

Alabama State Board of Prosthetists and Orthotists

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apob.alabama.gov

Orthotic Supplier Registration

In accordance with **The Code of Alabama 1975 § 34-25A-1-14**, all orthotic suppliers must be registered with the Alabama State Board of Prosthetists and Orthotists. This form serves as the official registration application. Please complete the following form in full; Forms must be accompanied by application fee and all other required documentation or the form will be returned to the registrant for completion.

Date of Filing: _____

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	
E-Mail	Home Phone	Work Phone	

Current Address:

_____	_____	_____	_____	_____
Street Address	Apt. #	City	State	Zip Code

Please list all secondary and higher education schools and programs attended:

School Name:	Years Attended	Degree Received	Certificates Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently enrolled in a Prosthetic or Orthotic Program? _____ Yes _____ No

If yes explain: _____

Please list work history for the last five years:

Name of Employer	Years Employed	Address of Employer	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For Office Use Only:

Registration Number _____

Comments: _____

Alabama State Board of Prosthetists and Orthotists

Orothotic Supplier Attestation of Employment by/or Contractual Relationship

Attestation of employment by or contractual relationship with a manufacturer of orthoses or orthosis components whether registered with the United States Food and Drug Administration or not. Attestation shall be by notarized statement signed by the president, chief operating officer or other designated corporate official of the employing company.

Mr. / Ms. _____ has been employed or has a contractual agreement with my company _____ since _____ of _____.
(Name of Company) (Month) (Year)

The above information is true and correct. I understand that providing false or misleading information in, with or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a state jail felony. This form does not constitute application for licensure.

Name and Title of Person Signing: _____

Signature Date

THE STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to this instrument, and having been by me first sworn an oath, acknowledged that he or she had executed the same for the purposes and consideration therein expressed and that all statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, _____.

Notary Public in and for _____ County, _____
or _____.

Signature of Notary Seal of Notary

Fee:

Fully complete the form provided below. The Payment Remittance and fees must accompany the application and other required documents to be deemed complete. **The application fee is non-refundable.** Should registration be denied, full payment of other fees will be refunded.

Schedule of Fees:

Non-refundable Application Fee for Registration	\$150
Registration Fee	\$350
Registration Certificate duplicate or replacement	\$ 50

Payment Remittance

Name: _____

Social Security #: _____

Address: _____

Registration Fee(s): (Application) \$ _____ (Registration) \$ _____

Other Fee: _____

Total Amount Enclosed: \$ _____

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