

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-4/Appendix: Form  
INTENDED ACTION: Repeal 746-X-4/Appendix: Form**

**SUBSTANCE OF PROPOSED ACTION: Remove Outdated Complaint Form.**

**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 July 6, 2011.**

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:  
The record shall be closed on July 6, 2011 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

5/12/11  
Date