



**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 CHANGE OF ON-SITE PRACTITIONER IN CHARGE  
INSTRUCTIONS**

The application must be completed and signed by the applicant. An application is not considered complete and will not be processed until all required items have been submitted. All information provided must be typed or printed in black ink. Fees may be paid by check or money order. Do not send cash.

**DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER.**

1. NAME OF THE FACILITY – Write the name of the facility as it should appear on your license
2. TYPE OF FACILITY – Place a check in the of the type of facility you are changing information on.
3. ACCREDITATION NUMBER –
4. 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.
5. PHYSICAL ADDRESS – This is the physical location of your residence. Do not use a post office box for this address.
6. 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.
7. FAX NUMBER - Write the main fax number for the business applying for this license.
8. 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. NAME OF ON-SITE PRACTITIONER IN CHARGE OF ORTHOTISTS – List the name of the on-site Orthotist in charge.
10. NAME OF ON-SITE PRACTITIONER IN CHARGE OF PROSTHETISTS – List the name of the on-site Prosthetist in charge.
11. STATEMENT OF APPLICANT – Complete all requested contact information and carefully read the statement before dating and signing form.



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**ORTHOTISTS AND PROSTHETISTS CHANGE OF ON-SITE PRACTITIONER IN CHARGE REQUEST**

DO NOT WRITE ABOVE THIS LINE		
<b>This completed form and the application fee</b> <b>APPLICATION FEE: \$50 (FEE IS NON-REFUNDABLE)</b>		
1. Name of the Facility:		
Please Print		
2. Type of Facility: <input type="checkbox"/> Orthotist <input type="checkbox"/> Prosthetist <input type="checkbox"/> Orthotist/Prosthetist	3. Accreditation#:	
4. Mailing Address:		
(P.O. Box, Number, Street Name/Apartment Number)		
City	State	Zip Code
5. Physical Address (PO box cannot be used for this address):		
(Number, Street Name/Apartment Number)		
City	State	Zip Code
6. Phone Number:	7. Fax Number:	8. Email Address:
Area Code    Ph. Number	Area Code    Ph. Number	(Ex: <a href="mailto:john.doe@gmail.com">john.doe@gmail.com</a> ) See Instructions sheet for Disclosure)
9. Name of On-Site Practitioner in Charge (PIC) of <b>Orthotists</b> :		License#:
Please Print		
Signature		Date became PIC at this facility
10. Name of On-Site Practitioner in Charge (PIC) of <b>Prosthetists</b> :		License#:
Please Print		
Signature		Date became PIC at this facility
<b>11. STATEMENT OF PERSON COMPLETING THIS FORM</b>		
I declare that all information on this form is accurate and true. I understand that providing false information on this application may result in denial of the license and/or revocation of the license I am requesting and the imposition of administrative penalties.		
Printed name and title of the person completing this form		
Phone Number (Area Code – Phone Number)	Email Address (ex: <a href="mailto:john.doe@gmail.com">john.doe@gmail.com</a> ) Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public	
Signature of person completing this form		Date