



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ORTHOTISTS AND PROSTHETISTS SUPERVISION AGREEMENT INSTRUCTIONS

Licensed Assistants, Registered Technicians, and Registered Students must be supervised by a Texas licensed practitioner currently licensed in the same discipline as the assistant, technician or student.

Section 1 is to be completed by the applicant. Section 2 is to be completed by the supervisor. The applicant should return the completed form with the rest of the completed application to the address at the top of this page.

(FEE IS NON-REFUNDABLE)

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. **APPLICANT NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **SOCIAL SECURITY NUMBER** – Social Security number disclosure is required by Section 231.302(1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the [Texas Attorney General](#).
3. **MAILING ADDRESS** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
4. **PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
5. **EMAIL ADDRESS** – Provide your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
6. **LICENSURE CATEGORY OF APPLICANT** – Select the appropriate discipline for licensure or registration.
7. **SIGNATURE AND DATE** – Sign and Date the form.

PART 2 MUST BE COMPLETED BY THE SUPERVISOR

1. **SUPERVISOR NAME** – Provide your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. **LICENSE NUMBER AND EXPIRATION DATE** – Provide your active license number and expiration date.
3. **BUSINESS PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.
4. **BUSINESS PHYSICAL ADDRESS** – This is the physical location of your business. Do not use a post office box for the address.
5. **LICENSURE CATEGORY OF SUPERVISOR** – Select the appropriate discipline you have experience in.
6. **SIGNATURE AND DATE** – Sign and date the form.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. **Do not send cash.**

For additional information and questions, please visit the [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).



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ORTHOTISTS AND PROSTHETISTS APPLICANT/SUPERVISION AGREEMENT FORM

(FEE IS NON-REFUNDABLE)

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. Applicant Name:

Last

First

Middle Name

Suffix

2. Social Security Number: (See Instructions Sheet for Disclosure Information)

3. Mailing Address:

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code + 4

4. Personal Phone Number:

(Area Code) Phone Number

5. Email Address:

(ex: johndoe@aol.com) See Instructions sheet for Disclosure

6. Licensure Category of Applicant:

Assistant Prosthetist

Assistant Orthotist

Assistant Prosthetist/Orthotist

Prosthetist Technician

Orthotist Technician

Prosthetist/Orthotist Technician

Student Prosthetist

Student Orthotist

Student Prosthetist/Orthotist

7. STATEMENT OF APPLICANT

I agree to follow and abide by the Orthotists and Prosthetists Act and the Texas Department of Licensing and Regulation rules.

Applicant's Signature

MM/DD/YYYY

PART 2 MUST BE COMPLETED BY THE SUPERVISOR

1. Supervisor's Name:

Last

First

Middle Name

Suffix

2. License Number:

Expiration Date:

3. Business Phone Number

(Area Code) Phone Number

4. Physical Business Address (PO box cannot be used for this address):

(Number, Street Name/Apartment Number)

City

State

Zip Code

5. Licensure Category of Supervisor:

Prosthetist

Orthotist

Prosthetist/Orthotist

Assistant Prosthetist

Assistant Orthotist

Assistant Prosthetist/Orthotist

PLEASE NOTIFY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION IN WRITING OF ANY NAME, ADDRESS, TELEPHONE NUMBER AND/OR EMPLOYMENT CHANGES.

6. STATEMENT OF SUPERVISOR

I agree to follow and abide by the Orthotists and Prosthetists Act and the Texas Department of Licensing and Regulations rules.

Supervisor's Signature

Date