



# KENTUCKY BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS

P.O. Box 1360, Frankfort, Kentucky 40602  
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Phone: (502) 782-8816 <http://pop.ky.gov>

## INFORMATION FOR INACTIVE LICENSURE APPLICANTS

### INSTRUCTIONS

1. The "Application for Inactive License" must be typed or printed legibly and completed in its entirety.
2. The application and all supporting material must be submitted to the Kentucky Board of Prosthetics, Orthotics & Pedorthics.
3. The application and all supporting material must be submitted with the required fees. All license types require a \$50.00 non-refundable fee. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**.
4. This completed notification may be submitted to the Kentucky Board of Prosthetics, Orthotics & Pedorthics either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

### LICENSURE FEES

<b>Orthotist (LO)</b>	\$50.00 Inactive License Fee
<b>Prosthetist (LP)</b>	\$50.00 Inactive License Fee
<b>Prosthetist / Orthotist (LPO)</b>	\$50.00 Inactive License Fee
<b>Pedorthist (LPed)</b>	\$50.00 Inactive License Fee
<b>Orthotic Fitter (LOF)</b>	\$50.00 Inactive License Fee

### CHECKLIST FOR LICENSED ORTHOTIST (LO), LICENSED PROSTHETIST (LP), OR LICENSED ORTHOTIST/PROSTHETIST APPLICATION (LPO)

- Completed Application for Inactive License
- \$50.00 Fee made payable to the Kentucky State Treasurer.

### CHECKLIST FOR LICENSED PEDORTHIST (LPed)

- Completed Application for Inactive License
- \$50.00 Fee made payable to the Kentucky State Treasurer.

### CHECKLIST FOR LICENSED ORTHOTIC FITTER (LOF)

- Completed Application for Inactive License
- \$50.00 Fee made payable to the Kentucky State Treasurer.



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## APPLICATION FOR INACTIVE LICENSE

**INACTIVE APPLICATION FOR:**

- Orthotist (LO)
- Prosthetist (LP)
- Prosthetist /Orthotist (LPO)
- Pedorthist (LPed)
- Orthotic Fitter (LOF)

Note: You may only apply for one license per application. If you are credentialed for more than one of the five licenses listed, you shall submit a separate application and accompanying fee for each as required by 201 KAR 44:100.

### APPLICANT INFORMATION

Name: Last	First	Middle Initial	Maiden Name
Mailing Address: Street	City	State	Zip Code
Business Address: Street	City	State	Zip Code
( ) -		/ /	
Telephone Number	Social Security Number	Date of Birth	Email Address

### APPLICANT COMPLIANCE

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Prosthetics, Orthotics & Pedorthics may deny or refuse to issue a license, or take other appropriate disciplinary action.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

BOARD REVIEW DATE \_\_\_\_\_

BRD MEMBER \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DEFFERED \_\_\_\_\_

BRD MEMBER \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_