

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-6/Appendix A

Rule Title: Appendix A

Repeal (X) New Amend 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.

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

Kenneth E. Gell

Date

5/12/11

APA-2

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

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

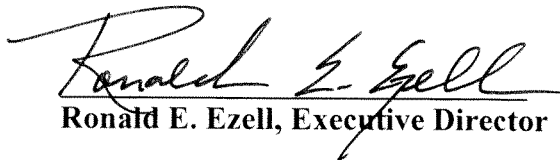
**RULE NO. & TITLE: 746-X-6/Appendix A
INTENDED ACTION: Repeal**

SUBSTANCE OF PROPOSED ACTION: Remove Outdated Form

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 July 6, 2011.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
The record shall be closed on July 6, 2011 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.**


Ronald E. Ezell, Executive Director

5/12/11
Date

CHAPTER 746-X-6 ACCREDITATION OF FACILITIES

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~~Appendix A~~

~~Appendix A - Forms~~

~~Chapter 746-X-6~~

~~Alabama State Board of Prosthetists and Orthotists~~

~~Accreditation of Orthotic and/or Prosthetic Facilities~~

~~In accordance with The Code of Alabama 1975 § 34-25A-1-14, all facilities where prosthetic, orthotic, or prosthetic and orthotic care is provided to patients needing such care must submit an accreditation application with the Alabama State Board of Prosthetists and Orthotists. This form serves as the official application for accredited facilities. Please complete the following form in full; Forms must be accompanied by application fee and accreditation fee as well as all other required documentation or the form will be returned to the registrant for completion.~~

~~Date of Filing: _____~~

~~_____

Name of Facility Owner/Manager of Facility~~

~~_____

E-Mail of Contact Phone Number Fax Number~~

Main Branch Physical Address:

Street Address Suite # City State Zip Code

Main Branch Mailing Address:

Street Address Suite # City State Zip Code

Compliance Officer

Contact Number for Compliance Officer

Description of Offices:

Total Square feet of office: _____ Number of Patient Fitting/Exam Rooms

Number of rooms with parallel bars: _____ Number of chairs in patient waiting area _____

Please list all Satellite Offices (use additional pages if necessary):

Name of Facility Street Address City State Zip Code

Alabama State Board of Prosthetists and Orthotists

Accreditation of Orthotic and/or Prosthetic Facilities

Please list all licensed Orthotist, Prosthetists, and Orthotists/Prosthetists practicing in the above facilities (use additional pages if needed):

Supervisor of Orthotics License Number Supervisor of Prosthetics License Number

Name of Licensee License Number Name of Licensee License Number

Please list all services provided in your facilities:

The above information is true and correct. I understand that providing false or misleading information in, with or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a state jail felony. This form does not constitute application for licensure.

Name and Title of Person

Signing: _____

Signature Date

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

Authors: Joseph C. Elliott, Glenn Crumpton **Statutory Authority:** Code of Ala. 1975, §34-25A-1-14. **History: New Rule:** Filed October 22, 2003; effective November 26, 2003.
