



KENTUCKY BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS

P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 2 SC 32 Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 892~4260 ~ Fax: (502) 564-4818 ~ <http://pop.ky.gov>

APPLICATION FOR INACTIVE LICENSE

INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted to the Kentucky Board of Prosthetics, Orthotics & Pedorthics.
3. This 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 500 Mero Street 2 SC 32 Frankfort, Kentucky 40601.

TYPE OF APPLICATION

- | | | |
|--------------------------|---------------------------------|------------------------------|
| <input type="checkbox"/> | Orthotist (LO) | \$50.00 Inactive License Fee |
| <input type="checkbox"/> | Prosthetist (LP) | \$50.00 Inactive License Fee |
| <input type="checkbox"/> | Prosthetist
/Orthotist (LPO) | \$50.00 Inactive License Fee |
| <input type="checkbox"/> | Pedorthist (LPed) | \$50.00 Inactive License Fee |
| <input type="checkbox"/> | Orthotic Fitter
(LOF) | \$50.00 Inactive License Fee |

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

- ☐ Completed application (Form BPOP4-01/2013)
- ☐ \$50.00 Fee made payable to the Kentucky State Treasurer.

CHECKLIST FOR LICENSED PEDORTHIST (LPed)

- ☐ Completed application (Form BPOP4-01/2013)
- ☐ \$50.00 Fee made payable to the Kentucky State Treasurer.

CHECKLIST FOR LICENSED ORTHOTIC FITTER (LOF)

- ☐ Completed application (Form BPOP4-01/2013)
- ☐ \$50.00 Fee made payable to the Kentucky State Treasurer.



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APPLICATION FOR INACTIVE LICENSE

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

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.

Date

Applicant Signature

BOARD REVIEW DATE _____

BRD MEMBER _____

APPROVED _____ DENIED _____ DEFERRED _____

BRD MEMBER _____

COMMENTS: _____
