



MANDATORY COURSES

TO: Florida Board of Orthotists & Prosthetists
4052 Bald Cypress Way, Bin #C07
Tallahassee, FL 32399-3257

FROM: _____
(Please type or print)

I have completed the board approved mandatory educational courses on the Prevention of Medical Errors, CPR Certification Course, Infection Disease Control Course, Laws and Rules Course. I understand that within the next two years I may be required to submit proof of my completion of this course if my license is selected for audit.

I understand that these statements are true and correct. I further understand and acknowledge that providing false information may result in the denial of my application, disciplinary and/or criminal penalties as provided in Florida Statutes 456.072, 456.067, 775.082, 775.083, or 755.084.

- | | | | |
|----|---|---------------|----------------|
| 1. | _____ | _____ | _____ |
| | Prevention of Medical Errors Course Title | Provider Name | Date Completed |
| 2. | _____ | _____ | _____ |
| | CPR Certification Course Title | Provider Name | Date Completed |
| 3. | _____ | _____ | _____ |
| | Infection Disease Control Course Title | Provider Name | Date Completed |
| 4. | _____ | _____ | _____ |
| | Florida Laws and Rules Course Title | Provider Name | Date Completed |

Applicant Signature (Required)

Date (of signature)

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