

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-2-.04(5) – Application Fee Required (Returned  
Check)

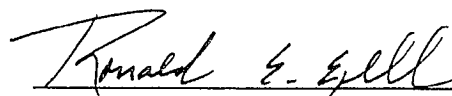
**INTENDED ACTION:** Amend Rule

**SUBSTANCE OF PROPOSED ACTION:** The proposed amendment clarifies that  
a returned check fee is the maximum fee allowed by Code of Ala. 1975, § 8-8-15.

**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 4:00 PM on August 5, 2010.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:**  
The record shall be closed on August 5, 2010 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.

  
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Ronald E. Ezell, Executive Director