



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 LICENSURE APPLICANTS

INSTRUCTIONS

1. The "Application for Licensure (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 application and all supporting material must be submitted with the required fees. All license types require a \$100.00 non-refundable application fee. Individual license type fees are shown below. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**.
5. Refer to KRS 319B.030, 201 KAR 44:010, 201 KAR 44:090
6. 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.
7. 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.

LICENSURE FEES

Orthotist (LO)	\$100.00 Application Fee (non-refundable)	\$350.00 Initial License Fee
Prosthetist (LP)	\$100.00 Application Fee (non-refundable)	\$350.00 Initial License Fee
Prosthetist / Orthotist (LPO)	\$100.00 Application Fee (non-refundable)	\$350.00 Initial License Fee
Pedorthist (LPed)	\$100.00 Application Fee (non-refundable)	\$300.00 Initial License Fee
Orthotic Fitter (LOF)	\$100.00 Application Fee (non-refundable)	\$250.00 Initial License Fee

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

- Completed Application for Licensure (March, 2016)
- Certified copy of transcript from an accredited college/university showing minimum of baccalaureate degree
- Certified copy of educational program in orthotics, prosthetics, or both from a program accredited by the Commission on Accreditation of Allied Health Education
- Proof of completion of a residency program meeting the standards of KRS 319B.010 (26)
- Copy of current certificate issued by: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) with the title of: Certified Orthotist (CO); Certified Prosthetist (CP); Certified Prosthetist/Orthotist (CPO).
- \$450.00 Fee (\$100.00 non-refundable application fee) (\$350 initial licensure fee refunded if denied or applicant does not qualify) made payable to the Kentucky State Treasurer
- Submit detailed work history, including scope of practice, covering the four year period prior to the date of application.



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CHECKLIST FOR LICENSED PEDORTHIST (LPed)

- Completed Application for Licensure (March, 2016)
- Certified copy of high school diploma or comparable credential
- Proof of completion of NCOE approved pedorthic education program
- Copy of current certificate issued by: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) with the title of: Certified Pedorthist (C.Ped)
- Proof of 1,000 hours of pedorthic patient care, 500 hours completed after the NCOPE approved education program
- \$400.00 Fee (\$100.00 non-refundable application fee) (\$300.00 initial licensure fee refunded if denied or applicant does not qualify) made payable to the Kentucky State Treasurer.
- Submit detailed work history, including scope of practice, covering the four year period prior to the date of application.

CHECKLIST FOR LICENSED ORTHOTIC FITTER (LOF)

- Completed Application for Licensure (March, 2016)
- Certified copy of high school diploma or comparable credential
- Proof of completion of NCOPE approved orthotic fitter education program
- Copy of current certificate issued by: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) with the title of: Certified Fitter Orthotics (CFO) .
- Proof of 1,000 hours of orthotic fitter patient care, 500 hours completed after the NCOPE approved education program
- \$350.00 Fee (\$100.00 non-refundable application fee) (\$250 initial licensure fee refunded if denied or applicant does not qualify) made payable to the Kentucky State Treasurer.
- Submit detailed work history, including scope of practice, covering the four year period prior to the date of application.



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INFORMATION FOR LICENSURE BY ENDORSEMENT

INSTRUCTIONS

1. The "Application for Licensure (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 application and all supporting material must be submitted with the required fees. All license types require a \$100.00 non-refundable application fee. Individual license type fees are shown below. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**.
5. Refer to KRS 319B.030, 201 KAR 44:010, 201 KAR 44:110
6. 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.
7. 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 LICENSED ORTHOTIST (LO), LICENSED PROSTHETIST (LP), OR LICENSED ORTHOTIST/PROSTHETIST APPLICATION (LPO)

- Completed Application for Licensure (March, 2016)
- Copy of license from current state in which a license is held
- Letter of verification from the state in which a person is licensed that certifies that the license is active, in good standing, and free of pending complaints
- \$450.00 Fee (\$100.00 non-refundable application fee) (\$350.00 initial licensure fee refunded if denied or applicant does not qualify) made payable to the Kentucky State Treasurer.

CHECKLIST FOR LICENSED PEDORTHIST (LPed)

- Completed Application for Licensure (March, 2016)
- Copy of license from current state in which a license is held
- Letter of verification from the state in which a person is licensed that certifies that the license is active, in good standing, and free of pending complaints
- \$400.00 Fee (\$100.00 non-refundable application fee) (\$300.00 initial licensure fee refunded if denied or applicant does not qualify) made payable to the Kentucky State Treasurer.

CHECKLIST FOR LICENSED ORTHOTIC FITTER (LOF)

- Completed Application for Licensure (March, 2016)
- Copy of license from current state in which a license is held
- Letter of verification from the state in which a person is licensed that certifies that the license is active, in good standing, and free of pending complaints
- \$350.00 Fee (\$100.00 non-refundable application fee) (\$250 initial licensure fee refunded if denied or applicant does not qualify) made payable to the Kentucky State Treasurer.



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APPLICATION FOR LICENSURE

- 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 44:010. Please refer also to KRS 319B.030, the licensure administrative regulation, 201 KAR 44:090, and the endorsement administrative regulation, 201 KAR 44:110 as applicable.

Are you applying for licensure by endorsement? Yes No

(If yes, please submit a copy of current license in another state along with verification of good standing.)

APPLICANT INFORMATION

Name: Last	First	Middle Initial	Maiden Name
Mailing Address: Street	City	State	Zip Code
Business Address: Street	City	State	Zip Code
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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>



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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: _____
