

# Alabama State Board of Prosthetists and Orthotists

## Mastectomy Fitter Overview:

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

### **Fines and Penalties:**

Those who are not licensed in the appropriate time period are practicing without a license and subject to a fine of up to (\$1,000.00) one thousand dollars per violation and are subject to imprisonment for up to six months per violation, or both, by the Board in a disciplinary action or by a court of competent jurisdiction in the State of Alabama.

Those found guilty of the Act for unprofessional conduct or other violations shall be subject to disciplinary action and the penalties and fines stated above.

### **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.
  
- **Educational Qualifications.** Applicants are required to submit a photocopy of a high school diploma/transcript, GED diploma, or a college/university transcript(s).
  
- **Fitter Education Certificate(s).** Applicants are required to submit a photocopy of the official certificate of completion from a NCOPE approved mastectomy fitter education program or proof of completion of an NCOPE approved mastectomy fitter education program.
  
- **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

[rezell113@aol.com](mailto:rezell113@aol.com)

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

Phone: 334-420-1111

## General Application for Mastectomy Fitter Licensure

### General Information

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

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

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

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

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

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

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

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

Office Number ( ) \_\_\_\_\_ Home Number ( ) \_\_\_\_\_

Office Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

# 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. Have you ever been charged or found guilty of unprofessional or unethical conduct in civil or administrative law proceedings?

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

- b. If you answered “yes” to question a, were the charges settled before or during a formal hearing?

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

- c. Are there any currently pending investigations against you or your company?

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

- d. Has a licensing, registration, or certification authority taken disciplinary action against you relating to the practice of mastectomy, or have been excluded from any federal and/or 3<sup>rd</sup> party health insurance program?

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

- e. 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 mastectomy fitter?

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

- f. Have you ever had any professional license or certification denied, probated, suspended, or revoked?

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

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

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

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

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

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

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

## Educational Qualifications

(Applicants **MUST** possess a high school diploma, a GED, or a college degree and satisfy the mastectomy 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 NCOPE approved mastectomy fitter education programs. A copy of the program certificate(s) or proof of completion must be included with the application.

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Airway               | <input type="checkbox"/> Jodee     |
| <input type="checkbox"/> American Breast Care | <input type="checkbox"/> Nearly Me |
| <input type="checkbox"/> Amoena               | <input type="checkbox"/> Trulife   |
| <input type="checkbox"/> Other                |                                    |

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

## Mastectomy Fitter Experience

Applicants must have a minimum of 500 hours of mastectomy fitting experience. This experience must be specific to fitting breast prostheses and mastectomy products and services.

Please indicate the time-frame you are using for the 500 hours of required patient care experience. The experience may occur prior to or following the mastectomy fitter education program cited above.

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

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

\_\_\_\_\_  
Address

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

# 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 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, \_\_\_\_\_ 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.*

**ATTACH  
PHOTOGRAPH  
HERE**

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

### Schedule of Fees:

Non-refundable Application Fee	\$175
Licensed Mastectomy Fitter Fee	\$125

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### Payment Remittance

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

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

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

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

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

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

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