



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## ATTESTATION OF EXPERIENCE PROVIDING EXTENSIVE PROSTHETIST 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. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as permitted or required by law.
5. **EXTENSIVE PROSTHETIST CARE** – Include **all of** the following experiential elements:
  - Evaluation of patients with a wide range of upper and lower limb deficiencies;
  - Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements onto a custom Prosthetist design;
  - Selection of materials and components;
  - Fabrication of functional prostheses including plastic forming, metal contouring, upholstering, assembly, and aligning;
  - Fitting and critique of the prosthesis;
  - Appropriate follow-up, adjustments, modifications and revisions in a Prosthetist facility;
  - Instructing patients in the use and care of the prosthesis; and
  - Maintaining current encounter notes and patient records.
6. **DATES PERFORMED EXTENSIVE PROSTHETIST CARE** – Enter the beginning and ending dates.
7. **SIGNATURE AND DATE** – Sign and Date the form.

### **SEND YOUR COMPLETED REQUEST AND REQUIRED DOCUMENTS TO:**

Texas Department of Licensing and Regulation  
P.O. Box 12157  
Austin, TX 78711-2157

Documents submitted with your request will not be returned. Keep a copy of your completed request, all attachments, and your check or money order payable to TDLR. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at <https://www.tdlr.texas.gov> or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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## ATTESTATION OF EXPERIENCE PROVIDING EXTENSIVE PROSTHETIST CARE

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:

( \_\_\_\_\_ )

(See Instructions Sheet for Disclosure Information)

Area Code

Phone Number

(Ex: [john.doe@aol.com](mailto:john.doe@aol.com)) See Instructions sheet for Disclosure)

5. Extensive Prosthetist Care must include all of the following experiential elements:

- Evaluation of patients with a wide range of upper and lower limb deficiencies;
- Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements onto a custom Prosthetist design;
- Selection of materials and components;
- Fabrication of functional prostheses including plastic forming, metal contouring, upholstering, assembly, and aligning;
- Fitting and critique of the prosthesis;
- Appropriate follow-up, adjustments, modifications and revisions in a Prosthetist facility;
- Instructing patients in the use and care of the prosthesis; 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 prostheses listed in the chart below. (6 of 9 items must be completed in order to qualify).**

Prosthesis	Completion Location	Completion Date (First and Last Date Performed)	Name & Phone No. of Verification Source (Not patient's names)
<i>Example Prosthesis</i>	<i>XYZ O&amp;P, Austin TX</i>	<i>10/97 – 10/13</i>	<i>Pete Jones at XYZ, (512) 455-5555</i>
wrist disarticulation			
below elbow			
above elbow			
shoulder disarticulation			
partial foot			
Symes			
below knee			
above knee			
hip disarticulation			

6. I have performed extensive Prosthetist 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