

## New York State Medicaid Prescription Footwear

- Use this form to notify the Department of Health of a change of employment or when your certification expires.
- Please submit, with this form, a copy of your current certification to the address above.
- If you have any questions, call the eMedNY Call Center at 1-800-343-9000.

New Certification

Renewal

For a new employee with new certification:

- Orthotist, Prosthetist, or Pedorthist joined employment on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

For an employee who has left your employment:

- Orthotist, Prosthetist, or Pedorthist left employment on

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM / DD / YYYY

Medicaid Provider Name \_\_\_\_\_

Medicaid Provider # \_\_\_\_\_

National Provider Identifier (NPI) \_\_\_\_\_

Name of Certified Orthotist, Prosthetist, or Pedorthist \_\_\_\_\_

Attach a copy of your current certification by one of the following (Check one)

American Board for Certification in Orthotics, Prosthetics, and Pedorthics, Inc.

Board for Certification / Accreditation, International

Owner's Name \_\_\_\_\_

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date