

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

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

Rule No. 746-X-4/Appendix: Form

Rule Title: Form

**Repeal (X)**            New            Amend            Adopt by Reference

Would the absence of the proposed rule significantly 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.

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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. Gell Date 5/12/11

APA-2

**ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS  
Notice of Intended Action**

**AGENCY NAME: ALABAMA STATE BOARD OF  
PROSTHETISTS AND ORTHOTISTS**

**RULE NO. & TITLE: 746-X-4/Appendix: Form  
INTENDED ACTION: Repeal 746-X-4/Appendix: Form**

**SUBSTANCE OF PROPOSED ACTION: Remove Outdated Complaint Form.**

**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

  
Date

ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS  
ADMINISTRATIVE CODE

CHAPTER 746-X-4  
DISCIPLINARY ACTIONS

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APPENDIX  
COMPLAINT FORM

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Authors:

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Statutory Authority:

Code of Ala. 1975, §3425A114.

History: New Rule:

Filed August 8, 2003; effective

September 12, 2003.