

**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: All sections of the on-line application must be completed.

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.

EVIDENCE OF STATUS FORM: If you are a U.S. citizen, U.S. national, or legal permanent resident alien, you must submit the *Evidence of Status Form: Part A*, with a photocopy of one of the documents listed under "Acceptable Documents to Establish Evidence of Citizenship" on the *Evidence of Status (Part A)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

If you are a qualified alien, you must submit the *Evidence of Status Form: Part B* with notarized copies of the documents that support your qualified alien status, as shown on the *Evidence of Status (Part B)* form. This information must be submitted with your application and fee. A license will not be issued until the appropriate documentation is submitted.

EXTENDED BACKGROUND CHECK: All applicants for licensure must request an **Extended Background Check (EBC)** by completing the online EBC Authorization 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: ___ Orthotist ___ Prosthetist ___ Orthotist/Prosthetist

To be licensed to practice orthotics or prosthetics according to standard qualifications, a person shall provide proof of current certification by the Board for Orthotist/Prosthetist Certification (BOC), or the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC);

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: (PAYABLE TO OSBMLS) (ALL FEES ARE NON-REFUNDABLE)

LICENSE/PROCESSING or REINSTATEMENT FEE (for license inactive more than one year)	
Orthotist/Prosthetist	\$300 (paid on line – do not resubmit)
Technician	\$ 60 (paid on line – do not resubmit)
Assistant	\$100 (paid on line – do not resubmit)
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

"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.

Date

Printed Name

Signature

MAIL THESE SIGNED INSTRUCTIONS WITH ALL REQUIRED FORMS AND DOCUMENTS TO:

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

OR BRING TO:

**Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105**