



**Texas Board of Orthotics & Prosthetics**

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**Residency Verification Form**

**PHOTOCOPY IF ADDITIONAL COPIES ARE NEEDED**

Be sure to use a separate form for each facility where the experience was gained. Be sure to submit experience sufficient to document 1,900 hours of residency.

**Name of Applicant:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_  
(Street No. or Box) (City) (State) (Zip)

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, \_\_\_\_\_, certify that I have employed \_\_\_\_\_  
(Employer) (Applicant)

from \_\_\_\_\_ to \_\_\_\_\_ and that I know of my own knowledge that said  
(Month/Day/Year) (Month/Day/Year)

person was employed as follows and that his/her regularly assigned duties included work as a resident:

**1. Name and Facility License Number:**

\_\_\_\_\_

**2. Check type of facility which work is/was performed:**

- Orthotic Facility       Prosthetic Facility       Orthotic/Prosthetic Facility
- Other, specify: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_,  
(City) (State)

I certify under penalty of perjury that the information submitted is true and correct.

STATE OF TEXAS      (      )  
COUNTY OF      (      )      \_\_\_\_\_  
Signature of Employer

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's Signature      NOTARY SEAL