

Department of State
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Sequence Number: 07-12-12
 Rule ID(s): _____
 File Date: 7/13/12
 Effective Date: 7/13/12

Filing Form for Stay of Effective Date on Rules, Withdrawal of Stay, and Withdrawal of Rules

Agency/Board/Commission:	Tennessee Department of Health
Division:	Tennessee Board of Nursing
Contact Person:	Doug Garrett
Address:	G-3 War Memorial Building
Zip:	37243
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Email:	Doug.garrett@capitol.tn.gov

Type of Action on Rule:

Stay of Effective Date of Rules

Rule Filing Date: 05/15/12
 Rule Original Effective Date: 08/13/12
 Length of Stay (not to exceed 75 days): 60 days
 New Effective Date of Rule Filing: 10/12/12

Notice of Withdrawal of Stay

Stay Filing Date: (mm/dd/yy)
 Stay Effective Date: (mm/dd/yy)
 New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Rules

Rule Filing Date: (mm/dd/yy)
 Rule Effective Date: (mm/dd/yy)

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 enter only ONE Rule Number/RuleTitle per row)

Chapter Number	Chapter Title
1000-05	Medication Aides Certified
Rule Number	Rule Title
1000-05-.01	Purpose
1000-05-.02	Definitions
1000-05-.03	Application, Certification and Renewal
1000-05-.04	Reinstatement

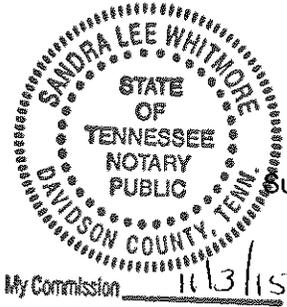
1000-05-.05	Fees
1000-05-.06	Disciplinary Actions and Civil Penalties
1000-05-.07	Training Programs
1000-05-.08	Peer Assistance Program
1000-05-.09	Continuing Education
1000-05-.10	Supervision and Delegation
1000-05-.11	Standards of Practice

Date: July 13, 2012

Signature: 

Name of Officer: Doug Garrett

Title of Officer: Legislative Attorney



Subscribed and sworn to before me on: July 13, 2012

Notary Public Signature: Sandra Lee Whitmore

My commission expires on: 11/3/15

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Filed with the Department of State on: 7/13/12

Tre Hargett by C. B. H.
 Tre Hargett
 Secretary of State POA

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