OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405) 962-1470 email:licensing@okmedicalboard.org

To be licensed to practice as a Registered Orthotic/Prosthetic Assistant, the applicant must provide proof of current certification by the Board for Orthotist Prosthetist Certification (BOC), or the American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC).

FEES – All fees are non-refundable. Fees for application must be paid online by credit card, debit card, or EFT from checking or savings account. Fees returned by the payer's financial institution must be replaced by a certified check or money order and include a $30 returned check processing fee.

Registered Orthotist Assistant Registered Prosthetist Assistant Registered Orthotist/Prosthetist Assistant	Initial Application Fee - $100	Biennial Renewal Fee - $100

APPLICATION

1) All sections must be completed to the best of your knowledge. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information.
2) Any "yes" answer in the Question section of the application must have an explanation in comments section. If you answer "yes" to the question regarding previous arrests, you **must provide all available police reports, arrest records, and court documents.**
3) A detailed chronological history is required. Begin with listing the education/degree required for the license you are applying for to present. All employment, military service, and non-work time (i.e. unemployed, stay at home parent, etc.) must be provided.

Applications and fees must be received at least 30 days prior to a meeting of the Advisory Committee on Orthotics and Prosthetics.

Forms – All forms can be found in the Forms tab of the Resources section.

EVIDENCE OF STATUS - In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit the required supporting documentation with their application.

VERIFICATION OF LICENSURE – Verification of all orthotist and/or prosthetist licenses or certificates ever held in the United States, Territory of the United States, and Canada must be sent by the respective Licensing Board directly to the Oklahoma Medical Board office. Applicant must contact the respective Licensing Board and request verification to be sent directly to the Oklahoma Medical Board by email to licensing@okmedicalboard.org.

EXTENDED BACKGROUND CHECK – Applicants for licensure are required to request an Extended Background Check from the Board's approved provider. The link to the approved provider can be found on the Forms page above.

GENERAL APPLICATION PROCESS – The Advisory Committee on Orthotics and Prosthetics will review all applications by individuals for licensure and submit recommendations to the Board for action. Applications for licensure will be approved by the Board approximately two weeks after the Committee meeting.

TEMPORARY LETTER TO PRACTICE – A letter authorizing practice under the supervision of a Licensed Orthotist and/or Prosthetist may be issued provided **all** requirements for licensure have been met and verified. This permits legal practice during the interim from the time the application is complete and the time at which the Board grants a license. Once it is determined an applicant is eligible for a Temporary Letter to Practice, the applicant will be notified in the application portal to complete an online form detailing the supervision relationship. When this relationship is reviewed and approved, a Temporary Letter to Practice will be issued. The applicant CANNOT practice without a Temporary Letter to Practice.

PRACTICE MAY NOT BEGIN UNTIL A LETTER GRANTING PERMISSION TO PRACTICE IS ISSUED BY THE BOARD SECRETARY OR A FULL LICENSE IS GRANTED BY THE BOARD.

Once license is issued, the Registered Orthotic/Prosthetic Assistant must practice under the direct supervision of an Oklahoma Licensed Orthotist and/or Prosthetist.