed.

STATEMENT AND AFFIDAVIT OF APPLICANT, ITEM 17:

This section must be **completed, signed and dated** **in the *presence* of a Notary.**

FEE, ITEM 18:

Enclose the fee along with the application and all required documentation.

SCHEDULE OF FEES:

Type of License Requested	Fee
prosthetist or orthotist license	$315
prosthetist/orthotist license	$415
assistant prosthetist or orthotist license	$215
assistant prosthetist/orthotist license	$265
prosthetic or orthotic technician registration	$111
prosthetic/orthotic technician registration	$163
student prosthetist or orthotist registration	$ 86
student prosthetist/orthotist registration	$111
temporary prosthetist or orthotist license	$158
temporary prosthetist/orthotist license	$208
upgrade to prosthetist or orthotist after passing exam	$200
upgrade to prosthetist/orthotist after passing exam	$300
prosthetic or orthotic facility accreditation	$405
prosthetic/orthotic facility accreditation	$505
license, registration, or accreditation certificate duplicate or replacement	$ 25 each
returned checks	$ 25
written verification of license/registration/accreditation	$ 25 each

To avoid delays in processing your application, use this checklist to ensure that you are providing all required documentation.

APPLICATION CHECKLIST:

- ☐ **All** blanks of the application for licensure / registration are complete.
- ☐ **Photo** is enclosed with the application.
- ☐ **Fee** is enclosed with the application.
- ☐ **Transcripts** are enclosed or requested to be sent from the university(ies)/college(s) and/or high school.
- ☐ **Jurisprudence Examination Certificate** is enclosed.
- ☐ **NCOPE certificate**, or attestation from clinical residency or clinical experience supervisor that you have completed the required number of hours for licensure/registration.
- ☐ Copy of orthotic and/or prosthetic **certificate(s)**, if applicable.
- ☐ Two **Professional Reference Forms** have been submitted.
- ☐ **Supervision Agreement Form** has been completed and notarized. This applies to *assistants, technicians, and students*.
- ☐ **Attestation of Experience Providing Extensive Orthotic Care Form** has been completed. This applies to orthotists, and prosthetist/orthotists applying for a license under Unique Qualifications (§821.8).
- ☐ **Attestation of Experience Providing Extensive Prosthetic Care Form** has been completed. This applies to prosthetists, and prosthetist/orthotists applying for a license under Unique Qualifications (§821.8).

CONTACTING THE BOARD OFFICE ~

IMPORTANT NOTE:

Due to the Department of State Health Services' mail procedures, mail is not delivered directly to the physical location of the Board office. Please note the following mailing addresses:

Applications and other correspondence:
Texas Board of Orthotics and Prosthetics
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347

Consumer/Licensee Complaints:
Texas Board of Orthotics and Prosthetics
Complaint Division
PO Box 141369
Austin, Texas 78714-1369

Physical location of the Board office:
DO NOT SEND MAIL TO THIS ADDRESS
8407 Wall Street, S-420
Austin, Texas 78754
If you wish to visit the Board office, please call for an appointment.

Contact the Board office by:
Phone: (512) 834-4520
Fax: (512) 834-6677
E-mail: op@dshs.state.tx.us
Website: http://www.dshs.state.tx.us/op/default.shtm

Overview:

The chart on page 5 is intended to help applicants determine if they meet the minimum qualifications for licensure or registration. Several pathways may exist for an applicant to qualify. If you are an applicant who qualifies under more than one pathway, choose the simplest one. Refer to the Board rules whenever a reference to "821" appears. **All applicants must** complete a license application and pay a fee.

Definitions:

Rule	Section
• Extensive Orthotic Practice	821.2(14)
• Extensive Prosthetic Practice	821.2(15)
• Licensed Orthotist	821.2(18)
• Licensed Orthotist Assistant	821.2(19)
• Licensed Prosthetist	821.2(21)
• Licensed Prosthetist Assistant	821.2(22)
• Licensed Prosthetist/Orthotist	821.2(23)
• Licensed Prosthetist/Orthotist Assistant	821.2(24)
• Registered Orthotic Technician	821.2(40)
• Registered Prosthetic Technician	821.2(41)
• Registered Prosthetic/Orthotic Technician	821.2(42)
• Texas Resident	821.2(43)

Pathways:

• ST – Standard	821.9
• UQ – Unique Qualification	821.8

WHAT DOCUMENTS DO I NEED TO SUBMIT?
TEXAS BOARD OF ORTHOTICS AND PROSTHETICS

License Type & Method or Pathway to Qualify	Exam Required	Jurisprudence Exam	Attestation of Extensive Experience Providing O/P Care	Two Professional References	Signed and Notarized Supervision Agreement	Official College Transcripts	Proof of Completion Of NCOPE or equivalent Residency	Proof of Completion Of 1,000 hour clinical residency for assistants	Proof of Completion Of 1,000 hours laboratory experience for technicians
Practitioner – Unique Qualifications	No	Yes	Yes	Yes	No	Yes	Yes, if completed	Yes, if completed	Yes, if completed
Practitioner – License by Examination	Yes	Yes	No	Yes	No	Yes	Yes Must apply as UQ if residency not NCOPE	No	No
Practitioner – Temporary	Yes, to obtain a regular license	**Yes**	No	Yes, to obtain a regular license	No	Yes, to obtain a regular license	Yes, to obtain a regular license	No	No
Student Registration	Yes, to obtain a regular license	Yes	No	Yes	Yes	Yes	No	No	No
Licensed Assistant	No	Yes	No	Yes	Yes	Yes	No	Yes	No
Technician Registration	No	Yes	No	Yes	Yes	Yes, if high school diploma or GED not submitted	No	No	Yes

DSHS Form # 71-11502 Revised 10/14

Budget
ZZ132
Fund #106

TEXAS BOARD OF ORTHOTICS & PROSTHETICS
APPLICATION FORM FOR LICENSURE/REGISTRATION

To avoid delays, be sure to fill in ALL blanks. Use "N/A" if it does not apply

1. NAME	
2. MAILING ADDRESS	
3. PERMANENT ADDRESS	
4. Have you ever been known by any other name? Have you ever changed your name through marriage or court action?	**If YES, list name, and date of changes and attach a copy of the legal document.**
YES _____ NO _____	
5. SOCIAL SECURITY NUMBER	
6. DATE OF BIRTH (MM/DD/YY)	
7. BIRTHPLACE (City, State, Country)	
8. HOME TELEPHONE	**( )**
9. BUSINESS TELEPHONE	**( )**
10. FAX NUMBER	**( )**
11. E-MAIL ADDRESS	

PROFESSIONAL LICENSURE INFORMATION:

12A. LICENSURE CATEGORY. Please check the category for which you are applying. Choose one.

- ☐ Orthotist
- ☐ Prosthetist
- ☐ Prosthetist/Orthotist
- ☐ Assistant Orthotist
- ☐ Assistant Prosthetist
- ☐ Assistant Prosthetist/Orthotist
- ☐ Orthotic Technician
- ☐ Prosthetic Technician
- ☐ Prosthetic/Orthotic Technician
- ☐ Student Orthotist
- ☐ Student Prosthetist
- ☐ Student Prosthetist/Orthotist

12B. ORTHOTIST, PROSTHETIST, PROSTHETIST/ORTHOTIST LICENSURE PATHWAY.

- ☐ ST 1 - Bachelor's or Graduate Degree in Orthotics and Prosthetics
- ☐ UQ – Unique Qualifications
- ☐ ST 1 - Bachelor's Degree plus a certificate in Orthotics or Prosthetics
- ☐ Temporary

DSHS Form # F71-10741 Revised 10/14

12c. Do you now hold or have you ever held a license or certificate of registration to practice as an orthotist or prosthetist in any state, US Territory, or foreign country? Yes _____ No _____

If yes, please list all licenses/ registrations below:

Type of License: _____

License #: _____

Issuing Agency: _____

Date of Original License/Registration: _____ Expiration Date: _____

If you have had a license which is not current, please explain on a separate paper.

12d. Do you hold or have you ever held a valid license or certificate in any health related field, in any state (including Texas) to practice any profession? Yes _____ No_____
This does not include ABC or BOC certification.

12e. Have you previously applied for orthotic or prosthetic licensure in Texas?
Yes_____ Date: _____ No_____

13. UNDERGRADUATE AND GRADUATE EDUCATION. Provide additional sheets if necessary.

Institution	Location	Dates Attended	Major	Degree Earned	Name on Transcript

14. CLINICAL RESIDENCY OR CLINICAL LABORATORY EXPERIENCE. Provide additional sheets if necessary.

NCOPE Residency? (circle one)	Name & Address of Facility	Date Residency Began	Expected Ending Date	Hours Completed	Name & Credentials Of Supervisor
Yes No					
Yes No					
Yes No					
Yes No					

15. EMPLOYMENT. List, beginning with current employment, all prosthetic and orthotic related employment for the past six years. The employment must be verifiable. If none, write "none."

Current Place of Employment:	
Telephone Number:	
Mailing Address:	
Date of Employment (to – from):	
Place of Employment:	
Telephone Number:	
Mailing Address:	
Date of Employment (to – from):	
Place of Employment:	
Telephone Number:	
Mailing Address:	
Date of Employment (to – from):	
Place of Employment:	
Telephone Number:	
Mailing Address:	
Date of Employment (to – from):	
Place of Employment:	
Telephone Number:	
Mailing Address:	
Date of Employment (to – from):	

16. QUESTIONNAIRE. Answer all of the following questions with either "yes" or "no". Do not leave any blanks. "Yes" answers must be accompanied by an Affidavit (a sworn statement in the presence of a notary public). The affidavit must include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals. The Board may request additional information.

a. Have you ever been convicted, plead guilty, or nolo contendre to any felony or misdemeanor other than a minor traffic offense? (DWI/DUI is not a minor traffic offense) _____ Yes _____ No

b. Have you ever been found guilty of unprofessional or unethical conduct in civil or administrative law proceedings? _____ Yes _____ No

c. If you answered "yes" to question b, were the charges settled before or during a formal hearing? _____ Yes _____ No _____ N/A

d. Has a licensing, registration, or certification authority taken disciplinary action against you relating to the practice of orthotics or prosthetics, or any health care profession including Medicare/Medicaid fraud?_____ Yes _____No

e. Have you ever had any professional license or certification denied, probated, suspended, or revoked?___ Yes___ No

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

17. STATEMENT AND AFFIDAVIT OF APPLICANT ~ *THIS MUST BE SIGNED AND DATED IN THE PRESENCE OF THE NOTARY.*

Read this *carefully* and be sure you understand before signing.

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

I authorize all my references, educational institutions, employers, hospitals, business or professional organizations and associates, past and present, and all governmental agencies and instrumentalities (local, state, federal) to release to the Texas Board of Orthotics and Prosthetics any 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.

If required by the licensure category under which I applied, I agree to sit for the State examination(s). I also agree that I must pass any required examination(s) to receive my license.

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 understand that the disclosure of my social security number is required under the Family Code, Section 231.302. Social Security numbers are used for identification purposes and are confidential except to the Child Support Enforcement Division of the Office of the Attorney General.

I certify that I have received a copy of The Orthotics & Prosthetics Act and Board Rules concerning the regulation of orthotics and prosthetics in the state of Texas. I further affirm that I have read, understand, and agree to abide by The Orthotics & Prosthetics Act, and the Texas Board of Orthotics and Prosthetics rules, §§821.1, et seq. I understand that I must observe and comply with a 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 penalties of perjury, 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 any false or misleading information in or concerning my application may be cause for denial or loss of licensure.

_____ _____

Signature of Applicant Date Signed

THE STATE OF _____

THE COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to this instrument, and having been by me first sworn an oath, acknowledged that he or she had executed the same for the purposes and consideration therein expressed and that all statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20_____.

Notary public in and for _____ County, Texas or _____.

_____

Signature of Notary Seal of Notary

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18. Fee. Enclosed is the non-refundable application fee of $ _____.

Mail to:

Texas Board of Orthotics and Prosthetics
P.O. Box 149347, Mail Code 2003
Austin, Texas 78714-9347

Please allow 4 to 5 weeks for processing of an application from the day your application is mailed, even if sent by overnight delivery. An incomplete application will not be processed until all required fees and documents are received.

TEXAS BOARD OF ORTHOTICS & PROSTHETICS
PROFESSIONAL REFERENCE FORM

P.O. Box 149347, Mail Code 1982, Austin, Texas 78714-9347
(512) 834-4520

INSTRUCTIONS: Type or print legibly in black or blue ink. All applicants must submit two professional references.

PART 1 MUST BE COMPLETED BY THE APPLICANT.

- Type or print your full name.
- Type or print the address where you prefer to receive mail.
- Check the appropriate discipline for which you are applying for licensure or registration.
- Send this form to the licensed or certified O/P practitioner or licensed physician from whom you are requesting a reference.

PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE.

- Type or print your name, credentials, address, and telephone number.
- Briefly describe the nature of your relationship to the applicant (professional, personal, collegial).
- Type or print the month and year your relationship with the applicant began.
- Type or print the month & year your relationship with applicant ended. If your relationship is ongoing, type "P".

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE.

- To the best of your ability, check the appropriate box relating to each characteristic.
- Check one overall evaluation.
- If you prefer not to give a reference, please check the appropriate box on the back side of this form.
- Sign and date the form.

IMPORTANT: After the person giving the reference signs and dates the form, mail this reference <u>directly to the Texas Board of Orthotics and Prosthetics</u> office at the address above. <u>DO NOT return this form to the applicant</u>. If you have questions, call the Board office at the number above.

Part 1:

Applicants name: _____

Preferred mailing address: _____

City: _____ State:_____ Zip Code:_____

Telephone: (_____)_____

Application for:

____ Orthotist	____ Prosthetist	____ Prosthetist/Orthotist
____ Assistant Orthotist	____ Assistant Prosthetist	____ Assistant Prosthetist/Orthotist
____ Orthotic Technician	____ Prosthetic Technician	____ Prosthetic/Orthotic Technician
____ Student Orthotist	____ Student Prosthetist	____ Student Prosthetist/Orthotist

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Part 2:

Name of person providing the reference: _____

Credentials/state held: _____ Phone: _(_____)_____

Address: _____

_____Zip_____

Nature of Association: _____
(The length of this association must be longer than three months) (From) (To)

Part 3

I. PROFESSIONAL SKILLS.

	Poor	Fair	Good	Superior	No Opinion
Clinical Skills					
Technical Ability					
Communication Skills					
Practice Management					
Fitness for Clinical Practice					

II. PERSONAL CHARACTER.

	Poor	Fair	Good	Superior	No Opinion
Motivation					
Initiative					
Responsibility					
Integrity					

III. PROFESSIONAL RELATIONSHIPS.

	Poor	Fair	Good	Superior	No Opinion
Colleagues					
Patients					
Medical Staff					
Nursing Staff					

IV. ANY PROBLEMS WHICH MIGHT AFFECT PERFORMANCE? ف_____ Yes ف _____ No

If "Yes," Explain:_____

OVERALL EVALUATION: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary)

ف 1. Recommended as outstanding applicant.

ف 2. Recommended as qualified and competent.

ف 3. Recommended with some reservation.

ف 4. Cannot recommend.

ف I prefer not to give a recommendation.

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by a state jail felony.

Signed:_____

Date: _____

TEXAS BOARD OF ORTHOTICS & PROSTHETICS
PROFESSIONAL REFERENCE FORM

P.O. Box 149347, Mail Code 1982, Austin, Texas 78714-9347
(512) 834-4520

INSTRUCTIONS: Type or print legibly in black ink. All applicants must submit two professional references.

PART 1 MUST BE COMPLETED BY THE APPLICANT.

- Type your full name.
- Type the address where you prefer to receive mail.
- Check the appropriate discipline for which you are applying for licensure or certification.
- Send this form to the licensed O&P practitioner or licensed physician from whom you are requesting a reference.

PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE.

- Type your name, credentials, address, and telephone number.
- Briefly describe the nature of your relationship to the applicant (professional, personal, collegial).
- Type the month and year your relationship with the applicant began.
- Type the month and year your relationship with applicant ended. If your relationship is ongoing, type "P".

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE.

- To the best of your ability, check the appropriate box relating to each characteristic.
- Check one overall evaluation.
- If you prefer not to give a reference, please check the appropriate box on the backside of this form.
- Sign and date the form.

IMPORTANT: After the person giving the reference signs and dates the form, mail this reference <u>directly to the Texas Board of Orthotics and Prosthetics</u> office at the address above. <u>DO NOT return this form to the applicant</u>. If you have questions, call the Board office at the number above.

Part 1:

Applicants name: _____

Preferred mailing address: _____

City: _____ State:_____ Zip Code:_____

Telephone: (_____)_____

Application for:

____ Orthotist	____ Prosthetist	____ Prosthetist/Orthotist
____ Assistant Orthotist	____ Assistant Prosthetist	____ Assistant Prosthetist/Orthotist
____ Orthotic Technician	____ Prosthetic Technician	____ Prosthetic/Orthotic Technician
____ Student Orthotist	____ Student Prosthetist	____ Student Prosthetist/Orthotist

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Part 2:

Name of person providing the reference: _____

Credentials: _____ Phone: _(_____)_____

Address: _____
(Street, City, State, Zip Code)

Nature of Association: _____
(The length of this association must be longer than three months) (From) (To)

Part 3

I. PROFESSIONAL SKILLS.

	Poor	Fair	Good	Superior	No Opinion
Clinical Skills					
Technical Ability					
Communication Skills					
Practice Management					
Fitness for Clinical Practice					

II. PERSONAL CHARACTER.

	Poor	Fair	Good	Superior	No Opinion
Motivation					
Initiative					
Responsibility					
Integrity					

III. PROFESSIONAL RELATIONSHIPS.

	Poor	Fair	Good	Superior	No Opinion
Colleagues					
Patients					
Medical Staff					
Nursing Staff					

IV. ANY PROBLEMS WHICH MIGHT AFFECT PERFORMANCE? ف Yes ف No

If "Yes," explain: _____

OVERALL EVALUATION: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary)

ف 1. Recommended as outstanding applicant.

ف 2. Recommended as qualified and competent.

ف 3. Recommended with some reservation.

ف 4. Cannot recommend.

ف I prefer not to give a recommendation.

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by a state jail felony.

Signed:_____

Date: _____

TEXAS BOARD OF ORTHOTICS & PROSTHETICS

SUPERVISION AGREEMENT FORM

Overview: Licensed Assistants, Registered Technicians, and Registered Students must be supervised by a Texas licensed practitioner currently licensed in the same discipline as the assistant, technician or student. See the Board's rules §821.19(b) for assistants, §821.21(b) for technicians, and §821.27(g)(2) for students.

Instructions: Please type or print legibly using black or blue ink. **This is a two-page form.** Section 1 is to be completed by the applicant. Section 2 is to be completed by the supervisor. Section 3 (reverse side) **must** be signed and dated by the applicant **and** supervisor in the **presence of a notary**. The applicant should return the completed form with the rest of the completed application forms to the address at the bottom of this page.

Section I (To be completed by applicant)

Name of Applicant (Last, First, Middle) Social Security No.

Mailing Address of Applicant

Licensure Category of Applicant

ڤ Assistant Prosthetist ڤ Assistant Orthotist ڤ Assistant Prosthetist/Orthotist

ڤ Prosthetic Technician ڤ Orthotic Technician ڤ Prosthetic/Orthotic Technician

ڤ Student Prosthetist ڤ Student Orthotist ڤ Student Prosthetist/Orthotist

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Section II (To be completed by the Supervisor)

Name of Supervisor License # Expiration Date

Business Address Business Telephone

Licensure Category of Supervisor

ڤ Prosthetist ڤ Orthotist ڤ Prosthetist/Orthotist

ڤ Assistant Prosthetist ڤ Assistant Orthotist ڤ Assistant Prosthetist/Orthotist

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Please notify the Board office in writing of any name, address, telephone and/or employment changes.

Return this form to:

Texas Board of Orthotics and Prosthetics
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347

Section III – Affidavits

This section must be signed and dated while in the presence of a notary public. If the supervisory relationship changes, it is the responsibility of the applicant to *immediately* notify the Board office in writing. If for any reason the applicant does not notify the office, disciplinary actions may be taken.

Applicant's Affidavit	**Supervisor's Affidavit**
I agree to follow and abide by the Orthotics and Prosthetics Act and the Board Rules.	I agree to follow and abide by the Orthotics and Prosthetics Act and the Board Rules.
_____ Applicant's Signature	_____ Supervisor's Signature
_____ Date	_____ Date
THE STATE OF COUNTY OF	THE STATE OF COUNTY OF
BEFORE ME, the undersigned authority, on this day personally appeared:	BEFORE ME, the undersigned authority, on this day personally appeared:
_____ known to me to be the person whose name is subscribed to the section above, and having been by me first duly sworn on oath, acknowledge that he/she has executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.	_____ known to me to be the person whose name is subscribed to the section above, and having been by me first duly sworn on oath, acknowledge that he/she has executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.
GIVEN under my hand and seal of office, this	GIVEN under my hand and seal of office, this
_____day of _____, 201____	_____day of _____, 201_____
Notary public in and for _____	Notary public in and for _____
County, Texas or _____	County, Texas or _____
_____ Signature of Notary	_____ Signature of Notary
_____ Printed Name of Notary	_____ Printed Name of Notary
_____ My Commission Expires	_____ My Commission Expires

Return completed form to:
Texas Board of Orthotics & Prosthetics, P.O. Box 149347, MC-1982, Austin, Texas 78714-9347
Phone: (512) 834-4520

ATTESTATION OF EXPERIENCE PROVIDING EXTENSIVE ORTHOTIC CARE

Note: ONLY those applying for a regular license under Unique Qualification (§821.15) must submit this form.

_____

Name of Applicant (Last, First, Middle) Social Security Number

Extensive Orthotic Care must include **all of** the following experiential elements:

- Evaluation of patients with a wide range of lower limb, upper limb, and spinal pathomechanical conditions;
- Taking measurements and impressions of the involved body segments;
- Synthesis of observations and measurements into a custom orthotic design;
- Selection of materials and components;
- Fabrication of therapeutic or functional orthoses including plastic forming, metal contouring, upholstering, and assembling;
- Fit and critique the orthosis;
- Appropriate follow-up, adjustments, modifications and revisions in an orthotic facility;
- Instructing patients in the use and care of the orthoses; and
- Maintaining current encounter notes and patient records.

I attest that I have applied **all** the above listed experiential elements to two-thirds of the orthoses listed in the chart below. (10 of 15 items must be completed in order to qualify).

Orthosis	**Completion Location**	**Completion Date**	**Name & Phone No. of Verification Source (Not patient's names)**
Example Orthosis	*XYZ O&P, Austin TX*	*12/97*	*Joe Smith at XYZ (512) 555-5555*
foot			
knee			
hip			
ankle-foot			
knee-ankle-foot			
hip-knee-ankle-foot			
cervical			
cervical-thoracic			
cervical-thoracic-lumbar-sacral			
thoracic-lumbar-sacral			
lumbar-sacral			
hand			
wrist-hand			
shoulder-elbow			
shoulder-elbow-wrist-hand			

I have performed extensive orthotic care from _____/_____ to **_____/_____**.

The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a state jail felony. This form does not constitute application for licensure.

_____ _____

Signature of Applicant Date

Return completed form to:
Texas Board of Orthotics & Prosthetics, P.O. Box 149347, MC-1982, Austin, Texas 78714-9347
Phone: (512) 834-4520

ATTESTATION OF EXPERIENCE PROVIDING EXTENSIVE PROSTHETIC CARE

Note: Only those applying for a regular license under Unique Qualifications(§821.15) must submit this form.

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Name of Applicant (Last, First Middle) Social Security Number

Extensive Prosthetic Care must include **all** the following experiential elements;

- Evaluation of patients with a wide range of upper and lower limb deficiencies;
- Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements onto a custom prosthetic design;
- Selection of materials and components;
- Fabrication of functional prostheses including plastic forming, metal contouring, upholstering, assembly, and aligning;
- Fitting and critique of the prosthesis;
- Appropriate follow-up, adjustments, modifications and revisions in a prosthetic facility;
- Instructing patients in the use and care of the prosthesis; and
- Maintaining current encounter notes and patient records.

I attest that I have applied **all** the above listed experiential elements to two-thirds of the prostheses listed in the chart below. (6 of 9 items must be completed in order to qualify)

Prosthesis	**Completion Location**	**Completion Date**	**Name & Phone No. of Verification Source Source (Not patient's names)**
Example Prosthesis	***XYZ O&P, Austin TX***	***10/97***	***Pete Jones at XYZ, (512) 455-5555***
wrist disarticulation			
below elbow			
above elbow			
should disarticulation			
partial foot			
symes			
below knee			
above knee			
hip disarticulation			

I have performed extensive prosthetic care from _____/_____ to _____/_____.

The above information is true and correct. I understand that providing false or misleading information in, with or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a state jail felony. This form does not constitute application for licensure.

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Signature of Applicant Date