

# INFORMATION AND INSTRUCTION SHEET

## ILLINOIS ORTHOTICS, PROSTHETICS, AND PEDORTHICS CONTINUING EDUCATION SPONSOR APPLICATION

Sponsor on this application shall mean a person, firm, association, corporation, or any other group which has been approved and authorized the Department to coordinate and present continuing education (CE) courses or programs.

### REQUIREMENTS FOR INITIAL SPONSOR

Complete the Orthotics, Prosthetics, and Pedorthics Continuing Education Sponsor Application and submit it along with the required fee of \$500 and the following:

1. A sample 3 hour CE program with course materials, presenter qualifications and course outline.
2. The name and address of the contact person responsible for all recordkeeping;
3. A list of all principals of the organization applying for a sponsor license; and
4. A copy of the sample "Certificate of Attendance," which contains the following:
  - a) the name, address and license number of sponsor;
  - b) the name and address of the participant;
  - c) a brief statement of the program/workshop subject matter;
  - d) the number of hours attended for each program/workshop;
  - e) the date and place of the program; and
  - f) the signature of the sponsor.

### REQUIREMENTS FOR SPONSOR RENEWAL

To maintain approval as a sponsor, each sponsor shall:

- A. Submit by August 31 of odd numbered years, an Orthotics, Prosthetics, and Pedorthics CE sponsor application;
- B. Forward the required renewal sponsor fee of \$250; and

- C. With the application include a list of all courses and programs offered in the last 24 months. The list shall include a description, location, date and time each course was given by the sponsor.

### CE COURSE CONTENT

**Each sponsor shall submit to the Department a written notice of course offering 30 days prior to the course date. The notice shall include a course outline and the location, date and time the course is to be offered. The notice shall also include the credit hours earned upon successful completion of the course.**

All CE courses shall:

- A. Contribute to the advancement, extension and enhancement of the professional skills and knowledge in the practice of orthotics, prosthetics, or pedorthics;
- B. Specify the course objectives, course content and teaching methods to be used;
- C. Be developed and presented by persons with education and/or experience in the subject matter of the program.
- D. Specify the number of CE hours that may be applied to fulfilling the Illinois CE requirements for license renewal; and
- E. Include some mechanism by which participants evaluate the overall quality of the program.

All programs given by approved sponsors shall be open to all licensed orthotists, prosthetists, and pedorthist and not be limited to the members of a single organization or a group.

<p><b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure under 225 ILCS 84/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p>RETURN APPLICATION TO:          STATE OF ILLINOIS  <b>DEPARTMENT OF FINANCIAL PROFESSIONAL REGULATION</b>  <b>Attn: Division of Professional Regulation</b>          320 West Washington Street, 3rd Floor          Springfield, Illinois 62786</p>	<p style="text-align: center;">FOR OFFICIAL USE ONLY</p> <p>_____ Approved          _____ Denied          _____ Deferred          _____ Date</p>
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**Illinois Orthotics, Prosthetics, Pedorthics Continuing Education Sponsor Application**

**INSTRUCTIONS**

Submit the following with this application:

1. A sample 3 hour program, course materials presenter qualifications and course outline.
2. The name and address of the contact person responsible for all recordkeeping;
3. A list of all principals of the organization applying for a sponsor license;
4. A copy of the certificate of attendance or participation.

1. OFFICIAL NAME OF SPONSORING ORGANIZATION OR INSTITUTION	2. TELEPHONE NUMBER (Include Area Code)
3. ADDRESS (Include Street, City, State, and ZIP Code)	4. FEIN OR SOCIAL SECURITY NUMBER
5. NAME OF PERSON(S) RESPONSIBLE FOR CONTINUING EDUCATION PROGRAM(S)	6. TITLE/LICENSE NUMBER
7. ADDRESS (Include Street, City, State, and ZIP Code)	8. EMAIL ADDRESS (REQUIRED)

9. SPONSOR IS:

<input type="checkbox"/> Individual	<input type="checkbox"/> A Trade or Professional Association
<input type="checkbox"/> Firm	<input type="checkbox"/> Other (Describe) _____
<input type="checkbox"/> Corporation	_____

10. ORGANIZATIONAL PURPOSE AND OBJECTIVES

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11. SPONSOR'S BACKGROUND IN ORTHOTICS, PROSTHETICS, AND PEDORTHICS EDUCATION

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12. Specify length of time Sponsor maintains records: \_\_\_\_\_

13. DESCRIBE METHOD FOR RECORDING AND VERIFYING ATTENDANCE (Supply forms used)

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12. Does your organization agree to periodic monitoring of your programs by members of the Orthotics, Prosthetics and Pedorthics Board? Yes    No

<p style="text-align: center;">Signature of Person Submitting Application</p>	<p style="text-align: center;">Title</p>
<p style="text-align: center;">Type or Print Name of Person Submitting Application</p>	<p style="text-align: center;">Date</p>

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

## AFFIDAVIT

I hereby certify that I am the individual responsible for the continuing education program(s) offered by this sponsor and:

1. That all courses and programs offered by this sponsor for CE credit will comply with the criteria in 68 Ill. Adm. Code, Section 1325.80 c) and all other criteria in 68 Ill. Adm. Code, Section 1325.80; and
2. That this sponsor will be responsible for verifying attendance at each course or program, and provide a certificate of attendance as set forth in 68 Ill. Adm. Code, Section 1325.80 c) 8); and
3. That upon request by the Department, this sponsor will submit such evidence as is necessary to establish compliance with the requirements of 68 Ill. Adm. Code, Section 1325.80; and
4. That this sponsor will submit by August 31 of each odd-numbered year to the Department, a list of all courses and programs offered within the prerenewal period, which includes the description, location, date, and time the course was offered.
5. That each CE program shall provide a mechanism for evaluation of the program by the participants.
6. That all programs given by this sponsor shall be open to all licensed Orthotists, Prothetists, and Pedorthists and not be limited to members of a single organization or group and shall specify the number of CE hours that may be applied toward Illinois CE requirements for licensure renewal.
7. That this sponsor will be responsible for assuring verified continued attendance at each program. No renewal applicant shall receive C.E. credit for time not actually spent attending the program.
8. That this sponsor will maintain attendance records for not less than five (5) years.
9. That this sponsor is aware that failure to comply with the Rules of the Department of Financial and Professional Regulation (68 Ill. Adm. Code, Section 1325.80) may result in disapproval of this sponsor by the Department; and
10. That this sponsor is aware that disapproval by the Department will result in no credit being accepted by the Department of Financial and Professional Regulation by this Sponsor subsequent to such disapproval.

NOTARY

SEAL

\_\_\_\_\_  
Signature of Person Responsible for Continuing Education Program

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

NAME OF CE SPONSOR:

Profession: