

**TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION**

Control \_\_\_\_\_ Department or Agency: Board of Dental Examiners of Alabama  
Rule No.: 270-X-1.10  
Rule Title: Consulting Fees  
\_\_\_\_\_ New X Amend \_\_\_\_\_ Repeal \_\_\_\_\_ Adopt by Reference

Would the absence of the proposed rule significantly  
Harm or endanger the public health, welfare, or safety? Yes

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

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

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

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

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

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Does the proposed rule have an economic impact? No

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

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Certification of Authorized Official

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

Signature of certifying officer *Debanett*

Date: 12/6/11

(DATE FILED)  
(STAMP)

**Board of Dental Examiners of Alabama**

NOTICE OF INTENDED ACTION

AGENCY NAME: Board of Dental Examiners of Alabama

RULE NO. & TITLE: 270-X-1.10 Consulting Fees


INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION: The Board proposes to correctly site statutory authority and to clarify language.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written comments will be received by the Board until 4:30 p.m. on Friday, February 3, 2012. Comments should be directed to Sonya Lankford, Financial Secretary, at 5346 Stadium Trace Pky., Ste. 112 Hoover, AL 35244 or via electronic mail at [BDEAL@dentalboard.org](mailto:BDEAL@dentalboard.org) or via telephone at 205-985-7267.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:  
Friday, February 3, 2012

CONTACT PERSON AT AGENCY: Ms. Sonya Lankford  
*Financial Secretary*  
5346 Stadium Trace Pky., Ste. 112  
Hoover, AL 35244  
(205) 985-7267

  
Billington M. Garrett, *Counsel*  
Board of Dental Examiners of Alabama

APA-2  
11/96

**Board of Dental Examiners of Alabama**

NOTICE OF INTENDED ACTION

RULE NUMBER: 270-X-1.10

TITLE OF RULE: Consulting Fees

Consultants employed by the Board pursuant to ~~Code of Ala. 1975~~, Code of Alabama (1975), § 34-9-43.1(b) shall be compensated at the rate of ~~\$100.00~~ one hundred dollars and 00/100 (\$100.00) per hour, not to exceed the amount of current Board compensation.

Statutory Authority: ~~Code of Ala. 1975~~, Code of Alabama (1975), §§ 34-9-10(e), 34-9-43(2)(10).

Original Rule Filed: December 16, 2008, Amended: Filed November \_\_\_\_, 2011