

# Alabama State Board of Prosthetists and Orthotists

## **General Application Overview:**

Carefully read these instructions and Board rules governing the practice of prosthetics and orthotics in Alabama before completing the application.

### **Fines and Penalties:**

It is unlawful to engage in custom orthotic and prosthetic services without a license issued by the board. To do so may subject you to disciplinary action initiated by the board and may result in the denial of the application.

### **Application Procedures:**

An application will **only** be processed and presented to the Alabama State Board of Prosthetists and Orthotists for licensure consideration if it is **printed or typed in black ink**, if all blanks are complete on the application and all required documentation and fees have been received by the Board office.

Should a section or question not apply, write "N/A" in that blank or section.

The applicant shall be notified of any deficiency in the application and informed of the time in which the deficiency must be corrected. If the deficiency is not timely corrected, the application shall be considered denied for lack of compliance.

All forms must have original signatures. **NO EXCEPTIONS.**

Fees must accompany the application and may be paid by personal or business check, money order, or cashier's check made payable to the Alabama State Board of Prosthetists and Orthotists. **DO NOT SEND CASH.**

**All application fees are nonrefundable.**

All documents become a permanent part of your Board file and cannot be returned.

Completed applications are reviewed according to the date received.

Changes to information submitted on any application must be reported immediately to the Board office. Failure to do so could result in the denial of the application or revocation of licensure.

**Carefully read the Licensure Requirements.**

**Note:** Allow four to five weeks for processing from the day your application is mailed, even if mailed via overnight delivery. An incomplete application will not be processed until all required fees and documentation are received. You will be notified by mail should your application contain deficiencies.

# Alabama State Board of Prosthetists and Orthotists

## **Licensure Provisions**

### **Regular Licensing:**

All new applicants must have taken and passed either the BOC or ABC exam in their discipline to be considered for licensure. A copy of the certificate must be included in the application packet.

An applicant must meet the qualifications set out on page 2 of the application form.

### **Temporary License:**

A 12-month Temporary License may be applied for as a Prosthetist, an Orthotist, or a Prosthetist/Orthotist for all those who have applied for licensure and meet the qualifications but are awaiting examination.

The Temporary License is renewable once for a six-month period if the applicant fails to pass the examination at the first sitting.

# Alabama State Board of Prosthetists and Orthotists

## **Application Checklist:**

### **Personal Information Required on Application Form:**

1. **Name:** Applicant's full legal name.
2. **Mailing Address:** Address where applicant receives mail.
3. **Permanent Address:** Applicant's home or fixed place of habitation to which applicant returns after a temporary absence. Do not use a post office box for this address.
4. **E-mail address:**
5. **Name Change:** If you have ever been known by any other name than your current name, complete this entire section and list all previous names and aliases.
6. **Social Security Number:** Is required and is confidential.

- ***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.

## General Information on Application Form:

7. **All** blanks of the application for licensure must be completed.
8. **All Applications must be typed or printed in black ink.**
9. All signatures must be original signatures.
10. Photo ID, Certificate, Application fees, licensure fees, and payment coupon are enclosed with the application.
11. Attestation of Experience Providing Comprehensive Orthotic Care Form has been completed.  
This applies to all Orthotists and Prosthetists/Orthotists applying for a license.
12. Attestation of Experience Providing Comprehensive Prosthetic Care Form has been completed.  
This applies to all Prosthetists and Prosthetists/Orthotists applying for a license.

# Alabama State Board of Prosthetists and Orthotists

P.O. Box 1052

Montgomery, Alabama 36101

[www.apob.alabama.gov](http://www.apob.alabama.gov)

E-mail: [alboardpo@outlook.com](mailto:alboardpo@outlook.com)

Phone: 334-420-1111

## Application for Licensure as Prosthetist, Orthotists, P/O, or Assistants

1. NAME \_\_\_\_\_

Are you a U.S. Citizen? **Yes**\_\_\_ **No**\_\_\_ If "Yes", provide one of the verification documents listed on the **Application Checklist**. Are you active an active Military Spouse? **Yes**\_\_\_ **No**\_\_\_ (please provide verification)

2. MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. PERMANENT ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been known by any other name? Have you ever changed your name through marriage or court action? YES\_\_\_ NO \_\_\_ If YES, list name, and date of changes below:

\_\_\_\_\_

5. Are you a U.S. Citizen? YES\_\_\_ NO\_\_\_ If no, please attach written proof of applicant's ability to work in the United States as authorized by the U.S. Immigration and Naturalization Board.

6. SOCIAL SECURITY NUMBER \_\_\_\_\_ 7. DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

8. BIRTHPLACE \_\_\_\_\_  
CITY STATE COUNTRY

9. CELL TELEPHONE ( ) \_\_\_\_\_ 10. HOME TELEPHONE ( ) \_\_\_\_\_

11. WORK NUMBER ( ) \_\_\_\_\_ 12. Personal email \_\_\_\_\_

### 12. PROFESSIONAL LICENSURE INFORMATION

Applicant must meet the requirements of the Board of Certification/Accreditation, International; or the American Board for Certification in Orthotics and Prosthetics. You must attach your certificate to be licensed. Attached \_\_\_\_\_

12a. Licensure Category. Please mark the category you wish to apply for. Choose one.

Orthotist \_\_\_\_\_ Prosthetist \_\_\_\_\_ Prosthetist/Orthotist \_\_\_\_\_

Orthotist Assistant \_\_\_\_\_ Prosthetist Assistant \_\_\_\_\_ Prosthetist/Orthotist Assistant \_\_\_\_\_

**12b. Orthotist, Prosthetist, Prosthetist/Orthotist Licensure Pathway**Applicant must choose **one** of the following:

- ☐ Temporary - For Temporary, please explain your choice on separate paper.
- ☐ Bachelor's Degree in Orthotics and Prosthetics
- ☐ Bachelor's Degree plus a certificate in Orthotics or Prosthetics
- ☐ Associate degree including Specific Course Hours
- ☐ Post-Secondary Coursework in Specific Course Hours

**12c. Do you now hold, or have you ever held a license or certificate of registration to practice as an orthotist or prosthetist in any state, US Territory, or foreign country?**No ☐Yes ☐ Please list all licenses/registrations below:

Type of License: \_\_\_\_\_

License #: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

Date of original License/Registration: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**If you have had a license which is not current, please attach an explanation on separate sheet of paper****12d. Have you previously applied for orthotist or prosthetist licensure in Alabama?**No ☐Yes ☐ / Date: \_\_\_\_\_**13. Undergraduate and Graduate Education***(Provide additional sheets if necessary)*

Institution	Location	Dates Attended	Major	Degree Earned	Name on Transcript
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**14. Clinical Residency or Clinical Laboratory Experience***(Provide additional sheets if necessary)*

Name/Address of Facility	Residency Began	Expected Ending Date	Hours Completed	Supervisor's Name	Supervisor's Credentials
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15.

**EMPLOYMENT HISTORY**

Beginning with **current** employer, list all prosthetic and orthotic related employment.  
Use additional sheets, as necessary.

Current Place of Employment: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ FAX Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_ WORK Email: \_\_\_\_\_

Employment dates: \_\_\_\_\_ to \_\_\_\_\_ present \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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

Employment dates: \_\_\_\_\_ to \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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

Employment dates: \_\_\_\_\_ to \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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

Employment dates: \_\_\_\_\_ to \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

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

Employment dates: \_\_\_\_\_ to \_\_\_\_\_

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**



17.

**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 licensure.

If required by the licensure 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 license.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license 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 license, 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 licensure.

\_\_\_\_\_  
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

18.

**Fee**

Enclose the attached payment remittance and the accurate fee amount.

Mail to:

**Alabama State Board of Prosthetists and Orthotists**  
**P.O. Box 1052**  
**Montgomery AL 36101-1052**

*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.*

### 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 licensure/registration be denied, full payment of other fees will be refunded.

### Schedule of Fees:

<b><u>Type of License/ Registration Requested</u></b>	<b><u>Fee</u></b>
Non-refundable Application Fee for Licensure	\$175
License fee-single discipline	\$450
License fee for a single discipline temporary license	\$450
License fee for dual/multi discipline	\$900
License fee for Assistants	\$250

### Payment Remittance

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

Social Security #: \_\_\_\_\_

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

License/ Registration Applied For: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Licensure Fee: \$ \_\_\_\_\_

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

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

Alabama State Board of Prosthetists and Orthotists  
P.O. 1052  
Montgomery AL 36101  
334-420-1111

# Attestation of Experience Providing Comprehensive Orthotic Care

Name of Applicant (Last, First, Middle)

Social Security Number

Comprehensive Orthotic Care must include all the following experiential elements:

Evaluation of patients with a wide range of lower limb, upper limb, and spinal pathomechanical conditions.  
Taking measurements and impressions of the involved body segments;  
Synthesis of observations and measurements into a custom orthotic design;  
Selection of materials and components; Fabrication of therapeutic or functional orthosis including plastic forming, metal contouring, upholstering, and assembling; Fitting and critique the orthosis; Appropriate follow-up, adjustments, modifications and revisions in an orthotic facility; Instructing patients in the use and care of the orthosis;  
Maintaining current encounter notes and patient records.

I attest that I have applied **all** the above listed experiential elements to two-thirds of the orthosis listed in the chart below. (9 of 13) items must be completed in order to qualify).

Orthosis	Completion Location	Completion Date	Name & Phone No. of Verification Source (Not patient's names)
Foot			
Knee			
elbow			
ankle-foot			
Cervical			
cervical-thoracic			
cervical-thoracic-lumbar-sacral			
thoracic-lumbar-sacral			
lumbar -sacral			
Hip			
wrist-hand			
shoulder-elbow			
shoulder-elbow-wrist-hand			

I have performed comprehensive orthotic care from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license application maybe cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a felony. This form does not constitute application for licensure.

Signature of Applicant

Date

# Attestation of Experience Providing Comprehensive Prosthetic Care

Name of Applicant (Last, First, Middle)

Social Security Number

Comprehensive Prosthetic Care must include **all** the following experiential elements;

Evaluation of patients with a wide range of upper and lower limb deficiencies;  
Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements onto a custom prosthetic design;  
Selection of materials and components;  
Fabrication of functional prostheses including plastic forming, metal contouring, upholstering, assembly, and aligning;  
Fitting and critique of the prosthesis;  
Appropriate follow-up, adjustments, modifications and revisions in a prosthetic facility;  
Instructing patients in the use and care of the prosthesis; and  
Maintaining current encounter notes and patient records.

I attest that I have applied all the above listed experiential elements to three fourths of the prostheses listed in the chart below. (6 of 8 items must be completed in order to qualify)

<b>Prosthesis</b>	<b>Completion Location</b>	<b>Completion Date</b>	<b>Name &amp; Phone No. of Verification Source (Not patient's names)</b>
<b>wrist disarticulation</b>			
<b>trans-radial</b>			
<b>knee disarticulation</b>			
<b>trans- humeral</b>			
<b>partial foot</b>			
<b>Symes</b>			
<b>trans- tibial</b>			
<b>trans- femoral</b>			

I have performed comprehensive prosthetic care from -----/-----/-----

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 felony. This form does not constitute application for licensure.

Signature of Applicant

Date

REVISED: 9/7/2023