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Sequence Number: B-09-13
 Notice ID(s): 2100
 File Date: 12/12/13

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:	Department of Health
Division:	Board of Physical Therapy
Contact Person:	Grant Mullins
Address:	665 Mainstream Drive Nashville, Tennessee 37243
Phone:	(615) 741-1611
Email:	Grant.Mullins@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, 5 th 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
City:	Nashville, Tennessee
Zip:	37228
Hearing Date :	02/07/2014
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
1150-01	General Rules Governing the Practice of Physical Therapy
Rule Number	Rule Title
1150-01-.08	Examinations

(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>)

Amendments

1150-01-.08 Examinations is amended by deleting paragraph (9) and its subparagraphs in their entirety.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-301, 63-13-304, 63-13-306, and 63-13-307.

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: 12/12/13

Signature: *Grant Mullins*

Name of Officer: Grant Mullins

Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 12-12-13



Notary Public Signature: *Suzanne Mechkowski*

My commission expires on: MY COMMISSION EXPIRES

APRIL 19, 2017

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Filed with the Department of State on: 12/12/13

Tre Hargett

Tre Hargett
Secretary of State

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