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Sequence Number: 05-26-23
Notice ID(s): 3641
File Date: 5/16/2023

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:	Tennessee Board of Respiratory Care
Division:	
Contact Person:	Ashley L. Fine, Senior Associate Counsel
Address:	665 Mainstream Drive, Nashville, TN
Phone:	(615) 741-1611
Email:	Ashley.1.Fine@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, Iris Conference Room
City:	Nashville
Zip:	37243
Hearing Date:	08/17/2023
Hearing Time:	9:00 A.M. <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 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 Please make sure that ALL new rule and repealed rule numbers are listed in the chart below.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
1330-01	General Rules and Regulations Governing Respiratory Care Practitioners
Rule Number	Rule Title
1330-01-.06	Fees

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

Amendments

Rule 1330-01-.06 Fees is amended by deleting paragraph (3), including its subparagraphs and parts, in its entirety and substituting instead the following language, so that as amended, the new paragraph, subparagraphs, and parts shall read:

(3) Fee Schedule:	Amount
(a) Total Application Fee	
1. Application Fee	\$25.00
2. License Fee	\$25.00
Total Application Fee	\$50.00
(b) Endorsement/Verification	\$15.00
(c) Late Renewal Fee	\$50.00
(d) Renewal (biennial) Fee	\$50.00
(e) Replacement License	\$25.00
(f) State Regulatory (biennial)	\$10.00
(g) Upgrade Fee	\$20.00
(h) License Fee	\$80.00

Authority: T.C.A. §§ 63-27-104 and 63-27-105.

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: 5/16/2023

Signature: Ashley L. Fine

Name of Officer: Ashley L. Fine

Title of Officer: Senior Associate Counsel, Department of Health

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Filed with the Department of State on: 5/16/2023

Tre Hargett
Tre Hargett
Secretary of State

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