# TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Cont	rol: 589	Agency: <u>A</u>	uabama State Board C	or Prostnetists and Ortholists
Rule No. Rule Title:	746-X-1004 Requirement	ts for License.		
	osence of the p	· ·	Amend(X)	Adopt by Reference
significantly harm or endanger the public health, welfare, or safety?				YES
		onship betwee e protection o		
public health, safety, or welfare:				YES
		ctive method o		
regulation av protect the p		ould adequatel	y	NO
·		ve the effect of	:	
•	directly increa or services in	olved and, if s	ο,	
to what degr				NO
		y, more harmf		
to the public than the harm that might result from the absence of the proposed rule?				N/A
from the abs	sence of the pr	oposea ruier		N/A
	of the rulema	-		
_		pose of, and so	)	
they have, as their primary effect, the				VEC
protection o	t the public?			YES
Does the proposed rule have an economic impact?				NO
fiscal note pa	repared in acc	ordance with S	ubsection (f) of Section	e is required to be accompanied by a on 41-22-23, Code of Alabama 1975. ******
	of Authorized			
				full compliance with the
requirement	ts of Chapter 2	2, Title 41, Cod	ie of Alabama 1975, a	nd that it conforms to all applicable

filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer \_\_

## 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-10-.04 - Requirements for License

INTENDED ACTION:

**Amend Existing Rule** 

#### SUBSTANCE OF PROPOSED ACTION:

Delete language referencing "NCOPE" or "NCOPE Approved".

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, via email at <a href="mailto:rezell113@aol.com">rezell113@aol.com</a>, or in writing to 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 January 6, 2016.

#### FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

The record shall be closed on January 6, 2016 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

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### 746-X-10-.04 Requirements for License

- (1) Applicants shall possess a current national certificate as a certified orthotic fitter from the American Board for Certification (ABC) or the Board of Certification/Accreditation, International (BOC), and provide documentation that they are in good standing with either the American Board for Certification (ABC) or the Board of Certification/Accreditation, International (BOC) and provide documentation that they are current with continuing education requirements by either the American Board for Certification (ABCO or the Board of Certification/Accreditation, International (BOC).
- (2) Applicants who are not nationally certified as an orthotic fitter must meet the following requirements for licensure:
- (a) Applicants must possess a high school diploma, GED, or college degree.
- (b) Applicants must have successfully completed a <u>an</u>

  National Commission on Orthotic and Prosthetic Education (NCOPE) approved orthotic fitter educational course. NCOPE approved <u>Approved</u> courses are provided by:
  - Applied Technology Institute (ATI)/Kassel Group
  - DeRoyal
  - DJO
  - The Medical Careers Institute at Coordinated Health
  - Northern Virginia Community College
  - OandPEdu
  - Ossur Americas
  - Surgical Appliance Industries
  - Trulife
  - Viscent Orthopedic Solutions

The Board may approve other similar courses. in addition to NCOPE.

(c) Applicants must have documentation of 1000 hours of orthotic fitter experience obtained either before or after the fitter educational course. The 1000 hours shall be audited for the purpose of verifying the training.

## **Prosthetists and Orthotists**

# Chapter 746-X-10

(3) Applicants shall be employed with a business entity, with a physical address located in the State of Alabama.

Author: Glenn Crumpton

Statutory Authority: Code of Ala. 1975, §34-25A-1-14, 34-25A-3(9), 34-25A-7,

34-25A-12.

History: New Rule: Filed; 11/7/13; Effective: 12/12/13; Amended/Filed:

11/18/15