

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-5-.04 - Requirements for Licensure As An Assistant

INTENDED ACTION: Amend Existing Rule

SUBSTANCE OF PROPOSED ACTION:

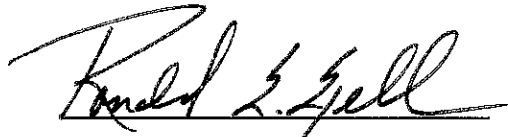
Delete language referencing "NCOPE" or "NCOPE Approved".

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, via email at rezell1113@aol.com, or in writing to 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 January 6, 2016.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

The record shall be closed on January 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.

A handwritten signature in black ink, appearing to read "Ronald E. Ezell", written over a horizontal line.

Ronald E. Ezell, Executive Director