

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control \_\_\_\_\_ Department or Agency: Alabama State Board of Respiratory Therapy  
Rule No.: Appendices I  
Rule Title: Fee Schedule

\_\_\_\_\_ New \_\_\_\_\_ X \_\_\_\_\_ Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference

Would the absence of the proposed rule significantly  
Harm or endanger the public health, welfare, or safety? \_\_\_\_\_ No

Is there a reasonable relationship between the state's  
Police power and the protection of the public health,  
Safety, or welfare? \_\_\_\_\_ Yes

Is there another, less restrictive method of regulation  
Available that could adequately protect the public? \_\_\_\_\_ No

Does the proposed rule have the effect of directly or  
Indirectly increasing the costs of any goods or services  
Involved and, if so, to what degree? \_\_\_\_\_ No

Is the increase in cost, if any, more harmful to the public  
Than the harm that might result from the absence of  
The proposed rule? \_\_\_\_\_ No

Are all facets of the rulemaking process designed solely  
For the purpose of, and so they have, as their primary  
Effect, the protection of the public? \_\_\_\_\_ Yes

\*\*\*\*\*  
Does the proposed rule have an economic impact? \_\_\_\_\_ No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied  
by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of  
Alabama, 1975.

\*\*\*\*\*

**Certification of Authorized Official**

I certify that the attached proposed rule has been proposed in full compliance with the  
requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all  
applicable filing requirements of the Administrative Procedure Division of the Legislative  
Reference Service.

Signature of certifying officer  \_\_\_\_\_  
Paula McCaleb, Executive Director 334.396.2332

Date: February 15, 2017

(DATE FILED)  
(STAMP)

**Alabama State Board of Respiratory Therapy**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:**

Alabama State Board of Respiratory Therapy

**RULE NO. & TITLE:**

Appendices I – Fee Schedule

**INTENDED ACTION:**

To Amend.

**SUBSTANCE OF PROPOSED ACTION:**

The Alabama Board of Respiratory Therapy proposes to amend Rules and Regulations under which to operate. Specifically, to eliminate fees no longer utilized and provide a fee for to cover the cost of electronic mailing labels.

**TIME, PLACE, MANNER OF PRESENTING VIEWS:**

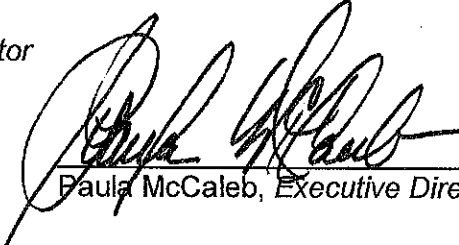
Written comments will be received by the Alabama State Board of Respiratory Therapy until 4:30 p.m. on April 5, 2017. Comments should be directed to Paula McCaleb, Executive Director, at P.O. Box 241386, Montgomery, AL 36124-1386, or via fax at 334-396-2384.

**FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:**

April 5, 2017

**CONTACT PERSON AT AGENCY:**

Paula McCaleb, *Executive Director*  
334.396.2332

  
\_\_\_\_\_  
Paula McCaleb, *Executive Director*

**Appendices I  
Fee Schedule**

<b>Application Fee</b>	<b>\$25.00</b>
<b>License Fee</b>	<b>\$75.00</b>
<b>Temporary License Application Fee</b>	<b>\$25.00</b>
<b>Temporary License Fee</b>	<b>\$25.00</b>
<b>Renewal Fee</b>	<b>\$75.00</b>
<b>Late Renewal Fee</b>	<b>\$50.00</b>
<b>Replacement License Fee</b>	<b>\$25.00</b>
<b>License Verification Fee</b>	<b>\$25.00</b>
<b>Reinstatement Fee</b>	<b>\$150.00</b>
<b>Request of Application Package</b>	<b>\$10.00</b>
<b><del>Examination Fee</del> <u>Electronic Mailing List</u> <u>Fee</u></b>	<b>\$10 <u>50.00</u></b>

**Author:** The Alabama State Board of Respiratory Therapy  
**Statutory Authority:** Code of Alabama (1975) § 34-27B-1 thru § 34-27B-17.  
**Effective Date:** September 14, 2005