

Alabama State Board of Prosthetists and Orthotists

Pedorthist Overview:

Carefully read these instructions and Board rules governing the practice of pedorthics 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 in violation of the Act for unprofessional conduct or other violations shall be subject to revocation of licensure 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.

Incomplete or illegible applications will be returned to the address provided on the application with a list of additional documents needed to complete the application.

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 cashiers 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:

Applicants must meet the requirements of the Board of Certification/Accreditation, International; or, the American Board for Certification in Orthotics and Prosthetics.

Temporary License:

A 12-month temporary pedorthist license may be applied for if you are awaiting certification; meet qualifications – and have submitted your application to the board

A six-month temporary renewal license can be applied for.

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.

General Information on Application Form:

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

Alabama State Board of Prosthetists and Orthotists

P.O. Box 1052

Montgomery, Alabama 36101

apob.alabama.gov

rezell113@aol.com

Phone: 334-420-1111

General Application for Pedorthist Licensure

1. NAME	
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.
5. SOCIAL SECURITY NUMBER	
6. DATE OF BIRTH (MM/DD/YY)	
7. BIRTHPLACE (City, State, Country)	
8. HOME TELEPHONE	()
9. BUSINESS TELEPHONE	()
10. FAX NUMBER	()
11. E-MAIL ADDRESS	

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 _____

12b. Pedorthist Licensure Pathway. Choose one.

_____ Temporary (**For Temporary, please explain your choice on separate paper.**)

_____ Meets Regular Licensing Credential

12c. Do you now hold or have you ever held a license or certificate of registration to practice as an orthotist, prosthetist, or pedorthist in any state, US Territory, or foreign country?

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 explain on a separate paper.

No _____

12d. Have you previously applied for orthotist, prosthetist, or pedorthist licensure in Alabama?

Yes _____ Date: _____ No _____

13. Undergraduate and Graduate Education or certificate course education. Provide additional sheets if necessary.

Institution	Location	Dates Attended	Major	Degree Earned	Name on Transcript

14. Employment. List, beginning with current employment, all pedorthic related employment. Use additional sheets as necessary.

Current Place of Employment: _____
 Telephone Number: _____
 Mailing Address: _____
 Date of Employment (to -from): _____

Place of Employment: _____
 Telephone Number: _____
 Mailing Address: _____
 Date of Employment (to -from): _____

Place of Employment: _____
 Telephone Number: _____
 Mailing Address: _____
 Date of Employment (to -from): _____

Place of Employment: _____
 Telephone Number: _____
 Mailing Address: _____
 Date of Employment (to -from): _____

Place of Employment: _____
 Telephone Number: _____
 Mailing Address: _____
 Date of Employment (to -from): _____

15.

QUESTIONNAIRE

Answer all of the following questions with either “yes” or “no”. Do no 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 orthotics or prosthetics, or any health care profession including Medicare/Medicaid fraud? 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 orthotics, prosthetics, or pedorthics?: 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

16. 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, _____ or _____

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:

Type of License/ Registration Requested	Fee
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
When moving from single to dual	\$300
When moving from dual to multi	\$0
License duplicate or replacement	\$50

Payment Remittance

Name: _____

Social Security #: _____

Address: _____

License/ Registration Applied For: _____

Application Fee: _____

Licensure Fee: _____

Other Fee: _____

Total Amount Enclosed: _____

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8/25/10