

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

FACILITY ACCREDITATION RENEWAL 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: _____

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

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

List ALL practicing personnel employed by this facility, to include all residents, students, techs, certified pedorthists, physical & occupational therapists, etc., who practice orthotics or prosthetics within their scope of practice. Add a separate sheet of paper if necessary. [Refer to Subchapter G. Exemptions, of the O & P Act].

NAME OF LICENSEE	LICENSE TYPE	LICENSE NUMBER	JOB TITLE/POSITION

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.

<u>CIRCLE AMOUNT PAID</u> Type of Facility	Fee (if postmarked by expiration date)	Fee (if postmarked within 90 days past expiration date)	Fee (if postmarked after 90 days past expiration date, up to 1 year)
Prosthetic OR Orthotic	\$420	\$620	\$820
Prosthetic AND Orthotic	\$532	\$782	\$1032

MAIL COMPLETED FORM AND FEE TO: TEXAS BOARD OF ORTHOTICS AND PROSTHETICS
P.O. Box 149347, MAIL CODE 2003
AUSTIN, TEXAS 78714-9347