

Alabama State Board of Prosthetists and Orthotists

P. O. Box 1052
Montgomery, Alabama 36101
Phone: 334-420-1111
www.apob.alabama.gov
E-mail: rezell113@aol.com

Renewal Application for Orthotists, Prosthetists, Orthotists/Prosthetists, Pedorthists, Orthotic Suppliers, Assistants and Accredited Facilities

Please note the following information and fees must be submitted annually to the Alabama State Board of Prosthetists and Orthotists office. Renewals are due on October 1 and must be received no later than January 31 to avoid fines and penalties. (please submit separate payment for each license and/or facility.)

LICENSE RENEWAL

Personal Information

Name: _____

Social Security Number: _____

Accredited Facility where you are employed: _____

Type of License to be renewed: _____

Business address: _____

Work Phone: _____ Fax: _____ E-mail: _____

Home address _____

Home phone _____ Cell phone _____ E-mail _____

(please verify that you have completed all required personal information above)

FACILITY ACCREDITATION RENEWAL

Name of Facility: _____

Tax ID Number: _____ Facility Accreditation Number: _____

Current Business Address: _____

Business Phone: _____ Fax: _____ E-mail: _____

QUESTIONNAIRE

Answer all of the following questions with either "yes" or "no". Do no leave any blanks.

"Yes" answers **must be accompanied by an Affidavit** (a sworn statement in the presence of a notary public). The affidavit must include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals.

The Board may request additional information.

- a. Have you ever been charged or found guilty of unprofessional or unethical conduct in civil or administrative law proceedings? YES NO
- b. If you answered "yes" to question a, were the charges settled before or during a formal hearing? YES NO
- c. Are there any currently pending investigations against you or your company? YES NO
- d. Has a licensing, registration, or certification authority taken disciplinary action against you relating to the practice of orthotics or prosthetics, or any health care profession including Medicare/Medicaid fraud? YES NO
- e. During the last five years, have you been diagnosed or hospitalized for any physical or mental illness, or injury that would impair your ability to safely practice orthotics, prosthetics, or pedorthics? YES NO
- f. Have you ever had any professional license or certification denied, probated, suspended, or revoked? YES NO
- g. Have you ever practiced with a revoked, suspended, expired, or inactive license? YES NO
- h. Have you ever been convicted of any crime excluding minor traffic offenses? YES NO
- i. Have you ever been treated for any alcohol or substance abuse? YES NO

Fees

License fee-single discipline	\$450
License fee-dual discipline	\$900
Licensed assistant fee	\$250
Accredited Facility fee	\$250
License duplicate or replacement	\$ 50
Registration of Orthotic Supplier	\$350
<hr/>	
<u>Total Remitted:</u>	<u>\$_____</u>

I certify that the information provided in the Licensure Application and the Renewal Application is correct to the best of my knowledge and that I have informed the Board of any changes in my name, address and/or employment.

Signature

Date

If you wish to apply for additional licenses, go to: <http://www.apob.alabama.gov/>

You may contact the board office by email at rezell113@aol.com or by calling 334-420-1111.