TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 589

Agency: Alabama State Board of Prosthetists and Orthotists

Rule No.

746-X-5-.04

Rule Title:

Requirements for Licensure As An Assistant

Repeal Would the absence of the	New proposed rule	Amend(X)	Adopt by Reference
significantly harm or enda health, welfare, or safety?	-		YES
Is there a reasonable relat state's police power and t public health, safety, or w	he protection of th		YES
Is there another, less restr			5
regulation available that opposite the public?	could adequately		NO
Does the proposed rule had directly or indirectly incre			
of any goods or services in to what degree?	nvolved and, if so,		NO
Is the increase in cost, if a to the public than the har		t	
from the absence of the p	roposed rule?		N/A
Are all facets of the rulem designed solely for the pu	• •		
they have, as their primar protection of the public?	y effect, the		YES

Certification of Authorized Official

Does the proposed rule have an economic impact?

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 Tenals

Date //-/8-

NO

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-5-.04 - Requirements for Licensure As An Assistant

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 rezell113@aol.com, 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 36101 Pt. 2014 100 1111

AL 36104; Phone: 334-420-1111.

Ronald E. Ezell, Executive Director

746-X-5-.04 Requirements For Licensure As An Assistant.

- (1) Effective January 1, 2011 no person shall act as an orthotic assistant, prosthetic assistant or orthotic/prosthetic assistant unless licensed to do so. In order to be issued any such license an applicant shall meet the following requirements: (NOTE: These requirements shall not apply to any individual who currently holds any of the above described assistant licenses as of the effective date of this rule.
- (a) Applicant must have a high school diploma or GED.
- (b) Applicant must have: completed a 12 month orthotist assistant, a 12 month prosthetist assistant, or a 24 month orthotist/prosthetist assistant residency program under the direct supervision of a certified/licensed orthotist, certified/licensed prosthetist, or a certified/licensed prosthetist/orthotist in an accredited facility.
- (c) Applicant shall complete a **NCOPE accredited**Orthotic-prosthetic assistant education program or such other education program as may be approved by the Board.

Authors: Joseph C. Elliott, Glenn Crumpton Statutory Authority:

Code of Ala. 1975, \$34-25A-1-14.

History: New Rule: Filed August 8,2003; effective September 12,2003. Repealed and New: Filed September 1, 2010; effective October 6, 2010; Amended/Filed: November 18, 2015.