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Sequence Number: 08-31-10
Notice ID(s): 1353
File Date: 08/31/2010

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:	Department of Health
Division:	Division of Health Related Boards
Contact Person:	Mary Kennedy Deputy General Counsel, Department of Health
Address:	220 Athens Way, Suite 210 Nashville, Tennessee 37243
Phone:	(615) 741-1611
Email:	Mary.Kennedy@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:	227 French Landing, Suite 501 Nashville, TN 37243
Phone:	(615) 532-4397
Email:	

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

Address 1:	Poplar Conference Room, Heritage Place MetroCenter		
Address 2:	227 French Landing Drive		
City:	Nashville, Tennessee		
Zip:	37243		
Hearing Date :	10/25/10		
Hearing Time:	11:00 a.m.	<input checked="" type="checkbox"/> _X_ 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. 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
1200-10-01	Division of Health Related Boards
Rule Number	Rule Title
1200-10-01-.09	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>)

Department of Health
Division of Health Related Boards
Chapter 1200-10-01

Rule Amendments

Rule 1200-10-01-.09(1) Fees shall be deleted in its entirety and paragraph (2) shall be renumbered as paragraph (1).

Authority: T.C.A. § 4-4-103 and § 10-7-506(a).

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: 8/31/10

Signature: Mary Kennedy

Name of Officer: Mary Kennedy

Deputy General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 8/31/10

Notary Public Signature: Theadora P. Wilkins

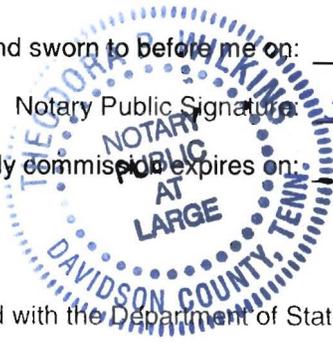
My commission expires on: 11/7/2011

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Filed with the Department of State on: 8/31/10

Tre Hargett

Tre Hargett
Secretary of State



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