



**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

**ORTHOTISTS AND PROSTHETISTS VERIFICATION OF EXPERIENCE INSTRUCTIONS**

**All information provided must be typed or printed in black ink.**

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. APPLICANT MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
3. APPLICANT 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. APPLICANT 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. EMPLOYER 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.)
6. EMPLOYER JOB TITLE –
7. EMPLOYER 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.
8. EMPLOYER 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.
9. EMPLOYER MAILING ADDRESS – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
10. CHOOSE THE TYPE OF WORK PERFORMED – Place a check in the box of the work performed by the applicant.
11. GIVE A BRIEF DESCRIPTION OF THE JOB DUTIES THE APPLICANT HAS PERFORMED –
  
12. TOTAL NUMBER OF HOURS WORKED AT THE DUTIES LISTED IN ITEM 11
13. DATES EMPLOYED – Give the dates the applicant was trained by you.
14. STATEMENT OF EMPLOYER – Carefully read the statement before dating and signing form.



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## ORTHOTISTS AND PROSTHETISTS VERIFICATION OF EXPERIENCE

DO NOT WRITE ABOVE THIS LINE

**BE SURE TO USE A SEPARATE FROM FOR EACH ORGANIZATION OR INSTITUTION WHERE THE EXPERIENCE WAS GAINED. BE SURE TO SUBMIT EXPERIENCE SUFFICIENT TO DOCUMENT YOUR EXPERIENCE FOR THE DURATION REQUIRED OF YOUR LICENSE. THIS FORM MUST BE COMPLETED BY A PERSON QUALIFIED TO VERIFY EXPERIENCE WHOM THE DEPARTMENT MY CONTACT FOR VERIFICATION.**

1. Applicant Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

2. Applicant Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Applicant Phone Number:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Area Code Ph. Number

4. Applicant Email Address:

\_\_\_\_\_  
 (Ex: johndoe@gmail.com) See Instructions sheet for Disclosure)

5. Employer Name:

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

6. Employer Job Title:

7. Employer Phone Number:

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Area Code Ph. Number

8. Employer Email Address:

\_\_\_\_\_  
 (Ex: johndoe@gmail.com) See Instructions sheet for Disclosure)

9. Employer Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. Choose the type of work performed by this applicant: (Please place a check in the box)

Orthotist  Prosthetist  Orthotist/Prosthetist

11. Briefly describe job responsibilities:

12. Total number of hours per week the applicant worked in the above duties:

13. Dates Employed:

From: \_\_\_\_\_ to: \_\_\_\_\_

14. STATEMENT OF EMPLOYER

I certify that I have employed the above applicant and that I know of my own knowledge that said person was employed as follows and that his/her regularly assigned duties including work in the Orthotist and/or Prosthetist field. I understand that I may be subject to disciplinary action up to and including revocation of my license if I verify experience other than that which was performed while the applicant was working under my license and supervision.

\_\_\_\_\_  
 Signature of Employer

\_\_\_\_\_  
 Date