

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-5 - Requirements for Licensure as an Assistant

**INTENDED ACTION:** Amend Rule

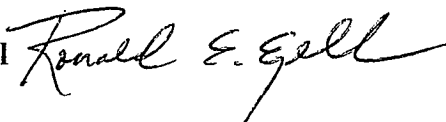
**SUBSTANCE OF PROPOSED ACTION:**  
Amend Rule by adding 746-X-5-.05 – Continuing Professional Education Required

**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 4:30 pm on February 4, 2010.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:**  
The record shall be closed on February 4, 2010 at 4:30 p.m.

**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.

Signature of authorizing official



Date

12/18/09