

# Regulatory Analysis Form

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STATUTORY  
REVIEW COMMISSION



(1) Agency

**Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine**

(2) I.D. Number (Governor's Office Use)

**16A-4910**

IRRC Number: 2182

(3) Short Title

## Fees

(4) PA Code Cite

**49 Pa. Code §§16.13, 16.13a, 16.17, 18.303**

(5) Agency Contacts & Telephone Numbers

**Primary Contact: Amy L. Nelson, Counsel, Gerald S. Smith, Senior Counsel, State Board of Medicine (717) 783-7200**

**Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200**

(6) Type of Rulemaking (check one)

- ☒ Proposed Rulemaking  
☐ Final Order Adopting Regulation  
☐ Final Order, Proposed Rulemaking Omitted

(7) Is a 120-Day Emergency Certification Attached?

- ☒ No  
☐ Yes: By the Attorney General  
☐ Yes: By the Governor

(8) Briefly explain the regulation in clear and nontechnical language.

**The regulation amends the fee schedule for the State Board of Medicine by revising fees for the processing of applications for the various licenses, certificates and permits issued by the Board, certification of scores and certification of license history. The new fees are needed because the current fees established in 1986, 1990, 1991, 1993 and 1996 no longer reflect the cost of providing the enumerated services.**

(9) State the statutory authority for the regulation and any relevant state or federal court decisions.

**The regulatory amendments are adopted under Section 6 of the Medical Practice Act, Act of December 20, 1985, P.L. 457, as amended, 63 P.S. §422.6.**

### Regulatory Analysis Form

(10) Is the regulation mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

**Yes. The Board is required by statute to adopt regulations setting fees. See Item No. 9 for the specific law.**

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

**The enabling statute of the Board requires that the Board set fees by regulation so that revenues meet or exceed expenditures over a biennial period. The operating expenses of the Board are generally borne by the licensee population through biennial renewal revenue. Expenses related to services which are provided directly to individual licensees or applicants are excluded from general operating revenues so that only the licensee who uses a particular service pays for a service being provided to him or her. By this regulation, the cost of providing the service will be apportioned to users, rather than burdening the entire licensee population.**

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

**Nonregulation could potentially adversely impact the fiscal integrity of the Board. If left unregulated, the costs of providing services would be borne by the general licensing population, some of whom did not or would not receive a benefit from the service.**

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

**The licensing population generally will benefit by having costs of services which are utilized by only a portion of the licensees or applicants paid by those actually receiving the service.**

### **Regulatory Analysis Form**

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

**The Board has identified no group of individuals or entities who will be adversely affected by the regulation. Applicants for services or licenses will be required to bear up-to-date costs of providing the services involved.**

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

**See attached fee report forms.**

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

**These regulations do not place requirements on licensees concerning their conduct or compliance with state law regarding the performance of a licensing duty under licensing statutes. The regulation embodies the fees which capture the cost of providing the service an applicant or licensee requests. Therefore, the information requested in this item is not applicable.**

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

**See attached fee report forms. Only those requesting the services will be affected. No legal, accounting or consulting procedures will be implicated in complying with the regulatory amendments.**

### **Regulatory Analysis Form**

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

**Local governments would not be affected by this regulation.**

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

**The Board will not incur an increase in administrative cost by implementing the regulation. Indeed, the regulatory amendments will permit the Board to recoup the costs of providing the enumerated services.**

## Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY	FY +1	FY +2	FY +3	FY +4	FY +5
<b>SAVINGS:</b>	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings						
<b>COSTS:</b>						
Regulated Community	96,100	96,100	96,100	96,100	96,100	96,100
Local Government						
State Government						
Total Costs						
<b>REVENUE LOSSES:</b>	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

The cost estimates are based upon the number of persons which the Board estimates will avail themselves of the specified service over a fiscal year (one-half biennium) period multiplied by the savings or additional cost to the applicant for the services. See attached fee report forms for details.

## Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3	FY -2	FY -1	Current FY
See attached fee report				

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

**The amendments to the existing regulations will assure that the costs of providing the specified services to certain applicants and licensees will be borne by individuals who receive the service.**

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

**No nonregulatory alternatives were considered because the Board's enabling statute requires the Board to promulgate regulations to establish fees or changes thereto.**

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

**See No. 22 above.**

## Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

**No federal licensure standards apply.**

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

**See the Comparison of Medical Fees on page 9. It should be noted that Pennsylvania's fees are generally much less than surrounding states. However, the fees established by the regulation represent the Board's actual costs in providing the services requested.**

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

**This regulation will have no affect on other regulations of the Board or other agencies.**

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

**The Board reviews its regulatory proposals at regularly scheduled public meetings each month. Meetings are held in the Board's offices at 116-124 Pine Street, Harrisburg, Pennsylvania. The meeting dates are posted on the internet and are available by calling the Board office at (717) 783-1400.**

## **Regulatory Analysis Form**

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

**No changes to reporting, record keeping or other paperwork is required by this regulation.**

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

**The Board has perceived no special needs of any subset of its licensees for whom special provisions should be made.**

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

**The regulation will be effective upon publication in the Pennsylvania Bulletin.**

(31) Provide the schedule for continual review of the regulation.

**The Board reviews its revenues and costs of its programs on a fiscal year and biennial basis.**



COMPARISON OF MEDICAL FEES.xls

FEE COMPARISON						
MEDICAL						
bold = proposed	PA	NJ	NY(1)	MD	OH	DE(2)
Biennial renewal fee	125	160 to 565	330(tri)	150 to 525	275	204(pro-rated)
Unrestricted MD Lic/Accred. Sch.	35	325*	735(1a)	790	335	see note 2
Unrestricted MD Lic/Non-Accred. Sch.	85	325*	same	890	335	
Extraterritorial Lic	30					
Grad Lic/Accred. Sch	30	50		100	75 if unlic. In OH	
Grad Lic/Non-Accred. Sch	85			100	75 if unlic. In OH	
Temp Lic	45(if intv. req'd)	50 to 80	70-105	300	125	
Interim Lic	30			300	125	
Midwife	30	165	295	n/a	100	
Phys Asst	30	125 app + renewal fee	115	450	100	
Reg/Phys. Supv.	35			200	75	
Each Add'l Supv	5			100	25	
Satellite Location	25					
Acupuncture Reg	30		750	450	new-reg's not final	
Acupuncture Supv. Reg	30				new-reg's not final	
Inactive Status	0			50		
Resp. Care Temp. Permit	30	40	70	150	20	
Resp. Care Init. Cert	30	125	270	150	30-75(pro-rated)	
Rad Tech App	25					
Certify Scores/License/Permit	25	-		n/a		
Verify License/Permit/Reg/Cert	15	-		50		
Late fee (any application)	\$5/per mo	\$100 (after 30 days)	50	50	15-120	
Reinstatement Fee		100 to 175		325 to 650		
Dup. Lic. Fee	5	50				
Name and/or Addr Change w/Dup Lic		50				
Failure to notify of name/addr change				50		
*does not include registration fee of \$240 due at time of licensure.						
(1)NY not req'd to be financially self-sufficient.						
(1a) includes 1st yr registration fee						
(2)DE has \$25 app fee-renewal fees						
est. by Dir-Dept. of Prof. Regulation						
prior to start of each cycle.						

FACE SHEET  
FOR FILING DOCUMENTS  
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Agencies.

*Christine L. Capen*  
(DEPUTY ATTORNEY GENERAL)

State Board of Medicine  
(AGENCY)

*John V. Turner*

SEP 29 2000

DATE OF APPROVAL

DOCUMENT/FISCAL NOTE NO. 16A-4910

DATE OF ADOPTION:

BY:

*Charles D. Rummel, Jr.*  
Charles D. Rummel, Jr., M.D.

9/19/00  
DATE OF APPROVAL

(Deputy General Counsel  
(Strick Counsel,  
Independent Agency  
(Strike inapplicable  
title)

TITLE: Chairman  
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

[ ] Check if applicable  
Copy not approved.  
Objections attached.

[ ] Check if  
applicable. No Attorney  
General approval or  
objection within 30 day  
after submission.

NOTICE OF PROPOSED RULEMAKING  
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
49 PA. CODE, CHAPTER 16  
Licensure, Certification, Examination and Registration Fees

The State Board of Medicine ("Board") proposes to amend 49 Pa. Code §§16.13, 16.13a, 16.17 and 18.303, by revising certain application fees as set forth in Annex A.

A. Effective Date

The amendments would be effective upon publication of the final form regulations in the Pennsylvania Bulletin.

B. Statutory Authority

The amendments are authorized under Section 6 of the Medical Practice Act, Act of December 20, 1985, P.L. 457, as amended, 63 P.S. §422.6.

C. Background and Purpose

Section 6 of the Medical Practice Act requires the Board to set fees by regulation so that revenues meet or exceed expenditures over a biennial period. General operating expenses of the Board are funded through biennial license renewal fees. Expenses related to applications or services which are provided directly to individual licensees or applicants are excluded from general operating revenues and are funded through fees in which the cost of providing the service forms the basis for the fee.

In a recent systems audit of the operations of the Board within the Bureau of Professional and Occupational Affairs, the fees for services for licensees and applicants were analyzed to determine if the fees reflected the actual cost of providing the services. Actual cost calculations are based upon the following formula:

$$\begin{array}{c} \text{Number of minutes to perform the function} \\ \\ \times \\ \\ \text{Pay rate for the classification of the personnel performing the function} \\ \\ + \\ \\ \text{A proportionate share of administrative overhead} \end{array}$$

As a result of the audit, the Board proposes to increase 16 existing fees and to decrease two fees. The analysis determined that current fees do not accurately reflect the

actual cost of processing applications and providing other services.

In this proposal, fees for the services identified would be adjusted to allocate costs to those who use the service or submit an application. The Board would continue to apportion its enforcement and operating costs to the general licensing population when the Board makes its biennial reconciliation of revenues and expenditures.

The Board is also taking this opportunity to consolidate its fees under one section. The Board is also eliminating references to nationally established examination fees over which the Board has no control or involvement.

The General Assembly has indicated its preference for the recognition of national uniform examinations and grading services in accordance with Section 812.1 of the Administrative Code of 1929, Act of April 9, 1929, P.L. 177, as amended, 71 P.S. §279.3a.

Over the past several years national uniform examinations have been developed for every category of license the Board issues. The fees for the examinations are established by the national examiners and communicated directly to the applicants. Applicants for these exams pay the examination fees directly to national examiners. Thus, it is unnecessary and impractical for the Board to continue to publish the national examiners' examination fees in the Board's regulations. Since examination fees are no longer established by the Board, Section 6 of the Medical Practice Act is inapplicable as to national uniform examinations. Thus, the Board is eliminating reference to these examination fees.

#### 4. Description of Proposed Amendments

The following table outlines the affected application fees, proposed changes and date the indicated fee was last changed:

Fee Type	Current Fee	Effective Date	Proposed Fee
1. Application, License w/o Restriction: accredited school (MD)	20.00	12/31/86	35.00
2. Application, License w/o Restriction: non-accredited school (MD)	80.00	01/19/91	85.00
3. Application, Extraterritorial License (XT)	10.00	12/31/86	30.00
4. Application, Graduate License: accredited college (MT)	15.00	12/31/86	30.00
5. Application, Graduate License: non-accredited college (MT)	80.00	01/19/91	85.00

Fee Type	Current Fee	Effective Date	Proposed Fee
6. Application, Temporary License	35.00	12/31/86	45.00
7. Application, Interim Limited License (ML)	10.00	12/31/86	30.00
8. Application, Midwife License (MW)	20.00	12/31/86	30.00
9. Application, Physician Assistant Certificate (PA)	15.00	12/31/86	30.00
10. Registration, Physician Assistant Supervisor (MX)	55.00	12/31/86	35.00
11. Application, Satellite Location	45.00	08/14/93	25.00
12. Acupuncture Registration (AK)	15.00	08/14/93	30.00
13. Acupuncture Supervisor Registration (MK)	15.00	08/14/93	30.00
14. Resp. Care Temp. Permit	15.00	11/16/96	30.00
15. Resp. Care Initial Cert. (YM)	15.00	11/16/96	30.00
16. Radiology Exam App.	0.00		25.00
17. Certification of License, Scores, Permit, Registration	0.00		25.00
18. Verification of License, Registration, Certificate, Permit	10.00	06/23/90	15.00

5. Compliance with Executive Order 1996-1

In accordance with the requirements of Executive Order 1996-1 (February 6, 1996), in drafting and promulgating the regulation the Board considered the least restrictive alternative to regulate costs for services requested by licensees and applicants.

6. Fiscal Impact and Paperwork Requirements

The proposed amendments will have no adverse fiscal impact on the Commonwealth or its political subdivisions. The fees will have a modest fiscal impact on those members of the private sector who apply for services from the Board. The amendments will impose no additional paperwork requirements upon the Commonwealth, political subdivisions or the private sector.

G. Sunset Date

The Board continuously monitors the cost effectiveness of its regulation. Therefore, no sunset date has been assigned.

8. Regulatory Review

Pursuant to Section 5(a) of the Regulatory Review Act, the Act of June 30, 1989 (P.L. 73, No. 19), as amended, 71 P.S. §745.5(a), the Board submitted a copy of this proposed regulation on \_\_\_\_\_, to the Independent Regulatory Review Commission ("Commission") and the Chairmen of the House Professional Licensure Committee and the Senate Consumer Protection and Professional Licensure Committee ("Committees"). In addition to submitting the regulation, the Board has provided the Commission and the Committees with a copy of a detailed regulatory analysis form prepared by the Board in compliance with Executive Order 1996-1, "Regulatory Review and Promulgation". A copy of this material is available to the public upon request.

Pursuant to Section 5(g) of the Regulatory Review Act, if the Commission has any objections to any portion of the proposed regulation, it will notify the Board within 10 days of the close of the Committees' review period. Such notification shall specify the regulatory review criteria which have not been met by that portion. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the regulation, by the Board, the General Assembly and the Governor, of objections raised.

1. Public Comment

Interested persons are invited to submit written comments, suggestions or objections regarding the proposed amendments to Amy L. Nelson, Counsel, State Board of Medicine, 116 Pine Street, Post Office Box 2649, Harrisburg, Pennsylvania 17105-2649, within 30 days of publication of this proposed rulemaking. Please reference No. 16A-4910 (Fees), when submitting comments.

**ANNEX A**  
**TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS**  
**PART I. DEPARTMENT OF STATE**  
**SUBPART A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS**  
**CHAPTER 16. STATE BOARD OF MEDICINE**  
**SUBCHAPTER B. GENERAL LICENSURE, CERTIFICATION**  
**EXAMINATION AND REGISTRATION PROVISIONS**

\* \* \*

**§16.13. Licensure, certification, examination and registration fees.**

[(a) The examination fee for the December 1995 and following administrations of the USMLE Step 3 examination is \$375.

(b) The fee for a license without restriction for a graduate of an accredited medical college is \$20. The fee for a license without restriction for a graduate of an unaccredited medical college is \$80. The biennial registration fee for a license without restriction is \$125.

(c) The fee for an institutional license is \$35.

(d) The fee for an extraterritorial license is \$10. The biennial registration fee for an extraterritorial license is \$80.

(e) The fee for a graduate license for a graduate of an accredited medical college is \$15. The fee for a graduate license for a graduate of an unaccredited medical college is \$80. The fee to renew a graduate license is \$10.

(f) The fee for a temporary license is \$35.

(g) The fee for an interim limited license is \$10. The fee to renew an interim limited license is \$10.

(h) The fee for a midwife license is \$20. The biennial registration fee for a midwife license is \$40.

(i) The fee for a physician assistant certificate is \$15. The biennial registration fee for a physician assistant certificate is \$40.

(j) The fee for registration as a supervising physician of a physician assistant is \$15.

(k) The fee for registration as a physician assistant supervisor of a physician assistant is \$55.

- (l) The application fee for satellite location approval is \$45.
- (m) The fee for an acupuncturist registration is \$15. The biennial registration fee for an acupuncturist registration is \$40.
- (n) The fee for an acupuncturist supervisor registration is \$15.
- (o) The biennial registration fee for a drugless therapist license is \$25.
- (p) The biennial registration fee for a limited license--permanent--is \$25.
- (q) There is no initial registration fee for a license, certificate or registration subject to biennial registration requirements.
- (r) The fees for examination in radiologic procedures are listed in this subsection.
- (1) The fee for the ARRT Examination in Radiography is \$30.
- (2) The fee for the ARRT Examination in Radiation Therapy Technology is \$30.
- (3) The fee for the ARRT Examination in Nuclear Medicine Technology is \$30.
- (4) The fee for the ARRT Limited Examinations in Radiography is \$35. Study material may be purchased from the Board for \$21.
- (5) The fee for the ARRT Limited Examination in Radiography--Skull and Sinuses is \$35.
- (s) The fee for SPEX (Special Purpose Examination) is \$550.]

**Medical Doctor License:**

**License Without Restriction:**

<u>Application, graduate of accredited medical college</u>	<u>\$35</u>
<u>Application, graduate of unaccredited medical college</u>	<u>\$85</u>
<u>Biennial renewal</u>	<u>\$125</u>



**Extraterritorial License:**

<u>Application</u>	<u>\$30</u>
<u>Biennial renewal</u>	<u>\$80</u>

**Graduate License:**

<u>Application, graduate of accredited medical college</u>	<u>\$30</u>
<u>Application, graduate of unaccredited medical college</u>	<u>\$85</u>
<u>Annual renewal</u>	<u>\$15</u>

**Interim Limited License:**

<u>Application</u>	<u>\$30</u>
<u>Biennial renewal</u>	<u>\$10</u>

**Miscellaneous:**

<u>Application, Institutional license</u>	<u>\$35</u>
<u>Application, Temporary license</u>	<u>\$45</u>
<u>Biennial renewal, Limited license (permanent)</u>	<u>\$25</u>

**Midwife License:**

<u>Application</u>	<u>\$30</u>
<u>Biennial renewal</u>	<u>\$40</u>

**Physician Assistant Certificate:**

<u>Application</u>	<u>\$30</u>
<u>Biennial renewal</u>	<u>\$40</u>
<u>Registration, Physician Assistant supervisor</u>	<u>\$35</u>
<u>Registration of additional supervisors</u>	<u>\$ 5</u>
<u>Satellite location approval</u>	<u>\$25</u>

**Acupuncturist Registration:**

<u>Application</u>	<u>\$30</u>
<u>Biennial renewal</u>	<u>\$40</u>
<u>Registration, Acupuncture supervisor</u>	<u>\$30</u>

**Drugless Therapist License:**

<u>Biennial renewal</u>	<u>\$35</u>
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**Radiology Technician:**

<u>Application for Examination</u>	<u>\$25</u>
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**Respiratory Care Practitioner Certificate:**

<u>Application, Temporary permit</u>	<u>\$30</u>
<u>Application, Initial certification</u>	<u>\$30</u>
<u>Biennial renewal</u>	<u>\$25</u>

**Verification or Certification:**

<u>Verification of status</u>	<u>\$15</u>
<u>Certification of records</u>	<u>\$25</u>

**Examination Fees:**

The State Board of Medicine has adopted nationally recognized examinations in each licensing class. Fees are established by the national owners/providers of the examinations and are indicated in the examination applications.

\* \* \*

**§16.13a. [Temporary waiver of biennial registration fees.] Reserved.**

[Biennial registration fees in §16.13 (relating to licensure, certification, examination and registration fees) are waived until the expiration of the 1987-88 biennial registration period.]

\* \* \*

**§16.17. Certification of license, certificate or registration status.**

(a) The status of a license, certificate or registration issued by the Board will be certified by the Board to other jurisdictions or persons upon formal application and payment of ~~[\$10.]~~ the fee indicated under §16.13.

(b) A person who is licensed, certified or registered by the Board who seeks a license, certificate or registration in another jurisdiction or country, may be required to arrange for the Board to provide certain information to the licensing authority in the other jurisdiction by the Board completing a document and then forwarding the document to the other licensing authority. In that case, the document shall be completed prior to being submitted to the Board with the exception of the portion to be completed by the Board. It shall then be forwarded to the Board with the request that it be completed and forwarded to the licensing authority in the other jurisdiction.

(c) A request to certify the status of a person's license, certificate or registration or information regarding a person's license, certificate or registration status shall be forwarded to the Board, accompanied by [a] the fee [of \$10] indicated under §16.13 in the form of a certified check, cashier's check, money order or personal check payable to the Commonwealth of Pennsylvania.

\* \* \*

**§18.303. [Fees.] Reserved.**

[The following is the schedule of fees charged by the Board:

- |     |   |       |
|-----|---|-------|
| (1) | Temporary permit .....                  | \$15  |
| (2) | Initial certification .....             | \$15  |
| (3) | Certification examination .....         | \$90  |
|     | (Effective 7-96) .....                  | \$100 |
| (4) | Re-examination .....                    | \$60  |
| (5) | Biennial renewal of certification ..... | \$25] |

## FEE REPORT FORM

Agency: State - BPOA

Date: June 30, 2000

Contact: David Williams

Phone No. 783-7194

### Fee Title, Rate and Estimated Collections:

**Medical license without restriction-graduates of accredited U.S. or Canadian medical schools:** **\$35.00**

Estimated Biennial Revenue: \$122,500.00 (3,500 applications x \$35.00)

### Fee Description:

The fee will be charged to every applicant for medical license without restriction who graduated from an accredited US or Canadian medical school.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to review and process an application for a medical license without restriction for graduates of accredited U.S. or Canadian medical schools and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.75hr)	19.83
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$35.70
Proposed Fee:		\$35.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$35.00 be established to review an application for a medical license without restriction for graduates of accredited US or Canadian medical schools.

**Page 2 -MD w/o Restriction for grad. of accred. US or Can. med. schools: 06/30/00**

**Board Staff:** Review application for completeness, verify that supporting documents are attached, contact candidate to request any missing information. Notify applicant either by issuing registration through the computer or issuing a rejection notice.

## **FEE REPORT FORM**

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Medical license w/o restriction-graduates of non-accredited medical schools:** **\$85.00**

Estimated Biennial Revenue: \$102,000.00 (1,200 applications x \$85.00)

### **Fee Description:**

The fee will be charged to every applicant for medical license without restriction who graduated from a non-accredited school.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to review and process an application for a medical license without restriction for graduates of non-accredited medical schools and (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- prepare application	(.50 hr)	13.22
Education Evaluator-process application	(2.00 hr)	52.89
Administrative Overhead:		<u>15.87</u>
	Total Estimated Cost:	\$81.98
	Proposed Fee:	\$85.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$85.00 be established to review an application for a medical license without restriction for graduates of non-accredited medical schools.

**Page 2 -MD w/o Restriction for grad. of non-accredited medical schools: 06/30/00**

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information; passes application to education evaluator who reviews qualifications to determine compliance with regulations, notifies applicant either by issuing registration through the computer or issuing a rejection notice.

## **FEE REPORT FORM**

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Application Fee: Extraterritorial License:** **\$30.00**

Estimated Biennial Revenue: \$1,500.00 (50 apps. x \$30.00)

### **Fee Description:**

The fee will be charged to each applicant for processing an extraterritorial license application.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for an Extraterritorial License and (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- review and process application	(.50 hr)	11.60
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$27.47
Proposed Fee:		\$30.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$30.00 be established to evaluate an extraterritorial license application.



**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Application Fee-Initial Training License for Graduates of accredited U.S. or Canadian medical schools:** **\$30.00**

Estimated Biennial Revenue: \$90,000.00 (3,000 apps. x \$30.00)

### **Fee Description:**

The fee will be charged to each applicant for a Graduate Training License (Initial) License who graduated from an accredited U.S. or Canadian medical school.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for an initial Graduate Training License for graduates of an accredited U.S. or Canadian medical school (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- review and process application	(.50 hr)	13.22
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$29.09
Proposed Fee:		\$30.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$30.00 be established to evaluate application for an initial Graduate Training License for graduates of accredited U.S. or Canadian medical schools.

**Page 2 Application Fee-Initial Training License for Graduates of accredited U.S. or  
Canadian medical schools: Date: 06/30/00**

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## **FEE REPORT FORM**

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Application Fee-Initial Training License for Graduates of non-accredited medical schools:** **\$85.00**

Estimated Biennial Revenue: \$85,000.00 (1,000 apps. x \$85.00)

### **Fee Description:**

The fee will be charged to each applicant for an initial Graduate Training License who graduated from a non-accredited medical school.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for an initial Graduate Training License for graduates of non-accredited medical schools (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- prepare application	(.50 hr)	13.22
Education Evaluator - process application	(2.00 hr)	52.89
Administrative Overhead:		<u>15.87</u>
	Total Estimated Cost:	\$81.96
	Proposed Fee:	\$85.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$85.00 be established to evaluate application for an initial Graduate Training License for graduates of non-accredited medical schools.

**Page 2 Application-Initial Training License-Graduates of non-accredited medical schools:**

**Date: 06/30/00**

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information; passes application to education evaluator who reviews qualifications to determine compliance with regulations, notifies applicant either by issuing registration through computer or prepares letter of rejection.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### Fee Title, Rate and Estimated Collections:

**Application Fee-Temporary License-Interview Required: \$45.00**

Estimated Biennial Revenue: \$900.00

(20 apps. x \$45.00)

### Fee Description:

The fee will be charged to each applicant for a temporary license when an interview is required.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for a temporary license and when an interview is required (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50 hr)	13.22
Board-review qualifications/vote	(.03 hr)	16.17
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$45.26
Proposed Fee:		\$45.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$45.00 be established to evaluate application for a temporary license when an interview is required.

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Confers by phone with a board member to discuss qualifications, prepares for board vote by placing recommendation on the agenda, issues approval or prepares letter of rejection following board vote.

## **FEE REPORT FORM**

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Application Fee-Interim Limited License:** \$30.00

Estimated Biennial Revenue: \$6,000.00 (200 apps. x \$30.00)

### **Fee Description:**

The fee will be charged to each applicant for an Interim Limited License.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for an Interim Limited License and (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- review and process application	(.50 hr)	10.15
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$26.02
Proposed Fee:		\$30.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$30.00 be established to evaluate application for a Interim Limited License.



**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

Agency: State - BPOA

Date: June 30, 2000

Contact: David Williams

Phone No. 783-7194

### Fee Title, Rate and Estimated Collections:

Application Fee-Midwife License: \$30.00

Estimated Biennial Revenue: \$1,950.00 (65 apps. x \$30.00)

### Fee Description:

The fee will be charged to each applicant for a Midwife License.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for a Midwife License and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50 hr)	10.15
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$26.02
Proposed Fee:		\$30.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established to evaluate application for a Midwife License.

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

Agency: State - BPOA

Date: June 30, 2000

Contact: David Williams

Phone No. 783-7194

### Fee Title, Rate and Estimated Collections:

Application Fee-Physician Assistant Registration: \$30.00

Estimated Biennial Revenue: \$12,000.00 (400 apps. x \$30.00)

### Fee Description:

The fee will be charged to each applicant for a Physician Assistant Registration.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for a Physician Assistant Registration and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50 hr)	11.60
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$27.47
Proposed Fee:		\$30.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established to evaluate an application for a Physician Assistant Registration.

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

Agency: State - BPOA

Date: December 6, 2000

Contact: David Williams

Phone No. 783-7194

### Fee Title, Rate and Estimated Collections:

Application Fee- Physician Assistant Supervisor Registration: \$35.00

Covers processing of basic application consisting of one (1) Physician Assistant, one (1) Primary Supervisor, one (1) Substitute Supervisor, and one (1) Written Agreement and one (1) Drug list.

#### PLUS

\$5.00 for EACH additional Primary or Substitute Supervisor listed on the application.

Estimated Biennial Revenue: \$16,375.00

(325 apps. x \$35.00 plus 1,000 additional primary or substitutes x \$5.00)

### Fee Description:

The fee will be charged to each applicant for registration as a physician assistant supervisor.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for registration as a physician assistant supervisor and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50 hr)	17.39
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$33.26
Proposed Fee:		\$35.00

#### PLUS

\$5.00 for each additional Primary or Substitute Supervisor listed on the application.

### Analysis, Comment, and Recommendation:

It is recommended that fees as noted be established to evaluate an application for registration as a physician assistant supervisor.

**Board Staff:** receives application plus attachments including written agreement and drug list, contacts applicant to request any missing information. Reviews application and drug list for compliance with regulations, verifies status of MD and Supervising Physician (if applicable) licenses of applicant and of substitute by checking computer to ascertain that licenses are in good standing, enters information into computer system. If application lists more than one Supervisor (backup or alternate), verifies accuracy of fees, verifies status of additional personnel as described above. Reviews written agreement to ensure that duties are clearly delineated and that primary and substitute supervisors (if applicable) and assignment locations are specific and in compliance with Board regulations. If all requirements are met, issues approval through computer. If discrepancies exist, prepares letter detailing deficiencies and sends to applicant.

## **FEE REPORT FORM**

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Application Fee-Satellite Location Approval:** **\$25.00**

**Estimated Biennial Revenue: \$2,500.00** (100 apps. x \$25.00)

### **Fee Description:**

The fee will be charged to each applicant for approval of a Satellite Location.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for approval of a Satellite Location and (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- review and process application (.25 hr) 5.80

Administrative Overhead: 15.87

Total Estimated Cost: \$21.67

Proposed Fee: \$25.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$25.00 be established to evaluate an application for approval of a Satellite Location.



**Board Staff:** receives application plus attachments, contacts applicant to request any missing information. Verifies that physician assistant supervisor application on file (which includes the written agreement and drug list) is current and applicable for practice in the satellite location; evaluates agreement(s) for compliance with regulations. If all requirements are met, issues approval through computer. If discrepancies exist, prepares letter detailing deficiencies and sends to applicant.

## **FEE REPORT FORM**

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### **Fee Title, Rate and Estimated Collections:**

**Application Fee-Acupuncturist Registration:** **\$30.00**

Estimated Biennial Revenue: \$1,050.00 (35 apps. x \$30.00)

### **Fee Description:**

The fee will be charged to each applicant for an Acupuncturist Registration.

### **Fee Objective:**

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for a Acupuncturist Registration and (2) defray a portion of the Board's administrative overhead.

### **Fee-Related Activities and Costs:**

Staff time- review and process application	(.50 hr)	11.60
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$27.47
Proposed Fee:		\$30.00

### **Analysis, Comment, and Recommendation:**

It is recommended that a fee of \$30.00 be established to evaluate application for a Acupuncturist Registration.

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### Fee Title, Rate and Estimated Collections:

**Application Fee-Acupuncturist Supervisor Registration:** \$30.00

Estimated Biennial Revenue: \$1,050.00 (35 apps. x \$30.00)

### Fee Description:

The fee will be charged to each applicant for an Acupuncturist Supervisor Registration.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to process an application for a Acupuncturist Supervisor Registration and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50 hr)	11.60
Administrative Overhead:		<u>15.87</u>
Total Estimated Cost:		\$27.47
Proposed Fee:		\$30.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established to evaluate application for a Acupuncturist Supervisor Registration.

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### Fee Title, Rate and Estimated Collections:

**Respiratory Care Temporary Permit Application:** **\$30.00**

Estimated Biennial Revenue: \$450.00 (15 applications x \$30.00)

### Fee Description:

The fee will be charged to every applicant for a respiratory care practitioner temporary permit.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to review and process an application for a respiratory care practitioner temporary permit and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50/ hr)	10.15
Averaged Administrative Overhead:		<u>15.39</u>
Total Estimated Cost:		\$25.54
Proposed Fee:		\$30.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established to review a respiratory care practitioner temporary permit application.

**Board Staff:** Review application for completeness, verify that supporting documents are attached, contact candidate to request any missing information. Notify applicant either by issuing registration through the computer or issuing a rejection notice. The Administrative Overhead charge has been averaged for the Medical and Osteopathic Boards since the application process is identical for both boards.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** 07/05/00

**Contact:** David Williams

**Phone No.** 783-7194

### Fee Title, Rate and Estimated Collections:

**Respiratory Care Practitioner Initial Certification Application: \$30.00**

Estimated Biennial Revenue: \$21,000.00 (700 applications x \$30.00)

### Fee Description:

The fee will be charged to every applicant for certification as a respiratory care practitioner.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to review and process an application for certification as a respiratory care practitioner and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process application	(.50/ hr)	10.15
Averaged Administrative Overhead:		<u>15.39</u>
Total Estimated Cost:		\$25.54
Proposed Fee:		\$30.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$30.00 be established to review a respiratory care practitioner initial certification application.



**Page 2 - Respiratory Care Practitioner Initial Certification Application**

**Board Staff:** Review application for completeness, verify that supporting documents are attached, contact candidate to request any missing information. Notify applicant either by issuing registration through the computer or issuing a rejection notice. The administrative overhead charge is an average of the Medical and Osteopathic Board's overhead since the processing is identical for both boards.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** June 30, 2000

**Contact:** David Williams

**Phone No.** 783-7194

### Fee Title, Rate and Estimated Collections:

**Application Fee for Radiology(ARRT) Examination: \$25.00**

Estimated Biennial Revenue: \$2,500.00 (100 applications x \$25.00)

### Fee Description:

The fee will be charged to every applicant for the American Registry of Radiologic Technologists Examination.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board Medicine to review and process an application for the ARRT and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- review and process examination application (.25 hr)	5.08
Averaged Administrative Ovhd:	<u>17.24</u>
Total Estimated Cost:	\$22.32
Proposed Fee:	\$25.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$25.00 be established to review an application for examination/certification to perform radiological procedures.

**Board Staff:** Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Processes application either by forwarding application and examination fee on to American Registry of Radiologic Technologists to be scheduled for exam or preparing discrepancy notice. The administrative overhead charge has been averaged for the boards offering the radiology examination since the application processing and approval notification are similar.

## FEE REPORT FORM

**Agency:** State - BPOA

**Date:** 06/30/00

**Contact:** David Williams

**Phone No.** 783-7194

### Fee Title, Rate and Estimated Collections:

**Certification of Scores, License , Permit or Registration: \$25.00**

Estimated Biennial Revenue: \$250.00 (10 certifications x \$25.00)

### Fee Description:

The fee will be charged to every applicant who requests certification of scores, license, permit or registration.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to review and process a request for certification and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- process request for certification (.75 hr)	15.23
Bureau Average Administrative Overhead:	<u>9.76</u>
Total Estimated Cost:	\$24.99
Proposed Fee:	\$25.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$25.00 be established for certification of scores, license, permit or registration.

**Page 2**

**Certification of Score, License, Permit or Registration: 06/30/00**

**Board Staff:** Reviews request for certification of licensure and/or scores; researches computer and microfilm files to retrieve pertinent information, transfers that information onto document submitted by requester, affixes Bureau seal onto documents, forwards as instructed by applicant.

## FEE REPORT FORM

Agency: State - BPOA

Date 06/30/00

Contact: David Williams

Phone No. 783-7194

### Fee Title, Rate and Estimated Collections:

#### Verification of License, Permit or Registration: \$15.00

Estimated Biennial Revenue: \$9,000.00 (600 verifications x \$15.00)

### Fee Description:

The fee will be charged to every applicant who requests verification of license, permit or registration.

### Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Medicine to review and process a request for verification and (2) defray a portion of the Board's administrative overhead.

### Fee-Related Activities and Costs:

Staff time- process request for verification	(.08 hr)	1.62
Bureau Average Administrative Overhead:		<u>9.76</u>
	Total Estimated Cost:	\$11.38
	Proposed Fee:	\$15.00

### Analysis, Comment, and Recommendation:

It is recommended that a fee of \$15.00 be established for verification of license, permit or registration.

**Page 2**

**Verification of License, Permit or Registration: June 30, 2000**

**Board Staff:** Reviews request for verification, researches computer, microfilm or other files to retrieve pertinent information, transfers that information onto document submitted by requester, affixes Bureau seal onto documents, forwards as instructed by applicant.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
Post Office Box 2649  
Harrisburg, Pennsylvania 17105-2649  
(717) 783-1400

March 27, 2001

The Honorable John R. McGinley, Jr., Chairman  
INDEPENDENT REGULATORY REVIEW COMMISSION  
14<sup>th</sup> Floor, Harrisstown 2  
333 Market Street  
Harrisburg, Pennsylvania 17101


Re: Proposed Regulation of the State Board of Medicine  
Licensure, Certification, Examination and Registration Fees (16A-4910)

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine pertaining to application fees.

The Board will be pleased to provide whatever information the Committee may require during the course of its review of the rulemaking.

Sincerely,

  
Charles D. Hummer, Jr., M.D. Chairperson  
State Board of Medicine

CDH/ALN/eco

Enclosure

c: John T. Henderson, Jr., Chief Counsel  
Department of State  
Albert H. Masland, Commissioner  
Bureau of Professional and Occupational Affairs  
Joyce McKeever, Deputy Chief Counsel  
Department of State  
Gerald S. Smith, Senior Counsel in Charge  
Bureau of Professional and Occupational Affairs  
Amy L. Nelson, Counsel  
State Board of Medicine  
State Board of Medicine



**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE  
REGULATORY REVIEW ACT**

**I.D. NUMBER:** 16A-4910

**SUBJECT:** State Board of Medicine  
Licensure, Certification, Examination and Registration Fees

**AGENCY:** DEPARTMENT OF STATE

**TYPE OF REGULATION**

☒ Proposed Regulation

Final Regulation

Final Regulation with Notice of Proposed Rulemaking Omitted

120-day Emergency Certification of the Attorney General

120-day Emergency Certification of the Governor

Delivery of Tolled Regulation

a. With Revisions

b.

Without Revisions

RECEIVED  
2001 MAR 27 PM 2:48  
REGULATORY REVIEW COMMISSION

**FILING OF REGULATION**

DATE	SIGNATURE	DESIGNATION
3-27-01	<i>Lori A. Clark</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE

MAR 27 2001	<i>[Signature]</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
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3/27/01	<i>[Signature]</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
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ATTORNEY GENERAL

<i>MJ Phelps - 3/27/01</i>	LEGISLATIVE REFERENCE BUREAU
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March 23, 2001