

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-8-.04/Requirements for License
Licensure of Mastectomy Fitters**

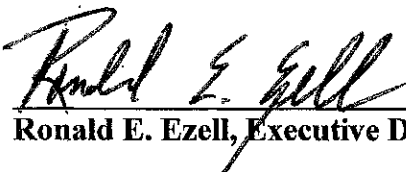
INTENDED ACTION: Amend

**SUBSTANCE OF PROPOSED ACTION: 746-X-8-.04 amended to add subsection
(4) specifying national certification boards.**

**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 May 6, 2016.**

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
The record shall be closed on May 6, 2016 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