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File Date:

Sequence Number: 01-15-19

Notice ID(s):

# **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: Tennessee Board of Medical Examiners Division: **Contact Person:** Mary Katherine Bratton, Chief Deputy General Counsel Address: 665 Mainstream Drive, Nashville, Tennessee 37243 (615) 741-1611 Phone: 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**

> > 710 James Robertson Parkway.

Andrew Johnson Building, 5th Floor, Nashville, Tennessee 37243 Address:

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		
Zip:	37228		
Hearing Date:	03/19/19		
Hearing Time:		X CST/CDTEST/EDT	

### **Additional Hearing Information:**

#### Revision Type (check all that apply):

X 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.)

<b>Chapter Number</b>	Chapter Title	
0880-02	General Rules and Regulations Governing the Practice of Medicine	
Rule Number	Rule Title	
0880-0202	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://sos-tn-gov-files.s3.amazonaws.com/forms/Rulemaking%20Guidelines September2016.pdf.

# Chapter 0880-02 General Rules and Regulations Governing the Practice of Medicine

#### Amendments

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

- (a) Application Fee--a non-refundable fee to be paid by all licensure applicants regardless of the type of license applied for. It must be paid each time an application for licensure is filed .......\$500.00

Authority: T.C.A. §§ 63-1-106, 63-6-101, 63-6-201, 63-6-207, 63-6-210, 63-6-211, and 63-6-230.

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:

Signature:

Name of Officer:

Mary Katherine Bratton

Chief Deputy General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on:

Notary Public Signature:

My commission expires on:

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Filed with the Department of State on:

Tre Hargett Secretary of State