



**Texas Department of Licensing and Regulation**

PO Box 12057 • Austin, Texas 78711-2157

(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871

www.tdlr.texas.gov • cs.op@tdlr.texas.gov

**ATTESTATION OF EXPERIENCE PROVIDING EXTENSIVE ORTHOTIST CARE INSTRUCTIONS**

All information provided must be typed or printed in **black ink**. **ONLY** those applying for a regular license under **Unique Qualification** must submit this form.

1. APPLICANT NAME – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. SOCIAL SECURITY NUMBER – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:  
[www.oag.state.tx.us/child/index](http://www.oag.state.tx.us/child/index) or call (512) 460-6000 or (800) 252-8014
3. PHONE NUMBER – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
4. EMAIL ADDRESS – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
5. EXTENSIVE ORTHOTIST CARE – Include **all of** the following experiential elements:
  - Evaluation of patients with a wide range of lower limb, upper limb, and spinal pathomechanical conditions;
  - Taking measurements and impressions of the involved body segments;
  - Synthesis of observations and measurements into a custom Orthotist design;
  - Selection of materials and components;
  - Fabrication of therapeutic or functional orthoses including plastic forming, metal contouring, upholstering, and assembling;
  - Fit and critique the orthosis;
  - Appropriate follow-up, adjustments, modifications and revisions in an Orthotist facility;
  - Instructing patients in the use and care of the orthoses; and
  - Maintaining current encounter notes and patient records.
6. DATES PERFORMED EXTENSIVE ORTHOTIST CARE – Enter the beginning and ending dates.
7. SIGNATURE AND DATE – Sign and Date the form.



**Texas Department of Licensing and Regulation**  
 PO Box 12057 • Austin, Texas 78711-2157  
 (800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871  
 www.tdlr.texas.gov • cs.op@tdlr.texas.gov

**ATTESTATION OF EXPERIENCE PROVIDING  
 EXTENSIVE ORTHOTIST CARE**

**DO NOT WRITE ABOVE THIS LINE**

All information provided must be typed or printed in **black ink**. **ONLY** those applying for a regular license under **Unique Qualification** must submit this form.

1. Applicant Name: \_\_\_\_\_  
 Last First Middle Name Suffix

2. Social Security Number: \_\_\_\_\_ 3. Personal Phone Number: \_\_\_\_\_ 4. Email Address: \_\_\_\_\_  
 ( ) Phone Number (Ex: johndoe@aol.com) See Instructions sheet for Disclosure

(See Instructions Sheet for Disclosure Information) Area Code Phone Number (Ex: johndoe@aol.com) See Instructions sheet for Disclosure

5. Extensive Orthotist Care must include all of the following experiential elements:
- Evaluation of patients with a wide range of lower limb, upper limb, and spinal pathomechanical conditions;
  - Taking measurements and impressions of the involved body segments;
  - Synthesis of observations and measurements into a custom Orthotist design;
  - Selection of materials and components;
  - Fabrication of therapeutic or functional orthoses including plastic forming, metal contouring, upholstering, and assembling;
  - Fit and critique the orthosis;
  - Appropriate follow-up, adjustments, modifications and revisions in an Orthotist facility;
  - Instructing patients in the use and care of the orthoses; and
  - Maintaining current encounter notes and patient records.

**(I attest that I have applied all the above listed experiential elements to two-thirds of the orthoses listed in the chart below. (10 of 15 items must be completed in order to qualify).**

Orthosis	Completion Location	Completion Date (First and Last Date Performed)	Name & Phone No. of Verification Source (Not patient's names)
Example Orthosis	XYZ O&P, Austin TX	12/97 -12/13	Joe Smith at XYZ (512) 555-5555
foot			
knee			
hip			
ankle-foot			
knee-ankle-foot			
hip-knee-ankle-foot			
cervical			
cervical-thoracic			
cervical-thoracic-lumbar-sacral			
thoracic-lumbar-sacral			
lumbar-sacral			
hand			
wrist-hand			
shoulder-elbow			
shoulder-elbow-wrist-hand			

6. I have performed extensive Orthotist care from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

7. The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a state jail felony. This form does not constitute application for licensure.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_