



# KENTUCKY BOARD OF PROSTHETICS, ORTHOTICS & PEDORTHICS

P.O. Box 1360, Frankfort, Kentucky 40602  
500 Mero Street, 2SC32, Frankfort, Kentucky 40601 (Delivery Only)  
Phone: (502) 892-4260 <http://pop.ky.gov>

## 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
(     ) -		/     /	
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  
500 Mero Street, 2SC32, Frankfort, Kentucky 40601 (Delivery Only)  
Phone: (502) 892-4260 <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: \_\_\_\_\_

\_\_\_\_\_