



# 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 RENEWAL

### INSTRUCTIONS FOR RENEWAL

1. The "Application for Renewal (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. The application and all supporting material must be submitted with the required fees. 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.090 and 201 KAR 44:010.
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 RENEWAL FEES

	Submitted by June 30 <sup>th</sup>	Submitted Between July 1 <sup>st</sup> and December 31 <sup>st</sup>
<b>Orthotist (LO)</b>	\$350.00 Renewal Fee	\$950.00 Late Renewal Fee
<b>Prosthetist (LP)</b>	\$350.00 Renewal Fee	\$950.00 Late Renewal Fee
<b>Prosthetist / Orthotist (LPO)</b>	\$350.00 Renewal Fee	\$950.00 Late Renewal Fee
<b>Pedorthist (LPed)</b>	\$300.00 Renewal Fee	\$900.00 Late Renewal Fee
<b>Orthotic Fitter (LOF)</b>	\$250.00 Renewal Fee	\$850.00 Late Renewal Fee

\*For more information regarding renewal fees, please see 201 KAR 44:010 Section 2

### CONTINUING EDUCATION REQUIREMENTS

- Prosthetist:** **ten (10) contact hours**
- At least seven (7) hours shall be earned from Category 1
  - No more than three (3) hours shall be earned from Category 2
- Orthotist:** **ten (10) contact hours**
- At least seven (7) hours shall be earned from Category 1
  - No more than three (3) hours shall be earned from Category 2
- Prosthetist-Orthotist:** **fifteen (15) contact hours**
- At least twelve (12) hours shall be earned from Category 1
  - No more than three (3) hours shall be earned from Category 2
- Pedorthist:** **eight (8) contact hours**
- At least six (6) hours shall be earned from Category 1
  - No more than two (2) hours shall be earned from Category 2
- Licensed Orthotic Fitter:** **seven (7) contact hours**
- At least six (6) hours shall be earned from Category 1
  - No more than one (1) hour shall be earned from Category 2

Note: One (1) hour shall be awarded for the successful completion of the Jurisprudence Examination per biennium

\*For more information regarding continuing education requirements, please see 201 KAR 44:060.



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## APPLICATION FOR RENEWAL

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.

## 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

## CERTIFICATION INFORMATION

- Are you currently certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC)?  Yes  No
- Are you currently certified by the Board of Certification/Accreditation, International (BOC)?  Yes  No

If yes, please attach a copy of your current certificate for each certification you hold.

## CONTINUING EDUCATION COURSE INFORMATION

- Have you completed the continuing education requirements?  Yes  No

### Requirements:

-- Prosthetist: 10 hrs -- Pedorthist: 8 hrs -- Orthotist: 10 hrs -- Orthotic Fitter: 7 hrs -- Prosthetist/Orthotist: 15 hrs

### APPLICANTS SHALL ATTACH ORIGINALS OR COPIES OF THEIR CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION.

Note: Continuing education courses only qualify if they have been approved by the Board of Prosthetics, Orthotics and Pedorthics, the board's designee: The Kentucky Orthotics and Prosthetics Association, or the American Board of Certification for Orthotics, Prosthetics, and Pedorthotics, Inc, or the Board of Certification/Accreditation International.





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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 and not previously submitted to the Board, 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: \_\_\_\_\_

\_\_\_\_\_