

Sunset Public Hearing Questions for  
**TENNESSEE MEDICAL LABORATORY BOARD**  
Created by Section 68-29-109, *Tennessee Code Annotated*  
(Sunset Termination June 2016)

1. Provide a brief introduction to the Tennessee Medical Laboratory Board, including information about its purpose, statutory duties, staff and administrative attachment.

**The Medical Laboratory Board was created in 1990 by an act of the State Legislature. The designated mission of the Board is the same as the Department of Health's mission to protect, promote, and improve the health and prosperity of citizens of Tennessee with the establishment of requirements for the operation and oversight of the practice of laboratory medicine. Board members provide the interpretation of laws, in the form of rules, and regulations associated with the practice standards applied within the medical laboratory arena. The Board is authorized to issue licenses to qualified candidates who have met the appropriate guidelines in education, training and national certification requirements pertaining to the profession. The Board also issues licenses to facilities that practice laboratory medicine in a physical location to include: hospital laboratories, independent laboratories, blood donor centers, plasmapheresis centers, esoteric laboratories, molecular diagnostic centers, and other laboratories. Medical laboratories are charged with providing vital information to the medical practitioner, information essential in the determination of the nature, extent, cause and condition of the individual seeking medical treatment. This biological roadmap provides the practitioner with guidelines to precipitate treatment, diagnosis, prognosis or health advice to those within their care.**

**The administrative staff of the Division of Health Related Boards supports this Board by issuing licenses to those personnel, laboratory facilities and training programs that meet the requirements of the statute, rules and regulations governing the profession of laboratory medicine. Investigation of alleged violation of the Practice Act (statute, rules or regulations) is included within Board's responsibilities. The Board may assess disciplinary measures to practitioners' licenses that are found guilty of violating the Practice Act to include revocation, suspension or denial of a license. Fines may also be assessed at the time of disciplinary action.**

2. Provide a list of current members of the board and explain how membership complies with Section 68-29-109, *Tennessee Code Annotated*. Are there any vacancies on the board and, if so, what is being done to fill those vacancies?

**The Medical Laboratory Board is composed of thirteen (13) members appointed by the Governor for terms of four (4) years. Appointees represent all areas of**

**laboratory medicine to include: anatomic and clinical pathologists, non-pathologist physicians, hospital administration, independent laboratory administrator/manager, a citizen representative, a pathologist associated with a clinical laboratory training program, and an educator in laboratory technology involved in the training of medical laboratory professionals.**

**Board members must have been a resident of Tennessee for at least two (2) years immediately preceding the appointment. The potential board member needs to be licensed (if required by the profession) and the license held in good standing per state issuing the document. The individual must be actively engaged in the profession of laboratory medicine and have no less than five (5) years experience in the profession immediately preceding the appointment. Members are not eligible for appointment for more than two (2) consecutive terms and each member shall serve until a successor is appointed.**

**There are currently three (3) vacancies: hospital administrator, citizen representative, and non-pathologist physician. Documentation of vacancies or potential vacancies are routed to bureau staff from individuals expressing interest in becoming a board member. The individual is given the information concerning the process and the name and telephone number of the bureau staff to contact. Board staff routinely check with the bureau staff regarding progress in filling vacancies.**

3. Does the board's membership include public/citizen members? Female members? Members of racial minorities? Members who are 60 years of age or older at the time of his or her appointment?

**The Board currently has six (6) female members, two (2) minority members and two (2) members aged 60 or older. The citizen member is vacant at this time.**

<b>Board Member</b>	<b>County</b>	<b>60+ Years</b>	<b>*Minority</b>	<b>Non-Minority</b>	<b>Male</b>	<b>Female</b>	<b>Grand Division</b>
Royce E. Joyner, MD	Shelby	X	Black		X		West
Tereyo M. Cox, MT	Rutherford		Black			X	Middle
Carla M. Davis, MD	Davidson	X		White		X	Middle
Stephanie A. Dolsen, MT	Knox			White		X	East
Jason S. Nolan, MD	Putnam			White	X		Middle
Kathleen Kenwright, MT	Shelby			White		X	West
Cheryl K. Arnott S.A.	Williamson			White		X	Middle

Cytotechnologist							
Patti J. Walton, MT	Williamson			White		X	Middle
Mark A. Calarco, DO	Williamson			White	X		Middle
Michael C. Johnson, MT	Sumner			White	X		Middle
VACANT Citizen Representative							
VACANT Non-pathologist physician							
VACANT Hospital Administrator							
<b>TOTALS</b>							
		2	2	8	4	6	W-2, M-7, E- 1

*See Attachment #1.*

4. How many times did the board meet in fiscal years 2014 and 2015? How many members were present at each meeting?

**The board met four (4) times during the fiscal year 2014 and four (4) times during the fiscal year 2015.**

Fiscal Year	Meeting Date	Members Present
07-01-2013 06-30-2014	July 18, 2013	8
	October 17, 2013	8
	January 15, 2014	7
	April 17, 2014	8
Fiscal Year	Meeting Date	Members Present
07-01-2014 06-30-2015		
	July 17, 2014	8
	October 16, 2014	9
	January 15, 2015	7
	April 15, 2015	8

5. What per diem or travel reimbursement do board members receive? How much was paid to board members during fiscal years 2014 and 2015?

**Medical Laboratory Board members do not receive per diem but do receive travel and necessary expenses. Lodging rates for FY2014 were \$132.00; mileage rate was \$.47. Lodging rates for FY2015 were \$142.00 with mileage rates remaining the same as 2014.**

*Medical Laboratory Board Travel Reimbursement*

2014	2015
\$2754.42	\$1949.56
\$1264.33	\$2008.13
\$891.00	\$1221.00
\$4909.75	\$5718.69

6. Section 68-29-109(i), *Tennessee Code Annotated*, allows the governor to remove any member of the board for inefficiency, neglect of duty, or violation of any provision of this chapter. Has any board member been removed under the provisions of this statute?

**No board member has been removed for any of the reasons mentioned above.**

7. What were the board's revenues (by source) and expenditures (by object) for fiscal years 2014 and 2015? Does the board carry a reserve fund balance and, if so, what is the total of that reserve fund balance?

**FY2014**

**Total Expenditures:       \$ 638,194.91**  
**Total Revenue:           \$ 679,507.02**  
**Current Year Net:         \$ 41,312.11**  
**Cumulative Carryover:   \$ 1,289,292.18**

**FY2015 Projection**

**Total Expenditures:       \$ 536,599.39**  
**Total Revenue:           \$ 639,803.26**  
**Current Year Net:         \$ 103,203.89**  
**Cumulative Carryover:   \$ 1,392,493.07**

*See Attachment #2*

8. Is the board subject to Sunshine law requirements (per Section 8-44-101 et seq., Tennessee Code Annotated) for public notice of meetings, prompt and full recording of minutes, and public access to minutes? If so, what procedures does the board have for informing the public of its meetings and making its minutes available to the public?

**The board is subject to the Sunshine law requirements for public notice of all scheduled meetings. The public meeting notice/sunshine notice is submitted by the board's director to the Health Related Board's appropriate web sites (community calendar, board's web page) by the 15<sup>th</sup> day of the month preceding the scheduled board meeting date.**

**Board minutes are compiled by the board's director and are published to the internet site after approval by board members during their next quarterly meeting. Documentation of minutes via hard copy are kept in an "official board minutes" notebook in the board's administrative office in Health Related Board Division of the Bureau of Health Licensure and Regulation.**

9. Please describe the policies and procedures the board has in place to address potential conflicts of interest by board members, staff and employees.

**A conflict of interest policy has been created by the Department and a copy of this policy is signed by each board member with the document maintained in each member's departmental personnel file. The conflict of interest policy is reviewed and resigned each year by all members.**

**Board members are expected to recuse themselves from participating in any matters relating to board activity that could exhibit a conflict with an individual judgement concerning board matters.**

*Please see attachment #3.*

10. Has the board promulgated rules in accordance with Section 69-29-105, *Tennessee Code Annotated*? If yes, please cite the reference.

Yes.

**Rules and Regulations for the Training of Medical Laboratory Professionals 1200-06-02 were revised in January 2015.**

**Rules and Regulations Governing Medical Laboratories section 1200-06-03-.22 Special Regulations Regarding Laboratories Licensed Under T.C.A. §68-29-138 became effective June 30, 2015.**

**Currently under legal review are Rules and Regulations Governing Medical Laboratory Personnel 1200-06-01.**

11. Does the board have a website? Is so, please provide the web address. What kind of public information is provided on the website?

**Link to the Board's website:** <http://tn.gov/health/article/medlab-about>

**This website provides an available tool for referencing valuable information relating to the licensure process for all applicants, and the general public relating to the practice of laboratory medicine in Tennessee.**

**The website information includes: board member composition, rules and regulations and board policy statements, licensure information to include applications, applications and instructions pertaining to personnel, laboratory facilities, a list of TN-certified training programs, TN-licensed laboratories, rules and regulations for personnel, facilities and training programs, statute review, newsletters, minutes and meeting schedules, community health screens and health fair applications.**

12. What were the major accomplishments of the board during fiscal years 2014 and 2015?

**The rewrite of the Rules and Regulations for Training Programs 1200-06-02.**

**Implementation of a new section of the Rules and Regulations Governing Medical Laboratories 1200-06-03-22 for the Esoteric Laboratory**

13. Please describe any reports prepared by the board during fiscal years 2014 and 2015 and specify to whom the reports are sent. Please attach copies of the reports.

**No reports reported during the fiscal years of 2014 and 2015.**

14. Please provide information regarding the number of individuals and laboratories currently licensed in each of the following categories: Lab Director, Lab Supervisor, Medical Technologist, Medical Lab Technician, Special Analyst (including Chemistry, Hematology, Immunogenetics, Microbiology, Histocompatibility/Immunogenetics, Cytotechnology, Toxicology, Cytogenetics, Flow Cytometry, Andrology), Medical Laboratory Training Program and/or Facility, and Medical Laboratory. If there are additional categories of licensees not listed above, please include those as well.

**Medical Laboratory Board Licensees by Category**

<b>Director:</b>	<b>Specialty</b>	<b>Total Licensees</b>
	Andrology	1
	Cytogenetics Biodosimetry	1
	Endocrinology	1
	Histocompatibility/Cytogenetics	5
	Molecular Diagnostics	10
	Clinical Cytogenetics	

	Molecular Diagnostics	3
	PHLD	1
	Andrology & Embryology	2
	Chemistry & Toxicology	2
	Chemistry	26
	Cytogenetics	22
	Generalist	8
	Histocompatibility	1
	Immunohematology	2
	Immunology	2
	Microbiology	7
	Toxicology	8
<b>Supervisor:</b>	Andrology	2
	Chemistry	22
	Cytogenetics	15
	Cytology	56
	Generalist	1461
	Hematology	3
	Histocompatibility	1
	Immunohematology	10
	Immunology	1
	Microbiology	31
	Molecular Diagnostics	16
	Toxicology	2
<b>Technician:</b>	Chemistry	2
	Generalist	1976
	Hematology	4
	Immunohematology	1
	Microbiology	3
<b>Technologist</b>	Chemistry	25
	Generalist	2102
	Hematology	10
	Immunohematology	5
	Microbiology	39
<b>Special Analyst</b>	Andrology	1
	Arterial Blood Gases	5
	Cytogenetics	113
	Cytotechnologist	101
	Embryology/Andrology	3
	Histocompatibility/ Immunogenetics	1
	Flow Cytometry	8
	Molecular Diagnostics	18
	Toxicology	2
	<b>TOTAL</b>	<b>6141</b>

### Medical Lab Board Licensed Facilities

Licensed Laboratories	311
Collection Stations	35
Plasmapheresis Centers	16
Blood Donor Centers	15
<b>Total</b>	<b>377</b>

### Medical Laboratory Board Certified Training Programs

Medical Laboratory Technologist	6
Medical Laboratory Technician	7
Cytotechnologist	1
Clinical Cytogenetics	4
Microbiology	1
<b>Total</b>	<b>19</b>

15. How many new licenses and how many renewals did the board issue in fiscal year 2014 and 2015? How does the board ensure that licensees meet all licensure requirements?

**In FY14, the Board issued a total of 332 new licenses and renewed a total of 3016 licenses. In FY15, the Board issued a total of 358 new licenses and renewed a total of 3153 licenses.**

July 1, 2013-June 30, 2014		July 1, 2014-June 30, 2015	
New Licenses	Renewals	New Licenses	Renewals
Personnel 332	2637	331	2799
Facilities 19	361	27	335
Training Programs 1	18	0	19
<b>Totals 352</b>	<b>3016</b>	<b>358</b>	<b>3153</b>

**The board is assigned six (6) licensed medical laboratory professional consultant/surveyors, two (2) for each region of the state (east, middle and west). These six surveyors perform all initial and biannual surveys on Tennessee facilities practicing laboratory medicine and may assist or perform complaint investigations.**

**The program area's administrative office has two (2) medical laboratory consultants responsible for the review and determination of all applications and compliance with the rules and regulations promulgated by the Board.**

**The program area also has one (1) administrative assistant and one (1) licensing technician.**

Each application is reviewed for completeness by the consultants who are licensed medical laboratory professionals for compliance with the personnel, facility and/or training programs rules and regulations. Should the applicant (personnel, facility or training program) be non-compliant with the rules and regulations the consultant will mail a letter stating the deficiencies that must be cured before a license can be issued. The Board then ratifies the consultant's decision of compliance. If compliance is met, letters are issued to potential licensees stating the applicant may go to work based on board ratification of the consultant's review of compliance with all required regulations at the time of consultant review.

*NOTE: Any questionable application is always presented to board members for review before any document allowing work privileges is issued by the consultant. Applications are always discussed with the advisory attorney before any board review.*

Training programs follow the guidelines of facility surveys with initial on-site review and an annual desk review by the program area consultant to continue licensure. The basis for a successful training program is the ability of the student to complete/pass a national examination in whatever category of licensure they are seeking. These examinations are non-state administered. This information is part of an annual desk review provided by the programs during their end of the year renewal cycle.

Initial facility licenses are always reviewed by the board during their quarterly meeting in conjunction with surveyor input from an on-site inspection of the facility.

The facility operation of a laboratory's scope of practice is reviewed for compliance with promulgated rules and regulations pertaining to personnel and laboratories to include: patient test management, quality control measures, review of proficiency testing technique with pass/fail review for each analyte on the test menu and competency performance of those working in that laboratory.

Overall operation and appearance of the laboratory environment is reviewed for compliance with general health requirements concerning work space. Some of the items reviewed include applied safety measures for working in a hazardous environment, focusing on possible issues that could endanger the general public and/or those individuals working in the laboratory. Also reviewed are sanitation and the appropriate disposal of waste materials.

Each surveyor performs a 100% audit of personnel working with laboratory materials and the employee roster is included in the survey report submitted to the program area for final review by the program director.

Should a facility not be in compliance with the medical laboratory act, the regional surveyor issues a document with the deficiency or deficiencies and established a written dialogue with the expectation of response within a set time for subsequent surveyor review.

**Deficiencies are always discussed on site with the facility laboratory administrator and/or director and facility administration during an exit discussion in review of the survey findings with follow-up discussions concerning questions about the survey findings. If no deficiencies are found during the survey a letter stating compliance is mailed to the facility from the regional surveyor.**

**When completed to the satisfaction of the surveyor, all regional survey kits are sent to the board's administrative office for final review by the director and capture in the Department's electronic data base. Any questionable or non-compliant issues at this point are discussed with the advisory attorney for the board. Board review may follow when applicable.**

16. How many license applications did the board deny during fiscal years 2014 and 2015? What were the reasons for denial?

**Denied Applications**

	Fiscal 2014	Fiscal 2015
Personnel	3	0
Facilities	0	1
Training Programs	0	0

Personnel

- Work experience
- no formal training program
- Internationally trained with lab experience not primarily in clinical lab
- 1200-06-01-.22

Facility

Unable to find a laboratory director compliant with: T.C.A. 68-29-126(12)

17. How many licenses did the board revoke or suspend during fiscal years 2014 and 2015?

**Suspended/Revoked**

	Fiscal 2014	Fiscal 2015
Personnel	3S 3R	3S
Facilities	0	0
Training Programs	0	0

R=Revoked  
S=Suspended

What were the reasons for any revocations or suspensions?

*1-Failure to pay child support (S)*

*2-Failure to pay student loan (S)*

*3-Impaired Practitioner (R)*

18. Section 69-29-106, *Tennessee Code Annotated*, authorizes the board to require the inspection of the premises and operations of all medical laboratories subject to licensure. Please provide a brief description of the inspection process, including how results of inspections are reported to the board.

**The program area is assigned six (6) licensed medical laboratory professional consultant/surveyors, two (2) for each region of the state (east, middle and west). These six surveyors perform all initial and biannual surveys on Tennessee initial and licensed facilities practicing laboratory medicine.**

**All initial surveys are scheduled before the on-site review for licensure, and biennial surveys are always unannounced and again are performed in the physical location of the licensee.**

**The inspection process involves review of the testing menu as applicable to quality control variances/measures on calibration/verification information for each instrument used in the evaluation of specimens submitted to the laboratory for analysis.**

**The review involves evaluation of compliance with patient test management, quality control measures, proficiency associated with analysis of “blind” samples provided by an evaluation agency, alternate site testing review (Point of Care), personnel requirements, and facility safety requirements associated with best practices for laboratory medicine.**

**Each surveyor performs a 100% audit of personnel working with laboratory materials and the employee roster is included in the survey report submitted to the program area for final review by the program director.**

**Should a facility be out of compliance a regional surveyor would issue a “Statement of Deficiencies” and ask for a “Plan of Correction”.**

**If no deficiencies are found during the survey a letter stating compliance is mailed to the facility from the regional surveyor stating such and thanking them for their hospitality.**

*Note: Please refer back to question #16 for responses are very similar.*

19. How many complaints did the board investigate during fiscal years 2014 and 2015?  
How many resulted in some sort of remedial action being taken by the board?

<b>FY2014</b>		<b>FY2015</b>	
Number of Complaints Received	9	Number of Complaints Received	12
Complaint Allegation	Unprofessional Conduct (4)	Complaint Allegation	Unprofessional Conduct (8)
	Care of Services (2)		Malpractice (2)
	Drug Related (1)		Other (2)
	Criminal Charges (2)	Closed No Action	8
Closed No Action	6	Letter of Concern	1
Letter of Concern	0	Letter of Warning	0
Letter of Warning	0	Sent to OGC	3
Sent to OGC	3	Complaint Region	East (3)
Complaint Region	East (5)		Middle (3)
	Middle (3)		West (4)
	West (1)		Unknown (2)

20. Describe the process by which the board receives handles and tracks complaints. Are there written procedures? Are complaints rated by level of seriousness or other priority-handling method? Is a complaint log maintained? At what point is a complaint closed?

**Complaints relating to the practice of laboratory medicine are handled by the Bureau of Licensure and Regulation's Bureau of Investigations (BIV). This program area receives complaints against any health professional, facility, or training program either licensed or certified by this Board. Complaints are triaged through an intake portal to ensure the emergency issues are processed immediately with subsequent investigations handled on the same day or the very next day according to priorities.**

**Routine complaints are rated according the level of severity affecting the individual/facility/training program and then entered into the BIV tracking system and reviewed by a Board consultant and department-assigned advisory attorney. BIV has written policies as guidelines for investigation and preparation of the evidence for purposes of complaint inspections.**

**A complaint may be closed upon initial review and/or after an investigation has been completed and upon review of documentation reveals: (1) the investigation could not substantiate a violation of the practice act, (2) a letter of warning or concern is issued to the licensee by the Board's consultant or (3) the Board takes action against the licensee.**

21. How many administrative fines did the board assess during fiscal years 2014 and 2015? What was the total amount of fines assessed for each fiscal year?

**No fines were assessed by board members during the fiscal years of 2014-2015.**

22. How many contested cases did the board hear during fiscal years 2014 and 2015? How many such cases were heard by an administrative law judge and reviewed by the board? Of the cases heard, how many resulted in penalties being dismissed? Reduced? Upheld?

**There were no contested cases heard by the board during FY2014 or FY2015.**

23. Has the board developed and implemented quantitative performance measures for ensuring it is meeting its goals? (Please answer either yes or no). If the board has developed and implemented quantitative performance measures, answer questions 24 through 31. If the board has not developed quantitative performance measures, proceed directly to question 32

**Yes**

24. What are your key performance measures for ensuring the board is meeting its goals? Describe so that someone unfamiliar with the program can understand what you are trying to measure and why it is important to the operation of your program.

**The Board is charged with promotion of the Department of Health's mission to protect, promote, and improve the health and property of the citizens of Tennessee. In response, the mission statement, the Bureau of Health Licensing and Regulation's Health Related Boards' role it to strive to insure that the most qualified practitioners implement healthcare best practices in Tennessee. On-site inspections of facilities practicing laboratory medicine provide an "eyes-on" approach in meeting the goals.**

**This program area (medical laboratory) seeks to balance that obligation with the desire to provide excellent customer service for our healthcare providers in providing established benchmarks to ensure applications for licensure, when received in the program area, are processed within the time-frame of the benchmark with accuracy, completeness and in compliance with the current statutes, rules and regulations for the practice of laboratory medicine in Tennessee.**

**For this program area the benchmarks are:**

**Personnel: 100 days from the receipt date of the application to the area.**

**Facilities: 200 days from the receipt date of the application to the area.**

**Training Programs: Actually has no benchmark, but we use the 200 day facility Benchmark.**

**All Renewals: 14 days from receipt in program area**

**Biennial benchmark reports are generated and reviewed by staff for completion of the assigned benchmarks and assess any problems or solutions to those problems.**

25. What aspect[s] of the program are you measuring?

**The accurate and timely processing of any document (application/renewal) related to the practice of laboratory medicine in a timely manner established by the above named Health Related Boards benchmarks.**

26. Who collects relevant data and how is this data collected (e.g., what types information systems and/or software programs are used) and how often is the data collected? List the specific resources (e.g., report, other document, database, customer survey) of the raw data used for the performance measure.

**All data is collected from the Boards' electronic data system and reviewed by each program area's director at a minimum of twice per year. Data is generated and presented to each program area via excel spreadsheet.**

27. How is the actual performance measure calculated? If a specific mathematical formula is used, provide it. If possible, provide the calculations and supporting documentation detailing your process for arriving at the actual performance measure.

**Performance measures are a calculation of average application processing time, (or duration from date app is received in board's program area), until a license is issued or renewed which establishes processing target goals for the board's staff.**

Performance Measures (Applications)	Goal/Benchmark	FY 2014 Avg. (Days)	FY 2015 Avg. (Days)*
Personnel	100 days (I)	69.56	62.92
	14 days (R)	2.17	2.29
Facilities	200 days (I)	139.26	138.24
	14 days (R)	8.5	13.32
Training Programs.**	200 days (I)	43.0	N/A
	14 days (R)	4.8	6.42

*\*Available to date for FY2015*

*\*\* No actual benchmark set, however we use the facility benchmark.*

*I=Initial Application*

*R=Renewal Application*

28. Is the reported performance measure result a real number or an estimate? If an estimate, explain why it is necessary to use an estimate. If an estimate, is the performance measure result recalculated, revised, and formally reported once the data for an actual calculation is available?

**Real numbers are established for the report performance measure.**

29. Who reviews the performance measures and associated data/calculations? Describe any process to verify that the measure and calculations are appropriate and accurate.

**The benchmark report is reviewed by the Director of Health Related Boards Division who validates and verifies the captured data. The information is then released to the Assistant Commissioner for Bureau of Health Licensure and Regulation, the larger division which umbrellas this program area.**

30. Are there written procedures related to collecting the data or calculating and reviewing/verifying the performance measure? Provide copies of any procedures.

**Yes.**

**Health Related Boards Administrative Policies & Procedures, Policy/File Number 106.04, Effective Date May 31, 2013**

***Please see attachment #4.***

31. Describe any concerns about the board's performance measures and any changes or improvements you think need to be made in the process.

**None**

32. Provide an explanation of any items related to the board that may require legislative attention, including your proposed legislative changes.

**Nothing at this time.**

33. Should the board be continued? To what extent and in what ways would the absence of the board affect the public health, safety, or welfare of the citizens of the State of Tennessee?

**Yes.**

**Laboratory reports are a major contribution in the evaluation of an individual's overall health assessment and provide an invaluable tool in the diagnosis and prognosis of that individual's healthcare as well as a roadmap of information and provide a useful tool for the clinician in the determination of assessing treatment.**

**The information utilized by the practitioner must have been processed with an optimum integrity related to best practices of laboratory medicine.**

**The values assigned to the individual's laboratory report provide a valuable tool to the health care provider in the establishment of disease patterns and the appropriate method of diagnosis for the concerned individual.**

34. Please list all board programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

**The Tennessee Medical Laboratory Board does NOT receive federal financial assistance.**

***If the board does receive federal assistance, please answer questions 35 through 42. If the board does not receive federal assistance, proceed directly to question 41.***

35. Does the board prepare a Title VI plan? If yes, please provide a copy of the most recent plan.
36. Does the board have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.
37. To which state or federal agency (if any) does the board report concerning Title VI? Please describe the information your board submits to the state or federal government and/or provide a copy of the most recent report submitted.
38. Describe the board's actions to ensure that association staff and clients/program participants understand the requirements of Title VI.
39. Describe the board's actions to ensure it is meeting Title VI requirements. Specifically, describe any board monitoring or tracking activities related to Title VI, and how frequently these activities occur.
40. Please describe the board's procedures for handling Title VI complaints. Has the board received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).
41. Please provide a breakdown of current board staff by title, ethnicity, and gender.

Administrative Director	Caucasian	Female
Administrative Assistant	Caucasian	Female
Licensing Technician	African-American	Female

42. Please list all board contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

Program: Tennessee Nursing Peer Assistance Program (TNPAP)  
(Under the umbrella of the Tennessee Nurses Foundation)  
Advocacy for Impaired Medical Laboratory Professionals  
Non-profit Organization

Contract: \$17,000 year

Ethnicity of the Contractor/Business Owner: Unknown

ATTACHMENT #1  
MEDICAL LABORATORY BOARD  
MEMBER LIST

**TENNESSEE MEDICAL LABORATORY BOARD**  
(T.C.A. 68-29-109)

Thirteen (13) members appointed by the Governor for four-year terms to include the following: three (3) pathologists (licensed as physicians and certified in clinical and anatomical pathology by the American Board of Pathology, one pathologist member who is associated with a medical laboratory personnel education program); one (1) hospital administrator; one (1) independent laboratory management/administration representative; one (1) hospital laboratory manager/ administrative director who is licensed as a non-physician medical laboratory supervisor; two (2) medical technologist generalists: one (1) licensed physician who is not a pathologist; one (1) educator in a medical technology or medical laboratory technician program who is licensed as a medical laboratory technologist or as a non-physician laboratory supervisor; one (1) licensed nonphysician medical laboratory supervisor; one (1) licensed cytotechnologist; and one (1) private citizen consumer. A member shall hold over after the expiration of such member's term until a successor is appointed and qualified. No member may serve more than two (2) consecutive four-year terms.

<b>MEMBER</b>	<b>TITLE</b>	<b>PHONE NO.</b>	<b>REPRESENTATION</b>	<b>DATE</b>		<b>E-MAIL ADDRESS</b>
				<b>APPOINTED</b>	<b>EXPIRATION</b>	
Cheryl K. Arnott, CT 1164 Ben hill Blvd Nolensville TN 37135 <b>Board Chair</b>	Board Member Personnel & Education Committee	(H) 615-213-1456 (W) 615-343-9084 (FX) 615-343-9438	Cyrotechnologist	04-02-13	12-31-16	<a href="mailto:cheryl_arnott@vanderbilt.edu">cheryl_arnott@vanderbilt.edu</a>
Stephanie Ann Dolsen 10234 Lynn Chase Ln Knoxville TN 37932-2654 <b>Vice Chair</b>	Board Member Personnel & Education Committee	(W) 865-273-1120 (C#) 865-621-1016 (FX)	Medical Technologists/ Laboratory Supervisor	07-17-12	12-31-15	<a href="mailto:stephanie.dolsen@gmail.com">stephanie.dolsen@gmail.com</a>
Royce E. Joyner, MD 5944 River Oaks Road Memphis, TN 38120-2521	Board Member Personnel & Education Committee <b>Board /Vice Chair</b>	(H) 901-776-0891 (W) 901-287-6209 (FX)	Pathologist -Educator (Personnel Education)	3-28-14	12-31-17	<a href="mailto:joynerro@lebonheur.org">joynerro@lebonheur.org</a>
<b>VACANT</b>	Board Member	(H) (W) (FX)	Hospital Administrator	07-07-10	12-31-13	
Carla M. Davis MD 4913 Tyne Valley Blvd Nashville TN 37220	Board Member	(H) 615-222-2019 (W) 615-222-6883 (C#) 615-477-9450	Pathologist	04-03-14	12-31-17	<a href="mailto:carla@isdn.net">carla@isdn.net</a> <a href="mailto:cmdavis@sth.org">cmdavis@sth.org</a>

Jason S. Nolan 756 Mountain Top Ln Cookeville TN 38506	Board Member	(H) 931-528-5784 (W) 931-783-5777 (FX) (C) 931-349-2406	Pathologist Non-Educator	01-27-14 (01-11-11)	12-31-14	<a href="mailto:jnolan5784@ime.com">jnolan5784@ime.com</a>
Patti J. Walton 4116 Owen Watkins Ct Franklin TN 37067	Board Member Personnel & Education Committee	(H) 615-790-2535 (W) 615-435-5812 (FX) 615-435-5798 (C#) 615-521-9368	Hospital/Laboratory Manager/Administrative Director	04-02-13	12-31-16	<a href="mailto:pwatson@wmed.org">pwatson@wmed.org</a>
<b>Jerry Lee Miller, M.D.</b> <b>Resigned 2-1-2015</b>	Board Member	(H) (W) (FX)	Non-Pathologist Physician	01-01-11	12-31-14	
Tereyo M. Cox, MT P O Box 330292 Murfreesboro TN 37133	Board Member Personnel & Education Committee	(W) (FX) (C#)	Medical Technologist/ Generalist	04-01-14	12-31-16	<a href="mailto:mtmice@gmail.com">mtmice@gmail.com</a>
Kathleen Kenwright 2164 Burlingame Drive Cordova TN 38106-5234	Board Member Personnel & Education Committee Chair	(H)901-377-2698 (W)901-448-6338 (FX) 901-448-7545	Educator	01-01-11	12-31-14	<a href="mailto:kkenwright@uthsc.edu">kkenwright@uthsc.edu</a>
Mark A. Calarco, DO P O BOX 3409 Brentwood, TN 37024	Board Member Personnel & Education Committee	(H) 615-585-9339 (W) 615-401-9372 (M) 615-585-9339	Independent Laboratory Management/Administration Representative	06-16- 2014	12-31-2016	<a href="mailto:mcalarco@contractaac.com">mcalarco@contractaac.com</a>
Michael C. Johnson 1033 Fort hill Portland TN 37148	Board Member Personnel & Education Committee	(H) 615-268-4326 (W) 615-328-6640 (C) 615-268-4326 (FX)	Medical Technologist/ Generalist	05-04-2015	12-31-2015	<a href="mailto:mjohnson19@gmail.com">mjohnson19@gmail.com</a>
<b>VACANT</b>	Board Member	(H) (W) (FX)	Citizen Representative			

Note: lse 09/01/15

ATTACHMENT 2  
ACTUAL REVENUE AND EXPENDITURES

**Tennessee Medical Laboratory Board**  
**Actual Revenue and Expenditures thru December 31, 2014**  
**and Projection for Fiscal Year Ending June 30, 2015**

<u>Acct. Code</u>	<u>Description</u>	<u>thru Dec. 31, 2014</u>	<u>FY 2015 Projection</u>	<u>FY 2014</u>
701	Salaries & Wages	119,899.38	\$239,738.76	\$283,059.54
70102	Longevity	3,100.00	\$6,200.00	\$7,000.00
70104	Overtime	\$0.00	\$0.00	\$0.00
702	Employee Benefits	44,145.99	\$88,291.98	\$103,373.50
Payroll Expenditures (701-702)		<u>\$167,115.37</u>	<u>\$334,230.74</u>	<u>\$393,433.04</u>
703	Travel	\$7,955.57	\$15,911.14	\$28,725.74
704	Printing & Duplicating	\$0.00	\$0.00	\$4.30
705	Utilities & Fuel	\$0.00	\$0.00	\$0.00
706	Communications	\$3,929.00	\$7,858.00	\$8,972.84
707	Maintenance & Repairs	\$61.88	\$123.76	\$0.00
708	Prof. Svc. & Dues	\$7,214.65	\$14,429.30	\$11,172.42
709	Supplies & Materials	\$375.63	\$751.26	\$2,693.03
710	Rentals & Insurance	\$144.72	\$289.44	\$508.81
711	Motor Vehicle Ops.	\$7.67	\$15.34	\$7.18
712	Awards & Indemnities	\$0.00	\$0.00	\$0.00
713	Grants & Subsidies	\$4,060.39	\$17,000.00	\$16,569.47
714	Unclassified	\$0.00	\$0.00	\$0.00
715	Stores for Resale	\$0.00	\$0.00	\$0.00
716	Equipment	\$0.00	\$0.00	\$0.00
717	Land	\$0.00	\$0.00	\$0.00
718	Buildings	\$0.00	\$0.00	\$0.00
721	Training of State Employees	\$0.00	\$0.00	\$5,501.33
722	Computer Related Items	\$718.51	\$1,437.02	\$1,640.57
725	State Prof. Svcs.	\$21,292.89	\$42,585.76	\$54,033.31
Total Other Expenditures (703-725)		<u>\$45,780.90</u>	<u>\$100,401.02</u>	<u>\$129,828.98</u>
Total Direct Expenditures		<u>\$212,898.27</u>	<u>\$434,631.76</u>	<u>\$523,262.02</u>
<b>Allocated Expenditures</b>				
	Administration	\$30,213.69	\$75,917.90	\$83,405.55
	Investigations	\$2,420.50	\$4,841.00	\$6,811.99
	Legal	\$8,101.92	\$16,203.83	\$19,565.54
	Cash Office	\$2,502.45	\$5,004.90	\$5,149.81
Total Allocated Expenditures		<u>\$43,238.55</u>	<u>\$101,967.63</u>	<u>\$114,932.89</u>
Total Expenditures		<u>\$256,134.82</u>	<u>\$536,599.39</u>	<u>\$638,194.91</u>
<b>Board Fee Revenue</b>				
	Board Fee Revenue	\$303,844.75	\$639,803.28	\$679,807.02
<b>Projected Current Year Net</b>				
	Projected Current Year Net	\$183,203.89	\$183,203.89	\$41,312.11
<b>Projected Cumulative Carryover</b>				
	Projected Cumulative Carryover	\$1,392,496.07	\$1,392,496.07	\$1,289,292.18

**FY14 Medical Laboratory Board Revenue**

	Med. Lab. <u>Personnel</u>	Med. Lab. <u>Facility</u>	Med. Lab. <u>School</u>	<u>Total</u>
Penalty - Late Renewal	\$ 2,820.00	\$ 2,000.00	\$ -	\$ 4,820.00
Civil Penalty	\$ 1,550.00	\$ -	\$ -	\$ 1,550.00
	<b>\$ 4,370.00</b>	<b>\$ 2,000.00</b>	<b>\$ -</b>	<b>\$ 6,370.00</b>

ATTACHMENT #3  
CONFLICT OF INTEREST DOCUMENTS



**Tennessee Department of Health  
Division of Health Related Boards  
Administrative Policies and Procedures**

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**Subject:** Conflict of Interest

**File No:** 302.01

**Approved by:** \_\_\_\_\_  
Rosemarie A. Otto, Director

**Effective:** September 1, 2002  
**Revised:** June 1, 2013

**Purpose:** To assure that activities of Health Related Boards employees and board members do not conflict or have the appearance of conflicting with the provision of unbiased service to the public.

**Policy:** All full-time employees and board members of Health Related Boards shall adhere to the Department of Health's and the Health Related Boards' Conflict of Interest Policies (attached).

**Procedure:**

**Employees:** All employees will be required to read and sign the Health Related Boards' Conflict of Interest Policy for Employees (Exhibit 1) **and** the Department's Personnel Confidentiality Statement Form PH-3131 (Exhibit 2) upon initial hire and annually thereafter. A copy of both documents will be provided to each employee each time a signature is required. Signed copies shall be retained in the administrative office of the Division of Health Licensure and Regulation.

**Board Members:** All Board members will be asked to read and sign the Department's Conflict of Interest Policy for Board Members (Exhibit 3). Board members will be required to read and sign the Conflict of Interest Policy upon initial appointment and annually thereafter. Signed copies will be maintained on file in the Division of Health Licensure and Regulation.

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**DEPARTMENT OF HEALTH  
CONFLICT OF INTEREST POLICY  
EMPLOYEES**

**EXHIBIT 1**

1. **PURPOSE:** To assure that an employee's activities do not conflict or have the appearance of conflicting with the provision of unbiased service to the public.
2. **APPLICABILITY:** This policy shall apply to all full-time employees of the Tennessee Department of Health.
3. **DEFINITIONS:**
  - A. **CONFLICT OF INTEREST:** a situation in which an employee's activities impair, or give the appearance of impairing, the person's ability to provide full unbiased public service.
  - B. **SUBSTANTIAL FINANCIAL INTEREST:** ownership by an employee or by the employee's spouse of ten percent (10%) or more of the stock of a corporation or ten percent (10%) or more of any other business entity.
  - C. **ORGANIZATIONAL UNIT** – a subdivision designated by the Commissioner of Health for administrative purposes.
4. **CONDUCT WHICH CREATES A CONFLICT OR THE APPEARANCE OF A CONFLICT:**
  - A. An employee shall not engage in any conduct, employment, or other activity which impairs, or gives the appearance of impairing, the person's ability to provide full unbiased public service.
  - B. An employee shall not violate applicable state or federal laws concerning conflict of interest
  - C. An employee shall not knowingly take any action which might prejudice the department's interest in a civil or criminal case.
5. **FINANCIAL INTERESTS:**
  - A. It is a conflict of interest for an employee, who has a public duty to recommend, approve, disapprove, monitor, regulate, investigate, or superintend, in any manner, a contract or other activity, to have a substantial financial interest in a business that does, or seeks to do, business with the employee's organizational unit.
  - B. An employee shall not have a financial interest in an outside entity of such significance that the departmental responsibilities and duties of the employee cannot be rendered in a fair and impartial manner.
  - C. An employee shall not engage in a financial transaction for personal gain replying upon information obtained solely through one's employment.
  - D. An employee shall not receive any compensation from a private source for services which are, or should be, performed as part of one's official duties, except as provided by statute or as approved by the Commissioner.

**6. OUTSIDE EMPLOYMENT AND ACTIVITIES:**

- A. An employee who has a public duty to recommend, approve, disapprove, monitor, regulate, investigate, or superintend program activities shall not engage in outside employment with an entity that is regulated by the employee's organizational unit.
- B. An employee shall not serve on a board of directors for a non-state agency that is regulated by, or that has or seeks funding from the employee's organizational unit unless the Commissioner deems such to be in the Department's interest and grants a waiver of this restriction.

**7. GIFTS AND FAVORS:** An employee shall not accept any item of significant monetary value (e.g., gift, gratuity, favor, entertainment, loan, unusual discount) except usual social and business courtesies (e.g., a meal, box of candy, samples) from a person who has or is seeking to obtain a contractual or other financial relationship with the employee's organizational unit or whose activities are regulated by such.

**8. HONORARIA:** An employee shall not accept honoraria or other compensation for activities which are, or should be, performed as part of one's official duties, except as provided by the Comprehensive Travel Regulations of the Department of Finance and Administration.

**9. ACTION TO RESOLVE A CONFLICT OF INTEREST:** An employee who has a conflict of interest must immediately eliminate such conflict. If an employee's activities give the appearance of a conflict of interest, such activities must be eliminated. If there is uncertainty whether a current or proposed activity is a conflict of interest, an employee should notify the Commissioner in writing of the potential conflict and receive approval for such activity.

**10. VIOLATION OF CONFLICT OF INTEREST:** An employee with a conflict of interest in violation of this policy is subject to disciplinary action in accordance with the Department of Human Resources' rules and regulations. An employee who violates a statutory conflict of interest is also subject to sanctions provided by statute.

**CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT**

By signing below, I acknowledge that I have read and agree to comply with the Department of Health's Conflict of Interest Policy for Employees and certify that I shall notify the Division of Health Related Boards immediately in writing if I feel that there may be a conflict of interest in an assignment. I also understand that the release of any confidential information obtained to any unauthorized person is prohibited. Further, to the extent a conflict of interest may exist, I have disclosed same in the space provided below.

**DISCLOSURE OF CONFLICT OF INTEREST**

I wish to disclose the following conflict. Please provide details about the nature of the conflict in the space provided:

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**Subject: Conflict of Interest**

**File No: 302.01**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

PH-3131



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**TENNESSEE DEPARTMENT OF HEALTH  
CONFLICT OF INTEREST POLICY  
BOARD MEMBERS**

**EXHIBIT 3**

**PURPOSE:** To assure that the individual interests of board members do not conflict with their responsibilities to the Board to which they are appointed.

**APPLICABILITY:** This policy shall apply to all board members.

**I. DEFINITIONS:**

- A. **CONFLICT OF INTEREST:** A circumstance in which a board member's individual interest impairs or impedes, or gives the appearance of impairing or impeding, his or her ability to make full, unbiased decisions or to provide full, unbiased service to the Board
- B. **FINANCIAL INTEREST:** Ownership by a board member or a board member's immediate family members of ten percent (10%) or more of the stock of a corporation or ten percent (10%) or more of any other business entity. Being employed by or serving as an officer in an educational, professional, religious, charitable, or civic organization does not constitute a financial interest.

**II. CONDUCT:**

- A. A board member shall not engage in conduct which impairs or impedes, or gives the appearance of impairing, the board member's ability to make full unbiased decisions, or to provide full, unbiased public service to the Board.
- B. A board member shall not knowingly take any action which might prejudice his or her ability, or other members of the board's ability, to make an unbiased decision on any matter in which the board member, or the board member's immediate family members, has a financial interest.
- C. A board member will not willingly participate as an expert witness in a contested case hearing before the Board.
- D. It is a conflict of interest for a board member to vote in a matter involving a party if the board member serves as a director, advisor, lobbyist, or other active participant in the affairs of such party.
- E. It is a conflict of interest for a board member to vote in a matter involving a party in which the board member, or the board member's immediate family members, holds a financial interest.
- F. A board member shall not accept any item of significant monetary value, except usual social and business courtesies, from a party or provider seeking specific board approval of action.
- G. A board member who is employed by, or has contracted to provide services to, a health care provider seeking specific board approval or action, shall abstain from voting on the board approval or action.

- H. . A board member shall not accept honoraria or other compensation for activities which are, or should be, performed as part of one's official duties, except as provided by the Comprehensive Travel Regulation of the Department of Finance and Administration.

**III. DISCLOSURE:**

- A. Each board member shall disclose to the Board on a case-by-case basis, any personal relationship, interest or dealings that impairs or impedes, or gives the appearance of impairing or impeding, his or her ability to make full, unbiased decisions on a matter.
- B. For the purposes of contested cases, the Board will be governed by Tennessee Code Annotated Sec. 4-5-302, attached as Exhibit A to this policy.

**IV. RECUSAL:**

- A. Any board member who has a conflict of interest as defined above must recuse himself/herself from any matter and is prohibited from participating in any discussion or vote on the matter, and shall leave the hearing room during the discussion or vote.
- B. It is improper for any board member having a conflict of interest to attempt to influence another board member at any time, including prior to the discussion on the matter for which the conflict exists.
- C. In business matters, the board chair, with the advice of the advising attorney, shall be the final authority to determine whether a board member must be recused.

**CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT**

By signing below, I acknowledge that I have read and agree to comply with the Department of Health's Conflict of Interest Policy for Board Members. Further, to the extent a conflict of interest may exist, I have disclosed same in the space provided below.

**DISCLOSURE OF CONFLICT OF INTEREST**

I wish to disclose the following conflict. Please provide details about the nature of the conflict in the space provided:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

ATTACHMENT #4

ADMINISTRATIVE PRACTICES AND POLICIES



State of Tennessee Department of Health  
**Division of Health Related Boards**  
**Administrative Policies and Procedures**

**Subject:** Application Processing Benchmarks

**File No:** 106.04

**Approved by:** \_\_\_\_\_  
Rosemarie Otto, Director

**Effective Date:** May 31, 2013  
**Revised:** February 11, 2014

**PURPOSE:** To establish fair benchmarks that measures the timeliness of application processing (both initial and renewal) by board administrative staff and, consistency in reviewing and retaining reports relative thereto.

**POLICY:** It is the policy that staff effectiveness in achieving benchmarks be reviewed on a semi-annual basis. A report shall be prepared by the Director of Health Related Boards and transmitted to the Assistant Commissioner for the Division of Health Licensure and Regulation. Said report shall be retained in the Office of the Director for Health Related Boards for ten (10) years.

**PROCEDURES:**

A. **Frequency of Report:** Each Unit director shall request that a semi-annual report be prepared twice a year (January 1 through June 30 and July 1 through December 31) the purpose of which is to evaluate the effectiveness of board staff in achieving the benchmarks for application processing set forth below.

B. **Timeliness of Report:** The report must be requested not more than thirty (30) days following the conclusion of the reporting period above.

C. **Content of Report:** Each Unit director must review the report and identify those applications whose processing times exceed the established benchmarks and provide an explanation for application processing times in excess of established benchmarks. The Unit director may utilize administrators for the purpose of preparing a report to the Director of Health Related Boards relative to those applications exceeding established benchmarks.

D. **Reporting Time Frames.** For the *period January 1 through June 30*, the report must be available to the Director of Health Related Boards on or before August 15 and transmitted to the Assistant Commissioner for the Division of Health Licensure and Regulation on or before August 31. For the period *July 1 through December 31*, the report must be available to the Director of Health Related Boards on or before February 15 and transmitted to the Assistant Commissioner for the Division of Health Related Boards on or before February 28.

**E. Form of Reports:** Computer-generated reports will be prepared for initial and renewal applications. The first report will be prepared by the director of health related boards or his/her designee and contain the profession number and name, the duration of time the application was pending, the number of initial applications over the benchmark and the total number of application approved during the reporting period. The second report, prepared by directors and/or managers, will be in the form of an excel spreadsheet containing the license number, type of application, and a hand-generated note stating the reason for not meeting the established benchmark, when applicable.

**F. Transmittal and Retention of Reports:** The Director for Health Related Boards is responsible for receiving the individual reports and providing an electronic copy to the Assistant Commissioner for the Division of Health Licensure and Regulation. An electronic copy must be maintained in the Office of the Director of Health Related Boards for at least ten (10) year following the reporting period.

**BENCHMARKS:**

**A. One Hundred Day Benchmark:** Except for the boards specifically identified below, all initial applications must be processed within one hundred (100) days from the date the application is date stamped as received in the administrative office until the license is issued.

**B. Exceptions:**

1. **Board of Veterinary Examiners.** There is established a benchmark for processing initial applications for licensure for veterinarians of not to exceed three hundred and sixty-five (365) days.

2. **Board of Examiners for Nursing Home Administrators.** There is established a benchmark for processing initial applications for licensure of nursing home administrators of not to exceed seven hundred thirty (730) days.

3. **Board of Social Worker Licensure.** There is established a benchmark for processing initial applications for licensure of social workers of not to exceed five hundred fifty (550) days.

4. **Board of Podiatric Medical Examiners.** There is established a benchmark for processing initial applications for licensure of podiatrists of not to exceed five hundred fifty (550) days.

5. **Board of Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists.** There is established a benchmark for processing initial applications for licensure of professional counselors, marital and family therapists and clinical pastoral therapists of not to exceed seven hundred thirty (730) days.

6. **Board of Alcohol and Drug Abuse Counselors.** There is established a benchmark for processing initial applications for licensure of alcohol and drug abuse counselors of not to exceed five hundred fifty (550) days.

7. **Board of Examiners in Psychology.** There is established a benchmark for processing initial applications for licensure of psychologists of not to exceed three hundred sixty-five (365) days.

8. **Board of Communication Disorders and Sciences' Council for Licensing Hearing Instrument Specialists.** There is established a benchmark for processing initial applications for licensure of hearing instruments specialists of not to exceed seven hundred thirty (730) days.

9. **Board of Dispensing Opticians.** There is established a benchmark for processing initial applications for licensure of dispensing opticians of not to exceed three hundred sixty five (365) days.

10. **Board of Pharmacy.** There is established a benchmark for processing initial applications for licensure of pharmacists of not to exceed one hundred twenty (120) days.

11. **Polysomnography Professional Standards Committee.** There is established a benchmark for processing initial applications for licensure of Polysomnography technologists of not to exceed four hundred fifty-five (455) days.

12. **Genetic Counselors.** There is established a benchmark for processing initial applications for licensure of Polysomnography technologists of not to exceed four hundred fifty-five (455) days.

13. **Board of Nursing.** There is established a benchmark for processing initial applications for licensure by **examination** of registered and practical nurses of not to exceed one thousand twenty-five (1025)days in order to comply with Rule 1000-01-.01(3)(f)2 and 1000-02-.01(3)(f)2 which allow an applicant failing NCLEX three years to qualify by re-examination.

14. **Medical Laboratory Board.** There is established a benchmark for processing Medical Laboratory Facility application of not to exceed two hundred (200) days.

15. **Board of Physical Therapy.** There is established a benchmark for processing initial applications for licensure for physical therapists of not to exceed four hundred (400) days.

C. **Fourteen Day Benchmark:** Except for the boards specifically identified below, all renewal applications must be processed within fourteen (14) days from the date the renewal application is date stamped as received in the administrative office until the license is renewed.

D. **Exceptions:**

1. **Veterinary Facilities.** There is established a benchmark for processing of renewal applications for veterinary facilities of not to exceed 90 days.

2. **Certified Animal Control Agencies.** There is established a benchmark for processing of renewal applications for certified animal control agencies of not to exceed 90 days.

3. **Certified Professional Midwifery.** There is established a benchmark for processing of renewal applications for certified professional midwives of not to exceed 50 days.