



GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

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REINSTATEMENT APPLICATION GENERAL INFORMATION ORTHOTISTS & PROSTHETISTS LICENSURE

Please read these instructions and the laws governing the practice of orthotics and prosthetics before completing your application. The Board strongly encourages the use of our website at www.medicalboard.georgia.gov to download application information.

Orthotists and Prosthetists applications are good for one-year only from date of receipt. **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE.**

NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY.

APPLICATION PROCESSING

It is important to make sure to include your application fee at the time you submit your application. Staff cannot begin the initial review of your application without the fee. Within **10 business days** after receipt of your application, a status letter will follow identifying outstanding documentation, if any, to make your file complete. Submit all required documentation as soon as possible. It is recommended that applicants wait **15 business days**, after mailing their application, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff.

BOARD MEETINGS

In order for an application to go before the Medical Board for approval, it must be received as completed **7 business days** before the next scheduled board meeting. Completion of an application is when all primary source documentation has been received and reviewed, your application has met all administrative screenings, a final quality assurance review has been completed on your application, and you have been **advised in writing** from the Board.

INTERNET DISCLOSURE OF LICENSEE'S ADDRESS

Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed Orthotist or Prosthetist. Public-record information pertaining to licensed Orthotist or Prosthetist is available to the public through the Board's website (www.medicalboard.georgia.gov).

The release of this information has highlighted the need for individuals to carefully consider the address they provide to the Board as their address of record. The address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

REINSTATEMENT APPLICATION CHECKLIST INSTRUCTIONS FOR ORTHOTISTS & PROSTHETISTS

THIS CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the application or documentation.* For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.

REINSTATEMENT FEES:

MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO CSBME. The FEE MUST ACCOMPANY THE APPLICATION OR THE APPLICATION WILL NOT BE PROCESSED. IF YOUR CHECK IS RETURNED FOR INSUFFICIENT FUNDS, APPLICATION PROCESSING WILL STOP. PROCESSING WILL RESUME ONCE THE OUTSTANDING FEES ARE RECEIVED.

REINSTATEMENT LAPSED LICENSE FEE: ORTHOTIST OR PROSTHETIST

\$200.00 (NON-REFUNDABLE FEE)

FULL REINSTATEMENT LICENSE FEE : (ORTHOTIST and PROSTHETIST)

\$300 (NON-REFUNDABLE FEE)

REINSTATEMENT INACTIVE FEE : (ORTHOTIST, PROSTHETIST, FULL O&P)

\$100 (NON-REFUNDABLE FEE)

REINSTATEMENT REQUIREMENTS:

APPLICATIONS PAGES 1 – 5. These pages must be completed in all areas.

FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status.

Only those applicants who can provide proof will be granted a license. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Please be sure that copies of any submitted documents are legible. Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

FORMS

FORM B - REFERENCE FORM (2)

The BOARD requires TWO (2) references. Formal letters of reference are not accepted in lieu of the Reference Form since questions on the form are required by the Board.

In addition, the reference forms must come from the following individuals:

- a. **1 references from current or former patients for each respected discipline.**
- b. **1 references from referral sources (i.e., physicians, physical therapists, case managers, etc.)**
- c. **The Board does not accept faxed copies of the reference form.**
 - Original signature and date of signature of reference source.
 - The date of the reference source's signature is invalid six months of the date it was signed.
- (d) Please be specific of the type of orthoses or prosthetics provided or referred

FORM C - STATE BOARD LICENSE VERIFICATION

Original official, certified verifications of license history of all licenses you have held or currently hold is required for each permanent, temporary, training, provisional or limited license held, even if you have not worked in that state or in any state in the US or Canadian territory or province, and US federal jurisdiction for 20 years, or you got a license and never practiced in that state. List the State/Country, dates of licensure, licensed by examination, reciprocity, or state board examination. **Copy this form and send it to each state licensing board and request that state verification be sent directly to the Board.**

FORM D - Verification from the American Board for Certification in Orthotics and Prosthetics, Incorporated (ABC).

If certified by the American Board for Certification in Orthotics and Prosthetics, Incorporated (ABC) **proof of certification is required.** Please complete Form D and mail to ABC. **All official documents must contain original seals** in order to be accepted by the board. **Request ABC to send this certification directly to the Board.**

REPORT REQUEST

HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)

This data bank is mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise that **you must self-query** the HIPDB on your own as part of the application process for a Georgia license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope - send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted.**