

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control _____ Department or Agency: Alabama State Board of Respiratory Therapy
Rule No.: **798-X-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?

Yes

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 action relate to or affect in any
manner any litigation which the agency is a party to
concerning the subject matter of the proposed rule?

No

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 Services Agency.

Signature of certifying officer


Paula McCaleb, Executive Director

Date: July 5, 2018

(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 Rules & Regulations

SUBSTANCE OF PROPOSED ACTION:

The Alabama State Board of Respiratory Therapy (ASBRT) proposes to amend their Administrative Code or Rules and Regulations under which to operate. Specifically, due to additional costs now imposed on ASBRT by various State agencies, a minimal fee increase is proposed to help offset these additional and mandatory fees. This is the first proposed fee increase in the thirteen year history of the ASBRT.

TIME, PLACE, MANNER OF PRESENTING VIEWS:

Written comments, views, or arguments will be received by the Alabama State Board of Respiratory Therapy thru 4:30 p.m. on September 5, 2018. Comments should be directed to Paula McCaleb, Executive Director, at P.O. Box 241386, Montgomery, AL 36124-1565.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

September 5, 2018

CONTACT PERSON AT AGENCY:

Paula McCaleb, *Executive Director*
334.396-2332



Paula McCaleb, *Executive Director*

**Appendices I
Fee Schedule**

Application Fee	\$25.00
License Fee	\$75100.00
Temporary License Application Fee	\$25.00
Temporary License Fee	\$250.00
Renewal Fee	\$75100.00
Late Renewal Fee	\$5075.00
Replacement License Fee	\$25.00
License Verification Fee	\$25.00
Reinstatement Fee	\$15200.00
Electronic Mailing List	\$50.00

Author: The Alabama State Board of Respiratory Therapy

Statutory Authority: Code of Alabama (1975) §§ 34-27B-1 thru 34-27B-17.

History: **New Rule:** Filed May 16, 2005; refilled August 10, 2005; effective September 14, 2005. **Amended:** Filed July 5, 2017; effective August 19, 2017. Filed July 5, 2018;