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Sequence Number: 10-14-15
 Notice ID(s): 2394
 File Date: 10-20-15

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 Osteopathic Examination
Division:	Council of Certified Professional Midwifery
Contact Person:	Devin M. Wells, Deputy General Counsel
Address:	665 Mainstream Drive, Nashville, Tennessee 37243
Phone:	(615)741-1611
Email:	Devin.M.Wells@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) 741-6350
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
Zip:	37228
Hearing Date :	04/07/16
Hearing Time:	10:00 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. 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
1050-05	General Rules Governing Certified Professional Midwives
Rule Number	Rule Title
1050-05-.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 1050-05
General Rules Governing Certified Professional Midwives

Amendment

Rule 1050-05-.06 Fees is amended by deleting paragraphs (1) and (2) in their entirety and substituting instead the following language, so that as amended, the new paragraphs shall read:

- | | | |
|-----|----------------------|----------|
| (1) | Application fee | \$500.00 |
| (2) | Biennial renewal fee | \$700.00 |

Authority: T.C.A. §§ 63-1-142, 63-9-101, 63-29-101 et seq., 63-29-107, 63-29-108, 63-29-109, 63-29-112, and 63-29-116.

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: 10-20-15

Signature: [Handwritten Signature]

Name of Officer: Devin M. Wells

Deputy General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 10-20-15

Notary Public Signature: [Handwritten Signature]

My commission expires on: _____

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Filed with the Department of State on: 10-20-15

[Handwritten Signature]

Tre Hargett
Secretary of State

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