

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-2-.04**
APPLICATION FEE REQUIRED

INTENDED ACTION: **AMEND**

SUBSTANCE OF PROPOSED ACTION: The Board proposes to amend its rules to change the schedule of fees in order to adhere to those fees specifically authorized by statute.

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 Board of Prosthetists and Orthotists, P. O. Box 1052, Montgomery, AL. 36101. Physical address: 441 High Street, Montgomery, AL 36104. All oral and written comments received no later than 5:00PM on February 4, 2009.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
The record shall be closed on February 11, 2009 at 5:00PM.

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

Signature of authorizing official



Date: 12/17/08