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Sequence Number: 01-02-13
 Notice ID(s): 1924
 File Date: 1/4/13

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 Medical Examiners
Division:	Polysomnography Professional Standards Committee
Contact Person:	Mary Katherine Bratton, Esq.
Address:	220 Athens Way, Suite 210, Nashville, Tennessee 37243
Phone:	615.741-1611
Email:	Mary.Bratton@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 at the Division of Health Related Boards
Address:	227 French Landing, Suite 501 Nashville, TN 37243
Phone:	(615) 532-4397
Email:	

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

Address 1:	Poplar Room, Heritage Place		
Address 2:	227 French Landing Drive		
City:	Nashville, Tennessee		
Zip:	37228		
Hearing Date :	2/26/13		
Hearing Time:	9:00	<input checked="" type="checkbox"/> CST/CDT	<input type="checkbox"/> EST/EDT

Additional Hearing Information:

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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
0880-14	General Rules Governing the Practice of Polysomnography
Rule Number	Rule Title
0880-14-02	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 0880-14
General Rules Governing the Practice of Polysomnography

Amendments

Rule 0880-14-.02 Fees, is amended by deleting the language of paragraphs (1) and (2) in their entirety and substituting instead the following language, so that as amended, the new paragraphs (1) and (2) shall read:

- | | | |
|-----|----------------------|-----------|
| (1) | Application Fee | \$ 200.00 |
| (2) | Biennial Renewal Fee | \$ 120.00 |

Authority: T.C.A. §§ 63-31-104 and 63-31-106.

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: January 3, 2013

Signature: Mary Katherine Bratton

Name of Officer: Mary Katherine Bratton

Assistant General Counsel

Title of Officer: Department of Health



Subscribed and sworn to before me on: 1/3/13

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/3/2015

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Filed with the Department of State on: 1/4/13

Tre Hargett

Tre Hargett
Secretary of State

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