

APA-2

**ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS  
Notice of Intended Action**

**AGENCY NAME: ALABAMA STATE LICENSING BOARD OF  
PROSTHETISTS AND ORTHOTISTS**

**RULE NO. & TITLE: 746-X-8 Licensure of Mastectomy Fitters**

**INTENDED ACTION: Creating New Rule**

**SUBSTANCE OF PROPOSED ACTION: Licensure of Mastectomy Fitters  
including application requirements, fees and annual renewal.**

**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

*Ronald E. Ezell*

Date *12/18/09*