

# Alabama State Board of Prosthetists and Orthotists

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

## 2025 Renewal Application for Orthotists, Prosthetists, Orthotists/Prosthetists, Pedorthists, Mastectomy Fitters, Assistants, Therapeutic Shoe Fitters, Orthotic Fitters, Orthotic Suppliers and Accredited Facilities

Please note: The following information and fees must be submitted annually to the Alabama State Board of Prosthetists and Orthotists office. Renewals begin on October 1st and must be received no later than December 31st.

### LICENSE RENEWAL

#### Licensee Information

Name: \_\_\_\_\_ License #(s) to be renewed: \_\_\_\_\_/\_\_\_\_\_

Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Last four of SSN: \_\_\_\_\_

Facility where you are employed: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(required)

Home address \_\_\_\_\_  
Do not list your employer's address, please provide a home address

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(please check that you have completed all required personal information above)

---

### FACILITY ACCREDITATION RENEWAL

Name of Facility: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Facility Accreditation Number: \_\_\_\_\_

Last four digits of SSN for person completing the facility accreditation renewal: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(required)

Medicaid # \_\_\_\_\_ Medicare # \_\_\_\_\_ NPI# \_\_\_\_\_

Your facility is accredited by: (please check one)

- The Board of Certification/Accreditation, International -OR-  
 The American Board for Certification in Orthotics and Prosthetics

**\*\*\*\*\*You must send a copy of your national certificate with your renewal.\*\*\*\*\***

# 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**

## Fees

License Single discipline Fee	\$450
License Dual discipline Fee	\$900
Licensed Assistant Fee	\$250
Accredited Facility Fee	\$250
Accredited Facility Satellite Fee	\$250
Licensed Mastectomy Fitter Fee	\$125
Licensed Therapeutic Shoe Fitter Fee	\$125
Licensed Orthotic Fitter Fee	\$125
Registered Orthotic Supplier Fee	\$350
<b>Total Remitted:</b>	<b>\$ _____</b>

*I certify that the information provided in the Licensure Application and the Renewal Application is correct to the best of my knowledge and that I have informed the Board of any changes in my name, address and/or employment.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If you wish to apply for additional licenses, go to:**

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

**You may contact the board office by email:**

[alboardpo@outlook.com](mailto:alboardpo@outlook.com)

Or, by calling 334-420-1111.

REVISED: 9/1/2024