

APA-1

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control 589 Department or Agency Alabama State Board of Prosthetists and Orthotists

Rule No. **746-X-8-.04/Requirements for License**  
Rule Title: **Licensure of Mastectomy Fitters**

New	Amend X	Repeal	Adopt by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?			YES
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare:			YES
Is there another, less restrictive method of regulation available that could adequately protect the public?			NO
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?			NO
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?			N/A
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?			YES
Does the proposed rule have an economic impact?			NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with Subsection (f) of Section 41-22-23, Code of Alabama 1975.  
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**Certification of Authorized Official**

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure ~~Division of the~~ Legislative Reference Service.

Signature of certifying officer *Ronald E. Egel* Date 3-17-16

APA-2

**ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHOTISTS  
Notice of Intended Action**

**AGENCY NAME: ALABAMA STATE BOARD OF  
PROSTHETISTS AND ORTHOTISTS**

**RULE NO. & TITLE: 746-X-8-.04/Requirements for License  
Licensure of Mastectomy Fitters**


**INTENDED ACTION: Amend**

**SUBSTANCE OF PROPOSED ACTION: 746-X-8-.04 amended to add subsection  
(4) specifying national certification boards.**

**TIME, PLACE, MANNER OF PRESENTING VIEWS: The board will provide the  
public with an opportunity to present their views orally by contacting the Board at  
334-420-1111 or in writing at the following address: Alabama State Board of  
Prosthetists and Orthotists, P.O. Box 1052, Montgomery, 36101. Physical Address:  
441 High Street, Montgomery, AL 36104. All oral and written comments to be  
received no later than 4:00 PM on May 6, 2016.**

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:  
The record shall be closed on May 6, 2016 at 4:00 PM.**

**CONTACT PERSON AT AGENCY: Ronald E. Ezell, Executive Director,  
Alabama State Board of Prosthetists and Orthotists, P.O. Box 1052, Montgomery,  
AL 36101; 441 High Street, Montgomery, AL 36104; Phone: 334-420-1111.**

  
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Ronald E. Ezell, Executive Director

**746-X-8-.04**

**Requirements for License.**

(1) Applicants must possess a high school diploma, GED, or college degree.

(2) Applicants must have successfully completed an approved mastectomy fitter educational course. Approved courses are provided by: Airway, American Breast Care, Amoena, Jodee, Nearly Me, and Trulife. The Board may approve other similar courses.

(3) Applicants must have documentation of 500 hours of mastectomy fitter experience obtained either before or after the fitter educational course. The 500 hours shall be audited for the purpose of verifying the training.

(4) Effective January 1, 2017, applicants shall be nationally certified as a mastectomy fitter by the American Board for Certification (ABC) or the Board of Certification/Accreditation (BOC).

**Author:** Glenn Crumpton

**Statutory Authority:** Code of Ala. 1975, §34-25A-1-14, 34-25A-1-14, 34-25A-3(6), 34-25A-7, 34-25A-12.

**History: New Rule:** Filed April 20, 2010; Effective July 22, 2010; Amended/Filed: November 18, 2015; Certified: February 23, 2016; Amended/Filed: March 18, 2016.