



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 REINSTATEMENT

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. 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. Individual license type fees are shown below. All fees paid by check or money order must be made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
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 500 Mero Street 2 SC 32, Frankfort, Kentucky 40601.

TYPE OF APPLICATION

- | | | |
|---|----------------------------|---------------------------|
| <input type="checkbox"/> Orthotist (LO) | \$100.00 Reinstatement Fee | \$750.00 Late Renewal Fee |
| <input type="checkbox"/> Prosthetist (LP) | \$100.00 Reinstatement Fee | \$750.00 Late Renewal Fee |
| <input type="checkbox"/> Prosthetist /Orthotist (LPO) | \$100.00 Reinstatement Fee | \$750.00 Late Renewal Fee |
| <input type="checkbox"/> Pedorthist (LPed) | \$100.00 Reinstatement Fee | \$700.00 Late Renewal Fee |
| <input type="checkbox"/> Orthotic Fitter (LOF) | \$100.00 Reinstatement Fee | \$650.00 Late Renewal Fee |

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.

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

1. Are you currently certified by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC), or;
 - Yes No. If yes, please attach a copy of your current certificate for each certification you hold.
2. 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.



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CONTINUING EDUCATION COURSE INFORMATION

Have you completed the required continuing education requirements? ____ Yes ____ No

LICENSEES

- Prosthetist – 10 hours
- Orthotist – 10 hours
- Prosthetist – Orthotist – 15 hours
- Pedorthist – 8 hours
- Fitter-orthotics – 7 hours

APPLICANTS MUST 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

DOCUMENTATION OF EMPLOYMENT

Please include a detailed list of employment since the time of expiration of license for non-renewal

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 must 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.



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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

FOR OFFICE USE ONLY

LICENSE FEE:	
DATE FEE PAID:	
RECEIPT NUMBER ISSUED:	
DATE LICENSE ISSUED:	
LICENSE OBTAINED BY:	