

Alabama State Board of Prosthetists and Orthotists

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The Alabama State Board request that licensees report to the board their employment status. The board publicly list practitioners according to their employers and would like to keep this list as accurate as possible. Any change in employment status should be reported directly to the board as soon as possible. This includes changes in location, changes of ownership and retirements. If you have any questions, please call the board.

Name of Practitioner _____ **License Number** _____

Employment Change Type

Form completed by: _____ Date: _____

For use by board

Date Change Reported _____	Date of Employment Change _____
Past 30 days Yes <input type="checkbox"/>	No <input type="checkbox"/>
Action taken by board _____	_____

please return by email, fax, or postal mail