

# Alabama State Board of Prosthetists and Orthotists

## **Therapeutic Shoe Fitter Overview:**

Carefully read these instructions and Board rules governing the practice of therapeutic shoe fitters in Alabama before completing the application.

### **Fines and Penalties:**

It is unlawful to engage in therapeutic shoe fitting 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

## Application Checklist

- **General Information.** Following submission of the application, it is the responsibility of the applicant to notify the state board of any change in name or address.
- **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.

**NOTE: Applicants may qualify by meeting the requirements of either “A” or “B” of the following:**

- A. Certified Therapeutic Shoe Fitters.** Applicants holding a current certificate as a Certified Therapeutic Shoe Fitter from the American Board for Certification (ABC), or; the Board of Certification/Accreditation, International (BOC), shall submit a photocopy of the official certificate.

**-OR-**

- B. Educational Qualifications.** Applicants are required to submit a photocopy of a high school diploma/transcript, GED diploma, or a college/university transcript(s), **and;**  
**Fitter Education Certificate(s).** Applicants are required to submit a photocopy of the official certificate of completion from a National Commission on Orthotic and Prosthetic Education (NCOPE) approved therapeutic shoe fitter education program or proof of completion of a NCOPE approved therapeutic shoe fitter education program, **and;**  
**Experience Documentation.** Applicant is required to have the experience verification section of the application signed by one of the following: your supervisor, your employer, or a referral source, **and;**

**EACH APPLICANT SHALL MEET THE FOLLOWING REQUIREMENTS**

- **Authorization Statement.** Applicant must sign and have signature notarized.
- **Application Fee (\$175.00).** The application fee is non-refundable and required of all applicants.
- **License Fee (\$125.00).**

# **Alabama State Board of Prosthetists and Orthotists**

P.O. Box 1052  
Montgomery, Alabama 36101  
[alboardpo@outlook.com](mailto:alboardpo@outlook.com)  
apob.alabama.gov  
Phone: 334-420-1111

## **General Application for Therapeutic Shoe Fitter Licensure**

### **Licensee Information**

**Full Name:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(When you are licensed, your license will be printed as indicated above)

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", provide one of the verification documents listed on the **Application Checklist**.

Are you an Active Military Spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please provide documentation)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

\_\_\_\_\_  
City State Zip

Home Number ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

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

\_\_\_\_\_  
City State Zip

Office Number ( ) \_\_\_\_\_ Office Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ (Required)

## 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 the practice of therapeutic shoe fitting, 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 therapeutic shoe fitter?

\_\_\_\_\_ **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**

## QUALIFICATION REQUIREMENTS

Are you currently certified as a Therapeutic Shoe Fitter by the American Board for Certification (ABC); or, the Board of Certification/ Accreditation, International (BOC)?

☐ YES:

1. Provide a copy of your current Therapeutic Shoe Fitter Certificate from ABC or BOC.
2. Provide documentation that you are currently in good Standing with ABC or BOC.
3. Provide documentation to show that you are current with ABC or BOC continuing education requirements.

NOTE: If you answered 'YES' to the above, please turn to page 6: STATEMENT AND AFFIDAVIT OF APPLICANT.

☐ NO:

APPLICANTS ANSWERING 'NO' MUST  
COMPLETE THE FOLLOWING SECTIONS:

PAGE 4:  
Educational Qualifications  
Therapeutic Shoe Fitter Experience

PAGE 5:  
Experience Verification

## Educational Qualifications

*(Applicants MUST possess a high school diploma, a GED, or a college degree and satisfy the therapeutic shoe fitter educational qualifications. A copy of the high school diploma/transcript, GED, or college degree/transcript must be included with the application.)*

Please select from the following National Commission on Orthotic and Prosthetic Education (NCOPE) approved therapeutic shoe fitter education programs. A copy of the program certificate(s) or proof of completion must be included with the application.

- \_\_\_ **Acor and National Institute for Pharmacists Care Outcome (NIPCO)**  
\_\_\_ **Aetrex and National Institute for Pharmacists Care Outcome (NIPCO)**  
\_\_\_ **CFS Allied Health Education**                      \_\_\_ **Dr. Comfort**  
\_\_\_ **International School of Pedorthics**                      \_\_\_ **National Pedorthic Services**  
\_\_\_ **Preferred Medical Supply Company, Inc**                      \_\_\_ **P.W. Minor and NIPCO**

**Program Location** \_\_\_\_\_ **Date(s)** \_\_\_\_\_

## Therapeutic Shoe Fitter Experience

Applicants must have a minimum of 500 hours of therapeutic shoe fitting experience. This experience must be specific to provide non-custom therapeutic shoes and non-custom multi-density inserts.

Please indicate the timeframe you are using for the 500 hours of required patient care experience. The experience may occur prior to or following the therapeutic shoe fitter education program cited above.

**From: (mm/dd/yy)** \_\_\_\_/\_\_\_\_/\_\_\_\_ **To: (mm/dd/yy)** \_\_\_\_/\_\_\_\_/\_\_\_\_

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Name of Facility \_\_\_\_\_ Supervisor \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Experience Verification

This section **must** be completed by a supervisor, or an employer, or a referral source to verify experience in the fitting of non-custom therapeutic shoes and non-custom multi density inserts.

Your Name: \_\_\_\_\_

Professional Relationship to Applicant: ☐ Supervisor ☐ Employer ☐ Referral

Please indicate the time frame for which you are attesting:

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Your current Employer and Daytime Phone Number: \_\_\_\_\_  
\_\_\_\_\_( )\_\_\_\_\_

### Specify the following regarding the applicant's work performance:

Are you able to attest to the applicant's professional experience in the fitting of non-custom therapeutic shoes in your organization? ☐ Yes ☐ No

Was the quality of work performed by this applicant satisfactory during this period? ☐ Yes ☐ No

In your opinion, does the applicant possess the moral character and ethical standards required of a licensed Therapeutic Shoe Fitter? ☐ Yes ☐ No

Signature of Person Verifying Experience: \_\_\_\_\_  
(Date)

# 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 all applicable statutes and rules set forth in the provisions of the Orthotists and Prosthetists Act, 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 or 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, \_\_\_\_\_ or \_\_\_\_\_.

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

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

**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.*

**APPLICANTS:**

**Attach a Copy  
Of Official  
Photo ID  
Here**

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 nonrefundable.** Should licensure be denied, full payment of other fees will be refunded.

**Schedule of Fees:**

Non-refundable Application Fee	\$175
Licensed Therapeutic Shoe Fitter Fee	\$125

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**Payment Remittance**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Application Fee: \_\_\_\_\_  
Licensure Fee: \_\_\_\_\_  
Total Amount Enclosed: \_\_\_\_\_

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