

# Alabama State Board of Prosthetists and Orthotists

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[apob.alabama.gov](http://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 registered 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 applicant for completion. Changes must be reported immediately to the board's office. Failure to do so could result in the denial of the application, or revocation of registration.

First Name	Middle Initial	Last Name	SSN
Home Address		City, State Zip Code	Home/Cell Phone
Current Employer		Employer's Address	City, State Zip
Work Email		Work Phone	

Are you a U.S. Citizen? **Yes**\_\_\_\_ **No**\_\_\_\_ If "**Yes**", provide one of the verification documents listed on page 2 – **Verification of U.S. Citizenship.** Are you an Active Military Spouse? **Yes**\_\_\_\_ **No**\_\_\_\_ (if yes, please provide documentation)

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 previous work history for the last five years:

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

Personal General Liability, Malpractice and Product Liability insurance coverage: Yes\_\_\_\_ No \_\_\_\_

If "Yes": Attach a copy of this insurance certificate.

For Office Use Only: Registration Number _____
_____
_____
_____

## ***Verification of U.S. Citizenship or Legally Present in the country.***

In order to demonstrate U.S citizenship for a public records transaction a person must present the (1) original, (2) a legible photocopy, or (3) a digital or electronic copy of one of the following:

- A driver's license or non-driver's identification card issued by the Alabama Department of Public Safety or the equivalent governmental agency of another state within the United States, provided that the governmental agency of another state within the United States requires proof of lawful presence in the United States as a condition of issuance of the driver's license or non-driver's identification card.
- A birth certificate indicating birth in the United States or one of its territories.
- Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport.
- United States naturalization document s or the number of the certificate of naturalization.
- Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Naturalization Act of 1952, as amended.
- Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- A consular report of birth abroad of a citizen of the United States of America.
- A certificate of citizenship issued by the United States Citizenship and Immigration Services.
- A certification of report of birth issued by the United States Department of State.
- An American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- Final adoption decree showing the person's name and United States birthplace.
- An official United States military record of service showing the applicant's place of birth in the United States.
- An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States.
- AL-verify.
- A valid Uniformed Services Privileges and Identification card.
- Any other form of identification that the Alabama Department of Revenue authorizes, through an administrative rule promulgated pursuant to the Alabama Administrative Procedure Act, to be used to demonstrate or confirm a person's United States citizenship or lawful presence in the United States, provided that the identification requires proof of lawful presence in the United States as a condition of issuance.

# QUESTIONNAIRE

Answer all of the following questions with either "yes" or "no." Do not 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. Are there any currently pending investigations against you or your company?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

b. Has a licensing, registration, or certification authority taken disciplinary action against you relating to engaging in custom orthotic and prosthetic services, or have you been excluded from any federal and/or 3<sup>rd</sup> party health insurance program?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

c. 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 as a prosthetist or orthotist?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

d. Has any professional license or certification of any kind ever been denied or sanctioned?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

e. Have you ever practiced with a revoked, suspended, expired, or inactive license?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

f. Have you ever been convicted of any crime excluding minor traffic offenses?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

g. Have you ever been treated for any alcohol or substance abuse?

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

# Alabama State Board of Prosthetists and Orthotists

## Orthotic Supplier Attestation of Employment by/or Contractual Relationship

Attestation of employment by or contractual relationship with a manufacturer of orthoses and/or orthotic 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)

Is the applicant covered under your company's General Liability, Malpractice, and Product Liability insurance carrier? YES \_\_\_\_\_ - Please include a copy of the insurance certificate (minimum coverage \$1 million) with this application;

NO \_\_\_\_\_ - explain: \_\_\_\_\_

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

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 My Commission Expires: \_\_\_\_\_  
Month Date Year

*Seal of Notary*

# Alabama State Board of Prosthetists and Orthotists

## **Orthotic Supplier Attestation of Orthoses and/or Orthotic Components Training**

Attestation of Orthoses and/or Orthotic Components training with a manufacturer of orthoses and/or orthotic 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 received training **in the following** orthoses and/or orthotic components with my company \_\_\_\_\_.  
(Name of Company)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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 My Commission Expires: \_\_\_\_\_  
Month Date Year

*Seal of Notary*

## STATEMENT AND AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_ testify under oath that I am the person referred to in the application and supporting documentation, and that the photograph attached is a photograph of me.

I authorize all my references, educational institutions, employers, hospitals, business or professional organizations and associates, past and present, and all governmental agencies and instrumentalities (local, state, federal) to release to the Alabama Board of Prosthetists and Orthotists any information requested concerning the processing of this application. I understand that it is my duty and responsibility as an applicant to supplement my application when any material changes in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for registration.

If required by the registration category under which I applied, I agree to sit for the State examination(s). I also agree that I must pass any required examination(s) to receive my registration.

I further agree that if issued a registration, upon the revocation, suspension, or cancellation of that registration, I shall return the registration to the Board. I understand that I must observe and comply with a code of ethics and standards of practice set forth in the rules, and that I am responsible for keeping the Board informed of my current mailing address at all times. I understand that I am responsible for renewing my registration, whether or not I receive a renewal notice.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that providing any false or misleading information in or concerning my application may be cause for denial of loss of registration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

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, \_\_\_\_\_ State.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Seal of Notary

***Please allow 4 to 5 weeks for processing from the day your application is mailed, even if you mailed it overnight. Incomplete application will not be processed until all required fees and documents are received.***

# FEES

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

## Payment Remittance

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

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

Other Fee: \_\_\_\_\_

Total Amount Enclosed:      \$ \_\_\_\_\_

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