

**Texas Board of Orthotics and Prosthetics**  
**1100 West 49<sup>th</sup> Street Austin, TX 78756-3183**

Please remit your renewal fee, renewal form, payment coupon, and proof of continuing education (CE). This coupon is valid only if your payment is postmarked on or before your expiration date. Make check or money order payable to the Texas Board of Orthotics & Prosthetics. Normal processing time is 4 to 5 weeks. It is your responsibility to submit your renewal early enough to allow sufficient time for processing. No grace period is permitted.

If payment is postmarked between your expiration date and 90 days after your expiration date, you will owe an additional late fee. If payment is postmarked over 90 days after your expiration date but less than a year after the expiration date, remit the correct late renewal fee. If payment is postmarked one year or more past the expiration date, a new license/registration may be obtained by complying with the current requirements and procedures for obtaining an original license [Section 821.33(e)(2)-(3)].

Your current CE period ends on your license expiration date. According to Section 821.33(f)(3) of the rules, you must complete a specific number of hours during each CE period except for the first period. Mandatory CE period begins after a license or registration has been renewed for the first time [Section 821.35(c)]. Subsequent CE periods follow every two years thereafter. Submit proof of completion of CE with the renewal at the end of each CE period.

If you had a name change, submit a copy of a marriage certificate, court decree, or Social Security card reflecting the new name.

Send the renewal to the address on the coupon below. Detach and return the payment coupon below. Coupon is valid only if renewal is mailed prior to the expiration date.

Type of License or Registration	Renewal Fee
Prosthetist or orthotist license renewal	\$300 + \$2 OPP + \$10 TOL
Prosthetist/orthotist license renewal	\$400+ \$2 OPP + \$10 TOL
Prosthetist or orthotist assistant license renewal	\$200+ \$2 OPP + \$10 TOL
Prosthetist/orthotist assistant license renewal	\$250+ \$2 OPP + \$10 TOL
Prosthetic or orthotic technician registration renewal	\$100+ \$2 OPP + \$6 TOL
Prosthetic/orthotic technician registration renewal	\$150+ \$2 OPP + \$8 TOL
Prosthetic or orthotic student registration renewal	\$75+ \$2 OPP + \$6 TOL
Prosthetic/orthotic student registration renewal	\$100+ \$2 OPP + \$6 TOL
Prosthetist or orthotist temporary license renewal	\$150 + \$1 OPP fee
Prosthetist/orthotist temporary license renewal	\$200 + \$1 OPP fee
Prosthetist or orthotist provisional license renewal	\$300 + \$1 OPP fee
Prosthetist/orthotist provisional license renewal	\$400 + \$1 OPP fee

Late fee - less than 90 days late = 1.5 times the renewal fee.  
 Late fee - more than 90 days late = 2 times the renewal fee.

Do not include the OPP fee or the Texas Online fee when you multiply by 1.5 or by 2. These fees do not increase if you renew late

**Texas Board of Orthotics & Prosthetics**

**Payment Coupon**  
**BUDGET: ZZ132**  
**FUND: 106**

**Coupons Must Be Returned with Payment**

**Date Due:** \_\_\_\_\_

**Receipt of Payment and Coupon Does Not Constitute Acceptance of Licensure**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Texas Board of Orthotics & Prosthetics  
 1100 West 49th St  
 Austin, TX 78756-3183

Amount Due: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Do Not Write Below This Line    For Office Use Only

SS #: \_\_\_\_\_  
LICENSE: \_\_\_\_\_  
Date: \_\_\_\_\_  
LATE AFTER: \_\_\_\_\_

1. Return this portion with your remittance. If this form is incomplete, it will be returned and a renewal license will not be issued. If postmarked within 90 days after the expiration date, you must remit an additional \$\_\_\_\_\_ late fee. If your renewal is submitted over 90 days after your expiration date but within 1 year, you must submit \$\_\_\_\_\_ in addition to your regular renewal fee and late fee.[Section 821.33(e)(1)].

Please update the following information, if incorrect:

2. Personal [Section 821.33(d)(2)]:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

3. Primary Place of Employment [Section 821.33(d)(2)]:

Name of Facility: \_\_\_\_\_  
(Put N/A if not employed in the prosthetic or orthotic field)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Have you pled nolo contendere, received a deferred adjudication, or been convicted of a crime, other than a minor traffic violation in the last 24 months? (DWI is NOT a minor traffic violation) [Section 821.33(d)(2)].

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, attach copy of charges and disposition papers.

5. (Assistants and Technicians) Please have your supervising orthotist, prosthetist, or prosthetist/orthotist complete this renewal requirement [Section 821.33(d)(2)]:

I, (Print Supervisor's Name:) \_\_\_\_\_, TX License #: \_\_\_\_\_, attest that the Renewal Applicant and I have complied with all the rules governing license renewal set forth by the Texas Board of Orthotics & Prosthetics in the Board's rules, Section 821.33, License Renewal.

\_\_\_\_\_  
Signature of Renewal Applicant's Supervisor Date

6. This form must be completed, signed and dated with the current date.

I declare that all information on this form and the enclosed continuing education documentation are accurate and true to the best of my knowledge. Providing false information is punishable by a state jail felony.

\_\_\_\_\_  
Signature of Renewal Applicant Date

## Continuing Education (CE) Report Form

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
License/Registration #: \_\_\_\_\_  
Social Security \_\_\_\_\_  
CE Period: 2 Years ending \_\_\_\_\_

**Check One: [X]**

\_\_\_\_\_ **I am submitting documentation of \_\_\_\_\_ CE hours.**

\_\_\_\_\_ **I do not have the required CE hours.** I have read and agree to comply with all of the following rules regarding CE:

A licensee is allowed one additional three-month period to complete and report CE. No additional time is permitted. No exceptions. [Section 821.35(k)(1)]

I am responsible for completing and reporting to the Board the additional CE credits required within the three-month extension [Section 821.35(k)(2)]

I must submit CE at least 10 days before the end of the three-month period, otherwise, my license/registration is subject to suspension or revocation [Section 821.35(l)(1)] I will make a copy of this form to use in submitting CE hours obtained during the extension and send it to the TBOP at the address or fax below.

Credits earned during the additional three months will only be applied to the previous CE cycle. Credits will not carry over the next period. [Section 821.35(k)(3)]

If I do not complete the required CE, the Board may propose disciplinary action, including license/registration suspension or revocation. I may request a formal hearing on the proposed action. Failure to timely request a hearing will result in the waiver of the opportunity for a formal hearing. [Section 821.35(l)(2)]

If I think an error has been made, I agree to contact the TBOP before the end of the three-month period to complete the CE requirements. I understand that the TBOP will not accept CE hours after the three months have expired.

\_\_\_\_\_ **This is my first renewal period. CE is not required.**

Texas Board of Orthotics & Prosthetics  
1100 West 49th Street  
Austin, TX 78756-3183  
Phone: (512) 834-4520  
FAX: (512) 834-6677 - ATTN: O&P

For more information about CE, refer to Section 821.35 of the rules.

**RETURN THIS FORM WITH YOUR RENEWAL FORM AND FEE**