

**APPLICATION INSTRUCTIONS FOR LICENSURE  
ORTHOTIST/PROSTHETIST  
REGISTERED TECHNICIAN OR ASSISTANT**

**GENERAL**

The Advisory Committee on Orthotics and Prosthetics, which meets three (3) times per year, reviews all applications. The Committee makes recommendations to the Board regarding issuance of licenses. The Board issues licenses. The length of time it takes to issue a license depends on when an application is received and when the Committee and Board meet. Applications must be accompanied by the appropriate fee and be submitted at least 30 days prior to a Committee meeting. All completed forms and documents should be forwarded to the Board as they become available. Applications completed in the interim between meetings may be presented to the Board Secretary who, upon administrative review, may issue a letter authorizing practice until the Board takes action.

An applicant for licensure or registration shall provide the Board with all information required pursuant to the Oklahoma Orthotics and Prosthetics Practice Act. Any incomplete or missing information, documentation or fees shall render the application incomplete. No license or registration shall be issued unless all application requirements have been met. Incomplete applications will be considered abandoned after one year. Any application fees paid shall not be refunded.

**REQUIRED DOCUMENTATION**

**APPLICATION:** Put N/A in any section that does not apply to you.

**OTHER LICENSES:** Evidence of all current or previously issued licenses or certificates in a medically related field must be verified on **FORM #3**. The applicant is responsible for forwarding a copy of Form #3 to the appropriate state licensing boards and paying any applicable fees.

**OTHER:** Foreign applicants must provide written proof of ability to work in the United States as authorized by the United States Immigration and Naturalization Service.

**EXTENDED BACKGROUND CHECK:** Effective **July 1, 2006** **all** applicants for licensure will be required to request an **Extended Background Check** (EBC) by completing the enclosed EBC Authorization Form and submitting it with the applicable fee (see form) to Trak-1 Technology (address on form).

**SWORN AFFIDAVIT:** If you answer "Yes" to any of the questions (A-O) on the application you must write a statement of explanation, sign it, and have your signature notarized. If you answer "Yes" to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.

**ADDITIONAL DOCUMENTATION** (Select one option)

\_\_\_\_ **ORTHOTIST/PROSTHETIST:** To be licensed to practice orthotics and/or prosthetics according to standard qualifications, an individual must possess a baccalaureate degree from an accredited institution, complete an orthotic or prosthetic education program (that meets or exceeds the requirements, including clinical practice, of the Commission of Accreditation of Allied Health Education Programs), complete a clinical residency, and demonstrate attainment of internationally accepted standards of orthotic and prosthetic care as outlined by the International Society of Prosthetics and Orthotics professional profile for category I orthotic and prosthetic personnel. Applicant must submit:

1. Transcript of grades, with baccalaureate degree posted, from accredited institution.
2. Form #1, Verification of Education, verifying completion of an orthotic or prosthetic program
3. Form #2, Verification of Clinical Residency
4. Proof of passing an examination (ABC, BOC or other exam approved by the Board).

**TECHNICIAN:**        \_\_\_\_ Orthotist                                \_\_\_\_ Prosthetist                                \_\_\_\_ Orthotist/Prosthetist

Applicants certified by the American Board for Certification in Orthotics and Prosthetics, Inc must submit:

1. Proof of passing the ABC Technician examination; and
2. Form #5, Verification of Supervision.

**ASSISTANT:**        \_\_\_\_ Orthotist                                \_\_\_\_ Prosthetist                                \_\_\_\_ Orthotist/Prosthetist

Applicants certified by the American Board for Certification in Orthotics and Prosthetics, Inc must submit:

1. Proof of passing the ABC Assistant examination; and
2. Form #5, Verification of Supervision.

**TEMPORARY LETTER:**

A letter authorizing practice under the supervision of a licensed orthotist and/or prosthetist may be issued provided all requirements for licensure have been met and verified. This permits legal practice during the interim from the time the application is complete and the time at which the Board grants a license. Form #5, Verification of Supervision, must be submitted in order for a letter to be issued.

**PRACTICE MAY NOT BEGIN UNTIL A LETTER GRANTING PERMISSION TO PRACTICE IS ISSUED BY THE BOARD SECRETARY OR A FULL LICENSE IS GRANTED BY THE BOARD**

**RENEWALS:**

Licenses are renewed biennially by application PRIOR to December 31 for the subsequent years beginning January 1 and ending December 31. A licensee who fails to apply for renewal for one (1) year must reapply for licensure. In order to renew individuals must obtain 30 continuing education points. (Dual disciplined licensees must obtain at least 15 continuing education points in each discipline.) Technicians must obtain six (6) continuing education points and Assistants must obtain ten (10) continuing education points during each two-year period. (Initial compliance period: November 1, 2001 through October 31, 2003.) No continuing education hours may be carried over from one compliance period to another.

**TO FACILITATE THE RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES.**

**FEES: (ALL FEES ARE NON-REFUNDABLE)**

**LICENSE/PROCESSING FEE (PAYABLE TO OSBMLS)**

|                       |       |
|-----------------------|-------|
| Orthotist/Prosthetist | \$300 |
| Technician            | \$ 60 |
| Assistant             | \$100 |

**RENEWAL**

|                       |       |
|-----------------------|-------|
| Orthotist/Prosthetist | \$150 |
| Technician            | \$ 60 |
| Assistant             | \$100 |

**FEE FOR LATE RENEWAL (added to Renewal fee)**

|   |       |
|---|-------|
| Renewal submitted between January 1 and January 30 add:   | \$ 60 |
| Renewal submitted between January 31 and December 31 add: | \$120 |

**REINSTATEMENT (for license inactive more than one year)** same as initial license fee

**RETURN THESE INSTRUCTIONS, SIGNED, WITH THE APPLICATION**

"I, the undersigned, have read the instructions and understand their content. I swear/affirm the contents of my application are true. The Oklahoma State Board of Medical Licensure and Supervision may verify all information. I have been provided a copy of the Act and Board rules on unprofessional conduct and **have \_\_\_\_\_/have not \_\_\_\_\_** committed any act which would constitute grounds for disciplinary action by the Board under the Act and rules of the Board. I affirm that I will adhere by the Orthotics and Prosthetics Practice Act and Oklahoma Administrative Code regulating my profession. I understand that any false or misleading information, whether verbal or written, conveyed during any portion of the licensure process shall constitute fraud and may result in criminal prosecution and/or forfeiture of the opportunity to become licensed in Oklahoma.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MAIL APPLICATION AND INSTRUCTIONS WITH REQUIRED FORMS, FEES AND DOCUMENTS TO:**

**Oklahoma State Board of Medical Licensure and Supervision  
P. O. Box 18256  
Oklahoma City OK 73154-0256**

**DELIVER TO:**

**Oklahoma State Board of Medical Licensure and Supervision  
101 NE 51<sup>st</sup> Street  
Oklahoma City OK 73105**