

Control: 589

Agency: Alabama State Board of Prosthetists and Orthotists

Rule No. 746-X-9-.04

Rule Title: Requirements for License

| Repeal | New | Amend(X) | 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.

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 Kenneth E. Gull Date 11-18-15

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-9-.04 - Requirements for License
INTENDED ACTION: Amend Existing Rule

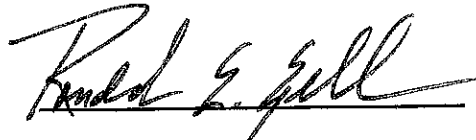
SUBSTANCE OF PROPOSED ACTION:
Delete language referencing "NCOPE" or "NCOPE Approved".

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 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 36104; Phone: 334-420-1111.



Ronald E. Ezell, Executive Director

746-X-9-.04 Requirements for License.

(1) Applicants shall possess a current national certificate as a certified therapeutic shoe 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 (ABC) or the Board of Certification/Accreditation, International (BOC).;

(2) Applicants who are not nationally certified as a therapeutic shoe 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 an~~ **National Commission on Orthotic and Prosthetic Education (NCOPE)** approved therapeutic shoe fitter educational course. **NCOPE approved Approved** courses are provided by:

- Acor and NIPCO
- Aetrex and NIPCO
- CFS Allied Health Education
- Dr. Comfort
- International School of Pedorthics
- National Pedorthic Services
- Preferred Medical Supply Company, Inc.
- P. W. Minor and NIPCO
-

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

(c) Applicants must have documentation of 500 hours of Therapeutic shoe fitter experience obtained either before or after the fitter educational course. The 500 hours shall be audited for the purpose of verifying the training.

(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(6), 34-25A-7, 34-25A-12.

History: New Rule: Filed: 11/7/13; Effective: 12/12/13; Amended/Filed 11/18/15