

YES	NO	<i>If you answered yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you engaged in the imtemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, 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 <u>filing date</u> and <u>the date you were served</u>. **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?
		15. Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only. Zip Code: _____

CONTINUING EDUCATION – All Orthotists will be required to be in compliance with the Board’s CE requirements when you renew your license again in the fall of 2018. Specific information regarding the continuing education requirements will be available on the State Board of Medicine website (www.dos.pa.gov/med) as soon as the final regulations have been published in the Pennsylvania Bulletin.

**SPECIAL NOTICE TO ALL HEALTH-RELATED
LICENSEES AND FUNERAL DIRECTORS**

ACT 31 OF 2014 – INITIAL TRAINING AND CONTINUING EDUCATION IN CHILD ABUSE RECOGNITION AND REPORTING REQUIREMENTS

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.

Additionally, EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, all health-related licensees and funeral directors applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable board.

Approved providers can be found by clicking on the Act 31 Mandated Child Abuse Reporter Training link on the Department's website at www.dos.pa.gov. Act 31 may be reviewed at the following link: <http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=31>.

SECTION B – VERIFICATION OF INFORMATION

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. § 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 Licensee (**Mandatory**): _____ Date: _____

EXPIRATION DATE: →	December 31, 2016
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$75.00
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE – \$5.00 per month, or part of a month will be assessed if postmarked AFTER 12-31-16	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2016	