



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 POST RESIDENCY REGISTRATION APPLICANTS

INSTRUCTIONS

1. The "Application for Post Residency Registration (March, 2016)" 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. Attach continuation sheets if more space is needed to provide information.
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.

Note: You may only apply for one license per application. If you are credentialed for more than one of the five licenses listed, you must submit a separate application and accompanying fee for each.

CHECKLIST FOR POST RESIDENCY REGISTRATION FOR ORTHOTIST, PROSTHETIST, OR ORTHOTIST/PROSTHETIST

- Completed Application for Post Residency Registration (March, 2016)
- Proof of completion of a residency program meeting the standards of KRS 319B.010 (26)
- Copy of documentation for examination from: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC)
- Letter from licensed practitioner for supervisory monitoring



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>

APPLICATION FOR POST RESIDENCY REGISTRATION

APPLICATION FOR: Orthotist
 Prosthetist
 Prosthetist /Orthotist

Note: You may only apply for one license per application. If you are credentialed with any other license with the board you shall submit the licensure application as required by 201 KAR 44:090.

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

EDUCATION

<u>Name of School</u>	<u>Dates Attended</u>	<u>Type of Degree or Diploma</u>





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>

GENERAL QUESTIONS

Please answer the following questions. If any answers are in the affirmative with the exception of question 1, please explain in detail on a separate sheet. In support of your explanation, the final documents or orders from the states, courts, and agencies shall be submitted with your application.

1. Are you now in good physical and mental health? If NO, please attach documentation detailing your mental or physical ailment. Yes No.
2. Has your certificate or license to practice Orthotics, Prosthetics, or Pedorthics in any State ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered, under threat of investigation or disciplinary action? Yes No.
3. Do you have a medical condition which in any way impairs or limits your ability to practice orthotics / prosthetics / pedorthics/orthotic fitter with reasonable skill and safety? Yes No.
4. Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? (If yes, please attach a copy of the court conviction, verdict and plea) Yes No.
5. Have you ever had a judgment rendered against you, or any legal action settled or pending, relating to the performance of your professional service? (If yes, please attach detailed explanation) Yes No.
6. Have you ever applied for a professional license in any health care profession and been denied or restricted for any reason? (If yes, please attach detailed explanation) Yes No.

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 _____ DEFERRED _____

BRD MEMBER _____

COMMENTS: _____
