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Sequence Number: 01-08-15
 Notice ID(s): 2291
 File Date: 1/16/15

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 Optometry
Division:
Contact Person: Matthew Gibbs
Address: 665 Mainstream Drive, Nashville, Tennessee 37243
Phone: (615) 741-1611
Email: Matthew.Gibbs@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,
Address: Andrew Johnson Building, 5th Floor, Nashville, Tennessee 37243
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 Poplar Conference Room
City:	Nashville, Tennessee
Zip:	37228
Hearing Date :	04/02/2015
Hearing Time:	9:00 A.M. <input checked="" type="checkbox"/> CST/CDT <input type="checkbox"/> EST/EDT

Additional Hearing Information:

Revision 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
1045-02	General Rules Governing the Practice of Optometry
Rule Number	Rule Title
1045-02-01	Fees
1045-02-05	Continuing Education

(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://state.tn.us/sos/rules/1360/1360.htm>)

Chapter 1045-02
General Rules Governing the Practice of Optometry

Amendments

Rule 1045-02-.01 Fees is amended by deleting subparagraphs (1)(a) and (1)(d) in their entirety and substituting instead the following language, so that as amended, the new subparagraphs (1)(a) and (1)(d) shall read:

- | | | |
|-----|--|----------|
| (a) | Application Fee - A non-refundable fee to be paid each time an application for initial licensure is filed. | \$250.00 |
| (d) | Licensure Renewal Fee – A non-refundable fee to be paid biennially by all licensees except Inactive Volunteers. This fee also applies to licensees who reactivate a retired license or who reactivate an inactive license. | \$275.00 |

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-8-111, 63-8-112, 63-8-112(1), 63-8-115, 63-8-119, and 63-8-133.

Rule 1045-02-.05 Continuing Education is amended by deleting paragraph (1) in its entirety and substituting instead the following language, so that as amended, the new paragraph (1) shall read:

- (1) As a prerequisite to maintaining licensure, an Optometrist must complete thirty (30) hours of Board approved continuing education during the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year, effective until December 31, 2015.

Effective January 1, 2016, an Optometrist with a renewal date in the year 2016 and beyond must complete thirty (30) hours of Board approved continuing education during the twenty-four (24) months that precede the licensure renewal month.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-107, 63-8-112, 63-8-119, and 63-8-120.

Rule 1045-02-.05 Continuing Education is amended by adding new subparagraph (1)(c) and re-lettering the remaining subparagraphs, so that as amended, the new subparagraph (1)(c) shall read:

- (c) All licensees holding a current Tennessee license shall complete a minimum of two (2) of the thirty (30) required hours of continuing education related to controlled substance prescribing, which must include instruction in the Department's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol and may include topics such as medicine addiction, risk management tools, and other topics approved by the Board.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-107, 63-8-112, 63-8-119, and 63-8-120.

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: 1/16/15

Signature: [Handwritten Signature]

Name of Officer: Matthew Gibbs

Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 1-16-15

Notary Public Signature: [Handwritten Signature]

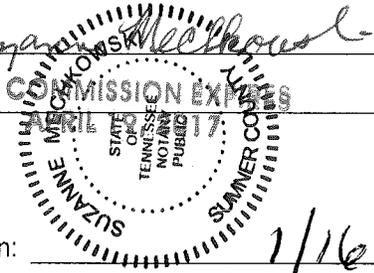
My commission expires on: 1-17-17

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Filed with the Department of State on: 1/16/15

[Handwritten Signature]

Tre Hargett
Secretary of State



2015 JAN 16 PM 3:26
SECRETARY OF STATE