



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 LICENSE APPLICATION 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. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples.**

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 – 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. GENDER – Select whether you are male or female.
3. DATE OF BIRTH – Write your birthdate.
4. 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 or call (512) 460-6000 or (800) 252-8014.
5. 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.
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. BUSINESS PHONE NUMBER - Write the telephone number, including the area code, of the business listed.
8. 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.
9. PHYSICAL ADDRESS – This is the physical location of your residence. Do not use a post office box for this address.
10. PROFESSIONAL LICENSURE INFORMATION -
 - A. Licensure Category - Place a check the box for the category you are applying.
 - B. Orthotist, Prosthetist, Prosthetist/Orthoptist Licensure Pathway – Place a check in the box for your pathway.
 - C. License or Certificate of registration to practice as an Orthotist or prosthetist – Place a check in the box Yes or No. If yes, please list all licenses/registrations. Provide additional sheets if necessary.
 - D. Do you hold or ever held a certificate in a health related field - Do you hold or have you ever held a valid license or certificate in any health related field, in any state (including Texas) to practice any profession? **This does not include ABC or BOC certification.**
 - E. Have you previously applied for an Orthotist or Prosthetist license in Texas - Place a check in the box Yes or No.
11. UNDERGRADUATE AND GRADUATE EDUCATION INFORMATION - List the Institution, Location, Dates Attended, Major, Degree Earned and Name on Transcript.
12. CLINICAL RESIDENCY OR CLINICAL LABORATORY EXPERIENCE – Answer Yes or No to your NCOPE residency, Name and address of the facility you attended, date your residency began ended or expected to end, hours completed and the name and credentials of your supervisor.
13. EMPLOYMENT – Beginning with your current employer, list in chronological order all Prosthetist or Orthotist related employment for the past six years. All employment must be verifiable by the address or telephone number listed. If you have no previous Prosthetist or Orthotist employment, please write "none" in the current place of employment box.

14. **CRIMINAL HISTORY** – Indicate if you have ever been convicted of, or placed on deferred adjudication for, any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at www.tdlr.texas.gov/MISC/lic002.pdf.

If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of, or placed on deferred adjudication for, and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at www.tdlr.texas.gov/crimHistoryEval.htm.

15. **DISCIPLINARY ACTION HISTORY** – Indicate if you have ever had an occupational license, certification, or Registration suspended, revoked, or denied in any state. If you have, complete and attach a Disciplinary Action Questionnaire for each disciplinary action. This form can be obtained from the TDLR website at www.tdlr.texas.gov/misc/Disciplinary Action Questionnaire.pdf.

16. **STATEMENT OF APPLICANT** - Carefully read the statement before dating and signing your application.

SCHEDULE OF FEES

Type of License Requested	Fee
Prosthetist or Orthotist License	\$300
Prosthetist/Orthotist License	\$400
Assistant Prosthetist or Orthotist License	\$200
Assistant Prosthetist/Orthotist License	\$250
Prosthetist or Orthotist Technician Registration	\$100
Prosthetist/Orthotist Technician Registration	\$150
Student Prosthetist or Orthotist Registration	\$75
Student Prosthetist/Orthotist Registration	\$100
Temporary Prosthetist or Orthotist License	\$150
Temporary Prosthetist/Orthotist License	\$200
Upgrade to Prosthetist or Orthotist after passing exam	\$200
Upgrade to Prosthetist/Orthotist after passing exam	\$300

APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the **Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001)** and attach it with your license application. The form is located on the TDLR website at: <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at: <http://www.tdlr.texas.gov/military.htm>.

State law prohibits renewing a license more than once after a licensee has defaulted on a student loan guaranteed by the **Texas Guaranteed Student Loan Corporation (TGSCLC)** unless the licensee has entered into a repayment agreement with TGSCLC. **YOU SHOULD CONTACT TGSCLC BEFORE FILING THIS APPLICATION** if you have defaulted on a student loan. An application or renewal may be rejected if this agency has received information from TGSCLC that the applicant has defaulted on a student loan. The Texas Guaranteed Student Loan Corporation can be contacted at: **Texas Guaranteed ATTN: Collections, PO Box 83100, Round Rock, TX 78683-3100, Telephone: (800) 222-6297, <http://www.tgsclc.org> or email: cust.assist@tgsclc.org.**

What Documents Do I Need to Submit?

License Type & Method or Pathway to Qualify	Exam Required	Jurisprudence Exam	Attestation of Extensive Experience Providing O/P Care	Two Professional References	Signed Supervision Agreement	Official College Transcripts	Proof of completion of NCOPE or equivalent residency	Proof of completion of clinical residency for assistants	Proof of completion of 1,000 hours' laboratory experience for technicians
Practitioner - Unique Qualifications	Maybe	Yes	Yes	Yes	No	Yes	Yes, if completed	Yes, if completed	Yes, if completed
Practitioner – License by Examination	Yes	Yes	No	No	No	Yes	Yes Must apply as UQ if residency not NCOPE	No	No
Practitioner – Temporary	Yes, to obtain a regular license	Yes	No	No	No	Yes, to obtain a regular license	Yes, to obtain a regular license	No	No
Student Registration	Yes, to obtain a regular license	Yes	No	No	Yes	Yes	No	No	No
Licensed Assistant	No	Yes	No	No	Yes	Yes	No	Yes	No
Technician Registration	No	Yes	No	No	Yes	Yes, if high school diploma or GED not submitted	No	No	Yes
Upgrade from Student to Practitioner	Yes	No	No	No	No	Yes, if not already on file	Yes	No	No
Practitioner – Unique Qualifications	You must be a resident of Texas; have moved to Texas within the last year; and provide EITHER: 1. Proof of holding a current and valid license in the state from which you moved; OR 2. Proof of at least 15 years of extensive experience and 75/100 hours of continuing education in the last five (5) years								

• Type of License:			
• License Number:			
• Issuing Agency:			
• Date of Original License/Registration		Expiration Date:	
If you have had a license which is not current, please explain on a separate paper.			
D. Do you hold or have you ever held a valid license or certificate in any health related field, in any state (including Texas) to practice any profession? <input type="checkbox"/> Yes <input type="checkbox"/> No This does not include ABC or BOC certification.			
E. Have you previously applied for Orthotist or Prosthetist licensure in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. UNDERGRADUATE AND GRADUATE EDUCATION, Including any coursework in progress. Provide additional sheets if necessary.			
• Institution:			
• Location:			
• Dates Attended:			
• Major:			
• Degree Earned:			
• Name on Transcript:			
• Institution:			
• Location:			
• Dates Attended:			
• Major:			
• Degree Earned:			
• Name on Transcript:			
• Institution:			
• Location:			
• Dates Attended:			
• Major:			
• Degree Earned:			
• Name on Transcript:			
• Institution:			
• Location:			
• Dates Attended:			
• Major:			
• Degree Earned:			
• Name on Transcript:			

12. CLINICAL RESIDENCY OR CLINICAL LABORATORY EXPERIENCE. Provide additional sheets if necessary.

NCOPE Residency? (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Facility:				
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Date Residency Began:		Expected Ending Date:		Hours Completed:	
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Name and Credentials of Supervisor:

NCOPE Residency? (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Facility:				
---	-------------------------------	--	--	--	--

Date Residency Began:		Expected Ending Date:		Hours Completed:	
-----------------------	--	-----------------------	--	------------------	--

Name and Credentials of Supervisor:

NCOPE Residency? (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Facility:				
---	-------------------------------	--	--	--	--

Date Residency Began:		Expected Ending Date:		Hours Completed:	
-----------------------	--	-----------------------	--	------------------	--

Name and Credentials of Supervisor:

NCOPE Residency? (Check Yes or No) <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Facility:				
---	-------------------------------	--	--	--	--

Date Residency Began:		Expected Ending Date:		Hours Completed:	
-----------------------	--	-----------------------	--	------------------	--

Name and Credentials of Supervisor:

13. EMPLOYMENT: List, beginning with current employment, all Prosthetist and Orthotist related employment for the past six years. The employment must be verifiable. If none, write "none".

Current place Of employment:	
Telephone Number;	
Mailing Address:	
Date of employment (to - from)	
Current place Of employment:	
Telephone Number;	
Mailing Address:	
Date of employment (to - from)	

Current place Of employment:	
Telephone Number;	
Mailing Address:	
Date of employment (to - from)	
Current place Of employment:	
Telephone Number;	
Mailing Address:	
Date of employment (to - from)	
14. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor? or felony, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and submit a Criminal History questionnaire (CHQ) for each offense. <u>See instructions sheet for more information</u>	
15. Have you ever had an occupational license, certification or registration suspended, revoked or denied in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete and submit a Disciplinary Action Questionnaire (DAQ) with this application. (This does not include your driver license)	
16. STATEMENT OF APPLICANT	
The information which I have provided in this application is truthful and complete. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be granted a license, or the revocation of my license.	
Signature _____	Date _____



ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE INSTRUCTIONS

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

PART 1 MUST BE COMPLETED BY THE APPLICANT

17. 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.)
18. 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.
19. 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.
20. 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.
21. APPLICATION FOR – Check the appropriate discipline for which you are applying for licensure or registration.

PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1. 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. CREDENTIALS AND STATE HELD –
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. NATURE OF ASSOCIATION - Briefly describe the nature of your relationship to the applicant (professional, personal, collegial)
5. TIME OF ASSOCIATION - Type or print the month and year your relationship with the applicant began and ended. If your relationship is ongoing, type "P".

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1. PROFESSIONAL SKILLS, PERSONAL SKILLS & PROFESSIONAL RELATIONSHIPS – To the best of your ability, check the appropriate box relating to each characteristic.
2. PROBLEMS AFFECT PERFORMANCE - Explain
3. OVERALL EVALUATION – Check the appropriate box. If you prefer not to give a reference, please check the appropriate box.
4. REFERRAL STATEMENT – Sign and Date. **IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Texas Department of Licensing and Regulation office at the address above. DO NOT return this form to the applicant. If you have questions, call the agency office at the number above.**



ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE

DO NOT WRITE ABOVE THIS LINE			
All information provided must be typed or printed in <u>black ink</u>.			
PART 1 MUST BE COMPLETED BY THE APPLICANT			
1. Applicant Name:			
_____	_____	_____	_____
Last	First	Middle Name	Suffix
2. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
City		State	Zip Code
3. Personal Phone Number:		4. Email Address:	
()			
Area Code	Number	(Ex: johndoe@aol.com) See Instructions sheet for Disclosure	
5. Application for:			
<input type="checkbox"/> Orthotist <input type="checkbox"/> Prosthetist <input type="checkbox"/> Prosthetist/Orthotist			
PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE			
1. Referral's Name:			
_____	_____	_____	_____
Last	First	Middle Name	Suffix
2. Credentials held:			State Held:
3. Personal Phone Number:			
()			
Area Code	Number		
4. Nature of Association:			
5. Time of Association Begin Date:		End Date:	

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1a. Professional Skills

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Clinical Skills					
Technical Ability					
Communication Skills					
Practice Management					
Fitness for Clinical Practice					

1b. Personal Character

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Motivation					
Initiative					
Responsibility					
Integrity					

1c. Professional Relationships

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Colleagues					
Patients					
Medical Staff					
Nursing Staff					

2. Any Problems Which Might Affect performance? Yes No (if yes explain below)

3. Overall Evaluation: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary.)

- 1. Recommended as outstanding applicant,
- 2. Recommended as qualified and competent.
- 3. Recommended with some reservation.
- 4. Cannot recommend.
- I prefer not to give a recommendation.

STATEMENT FROM REFERRAL

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by state jail felony. **IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Texas Department of Licensing and Regulation office at the address above. DO NOT return this form to the applicant. If you have questions, call the agency office at the number above.**

Signature _____

Date _____



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ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE INSTRUCTIONS

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

PART 1 MUST BE COMPLETED BY THE APPLICANT

22. 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.)
23. 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.
24. 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.
25. 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.
26. APPLICATION FOR – Check the appropriate discipline for which you are applying for licensure or registration.

PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

6. 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.)
7. CREDENTIALS AND STATE HELD –
8. 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.
9. NATURE OF ASSOCIATION - Briefly describe the nature of your relationship to the applicant (professional, personal, collegial)
10. TIME OF ASSOCIATION - Type or print the month and year your relationship with the applicant began and ended. If your relationship is ongoing, type "P".

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

6. PROFESSIONAL SKILLS, PERSONAL SKILLS & PROFESSIONAL RELATIONSHIPS – To the best of your ability, check the appropriate box relating to each characteristic.
7. PROBLEMS AFFECT PERFORMANCE - Explain
8. OVERALL EVALUATION – Check the appropriate box. If you prefer not to give a reference, please check the appropriate box.
9. REFERRAL STATEMENT – Sign and Date. **IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Texas Department of Licensing and Regulation office at the address above. DO NOT return this form to the applicant. If you have questions, call the agency office at the number above.**



ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE

DO NOT WRITE ABOVE THIS LINE			
All information provided must be typed or printed in <u>black ink</u>.			
PART 1 MUST BE COMPLETED BY THE APPLICANT			
1. Applicant Name:			
_____	_____	_____	_____
<small>Last</small>	<small>First</small>	<small>Middle Name</small>	<small>Suffix</small>
2. Mailing Address:			
(P.O. Box, Number, Street Name/Apartment Number)			
<small>City</small>		<small>State</small>	<small>Zip Code</small>
3. Personal Phone Number:		4. Email Address:	
()			
<small>Area Code</small>	<small>Number</small>	<small>(Ex: johndoe@aol.com) See Instructions sheet for Disclosure</small>	
10. Application for:			
<input type="checkbox"/> Orthotist <input type="checkbox"/> Prosthetist <input type="checkbox"/> Prosthetist/Orthotist			
PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE			
1. Referral's Name:			
_____	_____	_____	_____
<small>Last</small>	<small>First</small>	<small>Middle Name</small>	<small>Suffix</small>
3. Credentials held:			State Held:
3. Personal Phone Number:			
()			
<small>Area Code</small>	<small>Number</small>		
4. Nature of Association:			
5. Time of Association Begin Date:		End Date:	

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1a. Professional Skills

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Clinical Skills					
Technical Ability					
Communication Skills					
Practice Management					
Fitness for Clinical Practice					

1b. Personal Character

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Motivation					
Initiative					
Responsibility					
Integrity					

1c. Professional Relationships

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Colleagues					
Patients					
Medical Staff					
Nursing Staff					

2. Any Problems Which Might Affect performance? Yes No (if yes explain below)

3. Overall Evaluation: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary.)

- 1. Recommended as outstanding applicant,
- 2. Recommended as qualified and competent.
- 3. Recommended with some reservation.
- 4. Cannot recommend.
- I prefer not to give a recommendation.

STATEMENT FROM REFERRAL

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by state jail felony. **IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Texas Department of Licensing and Regulation office at the address above. DO NOT return this form to the applicant. If you have questions, call the agency office at the number above.**

Signature _____

Date _____



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ORTHOTISTS AND PROSTHETISTS SUPERVISION AGREEMENT INSTRUCTIONS

Licensed Assistants, Registered Technicians, and Registered Students must be supervised by a Texas licensed practitioner currently licensed in the same discipline as the assistant, technician or student.

All information provided must be typed or printed in black ink. Section 1 is to be completed by the applicant. Section 2 is to be completed by the supervisor. The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

PART 1 MUST BE COMPLETED BY THE APPLICANT

27. 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 or call (512) 460-6000 or (800) 252-8014
3. 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.
4. 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.
5. 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.
6. LICENSURE CATEGORY OF APPLICANT – Check the appropriate discipline for licensure or registration.
7. SIGNATURE AND DATE – Sign and Date the form.

PART 2 MUST BE COMPLETED BY THE SUPERVISOR

11. SUPERVISOR 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. LICENSE NUMBER AND EXPIRATION DATE:
3. BUSINESS 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. BUSINESS PHYSICAL ADDRESS – This is the physical location of your business. Do not use a post office box for this address.
5. LICENSURE CATEGORY OF SUPERVISOR – Check the appropriate discipline you have experience in.
6. SIGNATURE AND DATE - Sign and date the form.



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ORTHOTISTS AND PROSTHETISTS APPLICANT/SUPERVISION AGREEMENT FORM

DO NOT WRITE ABOVE THIS LINE

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

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. Applicant Name:

_____ Last _____ First _____ Middle Name _____ Suffix

2. Social Security Number: (See Instructions Sheet for Disclosure Information)

3. Mailing Address:

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

_____ City _____ State _____ Zip Code

4. Personal Phone Number:

(_____)

_____ Area Code _____ Number

5. Email Address:

(Ex: johndoe@aol.com) See Instructions sheet for Disclosure)

6. Licensure Category of Applicant:

- | | | |
|---|---|---|
| <input type="checkbox"/> Assistant Prosthetist | <input type="checkbox"/> Assistant Orthotist | <input type="checkbox"/> Assistant Prosthetist/Orthotist |
| <input type="checkbox"/> Prosthetist Technician | <input type="checkbox"/> Orthotist Technician | <input type="checkbox"/> Prosthetist/Orthotist Technician |
| <input type="checkbox"/> Student Prosthetist | <input type="checkbox"/> Student Orthotist | <input type="checkbox"/> Student Prosthetist/Orthotist |

STATEMENT OF APPLICANT

7. I agree to follow and abide by the Orthotists and Prosthetists Act and the Texas Department of Licensing and Regulation rules.

Applicant's Signature

Date

PART 2 MUST BE COMPLETED BY THE SUPERVISOR

1. Supervisor's Name:

_____ Last _____ First _____ Middle Name _____ Suffix

2. License Number:

Expiration Date:

3. Business Phone Number

(_____)

_____ Area Code _____ Number

4. Physical Business Address (PO box cannot be used for this address):

(Number, Street Name/Apartment Number)

_____ City _____ State _____ Zip Code

5. Licensure Category of Supervisor:

- | | | |
|--|--|--|
| <input type="checkbox"/> Prosthetist | <input type="checkbox"/> Orthotist | <input type="checkbox"/> Prosthetist/Orthotist |
| <input type="checkbox"/> Assistant Prosthetist | <input type="checkbox"/> Assistant Orthotist | <input type="checkbox"/> Assistant Prosthetist/Orthotist |

PLEASE NOTIFY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION IN WRITING OF ANY NAME, ADDRESS, TELEPHONE NUMBER AND/OR EMPLOYMENT CHANGES.

STATEMENT OF SUPERVISOR

6. I agree to follow and abide by the Orthotists and Prosthetists Act and the Texas Department of Licensing and Regulations rules.

Supervisor's Signature

Date