

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

AGENCY NAME: ALABAMA STATE BOARD OF PROSTHETISTS
AND ORTHOTISTS

RULE NO. : 746-X-2-.04

TITLE: APPLICATION FEE REQUIRED

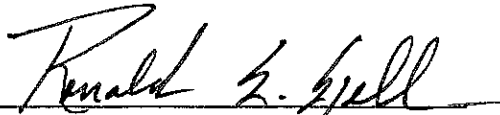
INTENDED ACTION: Amend Existing Rule

SUBSTANCE OF PROPOSED ACTION: Delete: 746-X-2-.04(3)(i) - Requires a license duplicate or replacement fee of \$50; and 746-X-2-.04(6) - Written license. Requires a Certification verification of \$10 each.

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; or via electronic mail at rezell113@aol.com. 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, 2014.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
The record shall be closed on August 5, 2014 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