



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs

Orthotics and Prosthetics Board of Examiners

124 Halsey Street, 6th Floor, P.O. Box 45034

Newark, New Jersey 07101

(973) 504-6445

### **Instructions for Reinstating**

In accordance with the Uniform Enforcement Act, a professional or occupational license may be reinstated, provided that the applicant qualifies for licensure, and complies with all applicable provisions of N.J.S.A. 45:1-7.4. The necessary application and materials for applying for reinstatement are enclosed.

**1. Complete:** The enclosed application for reinstatement. attached to the documentation/fees listed below.

**2. Submit the following documentation and fees accordingly to your category:**

- Biennial Renewal Period **(2017-2019):**
  - Orthotics, Prosthetists, Prosthetist-Orthotist - \$410.00
  - Orthotist Assistant, Prosthetist Assistant, Prosthetist-Orthotist Assistant - \$210.00
- Biennial Renewal Period **(2015-2017) if expired in 2015:**
  - Orthotics, Prosthetists, Prosthetist-Orthotist - \$410.00
  - Orthotist Assistant, Prosthetist Assistant, Prosthetist-Orthotist Assistant - \$210.00
- Reinstatement Fee: \$150.00
- Criminal History Background Check Fee: \$ 17.50

**All three payments must be separate check or money order. Cannot be combined on one payment. Must be made payable to State of New Jersey.**

- An affidavit of employment listing each job held during the lapsed licensure period. This affidavit of employment must include the names, addresses and telephone numbers of each employer;
- A notarized statement indicating if you were or were not engaged in the practice of Orthotics or Prosthetics in New Jersey during the period that your New Jersey license was lapsed. If you were practicing as Orthotist or Prosthetist during this lapsed license period, you must include a description of the type of work or projects that you were involved with;
- Completion of Criminal History Background Check. *See enclosed instructions and form to be completed.*
- A certification verifying completion of the continuing education credits required pursuant to N.J.A.C. 13:44H-6.3 for a renewal of a license.

**3. Submit to:**

**Division of Consumer Affairs  
Orthotics and Prosthetics Board of Examiners  
PO Box 45034  
Newark, NJ 07101**

**Upon review and approval of your reinstatement application, a license will be issued.**

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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*For Office Use Only*

Initial date received:

Initial applicant I.D. number:

Initial license number:

## Application for Reinstatement of New Jersey License

**You may not practice in the State of New Jersey until your license or certificate is reinstated.**

Date: \_\_\_\_\_

A nonrefundable reinstatement fee (see instructions page) in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement process will be delayed until the fees are paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City State

1. Name  Mr.  Mrs. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Ms. Last name First name Middle initial Maiden name

### 2. Address

Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code) E-mail address

Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If "Yes," are you in arrears in payment of said obligation?  Yes  No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

6. Have you ever changed your name?  Yes  No

If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.

7. Have you ever been convicted of any criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)  Yes  No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. \_\_\_\_\_

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____		_____
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_____	_____	_____		_____
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_____	_____	_____		_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____		_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
_____	_____	_____		_____

9. Have you ever been disciplined or denied a license or certificate as an orthotist assistant, prosthetist assistant or a prosthetist-orthotist assistant or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

10. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

12. Have you ever been named as a defendant in any litigation related to the practice of orthotics or prosthetics or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

13. Are you aware of any investigation pending against a professional license or certificate issued to you by any professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

14. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

15. Have you ever been sanctioned by, or is any action pending before, any employer, association, society, or other professional group related to the practice of orthotics or prosthetics or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_ }  
County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the Orthotics and Prosthetics Board of Examiners for licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Orthotics and Prosthetics Board of Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to withhold renewal of or suspend or revoke a license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:12B-1 et seq., together with the Rules and Regulations of the Orthotics and Prosthetics Board of Examiners, N.J.A.C. 13:44H, and fully understand that in receiving licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Applicant's signature

Sworn and subscribed to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public



**Official Use Only**

Dual License  
License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form.

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. \_\_\_\_\_ Last First Middle Maiden Name  
 Ms.

2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female  
Month Day Year

4. Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_  
Board or committee requiring the fingerprinting

\_\_\_\_\_  
Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$18.75.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date



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**Affidavit of Employment for the Reinstatement of a Lapsed License**

**Directions:** Please complete this affidavit of employment, sign and date it and return it to the Orthotics and Prosthetics Board of Examiners. If you have had more than two employers, please add additional sheets of paper with the employment data. The Board may contact your employer(s) to verify your employment.

First name	Middle name	Last name	Maiden name
Present Street Address	City	State	ZIP Code

**Employment Data:**

1. \_\_\_\_\_  
Name of employing agency or facility

\_\_\_\_\_ Street address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code

\_\_\_\_\_ Job Title \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. (include area code) \_\_\_\_\_

2. \_\_\_\_\_  
Name of employing agency or facility

\_\_\_\_\_ Street address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code

\_\_\_\_\_ Job Title \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Supervisor's name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. (include area code) \_\_\_\_\_

Applicant's name (Please print)	Applicant's signature	Date
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