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Sequence Number: 09-10-23

Notice ID(s): 3718

File Date: 9/7/2023

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 Osteopathic Examination
Division:	Council of Certified Professional Midwifery
Contact Person:	Ronda Webb-Stewart, Senior Associate Counsel
Address:	665 Mainstream Drive, Nashville, Tennessee 37243
Phone:	(615) 741-1611
Email:	Ronda.Webb-Stewart@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
Address:	710 James Robertson Parkway, Andrew Johnson Building, 5th Floor, Nashville, Tennessee 37243
Phone:	(615) 741-6354
Email:	Marci.Martinez@tn.gov

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

Address 1:	Metro Center				
Address 2:	665 Mainstream Drive – Poplar Conference Room				
City:	Nashville				
Zip:	37228				
Hearing Date:	11/01/2023				
Hearing Time:	9:00 A.M.	<input checked="" type="checkbox"/> X	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 here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that **ALL** new rule and repealed rule numbers are listed in the chart below. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1050-05	General Rules Governing Certified Professional Midwives
Rule Number	Rule Title
1050-05-.06	Fees

Chapter 1050-05
General Rules Governing Certified Professional Midwives
Amendments

Rule 1050-05-.06 Fees is amended by deleting paragraphs (1) and (2) in their entirety and substituting instead the following language, so that as amended, the new paragraphs shall read:

- | | | |
|-----|----------------------|----------|
| (1) | Application fee | \$200.00 |
| (2) | Biennial renewal fee | \$300.00 |

Authority: T.C.A. §§ 63-9-101, 63-29-107, 63-29-112, and 63-29-116.

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: 9/7/2023

Signature: Ronda Webb-Stewart

Name of Officer: Ronda Webb-Stewart

Title of Officer: Senior Associate Counsel, Department of Health

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Filed with the Department of State on: 9/7/2023



Tre Hargett
Secretary of State

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Sep 07 2023, 3:28 pm

Secretary of State
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1050-05-.06 FEES

- | | | |
|-----|---|--|
| (1) | Application fee | \$ 200.00 500.00 |
| (2) | Biennial renewal fee | \$ 300.00 700.00 |
| (3) | Late renewal fee | \$15.00 |
| (4) | Reinstatement fee | \$50.00 |
| (5) | Duplicate certificate fee | \$5.00 |
| (6) | Biennial state regulatory fee | \$10.00 |
| (7) | All fees may be paid in person, by mail or electronically by cash, check, money order, or by credit and/or debit cards accepted by the Division. If the fees are paid by certified, personal or corporate check they must be drawn against an account in a United States Bank, and made payable to the Tennessee Council of Certified Professional Midwifery. | |

Authority: T.C.A. §§ ~~4-3-1011, 4-5-202, 4-5-204, 63-1-142,~~ 63-9-101, ~~63-29-101 et seq.,~~ 63-29-107, 63-29-112, and 63-29-116.