



**IDFPR**

Illinois Department of  
Financial and Professional Regulation

Division of Professional Regulation

# QUALIFICATIONS FOR LICENSURE:

## PROSTHETIST (211)

Effective Date: 12/2024

Revised Date: N/NNNN

## READ FIRST

The Division of Professional Regulation hopes that you will find the following information useful in applying for a license in the State of Illinois. Carefully review this information as it will assist you in applying for your license and eliminate any processing delays.

An application is active for three years from the date of receipt by the Department.

- Before contacting the Department, please review our FAQ for answers to most questions. <http://www.idfpr.illinois.gov/About/FAQ.html>
- If your question is not addressed in our FAQ, please contact the department at 1-800-560-6420.

## METHOD OF LICENSURE

Method of licensure will determine which materials you will need for your application.

- **Acceptance of Examination:** For a first-time applicant who has met all the requirements of [68 ILCS 1325.20](#).
- **Endorsement:** For an applicant who holds licensure as a prosthetist in another jurisdiction and meets all the requirements of [68 ILCS 1325.60](#).

## LICENSE QUALIFICATIONS

### Education

**One of the following:**

- Bachelor's degree in orthotic and prosthetic program approved by the Commission on Allied Health Education Programs (CAAHEP)
- Bachelor's degree from a regionally accredited school and a certificate from a CAAHEP-accredited prosthetic program

### Examination

- Passing the prosthetics examination of the American Board for Certification in Orthotics, Prosthetics, & Pedorthics (ABC) is required before applying for licensure.

### Experience

- Clinical Residency of at least 1900 hours under the direct supervision of a licensed prosthetist in an NCOPE-accredited facility obtained within 10 years prior to the date of the application.

# REQUIRED SUPPORTING DOCUMENTS

## For Acceptance of Exam-

1. **Education** (provide one of the following):
  - Certified copy of transcripts from any CAAHEP-accredited programs you have completed;
  - Verification that you have requested official transcripts be sent to us from the approved program(s) at [fpr.hssunit@illinois.gov](mailto:fpr.hssunit@illinois.gov).
2. **Examination and Experience**
  - A copy of your current ABC-OP Certified Prosthetist or Certified Prosthetist-Orthotist credential will provide proof of having passed the exam and having completed the clinical residency.

## For Endorsement

In addition to the documents required for Acceptance of Exam (1 and 2), you must provide certification of licensure for the first jurisdiction in which you were licensed as a prosthetist and for any current jurisdiction(s) in which you are licensed. Acceptable documentation includes:

- Copy of a certified/primary source document from a public licensing portal that includes name, issue and expiration date, and disciplinary information (if any);
- Verification that you have requested certification of licensure be sent to us from the jurisdiction(s) at [fpr.hssunit@illinois.gov](mailto:fpr.hssunit@illinois.gov).



Do not upload a copy of your wall certificate or wallet card.

## IMPORTANT INFORMATION ONCE LICENSED

- All prosthetic licenses expire on September 30 of each odd-numbered year, regardless of issuance date.
- It is your responsibility to update your contact information, including email address, with the Department to ensure that you receive all courtesy renewal email reminders and other notifications.