

If you have certified fitters in addition to the certified staff listed above, please submit a copy of those licenses as well with this form, and list those names: _____

Please indicate all other locations where the certified fitters are currently employed and dispense shoes: _____

For a Change in Employment:

For a new employee with new certification:

- Orthotist, Prosthetist, or Pedorthist joined employment on _____
MM / DD / YY

For an employee who has left your employment:

- Orthotist, Prosthetist, or Pedorthist left employment on _____
MM / DD / YY

Name (print) of Employee	Original Signature	Date
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Name (print) of Owner	Original Signature	Date
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