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Sequence Number: 12-13-16

File Date: (2/10/2010)

Notice of Rulemaking Hearing

Hearings will be conducted in the manner prescribed by the Uniform Administrative Procedures Act, Tennessee Code Annotated, Section 4-5-204. For guestions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Board of Respiratory Care
Division:	
Contact Person:	Anthony K. Czerniak, Assistant General Counsel
Address:	Plaza One, Suite 210, 220 Athens Way, Nashville, Tennessee 37243
Phone:	(615) 741-1611
Email:	Anthony.K.Czerniak@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, Heritage Place, Nashville, Tennessee 37243
Phone:	(615) 532-3202 or (800) 778-4123
Email:	

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

Address 1:	Iris Conference Room	
Address 2:	227 French Landing, Heritage Place, MetroCenter	
City:	Nashville, Tennessee	
Zip:	37243	
Hearing Date:	02/10/11	
Hearing Time:	9:00 a.m. <u>x_CSTEST</u>	

Additional Hearing Information:

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F	evision 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	
1330-01	General Rules and Regulations Governing Respiratory Care Practitioners	
Rule Number	Rule Title	
1330-0124	Endorsement of Respiratory Therapists to Provide Polysomnographic services	

Department of Health Notice of Rulemaking Hearing Board of Respiratory Care Division of Health Related Boards

Chapter 1330-01 General Rules and Regulations Governing Respiratory Care Practitioners

Amendments

Rule 1330-01-.24 Endorsement of Respiratory Therapists to Provide Polysomnographic services is amended by deleting part (1)(c) 3. but not its subparts, and substituting instead the following language, so as amended, the new part (1)(c) 3. shall read:

> Proof of completion of the Sleep Center or Sleep Lab Competency 3. Checklist, as approved by this Board, signed by both the director of the sleep lab and the medical director from a current employing facility, verifying that an individual certified as a respiratory therapist has obtained a minimum of five hundred and four (504) hours in a sleep center or sleep laboratory or that an individual registered as a respiratory therapist has obtained a minimum of two hundred and fifty-two (252) hours in a sleep lab or sleep center, and outlining competency relative to the following topics, which include, but are not limited to:

Authority: T.C.A. §§ 63-31-107 and 63-27-104

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.

Signature:

Name of Officer: Anthony K. Czerniak

Assistant 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