

Alabama State Board of Prosthetists and Orthotists

P. O. Box 1052
Montgomery, Alabama 36101
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2024 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 1 and must be received no later than December 31 .

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 3rd 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 |

Total Remitted: \$ _____

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

You may contact the board office by email:

alboardpo@outlook.com

Or, by calling 334-420-1111.

REVISED: 9/7/2023