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Sequence Number: 01-13-09
Notice ID(s): 1191
File Date: 01/20/2010

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 questions and copies of the notice, contact the person listed below.

Agency/Board/Commission:	Board of Dispensing Opticians
Division:	
Contact Person:	Diona E. Layden
Address:	Office of General Counsel 220 Athens Way, Suite 210 Nashville, Tennessee 37243
Phone:	615-741-1611
Email:	Diona.Layden@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, Division of Health Related Boards
Address:	Heritage Place – Metro Center 227 French Landing, Suite 300 Nashville, Tennessee 37243
Phone:	615-532-3202 or (Toll Free) 1-800-778-4123
Email:	

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

Address 1:	Heritage Place – Metro Center 227 French Landing, Suite 150, Poplar Room		
Address 2:			
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	04/21/2010		
Hearing Time:	9 a.m.	<input checked="" type="checkbox"/> CST	<input type="checkbox"/> EST

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. Please enter only **ONE** Rule Number/RuleTitle per row.)

Chapter Number	Chapter Title
0480-01	General Rules Governing Dispensing Opticians

Rule Number	Rule Title
Rule 0480-01-.06	Fees

(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 0480-01
General Rules Governing Dispensing Opticians

Amendments

Rule 0480-01-.06 Fees is amended by deleting paragraph (1) in its entirety and substituting instead the following language, so that as amended, the new paragraph shall read:

(1) Fee Schedule:

	Type	Amount
(a)	Apprenticeship Application	\$100.00
(b)	Dispensing Optician Application	\$150.00
(c)	Duplicate License/Duplicate Identification Badge	\$ 25.00
(d)	License	\$110.00
(e)	State Regulatory (Biennial)	\$ 10.00
(f)	Dispensing Optician Renewal (Biennial)	\$300.00
(g)	Apprenticeship Renewal (Yearly)	\$100.00
(h)	Renewal Late Fee	\$100.00
(i)	Endorsement/Verification	\$ 30.00

Authority: Tenn. Code Ann. § 63-14-101

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: January 6, 2010

Signature: _____

Name of Officer: Diona E. Layden

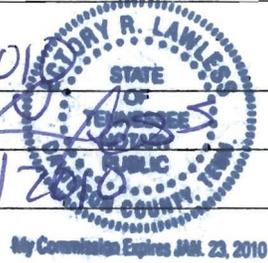
Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 1/6/2010

Notary Public Signature: _____

My commission expires on: 1/23/2010



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Filed with the Department of State on: 1/20/10

Tre Hargett

Tre Hargett
Secretary of State

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