Alabama State Board of Prosthetists and Orthotists
P.O. Box 1052
Montgomery, Alabama 36101
Rezell113@aol.com
Phone: 334-420-1111

General Application for 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 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. HOME TELEPHONE ( ) _____ 10. BUSINESS TELEPHONE ( ) _____

11. FAX NUMBER ( ) _____ 12. E-MAIL ADDRESS _____

PROFESSIONAL LICENSURE INFORMATION

12a. Licensure Category. Please check the category for which you are applying. Choose one.

Orthotist ____ Prosthetist _____ Prosthetist/Orthotist _____

Orthotist Assistant _____ Prosthetist Assistant _____ Prosthetist/Orthotist Assistant _____