



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

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 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

1. 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.



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 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