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Sequence Number: 11-15-14
 Notice ID(s): 2267
 File Date: 11/14/2014

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 for Social Worker Certification and Licensure
Division:	Health Related Boards
Contact Person:	Johanna L. Barde
Address:	665 Mainstream Drive, Nashville, Tennessee 37243
Phone:	(615) 741-1611
Email:	Johanna.Barde@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, Tennessee
Zip:	37228
Hearing Date :	02/05/15
Hearing Time:	9:00 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
1365-01	General Rules and Regulations
Rule Number	Rule Title
1365-01-.05	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 1365-01
General Rules and Regulations

Amendments

Rule 1365-01-.05 Fees is amended by deleting subparagraphs (1)(c) and (1)(d) in their entirety and substituting instead the following language, so that as amended, the new subparagraphs shall read:

- (c) Endorsement/Verification fee.....\$0.00
- (d) Renewal fee (biennial).....\$45.00

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-106, 63-23-102, 63-23-106, 63-23-110.

Rule 0450-01-.06 Fees is amended by deleting subparagraphs (2)(c) and (2)(d) in their entirety and substituting instead the following language, so that as amended, the new subparagraphs shall read:

- (c) Endorsement/Verification fee.....\$0.00
- (d) Renewal fee (biennial).....\$95.00

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-106, 63-23-103, 63-23-106, 63-23-110.

Rule 0450-01-.06 Fees is amended by deleting subparagraphs (3)(c) and (3)(d) in their entirety and substituting instead the following language, so that as amended, the new subparagraphs shall read:

- (c) Endorsement/Verification fee.....\$0.00
- (d) Renewal fee (biennial).....\$95.00

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-1-106, 63-23-104, 63-23-105, 63-23-106, 63-23-110.

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: 11/14/14

Signature: *Johanna Barde*

Name of Officer: Johanna Barde

Title of Officer: Assistant General Counsel
Department of Health

Subscribed and sworn to before me on: 11-14-14

Notary Public Signature: *Jeanne Meckel*

My commission expires on: _____



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Filed with the Department of State on: 11/14/2014

Tre Hargett
Tre Hargett
Secretary of State

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