

1361 Park Street
Clearwater, FL 33756
Phone: 727-210-2350 / Fax: 727-210-2354
www.caahep.org



November 24, 2014

Patricia E. Beeson, PhD
President
University of Pittsburgh
4020 Forbes Tower
Pittsburgh, PA 15260

Dear Dr. Beeson:

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is pleased to inform you of its vote on **November 21, 2014** to award **continuing accreditation** to the Orthotist/Prosthetist program at University of Pittsburgh, Pittsburgh, PA.

The recent peer review conducted by the National Commission on Orthotic and Prosthetic Education (NCOPE) and CAAHEP's Board of Directors recognizes the program's substantial compliance with the nationally established accreditation Standards. The next comprehensive evaluation of the program, including an on-site review, is scheduled to occur no later than **2019**.

The NCOPE will regularly monitor the program's compliance with the outcomes assessment thresholds through the program's Annual Report as well as other documentation that may be requested (Standard IV.B.).

The following citation merits your institution's attention and resolution in order to strengthen the program's compliance with the Standards (for a complete copy of the Standards, check the CAAHEP website at www.caahep.org, or call the office at 727-210-2350):

III.C. Resources - Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. The program must demonstrate that the curriculum meets or exceeds the content of the latest edition of the Core Curriculum for Orthotists and Prosthetists. (Appendix B)

The program does not require general content of "human growth and development psychology" or "abnormal psychology".

Provide evidence that the program is now requiring either prior to admission or during the curriculum "human growth and development psychology" or "abnormal psychology".

CAAHEP requests that a progress report be sent to **NCOPE, 330 John Carlyle St, Suite 200, Alexandria, VA 22314** by **May 22, 2015** indicating the manner in which this citation has been resolved.

Failure to respond satisfactorily to the citation above may result in a withdrawal of accreditation.

The accreditation standards are established by CAAHEP, NCOPE, American Academy of Orthotists and Prosthetists (AAOP), and American Board for Certification in Orthotics, Prosthetics and Pedorthics (ABC).

Page 2
Dr. Beeson

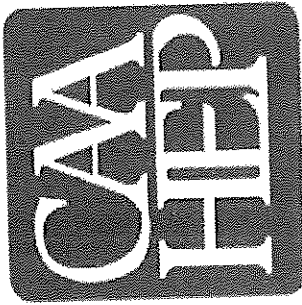
The commission commends you and your colleagues for your commitment to continuous quality improvement in education, as demonstrated by your participation in program accreditation. Questions concerning the submission or content of the progress report should be directed to the NCOPE Executive Office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas K. Skalko".

Thomas K. Skalko, PhD, LRT/CTRS
President

cc: Clifford Brubaker, PhD, Dean, School of Health and Rehabilitation Sciences
Sara Peterson, FAAOP, MBA, CPO, Program Director, P&O
Arlene Gillis, M.Ed., CP, LPO, FAAOP, Chair, NCOPE
Robin Seabrook, Executive Director, NCOPE



**Commission on
Accreditation**
of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the National Commission on Orthotic and Prosthetic Education (NCOPE), verifies that the following program

*Orthotist/Prosthetist
University of Pittsburgh
Pittsburgh, PA*

is judged to be in compliance with the nationally established standards and awarded continuing accreditation on November 21, 2014.

A handwritten signature in black ink, appearing to read 'Thomas K. Skalko'.

Thomas K. Skalko, PhD, LRT/CTRS
President, CAAHEP

A handwritten signature in black ink, appearing to read 'Arlene Gillis'.

Arlene Gillis, M.Ed., CP, LPO, FAAOP
Chair, NCOPE

Master of Science Prosthetics and Orthotics

Overview of Profession

Orthotics and Prosthetics is the evaluation, fabrication and custom fitting of artificial limbs and orthopedic braces. Orthopedic braces, or orthoses, are used to stabilize or unload joints, normalize motion and stresses on tissue, substitute for muscle weakness or paralysis, and assist in normal growth, development and function. Orthoses can be applied to the head, neck, trunk, or limbs. Artificial limbs, or prostheses, are used to replace missing limbs or portions of limbs, and to restore more normal function of the upper or lower extremities.

Orthotists and prosthetists work in a variety of settings, including private practice, hospitals, rehabilitation facilities, nursing homes, and home health settings. Orthotists and prosthetists are currently in high demand, and the demand is expected to increase in the future.

Orthotists and prosthetists are part of the health care team, and as such, work with physicians, therapists, and other health care professionals to provide the orthotic and prosthetic needs of patients. Orthotists and prosthetists are responsible for 1) performing a comprehensive assessment of the patient's orthotic/prosthetic needs, 2) creating a comprehensive orthotic/prosthetic treatment plan to meet the needs and goals of the patient, 3) performing the necessary procedures to deliver the appropriate orthotic/prosthetic services, which may include fabrication of the orthosis/prosthesis, 4) providing continuing patient care and periodic evaluation to assure/maintain/ document optimal fit and function of the orthosis/prosthesis, 5) participating in personal and professional development through continuing education, training, research and organizational affiliations, and 6) developing, implementing and/or monitoring policies and procedures regarding human, business, and organizational management.

MS in Prosthetics and Orthotics

The first class of the Master of Science in Prosthetics and Orthotics (MSPO) graduated in 2011. The MSPO Program is five consecutive terms in length, including one summer term, and requires a total of 66 credits. It is designed to meet all standards for accreditation by the National Commission on Orthotic and Prosthetic Education (NCOPE) and for preparing students to complete residencies and take the American Board of Certification in Orthotics and Prosthetics examinations.

Accreditation Status

The MSPO Program received accreditation in November of 2014 by the National Commission on Orthotic and Prosthetic Education and the Commission on Accreditation of Allied Health Education Programs. Graduates are fully eligible to do an NCOPE residency and then, upon successful completion of the residency, take the certification examinations offered by the American Board of Certification in Orthotics, Prosthetics, and Pedorthics.

Pitt and SHRS are currently ranked a top ten college in the US to study health professions according to College Factual as listed in a recent article in *USA Today!*

Admission Requirements

Application deadline: January 1
Application will be processed through centralized application service (OPCAS)

Specific requirements for admission are:

- 1) Baccalaureate Degree from an accredited institution with a minimum of a 3.0 on a 4.0 scale. Applicants with less than a 3.0 but with other outstanding qualifications will be considered.
- 2) No specific major is mandated; however, the degree should include a well rounded general education with a distribution of courses in the sciences, mathematics, psychology, social sciences, and humanities.
- 3) Completion of the following prerequisite courses with a minimum grade of C or better
 - Physics w/ lab 4 credits
 - Biology and lab 4 credits
 - Chemistry w/ lab 4 credits
 - Psychology 3 credits
(Abnormal or Human Growth & Development)
 - Mathematics 3 credits
(Algebra or higher)
 - Human anatomy 3 credits
 - Human physiology 3 credits
 - Statistics 3 credits

*** Courses with an asterisk "*" may not be taken in an online setting.**

- 4) Demonstration of adequate exposure to the profession of orthotics and/or prosthetics through volunteer or work experience. Recommendation of 250 hours. This will allow for the practitioner to write a sufficient letter of recommendation. *Please submit a record of work, shadowing or volunteer experience*
- 5) Letters of Recommendation (three required): One academic reference from a college level instructor; additional two letters of references from health-care professionals (recommend a certified orthotist or prosthetist).
- 6) Essay describing background leading to the choice of this profession and long-term goals.
- 7) Graduate Record Exam (GRE). Submit scores to institution code 2927.

Curriculum*

Course #	Course Name	credits
Term 1 – Fall, Year 1		
HRS 2771	Functional Anatomy and Kinesiology	3
HRS 2772	Clinical Pathology	2
HRS 2773	Introduction to Materials, Equipment, and Fabrication	2
HRS 2901	Introduction to Research	3
HRS 2774	Rehabilitation Biomechanics	3
HRS 2779	Patient Management	1
HRS 2776	Professional Issues	1
Term 2 – Spring, Year 1		
HRS 2883	Trans-Tibial Prosthetics	5
HRS 2785	Lower Extremity Orthotics I	5
HRS 2926	Capstone	1
HRS 2775	Introduction to Evidence-Based Practice	1
HRS 2905	Ethical Issues in Health Related Professions	3
Term 3 – Summer, Year 1		
HRS 2783	Spinal Orthotics	3
HRS 2786	Lower Extremity Orthotics II	3
HRS 2885	Trans-Femoral Prosthetics	3
HRS 2921	Internship (4 hrs/wk) = 56 hrs	1
Term 4 – Fall, Second Year		
HRS 2781	Upper Extremity Orthotics	3
HRS 2881	Upper Extremity Prosthetics	3
HRS 2708	Individual and Social Experience of Disability	3
HRS 2903	Issues in the Health System	2
HRS 2921	Internship (4 hrs/week) = 60 hrs	1
HRS 2704	Fundamentals of Rehabilitation Engineering & Technology	3
Term 5 – Spring, Second Year		
HRS 2921	Internship (280 hours)	6
HRS 2926	Capstone	2
HRS 2777	Practice Management	2
	Comprehensive Exam	
Program Total =		65

Comprehensive Examination

During the final term of study, a comprehensive examination will be given, covering all aspects of the Program. Students will be required to pass this examination or make up any deficiencies prior to graduation.

Thesis/Non-Thesis Options

All MSPO students are required to complete research during their time in the program, while under the direction of a faculty advisor and an additional faculty reader. This research can be completed in the form of a Capstone Project or Master's Thesis, under the leadership of a faculty advisor and thesis committee. Students electing to pursue the thesis option will complete 3 credits of Graduate Research Proposal (HRS 2924) and 3 credits of Graduate Research (HRS 2925) in place of Capstone for P&O (HRS 2727).

*Each course is offered only once during the academic year, therefore, any departure from completing a course in its planned sequence (for example: failure, for any reason, to satisfactorily complete a required course; an unresolved "G" or "Incomplete" grade) will result in a one year delay in completing the course, the remaining program requirements, and the year of graduation. Also, the Program reserves the right to make changes in this curriculum periodically, based on self-study, external review, or in response to changes in the Orthotics and Prosthetics Profession.

Please note that this program requires that you complete clinical internships at facilities external to the University, and such facilities will or may require a criminal background check, an Act 33/34 clearance, and perhaps a drug screen to determine whether you are qualified to participate in the clinical internships. Additionally, in order to become licensed, many states may inquire as to whether the applicant has been convicted of a misdemeanor, a felony, or a felonious or illegal act associated with alcohol and/or substance abuse.

For information contact:

Department of Rehabilitation Science & Technology
Masters of Science in Orthotics & Prosthetics Program
6425 Penn Avenue Suite 403
Pittsburgh, PA 15206
Email: rstopo@shrs.pitt.edu
Like us on Facebook!
@MSPOPitt

School of Health and Rehabilitation Sciences
University of Pittsburgh
4020 Forbes Tower
Pittsburgh, PA 15260
Email: admissions@shrs.pitt.edu
Web: shrs.pitt.edu; Snapchat: PittSHRS



The University of Pittsburgh is an equal opportunity institution committed to diversity.

Last updated: 09/16

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Medicine – 717-783-1400/717-787-2381

APPLICATION FOR A ORTHOTIST GRADUATE PERMIT

1. Submit the **\$50** fee via check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.
2. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
3. **You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued you an Orthotist Graduate Permit and you have obtained professional liability insurance.**

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

An Orthotist Graduate Permit is valid during the clinical residency and for up to 90 days after successful completion of the clinical residency or until a provisional license is issued, whichever occurs first.
An Orthotist Graduate Permit is not renewable.

4. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.
5. Complete Section 1 of the Verification of Orthotist or Prosthetist/Orthotist Education Form and forward to the program where you obtained a bachelor's degree, post-baccalaureate certificate or higher degree from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited education program with a major in orthotics or prosthetics and orthotics and request that they complete Section 2. **The program must return the completed verification, along with an official copy of your transcript, directly to the Board.**
6. Contact the National Commission on Orthotic and Prosthetic Education (NCOPE) and request that they provide proof that you have registered for an Orthotist or Prosthetist/Orthotist residency program. **The program must send the verification directly to the Board.**
7. Provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. **This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing Orthotist services in the Commonwealth of Pennsylvania.**
8. Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
9. Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. **When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.**
10. Attach a current Curriculum Vitae listing **all** periods of employment or unemployment (i.e., child rearing, etc.) from graduation from your Orthotist or Prosthetist/Orthotist program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

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 HARRISBURG, PA 17110

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APPLICANT INFORMATION (Please Print or Type)

NAME:		Last			First			Middle					
ADDRESS:		Street											
City					State			ZIP					
DATE OF BIRTH:		Month	Day	Year	SOCIAL SECURITY NUMBER:								
TELEPHONE NUMBER:													
EMAIL ADDRESS:													
If your supporting documents are listed under another name or names, please list below:													
Last			First			Middle							
NAME OF ORTHOTIST OR PROSTHETIST/ ORTHOTIST EDUCATION PROGRAM:													
ADDRESS OF PROGRAM:													
City					State			ZIP					
DATES OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION	Month	Day	Year

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST:		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

PENNSYLVANIA STATE BOARD OF MEDICINE										
VERIFICATION OF ORTHOTIST OR PROSTHETIST/ORTHOTIST EDUCATION										
SECTION 1 – TO BE COMPLETED BY APPLICANT										
NAME:		Last			First			Middle		
NAME OF ORTHOTIST or PROSTHETIST/ORTHOTIST EDUCATION PROGRAM:										
ADDRESS:		City			State			Zip		
Submit the verification of education form to your Orthotist or Prosthetist/Orthotist program and request the program return the completed form, along with your official transcript, <u>directly to the board.</u>										
SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF ORTHOTIST OR PROSTHETIST/ORTHOTIST PROGRAM										
NAME OF ORTHOTIST OR PROSTHETIST/ORTHOTIST EDUCATION PROGRAM:										
NAME OF STUDENT:		Last			First			Middle		
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:				Month	Day	Year				
DATE OF GRADUATION:		Month	Day	Year						
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT										
NAME OF DEAN/REGISTRAR:		Last			First			Middle		
SIGNATURE OF DEAN/REGISTRAR:										
DATE:		Month	Day	Year						
(Seal of Program)		<p>Upon completion, program must return this completed form directly to the Pennsylvania State Board of Medicine in an official envelope.</p> <p style="text-align: center;">DO NOT RETURN THIS FORM TO THE APPLICANT</p>								
<p style="text-align: center;">Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381</p>					<p style="text-align: center;">Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>					

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APPLICATION FOR A PROTHETIST GRADUATE PERMIT

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NAME:	Last			First			Middle						
	ADDRESS:												
Street						City			State	ZIP			
DATE OF BIRTH:			Month	Day	Year	SOCIAL SECURITY NUMBER:							
TELEPHONE NUMBER:													
EMAIL ADDRESS:													
If your supporting documents are listed under another name or names, please list below:													
Last			First			Middle							
NAME OF PROSTHETIST OR PROSTHETIST / ORTHOTIST EDUCATION PROGRAM:													
ADDRESS:													
City						State			ZIP				
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3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

PENNSYLVANIA STATE BOARD OF MEDICINE

**VERIFICATION OF PROSTHETIST
OR PROSTHETIST/ORTHOTIST EDUCATION**

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last	First	Middle
NAME OF PROSTHETIST OR PROSTHETIST/ORTHOTIST EDUCATION PROGRAM:			
ADDRESS:	City	State	Zip

Submit the verification of education form to your Prosthetist or Prosthetist/Orthotist program and request the program return the completed form, along with your official transcript, directly to the board.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF PROSTHETIST OR PROSTHETIST/ORTHOTIST EDUCATION PROGRAM

NAME OF PROSTHETIST OR PROSTHETIST/ORTHOTIST EDUCATION PROGRAM:			
NAME OF STUDENT:	Last	First	Middle
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:	Month	Day	Year
DATE OF GRADUATION:	Month	Day	Year

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

NAME OF DEAN/REGISTRAR:	Last	First	Middle
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SIGNATURE OF DEAN/REGISTRAR:			
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DATE:	Month	Day	Year
<p>Upon completion, program must return this completed form directly to the Pennsylvania State Board of Medicine in an official envelope.</p> <p>DO NOT RETURN THIS FORM TO THE APPLICANT</p>			
<p>(Seal of Program)</p>			

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110