



Arkansas Department of Health

Health Facility Services
5800 West Tenth Street, Suite 400 • Little Rock, Arkansas 72204-1704 • Telephone (501) 661-2201
Governor Mike Beebe
Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

October 10, 2007

Dear Applicant:

Enclosed is an application for a license as an orthotist, prosthetist, or pedorthist (OPP) in Arkansas under the grandfather provisions of Ark. Code Ann. §17-107-311. All OPP licenses under the grandfather provisions must be issued by December 31, 2007.

The deadline for grandfathered licenses cannot be extended so please make certain that **your application is complete, and received by this agency no later than NOVEMBER 30, 2007.**

Grandfather provision licenses may be issued to applicants who can demonstrate either of the following two criteria: (1) current national certification as specified in the application form; or (2) full-time employment in the appropriate OPP field for five of the past seven years.

Please fill out the attached application carefully and completely, attaching copies of required documents. Include a check or money order in the amount of **three hundred dollars (\$300.00)** payable to “**Arkansas Department of Health.**”

Return completed application, attachments and payment to:

OPP Licensing Program
Health Facility Services
5800 W. 10th , Suite 400
Little Rock, AR 72204 -1704
(501) 661-2201

Complete application must be received by November 30, 2007.

If you have any questions please contact me.

Sincerely,

Connie Melton, MBA, FACHE
Section Chief
Health Facility Services
Arkansas Department of Health

enclosures

APPLICATION FOR LICENSURE
Licensed Orthotist, Pedorthist, Prosthetist and Certified Assistant.

State of Arkansas
Orthotics, Prosthetics and Pedorthics License Application
Division of Health Facility Services
5800 W. 10th Street, Suite 400
Little Rock, Arkansas 72204
(501) 661-2201 TDD 1-800-234-4399

Please type or write legibly.

I. BACKGROUND INFORMATION

a. PERSONAL

1. Name: _____
Last First Middle or Maiden

2. Give all previous names: _____

3. Mailing Address: (for Official correspondence) _____

4. Home Address if different than above: _____

5. Telephone: Home: _____ Work: _____ Cell: _____

6. Date of Birth: _____

7. Identify all professional licenses, certificates and registrations issued by other states, jurisdictions, and territories.

License # _____ State/Entity _____

License # _____ State/Entity _____

License # _____ State/Entity _____

License # _____ State/Entity _____

8. Has your license, certificate or registration ever been revoked, canceled, or suspended?
____yes ____no.

9. If yes to the previous question, explain each disciplinary incident. _____

10. Have you ever been convicted of or plead guilty or nolo contendere to a felony? ____yes ____no

If yes, explain below for each.

11. Have you ever been sanctioned by either Medicare or Medicaid? ____yes ____no

If yes, give the date(s), each state or jurisdiction, and explain each below.

12. Place a checkmark by the type of license for which you are applying:

_____ (a) Orthotist

_____ (b) Pedorthist

_____ (c) Prosthetist

b. WORK EXPERIENCE

List each employer, employer's address, and dates of employment for previous work experience in the field of Orthotics, Prosthetics or Pedorthics. For each employment, describe the scope of work that you performed. A grandfather license based upon work experience requires evidence of full time work in the field of licensure for five of the past seven years. Use additional pages if needed.

1. Employer Name

Address

Date(s) Employed

Description of
duties _____

2. Employer Name

Address

Date(s) Employed

Description of
duties _____

3. Employer Name

Address

Date(s) Employed

Description of
duties _____

4. Employer Name

Address

Date(s) Employed

Description of
duties _____

c. ACADEMIC INFORMATION

Submit original source documents from an approved program. List all colleges, universities and educational programs attended. Attach additional sheets if necessary.

1. Prosthetic, Orthotic or Pedorthics Education

Program _____

Location _____

Dates attended _____

2. Clinical Residency
(if applicable) _____

Location _____

Dates attended _____

3. College or University _____

Location _____

Degree awarded and major field _____

Dates attended _____

College or University _____

Location _____

Degree awarded and major field _____

Dates attended _____

4. High School or GED _____

Location _____

Dates attended _____

II. GRANDFATHERING BY NATIONAL CERTIFICATION

Check all that apply. Attach copies of certifications.

_____ a. Applicant for license as an ORTHOTIST is certified by the American Board for Certification in Orthotics and Prosthetics, Inc. as a certified orthotist, certified prosthetist, or certified orthotist/prosthetist. Attach copy of certification.

_____ b. Applicant for a license as an ORTHOTIST is certified by the Board for Certification in Orthotics and Prosthetics, Inc. as a BOC – orthotist or BOC - prosthetist. Attach copy of certification.

_____ c. Applicant for a license as an ORTHOTIST is certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. as a certified orthotist. Attach a copy of certification

_____ d.. Applicant for a license as an ORTHOTIST is certified by another accrediting body with equivalent educational requirements and examination standards. Attach copy of certification.

Name and address of the national certification organization

_____ e. Applicant for license as an PEDORTHIST is certified by the Board for Certification in Pedorthics, Inc. as a certified pedorthist. Attach copy of certification.

_____ f. Applicant for license as a PEDORTHIST is certified by the American Board for Certification in Orthotics and Prosthetics as a certified orthotist, certified prosthetist, or certified orthotist/prosthetist. Attach copy of certification.

_____ g. Applicant for license as a PEDORTHIST is certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. as a certified pedorthist. Attach copy of certification.

_____ h. Applicant for a license as an PEDORTHIST is certified by another accrediting body with equivalent educational requirements and examination standards. Attach copy of certification.

Name and address of the national certification organization

_____ i. Applicant for license as a PROSTHETIST is certified by the American Board for Certification in Orthotics and Prosthetics, Inc. as a certified prosthetist or certified orthotist/prosthetist. Attach copy of certification.

_____ j. Applicant for a license as a PROSTHETIST is certified by the Board for Orthotist/Prosthetist Certification as a BOC – prosthetist. Attach copy of certification.

_____ k. Applicant for license as a PROSTHETIST is certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. as a certified prosthetist. Attach copy of certification.

_____ l. Applicant for a license as a PROSTHETIST is certified by another accrediting body with equivalent educational requirements and examination standards. Attach copy of certification.

Name and address of the national certification organization

III. GRANDFATHERING BY EMPLOYMENT

Check applicable. Provide complete supporting information (see section I(b) above).

_____ a. Applicant has been in full-time practice in ORTHOTICS for five (5) of the past seven (7) years and is applying for a license as an ORTHOTIST.

_____ b. Applicant has been in full-time practice in PEDORTHICS for five (5) of the past seven (7) years and is applying for a license as a PEDORTHIST.

_____ c. Applicant has been in full-time practice in PROSTHETICS for five (5) of the past seven (7) years and is applying for a license as a PROSTHETIST.

IV. AFFIRMATION ON OATH

I declare that the information I have provided in this application is truthful. I understand that providing false information of any kind may: (a) void this application; and (b) may void any license or certificate issued to me based upon this application; and (c) may result in disciplinary action against me.

Date

Signature of Applicant