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Sequence Number: 04-04-17
Notice ID(s): 2688
File Date: 4/10/17

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, T.C.A. § 4-5-204. For questions and copies of the notice, contact the person listed below.

Agency/Board/Commission: Board of Examiners for Nursing Home Administrators
Division: Department of Health
Contact Person: Caroline Tippens
Address: 665 Mainstream Drive, Nashville, Tennessee 37243
Phone: (615) 741-1611
Email: Caroline.Tippens@tn.gov

Any Individuals with disabilities who wish to participate in these proceedings (to review these filings) and may require aid to facilitate such participation should contact the following at least 10 days prior to the hearing:

ADA Contact: ADA Coordinator
710 James Robertson Parkway,
Address: Andrew Johnson Building, 5th Floor, Nashville, Tennessee 37243
Phone: (615) 741-6350
Email: Tina.M.Harris2@tn.gov

Hearing Location(s) (for additional locations, copy and paste table)

Address 1:	Metro Center
Address 2:	665 Mainstream Drive, Iris Conference Room
City:	Nashville, Tennessee
Zip:	37228
Hearing Date :	06/05/17
Hearing Time:	9:00 a.m. <input checked="" type="checkbox"/> CST/CDT <input type="checkbox"/> EST/EDT

Additional Hearing Information:

Revision Type (check all that apply):

- Amendment
- New
- Repeal

Rule(s) (ALL chapters and rules contained in filing must be listed. If needed, copy and paste additional tables to accommodate more than one chapter. Please enter only **ONE** Rule Number/Rule Title per row.)

Chapter Number	Chapter Title
1020-01	General Rules Governing Nursing Home Administrators
Rule Number	Rule Title
1020-01-.02	Fees

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Chapter
1020-01
General Rules Governing Nursing Home Administrators

Rule Amendment

Rule 1020-01-.02 Fees is amended by deleting subparagraph (1)(b) in its entirety and substituting instead the following language, so that as amended, the new subparagraph shall read:

- (b) License Renewal Fee. A biennial nonrefundable fee to be paid by all licensees. \$150.00

Authority: T.C.A. §§ 63-1-106, 63-1-107, 63-1-118, 63-16-103 through 63-16-105, 63-16-106, 63-16-107, and 63-16-109.

I certify that the information included in this filing is an accurate and complete representation of the intent and scope of rulemaking proposed by the agency.

Date: April 10, 2017

Signature: Caroline R. Tippens

Name of Officer: Caroline Tippens

Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: _____

Notary Public Signature: Suzanne Mechkowski

My commission expires on: January 26, 2021



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Filed with the Department of State on: 4/10/17

Tre Hargett

Tre Hargett
Secretary of State

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