

**APPLICATION FOR INITIAL LICENSURE**  
**Licensed Orthotist, Pedorthist, Prosthetist,**  
**Orthotic Assistant, Prosthetic Assistant & Orthotic/Prosthetic Assistant**

State of Arkansas  
Orthotics, Prosthetics and Pedorthics License Application  
Division of Health Facility Services  
5800 W. 10<sup>th</sup> Street, Suite 400  
Little Rock, Arkansas 72204  
(501) 661-2201 TDD 1-800-234-4399

Please type or write legibly.

*Add additional pages where needed to complete information requested.*

**I. BACKGROUND INFORMATION**

**a. PERSONAL**

1. Name: \_\_\_\_\_  
Last First Middle or Maiden

2. Give all previous names:  
\_\_\_\_\_

3. Mailing Address: (for Official correspondence) \_\_\_\_\_  
\_\_\_\_\_

4. Home Address if different than above: \_\_\_\_\_  
\_\_\_\_\_

5. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

7. Identify all professional licenses, certificates and registrations issued by other states, jurisdictions, and territories.

License # \_\_\_\_\_ State/Entity \_\_\_\_\_

License # \_\_\_\_\_ State/Entity \_\_\_\_\_

License # \_\_\_\_\_ State/Entity \_\_\_\_\_

8. Has your license, certificate or registration ever been revoked, canceled, or suspended?

yes       no

9. If yes to the previous question, explain each disciplinary incident. \_\_\_\_\_

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10. Have you ever been convicted of or plead guilty or nolo contendere to a felony?  yes       no

If yes, explain below for each.

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11. Have you ever been sanctioned by either Medicare or Medicaid?  yes       no

If yes, give the date(s), each state or jurisdiction, and explain each below.

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12. Place a checkmark by the type of **License or Permit** for which you are applying:

**License**

**Permit**

(a) Orthotist

(g) Temporary Orthotist

(b) Prosthetist

(h) Temporary Prosthetist

(c) Pedorthist

(i) Temporary Pedorthist

(d) Orthotic Assistant

(e) Prosthetic Assistant

(f) Orthotic/Prosthetic Assistant

**b. ASSISTANT LICENSURE EXPERIENCE INFORMATION**

Three (3) years experience must be in fitting of custom orthotic or prosthetic devices.

Discipline of Application:      Orthotics      Prosthetics

**Employer 1:**

From: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_     To: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

In the discipline of this application, list the hours worked per week: \_\_\_\_\_

Name of the facility for this period of employment:

\_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Telephone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Title \_\_\_\_\_

**Employer 2:**

From: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_     To: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

In the discipline of this application, list the hours worked per week: \_\_\_\_\_

Name of the facility for this period of employment:

\_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Telephone Number (     ) \_\_\_\_\_ - \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Title \_\_\_\_\_

**Employer 3:**

From: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ To: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

In the discipline of this application, list the hours worked per week: \_\_\_\_\_

Name of the facility for this period of employment:

\_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Title \_\_\_\_\_

**As an applicant for a Orthotist, Prosthetist & Pedorthist license in Arkansas, I swear or affirm on oath and under penalty of Arkansas law the following:**

\_\_\_\_ I am a United States citizen or a legal permanent resident 18 years of age or older.

OR

\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act; I am 18 years of age or older; I am lawfully present in the United States; and my alien or admission number is:

\_\_\_\_\_  
(Print alien or admission number (required))

A front and back copy of one of the following documents must be attached:

1. Valid Foreign Passport with I-94; or
2. Temporary Resident Alien Card (I-688); or
3. Employment Authorization Card (I-766 or I-688B); or
4. Employment Authorization Document (I-688B); or
5. Refugee Travel Document (I-571)

**Any experience with:**

- upper extremity prosthetics                       lower extremity prosthetics

Give specific details of your experience:

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**Any experience with:**

- lower extremity orthotics                       cervical orthotics  
 upper extremity orthotics                       spinal orthotics

Give specific details of your experience:

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*Add additional information on back of this page as needed.*

**c. QUALIFYING DOCUMENTATION for Assistant Licensure**

Attach written documentation from a licensed Orthotist or Prosthetist *acknowledging clinical skills* that the applicant *is qualified to perform* as an assistant in the field in which the person is seeking licensure as an assistant. Please include license copy or write license # and expiration date of licensed Orthotist or Prosthetist in document.

**d. ACADEMIC INFORMATION**- Complete 1-4 as applicable to your license requirements.

**Orthotist & Prosthetist**

**Submit** written evidence of:

- Baccalaureate degree or completed semester hours equivalent to 4 years of study at a 4 year college or university and
- Completed Orthotic or Prosthetic education program accredited by the Commission on Accreditation of Allied Health education Programs or its successor organization and
- Successful completion of a clinical NCOPE residency in Orthotics, Prosthetics or both
- ABCOPP certification.

**Pedorthist**

**Submit** written evidence of:

- High school diploma or GED and
- Pedorthic education program
- ABCOPP certification.

**Assistants**

**Submit** written evidence of:

- High school diploma or GED and
- Qualifying Documentation noted in b(c) on page 5.

1. Education Program \_\_\_\_\_

Location \_\_\_\_\_

Dates attended \_\_\_\_\_

2. Clinical Residency \_\_\_\_\_

Location \_\_\_\_\_

Dates attended \_\_\_\_\_

3. College or University \_\_\_\_\_

Location \_\_\_\_\_

Degree awarded and major field \_\_\_\_\_

Dates attended \_\_\_\_\_

College or University \_\_\_\_\_

Location \_\_\_\_\_

Degree awarded and major field \_\_\_\_\_

Dates attended \_\_\_\_\_

4. High School or GED \_\_\_\_\_

Location \_\_\_\_\_

Dates attended \_\_\_\_\_

## II. NATIONAL CERTIFICATION:

American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABCOPP)

Attach copies of Successful completion of ABCOPP certification examination:

**Check each profession which you are Board Certificated:**

- Orthotist
- Prosthetist
- Pedorthist

## III. AFFIRMATION ON OATH

I declare that the information I have provided in this application is truthful. I understand that providing false information of any kind may: (a) void this application; and (b) may void any license or certificate issued to me based upon this application; and (c) may result in disciplinary action against me.

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Date

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Signature of Applicant

## License Fees      Please make check out to AR Dept. Health

License fee for initial licensure and renewal of licensure:

1. for the practice of Orthotics, Prosthetics, or Pedorthics, shall be three hundred dollars (**\$300**) every two (2) years;
2. for Orthotic Assistant, an Orthotic/Prosthetic Assistant or a Prosthetic Assistant shall be one hundred dollars (**\$100**) every two(2) years;
3. Late renewal \$100.00;
4. Reinstatement \$300.00;
5. Reinstatement for Assistant \$100.00.
6. All fees are non-refundable.
7. Applications **without** Fees & Required Information will be considered INCOMPLETE and will not be processed until all requested material is received.

Please make & keep a copy of the completed application & all requested information and **send original application, fee and all requested information to:**

Division of Health Facility Services address on first page.