

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 589 Department or Agency Alabama State Board of Prosthetists and Orthotists

Rule No **Chapter 746 - Appendix A**

Rule Title: **Forms**

New Amend Repeal X Adopt by Reference

Would the absence of the proposed rule harm or endanger the public health, welfare, or safety? YES

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare: YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? N/A

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with Subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer Ronald E. Spell Date 5/12/11

ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS

Notice of Intended Action

AGENCY NAME: ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS

RULE NO. & TITLE: Chapter 746 - Appendix A - Forms

INTENDED ACTION: Repeal Appendix A - Forms

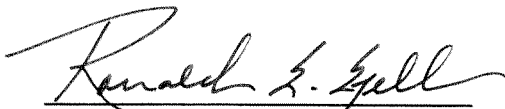
SUBSTANCE OF PROPOSED ACTION: Removing Appendix A because the forms are outdated and no longer applicable.

TIME, PLACE, MANNER OF PRESENTING VIEWS: The board will provide the public with an opportunity to present their views orally by contacting the Board at 334-420-1111 or in writing at the following address: Alabama State Board of Prosthetists and Orthotists, P.O. Box 1052, Montgomery, 36101. Physical Address: 441 High Street, Montgomery, AL 36104. All oral and written comments to be received no later than 4:00 PM on July 6, 2011.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

The record shall be closed on July 6, 2011 at 4:00 PM.

CONTACT PERSON AT AGENCY: Ronald E. Ezell, Executive Director, Alabama State Board of Prosthetists and Orthotists, P.O. Box 1052, Montgomery, AL 36101; 441 High Street, Montgomery, AL 36104; Phone: 334-420-1111.


Ronald E. Ezell, Executive Director

5/12/11
Date

~~Memo~~

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~~Attestation Of Experience Providing Comprehensive Prosthetic Care~~

~~Registration For An Orthotic Supplier~~

~~Orthotic Supplies Attestation Of Employment By Or Contractual Relationship~~

~~Alabama State Board of Prosthetists and Orthotists~~

~~Glenn Crumpton, CPO, C.PED Post Office Box 1052~~

~~Presiding Officer Montgomery, Alabama 36101~~

~~Joseph C. Elliott, CP (Phone) 334-420-1111~~

~~Secretary (Fax) 334-265-1281~~

~~asbpo@bellsouth.net~~

~~All Applicants:~~

~~Enclosed is the application packet for Licensure or Registration. Included is an overview and checklist for all applicants, the application, and other forms necessary for completion.~~

~~In order to comply with the law, all fees and completed applications and forms are required to be returned within sixty (60) days from the date the Forms and Rules were published in the Administrative Monthly as stated in Rule 746-X-2-.04 of the Alabama State Board of Prosthetist and Orthotists.~~

~~Failure to do so will result in practicing without a license or supplying orthoses without registration and subject to the fines and penalties provided in the overview on page one.~~

~~Listed below are those currently required to be licensed or registered within the sixty (60) day time period.~~

Orthotist Prosthetist

Orthotist/Prosthetist Registered Orthotic Suppliers

~~Included in the application is licensure for the Assistants listed below that currently do not require licensure by the Board. Published rules and Notification to potential licensees will be disseminated when licensure is required.~~

~~Orthotist Assistant Prosthetist Assistant Prothetist/Orthotist Assistant~~

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Alabama State Board of Prosthetists and Orthotists

Overview:

~~Carefully read these instructions and Board rules governing the practice of prosthetics and orthotics in Alabama before completing the application.~~

~~According to Act 2002-527, all those practicing in the prosthetic and orthotic field must obtain a license from the Alabama State Board of Prosthetists and Orthotists. All applicants must submit an application within **60 days** of the date of the first printing of the application in the Administrative Monthly as stated in Rule 746-X-2-.04 of the Alabama State Board of Prosthetists and Orthotists.~~

Fines and Penalties:

~~Those who are not licensed in the appropriate time period are practicing without a license and subject to a fine of up to (\$1,000.00) one thousand dollars per violation and are subject to imprisonment for up to six months per violation, or both, by the Board in a disciplinary action or by a court of competent jurisdiction in the State of Alabama.~~

~~Those in violation of the Act for unprofessional conduct or other violations shall be subject to revocation of licensure and the penalties and fines stated above.~~

Application Procedures:

~~An application will **only** be processed and presented to the Alabama State Board of Prosthetists and Orthotists for licensure consideration if it is **printed or typed in black ink**, if all blanks are complete on the application, and all required documentation and fees have been received by the Board office.~~

~~Should a section or question not apply, write "N/A" in that blank or section.~~

~~Incomplete or illegible applications will be returned to the address provided on the application with a list of additional documents needed to complete the application.~~

~~All forms must have original signatures. **NO EXCEPTIONS.**~~

Fees must accompany the application and may be paid by personal or business check, money order, or cashier's check made payable to the Alabama State Board of Prosthetists and Orthotists. **DO NOT SEND CASH.**

All application fees are nonrefundable.

All documents become a permanent part of your Board file and cannot be returned.

Completed applications are reviewed according to the date received.

Changes to information submitted on any application must be reported immediately to the Board office. Failure to do so could result in the denial of the application or revocation of licensure.

Carefully read the Licensure Requirements.

Carefully read the "Grandfathering" Requirements.

Note: Allow four to five weeks for processing from the day your application is mailed, even if mailed via overnight delivery. An incomplete application will not be processed until all required fees and documentation are received. You will be notified by mail should your application contain deficiencies.

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Alabama State Board of Prosthetists and Orthotists

Licensure Provisions:

"Grandfather" License:

Current "Grandfather" Applicants:

Those currently meeting the "Grandfather" requirements must apply within sixty days from the date published in the Administrative Monthly to be considered for licensure under this provision.

To be considered a qualified applicant for the "Grandfather" requirement you must possess one of the following:

Current credentials as a Certified Prosthetist, Certified Orthotist, or Certified Prosthetist/ Orthotist issued by the American Board for Certification in Orthotics and Prosthetics, or the Board for Certification in Orthotics/ Prosthetic Certification as a Prosthetist, Orthotist, or Prosthetist/ Orthotist,

The applicant has practiced full time as a Prosthetist, Orthotist, or Prosthetist/Orthotist for five of the six years prior to the effective date of this Act and has provided comprehensive prosthetic, orthotic, or prosthetic/orthotic care as defined by the Board in Rule at a facility that meets the requirements of the Board for accreditation.

Future "Grandfather" Applicants:

Within the first year from the date of the published rules in Administrative Monthly, an applicant may qualify for the "Grandfather" requirement.

An applicant currently not qualified but that becomes qualified during this year has only sixty (60) days from the date they qualify for "Grandfather" to submit their application.

Any applicant not meeting the "Grandfather" requirement or applying within the designated time period may apply for a Temporary License while awaiting an exam if other regular licensing requirements are met.

Temporary License:

A 12-month Temporary License may be applied for as a Prosthetist, an Orthotist, or a Prosthetist/Orthotist for all those who have applied for licensure and meet the qualifications but are awaiting examination.

The Temporary License is renewable once for a six-month period if the applicant fails to pass the examination at the first sitting.

Regular Licensing:

For applicants who do not meet the terms and conditions for the "Grandfather" requirement the following criterion is mandatory as provided in ACT 02-527:

File a written application

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- I. Must possess baccalaureate degree in orthotics and prosthetics from a college or university accredited by a regional accrediting agency and complete 1,900 hours per discipline sought of directed employment under the supervision of a certified/licensed Prosthetist, a certified/licensed Orthotist, or a certified/licensed Prosthetist/Orthotist in an accredited facility and be certified as Prosthetist, Orthotist, or Prosthetist/Orthotist by a nationally recognized certifying board in orthotics and prosthetics accredited by the National Commission for Certifying Agencies or such other national agency as approved by the Board, in the discipline or disciplines for which the application is made.
- II. Must possess a baccalaureate degree from a regionally accredited college or university and have successfully completed a post-baccalaureate certificate course approved by the Board and completed 1,900 hours of directed employment per discipline in which license is sought under the supervision of a certified/licensed Prosthetist, a certified/licensed Orthotist, or a certified/licensed Prosthetist/Orthotist in an accredited facility and be certified as Prosthetist, Orthotist, or Prosthetist/Orthotist by a nationally recognized certifying board in orthotics and prosthetics accredited by the National Commission for Certifying Agencies or such other national agency as approved by the Board, in the discipline or disciplines for which the application is made.
- III. Must possess an associate degree from a regionally accredited college or university, junior college, or community college and have successfully completed post-secondary coursework in anatomy, physiology, physics, biology, chemistry, algebra, and calculus and have worked under the supervision of a certified/licensed Prosthetist, a certified/licensed Orthotist or a certified/licensed Prosthetist/Orthotist for not less than four consecutive years of the past six years in an accredited facility and be certified by a nationally recognized certifying board in prosthetics or orthotics accredited by the National Commission for Certifying Agencies or such other national agency as may be approved by the board.
- IV. Must have successfully completed post-secondary coursework in anatomy, physiology, physics, biology, chemistry, algebra, and calculus and have worked under the supervision of a certified/licensed Prosthetist, a certified/licensed Orthotist, or a certified/licensed Prosthetist/Orthotist for not less than eight years of the last 12 years and be certified as a Prosthetist, Orthotist, or Prosthetist/Orthotist by a nationally recognized board accredited by the National Commission for Certifying Agencies or such other national agency as approved by the Board, in the discipline or disciplines for which the application is made.
- V. Must successfully complete an examination as prescribed by the Board.

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Application Checklist:

Personal Information Required on Application Form:

- 1. ~~Name:~~ Applicant's full legal name.
- 2. ~~Mailing Address:~~ Address where applicant receives mail.
- 3. ~~Permanent Address:~~ Applicant's home or fixed place of habitation to which applicant returns after a temporary absence. Do not use a post office box for this address.
- 4. ~~Name Change:~~ If you have ever been known by any other name than your current name, complete this entire section and list all previous names and aliases.
- 5. ~~Social Security Number:~~ Is required and is confidential.

General Information on Application Form:

- 6. ~~All blanks of the application for licensure / registration must be completed.~~
- 7. ~~All Applications must be typed or printed in black ink.~~
- 8. ~~All signatures must be original signatures.~~
- 9. ~~Photo, Application fees, licensure fees, and payment coupon are enclosed with the application.~~
- 10. ~~Two Authorized Healthcare Professional Reference Forms have been submitted.~~
- 11. ~~Supervision Agreement Forms have been completed. This applies to assistants.~~
- 12. ~~Attestation of Experience Providing Comprehensive Orthotic Care Form has been completed. This applies to all Orthotists, and Prosthetists/Orthotists applying for a license.~~
- 13. ~~Attestation of Experience Providing Comprehensive Prosthetic Care Form has been completed. This applies to all Prosthetists, and Prosthetists/Orthotists applying for a license.~~
- 14. ~~Registration for Orthotic Supplier and Attestation of Employment/Contract. For Orthotic Suppliers only.~~

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Alabama State Board of Prosthetists and Orthotists

P.O. Box 1052

Montgomery, Alabama 36101

asbpo@bellsouth.net

Phone: 334-420-1111

General Application for Licensure

1. NAME	
---------	--

2. MAILING ADDRESS-	-
-	-
3. PERMANENT ADDRESS-	-
-	-
4. Have you ever been known by any other name? Have you ever changed your name through marriage or court action?	If YES, list name, and date of changes.-
YES _____ NO _____	
-	-
5. SOCIAL SECURITY NUMBER-	-
6. DATE OF BIRTH (MM/DD/YY)-	-
7. BIRTHPLACE (City, State, Country)-	-
8. HOME TELEPHONE-	(-)
9. BUSINESS TELEPHONE-	(-)
10. FAX NUMBER-	(-)
11. E-MAIL ADDRESS-	-

Professional Licensure Information:

12a. Licensure Category. Please check the category for which you are applying. Choose one.

_____ Orthotist _____ Prosthetist _____ Prosthetist/Orthotist

_____ Orthotist Assistant _____ Prosthetist Assistant _____ Prosthetist/ Orthotist Assistant

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12b. Orthotist, Prosthetist, Prosthetist/Orthotist Licensure Pathway. Choose one. For Temporary, please explain your choice on separate paper.

_____ Bachelor's Degree in Orthotics and Prosthetics _____ Temporary

_____ Bachelor's Degree plus a certificate in Orthotics or Prosthetics

_____ Associate's Degree including specific course hours

_____ Meets the Grandfather Provision of Code of Alabama 1975 § 34-25A-1-14

12c. Do you now hold or have you ever held a license or certificate of registration to practice as an orthotist or prosthetist in any state, US Territory, or foreign country?

Yes _____ Please list all licenses/ registrations below:

Type of License: _____

License #: _____

Issuing Agency: _____

Date of Original License/Registration: _____ Expiration Date: _____

If you have had a license which is not current, please explain on a separate paper.

No _____

12d. Have you previously applied for orthotist or prosthetist licensure in Alabama?

Yes _____ Date: _____ No _____

13. Undergraduate and Graduate Education. Provide additional sheets if necessary.

Institution	Location	Dates Attended	Major	Degree Earned	Name on Transcript
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

14. Clinical Residency or Clinical Laboratory Experience. Provide additional sheets if necessary.

(This section is not required for Grandfathered applicants)

Name & Address of Facility	Date Residency Began	Expected Ending Date	Hours Completed	Name & Credentials of Supervisor
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-

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15. Employment. List, beginning with current employment, all prosthetic and orthotic related employment.

Use additional sheets as necessary.

Current Place of Employment: _____

Telephone Number: _____

Mailing Address: _____

Date of Employment (to from): _____

Place of Employment: _____

Telephone Number: _____

Mailing Address: _____

Date of Employment (to from): _____

Place of Employment: _____

Telephone Number: _____

Mailing Address: _____

Date of Employment (to from): _____

Place of Employment: _____

Telephone Number: _____

Mailing Address: _____

Date of Employment (to from): _____

Place of Employment _____

Telephone Number: _____

Mailing Address: _____

Date of Employment (to from): _____

16. Questionnaire. Answer all of the following questions with either "yes" or "no." Do not leave any blanks. "Yes" answers must be accompanied by an Affidavit (a sworn statement in the presence of a notary public). The affidavit must include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals. The Board may request additional information.

a. Have you ever been charged or found guilty of unprofessional or unethical conduct in civil or administrative law proceedings? _____ Yes _____ No

b. If you answered "yes" to question a, were the charges settled before or during a formal hearing?

_____ Yes _____ No

e. Has a licensing, registration, or certification authority taken disciplinary action against you relating to the practice of orthotics or prosthetics, or any health care profession including Medicare/Medicaid fraud?

_____ Yes _____ No

d. During the last five years, have you been diagnosed or hospitalized for any physical or mental illness, or injury that would impair your ability to safely practice orthotics or prosthetics? _____ Yes _____ No

e. Have you ever declined therapy or treatment for mental or physical illness? _____ Yes _____ No

f. Have you ever had any professional license or certification denied, probated, suspended, or revoked?

_____ Yes _____ No

g. Have you ever practiced with a revoked, suspended, expired, or inactive license?

_____ Yes _____ No

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17. Statement and Affidavit of Applicant

I, _____ testify under oath that I am the person referred to in the application and supporting documentation, and that the photograph attached is a photograph of me.

I authorize all my references, educational institutions, employers, hospitals, business or professional organizations and associates, past and present, and all governmental agencies and instrumentalities (local, state, federal) to release to the Alabama Board of Prosthetists and Orthotists any information requested

concerning the processing of this application. I understand that it is my duty and responsibility as an applicant to supplement my application when any material changes in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for licensure.

If required by the licensure category under which I applied, I agree to sit for the State examination(s). I also agree that I must pass any required examination(s) to receive my license.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license to the Board.

I certify that I have received a copy of rules concerning the regulation of orthotics and prosthetics in the State of Alabama. I further affirm that I have read, understand, and agree to abide by above mentioned rules. I understand that I must observe and comply with a code of ethics and standards of practice set forth in the rules, and that I am responsible for keeping the Board informed of my current mailing address at all times. I understand that I am responsible for renewing my license, whether or not I receive a renewal notice.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that providing any false or misleading information in or concerning my application may be cause for denial of loss of licensure.

Signature of Applicant Date Signed

THE STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to this instrument, and having been by me first sworn an oath, acknowledged that he or she had executed the same for the purposes and consideration therein expressed and that all statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, _____.

Notary

Public in and for _____ County, _____ or _____

Signature of Notary Seal of Notary

18. Fee

Enclose the attached payment remittance and the accurate fee amount.

Mail to:

Alabama State Board of Prosthetists and Orthotists

P.O. Box 1052

Montgomery AL 36101-1052

Please allow 4 to 5 weeks for processing from the day your application is mailed, even if you mailed it overnight. Incomplete application will not be processed until all required fees and documents are received.

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Fee:

Fully complete the form provided below. The Payment Remittance and fees must accompany the application and other required documents to be deemed complete. **The application fee is non-refundable.** Should licensure/registration be denied, full payment of other fees will be refunded.

Schedule of Fees:

Type of License/ Registration Requested Fee

Non-refundable Application Fee for Licensure \$175

Non-refundable Application Fee for Registration \$150

License fee single discipline \$500

License fee dual discipline \$800

Licensed assistant fee \$250

License fee for a single discipline temporary license \$500

License fee for a dual discipline temporary license \$800

License duplicate or replacement \$ 50

Registration of Orthotic Supplier \$350

Payment Remittance

Name: _____

Social Security #: _____

Address: _____

License/ Registration Applied For: _____

Application Fee: _____

Licensure Fee: _____

Other Fee: _____

Total Amount Enclosed: _____

Alabama State Board of Prosthetists and Orthotists

P.O. 1052

Montgomery AL 36101

334-420-1111

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Professional Reference Form

Alabama State Board Of Prosthetists And Orthotists

P.O. Box 1052

Montgomery AI 36101-1052

Instructions: **Type or print legibly in black ink.** All applicants must submit two professional references from an Authorized Healthcare Provider or an Alabama Licensed Prosthetist, Orthotist, or Prosthetist/Orthotist.

Part 1 must be completed by the applicant.

1. Print your full name.
2. Print the address where you prefer to receive mail.
3. Check the appropriate discipline for which you are applying for licensure.
4. Send this form to the licensed healthcare professional from whom you are requesting a reference.

Part 2 must be completed by the person giving the reference.

1. Print your name, credentials, address, and telephone number.
2. Briefly describe the nature of your relationship (professional, personal, collegial) to the applicant.
3. Print the month and year your relationship with the applicant began.
4. Print the month and year your relationship with applicant ended. If your relationship is ongoing, type "P".

Part 3 must be completed by the person giving the reference.

1. To the best of your ability, check the appropriate box relating to each characteristic.
2. Check one overall evaluation.
3. If you prefer not to give a reference, please check the appropriate box on the form.
4. Sign and date the form.

IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Alabama State Board of Prosthetists and Orthotists office at the address above. **DO NOT** return this form to the applicant.

Part 1:

Applicants name:

Preferred mailing address:

City: _____ State: _____ Zip Code: _____

Telephone: _____

Application for:

____ Orthotist ____ Prosthetist ____ Prosthetist/Orthotist

____ Orthotist Assistant ____ Prosthetist Assistant ____ Prosthetist/Orthotist Assistant

Part 2:

Name of person providing the reference:

Credentials: _____ Phone: _____

Address: _____

(Street, City, State, Zip Code)

Nature of Association: _____

(From) (To)

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Part 3:

Professional Qualities-	Poor-	Fair-	Good-	Superior-	No Opinion-
Clinical Skills-	-	-	-	-	-
Technical Ability-	-	-	-	-	-
Communication Skills-	-	-	-	-	-
Practice Management-	-	-	-	-	-
Fitness for Clinical Practice-	-	-	-	-	-
Personal Qualities-	Poor-	Fair-	Good-	Superior-	No Opinion-
Motivation-	-	-	-	-	-
Initiative-	-	-	-	-	-
Responsibility-	-	-	-	-	-
Integrity-	-	-	-	-	-
Relationship With-	Poor-	Fair-	Good-	Superior-	No Opinion-
Colleagues-	-	-	-	-	-
Patients-	-	-	-	-	-
Medical Staff-	-	-	-	-	-
Nursing Staff-	-	-	-	-	-

Part 4:

Are you aware of problems which might affect performance? Yes _____ No _____

If "Yes," please explain _____

OVERALL EVALUATION: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary)

1. Recommended as outstanding applicant.
2. Recommended as qualified and competent.
3. Recommended with some reservation.
4. Cannot recommend.

I prefer not to give a recommendation.

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by a felony.

Signature: _____

Date: _____

Attestation of Experience Providing Comprehensive Orthotic Care

Name of Applicant (Last, First, Middle) Social Security Number

Comprehensive Orthotic Care must include all the following experiential elements:

Evaluation of patients with a wide range of lower limb, upper limb, and spinal pathomechanical conditions;

Taking measurements and impressions of the involved body segments;

Synthesis of observations and measurements into a custom orthotic design;

Selection of materials and components;

Fabrication of therapeutic or functional orthosis including plastic forming, metal contouring, upholstering, and assembling;

Fitting and critique the orthosis;

Appropriate follow-up, adjustments, modifications and revisions in an orthotic facility;

Instructing patients in the use and care of the orthosis;

Maintaining current encounter notes and patient records.

I attest that I have applied all the above listed experiential elements to two-thirds of the orthosis listed in the chart below. (9 of 13) items must be completed in order to qualify.

Orthosis	Completion Location	Completion Date	Name & Phone No. of Verification Source (Not patient's names)
foot			
knee			
elbow			
ankle-foot			
cervical			
cervical-thoracic			
cervical-thoracic-lumbar-sacral			
thoracic-lumbar-sacral			
lumbar-sacral			
Hip			
wrist-hand			
shoulder-elbow			
shoulder-elbow-wrist-hand			

I have performed comprehensive orthotic care from _____/_____/_____ to _____/_____/_____

The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a felony. This form does not constitute application for licensure.

Signature of Applicant Date

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~~Attestation of Experience Providing Comprehensive Prosthetic Care~~

Name of Applicant (Last, First, Middle) Social Security Number

Comprehensive Prosthetic Care must include ~~all~~ the following experiential elements;

Evaluation of patients with a wide range of upper and lower limb deficiencies;

Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements

onto a custom prosthetic design;

Selection of materials and components;

Fabrication of functional prostheses including plastic forming, metal contouring, upholstering, assembly, and aligning;

Fitting and critique of the prosthesis;

Appropriate follow-up, adjustments, modifications and revisions in a prosthetic facility;

Instructing patients in the use and care of the prosthesis; and

Maintaining current encounter notes and patient records.

I attest that I have applied all the above listed experiential elements to three fourths of the prostheses listed in the chart below. (6 of 8 items must be completed in order to qualify)

Prosthesis	Completion Location	Completion Date	Name & Phone No. of Verification Source (Not patient's names)
wrist disarticulation	-	-	-
trans-radial	-	-	-
knee disarticulation	-	-	-
trans-humeral	-	-	-
partial foot	-	-	-
symes	-	-	-
trans-tibial	-	-	-
trans-femoral	-	-	-

I have performed comprehensive prosthetic care from _____ / _____ to _____ / _____

The above information is true and correct I understand that providing false or misleading information in, with or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a felony. This form does not constitute application for licensure.

Signature of Applicant Date

Alabama State Board of Prosthetists and Orthotists

Registration For An Orthotic Supplier

In accordance with ~~The Code of Alabama 1975 § 34-25A-1-14~~, all orthotic suppliers must be registered with the Alabama State Board of Prosthetists and Orthotists. This form serves as the official registration application. Please complete the following form in full; Forms must be accompanied by application fee and all other required documentation or the form will be returned to the registrant for completion.

Date of Filing: _____

Last Name First Name Middle Initial Suffix

E-Mail Home Phone Work Phone

Current Address:

Street Address Apt. # City State Zip Code

Please list all secondary and higher education schools and programs attended:

School Name: Years Attended Degree Received Certificates Awarded

Are you currently enrolled in a Prosthetic or Orthotic Program? _____ Yes _____ No

If yes explain:

Please list work history for the last five years:

Name of Employer Years Employed Address of Employer Reason for Leaving

For Office Use Only:

Registration Number _____

Comments: _____

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Alabama State Board of Prosthetists and Orthotists

Orthotic Supplier Attestation of Employment by or Contractual Relationship

Attestation of employment by or contractual relationship with a manufacturer of orthoses or orthosis components whether registered with the United States Food and Drug Administration or not. Attestation shall be by notarized statement signed by the president, chief operating officer or other designated corporate official of the employing company.

Mr./Ms. _____ has been employed or has a contractual agreement with my
company _____ since _____ of _____.

(Name of Company) (Month) (Year)

The above information is true and correct. I understand that providing false or misleading information in, with or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a state jail felony. This form does not constitute application for licensure.

Name and Title of Person Signing: _____

Signature Date

THE STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____
known to me to be the person whose name is subscribed to this instrument, and having been by me first sworn an oath, acknowledged that he or she had executed the same for the purposes and consideration therein expressed and that all statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____,
Notary

Public in and for _____ County, _____ or _____

Signature of Notary Seal of Notary

