

# Military Reciprocity Form

## HOW DO I GET AN ARKANSAS LICENSE?

### Military Reciprocity Requirements Summary

- 1) Upon application active duty military personal stationed in the State of Arkansas, a returning military veteran applying within one (1) year of his or her discharge from active duty or a spouse of an active duty military personal or veteran shall be granted automatic licensure to practice in Orthotics; Prosthetics; or Pedorthics; or as an Orthotic Assistant; Prosthetic Assistant; or Orthotic/ Prosthetic Assistant under the following requirements:
  - a. Complete the Military Reciprocity Form (this form) and submit along with the following;
  - b. A copy of your current out-of-state license;
  - c. A copy of your social security card;
  - d. A copy of the Sponsors Active Duty Military Orders as required by §17-1-106;
  - e. A copy of your driver's license or other government issued photo-identification license;
  - f. A check or money order for the initial license fee; OPP-\$300 and/or OPP Asst. \$100 (Fee is non-refundable)
- 2) Applicant must have a **current, valid license** issued under the laws of another state. If you are licensed in another state contact your state board office where you are currently licensed and request that a certification of your licensure record (affidavit) be mailed directly to the Health Facility Services Section.
- 3) When items #1 and #2 are received the Arkansas OPP Advisory Board will be contacted to schedule a meeting to determine if OPP requirements are met. You will then be issued an Arkansas OPP license.

**ARKANSAS DEPARTMENT OF HEALTH**  
**Health Facility Services OPP Licensure Program**  
**5800 West 10th Street, Suite 400**  
**Little Rock, AR 72204-1704**  
**Phone (501)661-2201**

# Military Reciprocity Form

**Instructions: Please review the reciprocity requirements and process before completing.** When you are ready to complete this form, please do so by printing the information in blue or black ink. This form is required if you were are transferring from another state and you want to become licensed in the state of Arkansas. There is a non-refundable license fee due at the time you submit this form and the required attachments. This fee does not cover any examination costs.

## Applicant's Name

Last Name	First Name (no nickname)		Middle Name		
Maiden Name (if applicable)	List any other <i>last</i> names you have ever used				
Address	Apt. #	City	County	State	Zip Code
Telephone Number ( )	Gender MALE      FEMALE		Marital Status		
Social Security Number	Date of Birth		Place of birth (city/state/country)		
Race (circle one): Black      White      Am. Indian Hispanic      Asian      Alaskan Native		In what language do you prefer to take the written/state law exam? ENGLISH      SPANISH      VIETNAMESE      KOREAN			

## Licensing Information

What type of license do you currently hold? (circle one)	CPO	CO	CP	CPed	O/PA	OA	PA
Name of the examination and date completed.							
Please list <u>all</u> the states in which you have held a license with license numbers.							

## Training Information

What OPP training school did you attend?	City/State
Graduation Date	
What college did you attend?	City/State
Year Completed	Degree Type

## Miscellaneous Information

Has your license been suspended or revoked? If yes, please provide details:
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**Applicant Signature:** By signing this application, I certify that the information provided is correct to the best of my knowledge and that I understand that false statements will be sufficient grounds for the Board to take disciplinary action.

Date	Applicant's Printed Name	Applicant's Signature
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