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Sequence Number: ____ 10-18-23

Notice ID(s): _____3738

File Date: ____10/16/2023

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 Dietitians/Nutritionist Examiners
Division:	
Contact Person:	Kristen Moon, Associate Counsel
Address:	665 Mainstream Drive, Nashville, TN 37243
Phone:	(615) 741-1611
Email:	Kristen.Moon@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) 741-6354
Email:	Marci.Martinez@tn.gov

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

Address 1:	Metro Center			
Address 2:	665 Mainstream Drive, Iris Con	ference Room		
City:	Nashville, TN			
Zip:	37228			
Hearing Date:	02/29/2024			
Hearing Time:	9:00 A.M.	CST/CDT	EST/EDT	

Additional Hearing Information:

Revision Type (check all that apply):

- X Amendment
- New
- Repeal

Rule(s) (**ALL** chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that **ALL** new rule and repealed rule numbers are listed in the chart below. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
0470-01	General Rules and Regulations
Rule Number	Rule Title
0470-0106	Fees

Chapter 0470-01 General Rules and Regulations

Amendments

Rule 0470-01-.06 Fees is amended by deleting subparagraphs (4)(a), (4)(d), and (4)(f) in their entirety and substituting instead the following language, so that as amended, the new subparagraphs shall read:

(4)	Fee S	Schedule	Amount
	(a)	Application	\$ 10.00
	(d)	License - Initial	\$ 5.00
	(f)	Renewal - Biennial	\$ 5.00

Authority: T.C.A. §§ 63-1-106, 63-1-118, 63-25-107, 63-25-109, 63-25-111, and 63-25-112.

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: October 16, 2023

Signature:

Name of Officer: Kristen Moon

Title of Officer: Associate Counsel, Department of Health

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Filed with the Department of State on:

10/16/2023

Tre Hargett Secretary of State

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Oct 16 2023, 2:43 pm

Secretary of State
Division of Publications

0470-01-.06 FEES

- (1) The fees are as follows:
 - (a) Application fee A fee to be paid by all applicants. It must be paid each time an application for licensure is filed.
 - (b) Endorsement/Verification A fee paid whenever a licensee requests the board endorse him to another state or whenever a request is made to verify a license.
 - (c) Late Renewal fee A nonrefundable fee to be paid when an individual fails to timely renew his license.
 - (d) License fee A fee to be paid by all applicants who have been approved for licensure prior to the issuance initial of the license. (Not to be confused with any professional association registration fees.)
 - (e) Reinstatement fee A fee to be paid each time an individual requests to reinstate his license.
 - (f) Renewal fee A fee to be paid by all licensees at the expiration of the license. This fee also applies to individuals who reactivate a retired or lapsed license.
 - (g) Replacement License Fee A fee to be paid when an individual requests a replacement for a lost or destroyed "artistically designed" license.
 - (h) State Regulatory Fee To be paid by all individuals at the time of application and with each renewal application.
 - (i) Temporary Permit Fee A fee to be paid when an applicant requests a temporary permit pursuant to T.C.A. § 63-25-109.
- (2) All fees shall be established, reviewed, and changed by the board.
- (3) All fees must be submitted to the board administrative office by certified or personal check or money order. Checks or money orders are to be made payable to the Board of Dietitian/Nutritionist Examiners.

(4)	Fee Sc	hedule	Amount
	(a)	Application	\$ <u>10.00</u> 75.00
	(b)	Endorsement/Verification	\$ 20.00
	(c)	Late Renewal	\$100.00
	(d)	License - Initial	\$ <u>5.00</u> 55.00
	(e)	Reinstatement	\$ 90.00
	(f)	Renewal - Biennial	\$ <u>5.00</u> 70.00
	(g)	Replacement License	\$ 25.00
	(h)	State Regulatory-Biennial	\$ 10.00

(i) Temporary Permit

\$ 5.00

(5) All fees except the initial license fee will be nonrefundable. The initial license will be refunded if the license fee has been paid at the time of application and the individual's application is denied.

Authority: T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-1-106, 63-1-118, 63-25-107, 63-25-109, 63-25-111, and 63-25-112, and 63-25-113.