

KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT

DEPARTMENT POLICY & PROCEDURES

Fee Schedule Policy

I. Purpose

It is the purpose of this policy to clarify the authority of the Kittitas Board of Health to set fees, to establish current fees for services provided by the Kittitas County Public Health Department (KCPHD), to provide guidelines for the determination of fees, and to establish service cost calculation, billing, and refund policies.

II. Policy

- A. Board of Health: “Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall: Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health; provided that such fees for services shall not exceed the actual cost of providing any such services.” (Revised Code of Washington 70.05.060)
- B. Fee Schedule Development: The fee schedules shall be developed to allow KCPHD to recover its direct and indirect costs. KCPHD shall not operate on a for-profit basis, but shall seek not to operate at a loss. Pass-through costs shall not be included in the fee schedule, but shall be reflected in an appropriate billing document.
- C. Public Input: Public input in the form of a public hearing process shall be sought prior to completion of the draft fee schedule. Public notification of changes shall be completed after the updated fees are adopted.
- D. Frequency of Review: Fee schedules shall be updated and presented to the Kittitas County Board of Health for review and approval on an annual basis, at a minimum. The fee schedules shall be revised and presented to the Kittitas County Board of Health in conjunction with the annual presentation of the Kittitas County Public Health Department budget.
- E. Service Cost Calculation: Prior to setting the fee, the service shall be clearly defined, using standard definitions of practice when they exist. The actual cost of the service, including indirect costs, shall be calculated using sound and consistent methodology.
Sliding Fee Scale: The sliding fee scale shall be based on 200 percent of the poverty guidelines as determined by the U.S. Department of Health and Human Services and shall be adjusted annually at a minimum, but may be adjusted more frequently depending on when the guidelines are released. Clinic fees may be adjusted based on the scale, vaccine fees may not. The scale shall be divided into four increments and correlate to a percentage of the federal poverty level as seen in the table below. See Attachment A for the current sliding fee scale.

Sliding Fee Scale Formula	
Federal Poverty Level	Sliding Fee
0-138%	0%
138-157% %	25%
157-178%	50%
178-200%	75%
200%	100%

- F. Inability to Pay: Individuals having a demonstrated inability to pay shall not be refused specific services that are considered important to prevent the spread of communicable diseases amongst the general public, such as tuberculin skin testing for high-risk clients, HIV and hepatitis C testing for high-risk clients, and child immunizations.
1. Fee Collection: Fees for most services at KCPHD shall be collected at the time of service provision, application for services, or permit/license issuance, unless other billing arrangements have been made prior. Payment shall be either cash or personal check for all services except for Vital Records and Food Worker Cards. For Vital Records and Food Worker Cards, cash, money orders, or cashier checks shall be accepted. Personal checks, with the exception of business checks from organizations that have established a working relationship with KCPHD, shall not be accepted for Vital Records and Food Worker Cards. Money orders and personal checks for other services shall be made out to Kittitas County Public Health Department. Two-party checks shall not be accepted for payment. Checks returned for insufficient funds shall be assessed the Kittitas County insufficient fund fee and follow up actions shall follow Kittitas County Cash Handling Policy and Procedures. When possible, clinic services will be billed to private or public insurance.
- G. Subsidized Services: No fee shall be established for services which are funded by a local, state, or federal grant that provides for 100% reimbursement of Kittitas County Public Health Department costs.
- H. Late Payments: If an Environmental Health annual operating permit (food, camp, park, pool, solid waste) is renewed after its expiration date but before one month has passed, a late fee of 20% shall be assessed. If the annual operating permit has not been renewed within one month of its expiration date, a late fee of 40% of the annual fee shall be assessed. Operations shall be suspended if the annual operating permit renewal is delinquent beyond 35 days. A concessionaire for a temporary food event shall submit a completed application at least two weeks prior to the first day of the event or a fee double the amount shall be assessed. All other payments not received within 30 days of issuance by KCPHD may incur a 10% late fee, accruing an additional 10% on the unpaid balance every 30 days thereafter. If payment is not made within 90 days, the department may hold a permit until payment is made and/or attempt to recover payment through a collections agency.
- I. Refunds: In order to request a refund, a written request must be submitted utilizing the Request of Refund document on KCPHD's website. The document must be mailed, faxed, or delivered to KCPHD: 507 N Nanum Street, Suite 102, Ellensburg, WA 98926 or fax (509) 962-7581. All refund requests shall be subject to an additional deduction for work actually performed by KCPHD prior to receiving the refund request. The cost of actual work performed shall be estimated using the same costs that established the fee. Requests for refunds shall not be honored for any work accomplished prior to the request being received in writing.

- J. Vital Records Fees: Vital records fees shall be consistent with RCW 70.58.107, as seen in Attachment B, and is subject to change at any time by the state legislature. Any fee changes by the state legislature shall be adopted by the Kittitas County Public Health Department. The Kittitas County Health Department shall charges an additional fee for same day service and for the re-processing of death certificates that are returned with a correction affidavit.

Vaccine Fees: The base price for all vaccines, except influenza, shall be the actual cost incurred by KCPHD plus an office visit fee and a vaccine administration fee, which is equivalent to the state allowed vaccine administration charge for children's vaccine. The fee for influenza vaccine will be set to be comparable to local pharmacies, and will not include the vaccine administration charge, but will include an office visit charged if administered in the office. Clients shall be billed for the complete series of Japanese Encephalitis and Rabies vaccines before the vaccine is ordered due to the infrequency of use and the high cost. Pediatric vaccine is received from the State of Washington Vaccine for Children Program and is administered following the Washington State Guidelines, except for immune globulin, rabies immune globulin, injectable or oral typhoid, Japanese encephalitis, rabies vaccine, and yellow fever. Recommended child vaccines are provided by the state at no cost to KCPHD and KCPHD shall follow the rules of the state Childhood Vaccine Program and the federal Vaccines For Children Program.

III. Procedures

- A. Hourly Service Rates: Hourly service rates used in calculating fees shall be calculated using an average of salaries of staff that provide the service. Hourly rates in fee calculations shall include salaries, benefits (using an average benefit rate), and overhead for both the department and the county using the most current approved indirect rate. The current hourly rates are in Attachment C.
- B. Division Hourly Rates: Overall division hourly rates include salaries, benefits, departmental indirect (overhead), county indirect, support staff rates, and incidentals. This rate is for services or activities without an established fee or which require more hours than what is included in the current fee. KCPHD staff shall inform the customer of the need to charge a division hourly rate prior to providing the service. The current division hourly rates and calculations are in Attachment C.
- C. Rounding: The hourly service rates used in fee calculations shall be rounded up to the nearest \$1.00. The hourly division rates used for services without an established fee shall be rounded up to the nearest \$5.00. Fee calculations shall also be rounded up to the nearest \$5.00. Fees below \$10.00 shall be rounded up to the nearest dollar.
- D. Fee Calculations: Fee calculations shall take into account all costs associated with delivering the service which best meets customer needs and protects the health of the public. These costs shall include professional staff time, health officer time, support staff time, and incidentals such as supplies, computer replacement and maintenance, vehicle usage, and other relevant charges. The current fee schedule can be found in Attachment D.

IV. Applicability

- A. This policy applies to all fees charged directly by the Kittitas County Public Health Department, and to all individuals who are concerned with establishing fees for services administered by the Kittitas County Public Health Department staff.
- B. This policy is effective on the date the Public Health Administrator, the Health Officer, and the Board of Health (per Kittitas County Code 4.04.10) have signed.
- C. This policy is subject to review annually.

Public Health Administrator

Date

Health Officer

Date

Board of Health Chair

Date

Attachment A: 2015~~4~~ Sliding Fee Schedule

Family Size		0%	25%	50%	75%	100%
1	Annual	\$15855 and below	\$15856 – \$18038	\$18039 – \$20451	\$20452 – \$22979	\$22980 and above
	Monthly	\$1320 and below	\$1321 – \$1502	\$1503 – \$1629	\$1630 – \$1852	\$1853 and above
2	Annual	\$15883 and below	\$15884 – \$18070	\$18071 – \$20487	\$20488 – \$23019	\$23020 and above
	Monthly	\$1323 and below	\$1324 – \$1505	\$1506 – \$1706	\$1707 – \$1917	\$1918 and above
3	Annual	\$26950 and below	\$26951 – \$30661	\$30662 – \$34762	\$34763 – \$39059	\$39060 and above
	Monthly	\$2245 and below	\$2246 – \$2554	\$2555 – \$2896	\$2897 – \$3254	\$3255 and above
4	Annual	\$32498 and below	\$32499 – \$36973	\$36974 – \$41918	\$41919 – \$47099	\$47100 and above
	Monthly	\$2707 and below	\$2708 – \$3080	\$3081 – \$3492	\$3493 – \$3924	\$3925 and above
5	Annual	\$38046 and below	\$38047 – \$43284	\$43285 – \$49074	\$49075 – \$55139	\$55140 and above
	Monthly	\$3170 and below	\$3171 – \$3606	\$3607 – \$4089	\$4090 – \$4594	\$4595 and above
6	Annual	\$43593 and below	\$43594 – \$49595	\$49596 – \$56229	\$56230 – \$63179	\$63180 and above
	Monthly	\$3632 and below	\$3633 – \$4132	\$4133 – \$4685	\$4686 – \$5264	\$5265 and above
7	Annual	\$49141 and below	\$49142 – \$55907	\$55908 – \$63385	\$63386 – \$71219	\$71220 and above
	Monthly	\$4094 and below	\$4095 – \$4658	\$4659 – \$5281	\$5282 – \$5934	\$5935 and above
8	Annual	\$54688 and below	\$54689 – \$62218	\$62219 – \$70540	\$70541 – \$79259	\$79260 and above
	Monthly	\$4556 and below	\$4557 – \$5184	\$5185 – \$5877	\$5878 – \$6604	\$6605 and above

Attachment B: Vital Records RCW 70.58.107

Fees charged by department and local registrars.

The department of health shall charge a fee of twenty dollars for certified copies of records and for copies or information provided for research, statistical, or administrative purposes, and eight dollars for a search of the files or records when no copy is made. The department shall prescribe by regulation fees to be paid for preparing sealed files and for opening sealed files.

No fee may be demanded or required for furnishing certified copies of a birth, death, fetal death, marriage, divorce, annulment, or legal separation record for use in connection with a claim for compensation or pension pending before the veterans administration. No fee may be demanded or required for furnishing certified copies of a death certificate of a sex offender for use by a law enforcement agency in maintaining a registered sex offender database, or that of any offender requested by a county clerk or court in the state of Washington for purposes of extinguishing the offender's legal financial obligation.

The department shall keep a true and correct account of all fees received and transmit the fees to the state treasurer on a weekly basis.

Local registrars shall charge the same fees as the state as hereinabove provided and as prescribed by department regulation except in cases where payment is made by credit card, charge card, debit card, smart card, stored value card, federal wire, automatic clearinghouse system, or other electronic communication. Payment by these electronic methods may be subject to an additional fee consistent with the requirements established by RCW 36.29.190. All such fees collected, except for seven dollars of each fee collected for the issuance of birth certificates and first copies of death certificates and fourteen dollars of each fee collected for additional copies of the same death certificate ordered at the same time as the first copy, shall be paid to the jurisdictional health department.

All local registrars in cities and counties shall keep a true and correct account of all fees received under this section for the issuance of certified copies and shall transmit seven dollars of the fees collected for birth certificates and first copies of death certificates and fourteen dollars of the fee collected for additional copies of death certificates to the state treasurer on or before the first day of January, April, July, and October. All but five dollars of the fees turned over to the state treasurer by local registrars shall be paid to the department of health for the purpose of developing and maintaining the state vital records systems, including a web-based electronic death registration system.

Eight dollars of each fee imposed for the issuance of certified copies, except for copies suitable for display issued under RCW 70.58.085, at both the state and local levels shall be held by the state treasurer in the death investigations' account established by RCW 43.79.445.

Attachment C: Rates

Hourly Service Rates

Staff Classification	Average Hourly Salary	Benefits (39% of salaries)*	Overhead (39.25% of salaries)	Total Hourly Rate	Rounded up to \$1
Environmental Health	\$24.24	\$9.45	\$9.51	\$43.21	\$44.00
Community Health (Nursing)	\$26.06	\$10.16	\$10.23	\$46.46	\$47.00
Community Health (Non-Nursing)	\$19.52	\$7.61	\$7.66	\$34.79	\$35.00
Support Staff	\$13.01	\$5.07	\$5.11	\$23.19	\$24.00
Health Officer*	\$80.03	\$6.40	\$31.41	\$117.84	\$118.00
*Health Officer benefits are 8%					

Division Hourly Rates

	Environmental Health	Community Health (Nursing Services)	Community Health (Non-Nursing Services)
Professional staff 1 hour	\$24.24	\$26.06	\$19.52
Support staff 1 hour	\$13.01	\$13.01	\$13.01
Benefits (39% of salaries)	\$14.53	\$15.24	\$12.69
Department overhead (27.25% of salaries)	\$10.15	\$10.65	\$8.86
County overhead (12% of salaries)	\$4.47	\$4.69	\$3.90
Incidentals	\$10.80	\$6.42	\$4.22
Hourly Services Rate	\$77.21	\$76.06	\$62.20
Rounded up to \$5	\$80.00	\$80.00	\$65.00

Attachment D: 201~~5~~4 Kittitas County Public Health Department Fee Schedule

ENVIRONMENTAL HEALTH FEES

ACTIVITY	TERM	201 5 4 FEE
<i>DRINKING WATER</i>		
Certificate of Potable Water Storage/Cistern Use New Permit	Each (expires w/in 2 years)	\$435.00
Potable Water Hauler License	Annual	\$240.00
Time of Sale Potable Water Storage/Cistern System Inspection	Each	\$435.00
Annual Potable Water Storage/Cistern Water Test Results Review	Annual	\$35.00
Group B workbook	Each	\$8.00
Water & Sewage Evaluation	Each	\$320.00
Re-evaluations	Each	\$265.00
Water OR Sewage Evaluation	Each	\$235.00
Water Sample collected by KCPHD staff	Each	\$280.00
Well Site Review	Each	\$170.00
Well Site Inspection	Each	\$275.00
Group B Water System Application Review and Approval	Each	\$480.00
Group B Water System Expansion (3-9 connections)	Each	\$345.00
Electronic Meter Read (EMR) Equipment	Each	\$175.00
<i>Adequate Water Supply Determination</i>		
Individual or shared water systems, Group B Water Systems, Group A- NTNC and Group A-TNC Water Systems	Each (expires w/in 1 year)	\$305.00
Group A Community Systems	Each (expires w/in 1 year)	\$180.00
Limited Review	Each (expires w/in 1 year)	\$95.00
Leased Water Mitigation Certificate	Each	\$2195.00
<i>Mitigation and Metering</i>		
<u>Package A Mitigation Certificate</u>	<u>Each</u>	<u>\$3,080.00</u>
<u>Package B Mitigation Certificate</u>	<u>Each</u>	<u>\$3,995.00</u>
<u>Metering Fee</u>	<u>Annually</u>	<u>\$180.00</u>
<i>SOLID WASTE*</i>		
Landfill	Annual	\$1,970.00
Transfer Station	Annual	\$1,545.00
Composting Facility Level 1	Annual	\$1,155.00
Composting Facility Level 2	Annual	\$1,980.00

ACTIVITY	TERM	2015⁴ FEE
Composting Facility Level 3	Annual	\$3,390.00
Digester	Annual	\$1,130.00
Recycling Center	Annual	\$595.00
Bio-solids Utilization	Annual	\$1,130.00
Demolition/Inert	Annual	\$1,130.00
Wood waste	Annual	\$1,155.00
Closed Landfill	Annual	\$1,155.00
Limited Purpose Landfill	Annual	\$2,030.00
Moderate Risk Waste Facility Level 1	Annual	\$1,665.00
Moderate Risk Waste Facility Level 2	Annual	\$4,260.00
Piles	Annual	\$1,130.00
Surface Impoundment	Annual	\$1,130.00
Tire Storage	Annual	\$1,130.00
Petroleum Contaminated Soil (PCS)	Annual	\$1,130.00
New Application Review	Each	\$1,955.00
Renewal Application Review	Each	\$180.00
Meth Lab Investigation	Each	\$815.00
Inactive Solid Waste Facility	Annual	60% of Permit Fee
<i>*The Coordinated Prevention Grant (CPG) from the Washington State Department of Ecology supplies 75% match for solid waste enforcement activities. The 2014 solid waste fees cover the remaining 25%. Should CPG funding cease, an agreed upon fee will be set and collected by KCPHD to provide for adequate solid waste enforcement activities.</i>		
ON-SITE SEWAGE (OSS)		
Septic Tank Pumper License	Annual	\$215.00
On-Site Sewage System Installer License	Annual	\$220.00
On Site Sewage Installer Study Packet	Each	\$25.00
On-Site Sewage System Installer Exam	Each	\$215.00
On-Site Sewage System Site Evaluation	Each	\$435.00
On-Site Sewage System Site Evaluation (4 or more at same site)	Each	\$350.00
On-Site Sewage System Renewal Permit	Each (expires w/in 1 year)	\$230.00
On-Site Sewage Redesign Submittal (Same Designer)	Each (expires w/in 1 year)	\$210.00
OSS-Gravity System		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$445.00
OSS System Homeowner Design (Does not include site evaluation or permit)	Each (expires w/in 1 year)	\$255.00
OSS-Pressure System		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$485.00
OSS-Alternative System		

ACTIVITY	TERM	20154 FEE
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$555.00
<i>OSS-Community System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$640.00
<i>OSS-Commercial System</i>		
OSS System New/Repair Permit	Each (expires w/in 1 year)	\$640.00
<i>OSS-Dry Cabin</i>		
Privy/Compost Toilet Permit	Each (expires w/in 1 year)	\$385.00
<i>OSS-Other Fees</i>		
Experimental Sewage System	Each (expires w/in 1 year)	\$730.00
Grey Water/Reclaimed Wastewater Disposal System	Each	\$435.00
Incineration Toilet Permit	Each (expires w/in 1 year)	\$380.00
Septic Tank Replacement	Each (expires w/in 1 year)	\$265.00
Temporary Holding Tank	Each (expires w/in 1 year)	\$460.00
OSS Design Archiving Fee (archiving fee waived if design submitted in an electronic PDF format)	Each	\$25.00
OSS Permit copy/Realtor request	Each	\$6.00
Variance/Waiver	Each	\$480.00
<i>LAND USE</i>		
Long Plat Fee (up to 12 hours)	Each	\$800.00
Short Plat Fee	Each	\$570.00
Boundary Line Adjustment Review	Each	\$215.00
Conditional Use Permit Review	Each	\$235.00
Commercial Project Permit Review	Each	\$235.00
Land Use Variance Review	Each	\$235.00
State Environmental Policy Act (SEPA) Review	Each	\$700.00
<i>FOOD SAFETY</i>		
<i>General Food Service</i>		
Food Service Level 1	Annual	\$295.00
Food Service Level 2	Annual	\$440.00
Food Service Level 3	Annual	\$525.00
<i>Mobile Food Service</i>		
Mobile Service Level 1	Annual	\$325.00
Mobile Service Level 2	Annual	\$470.00
Mobile Service Level 3	Annual	\$555.00

ACTIVITY	TERM	20154 FEE
<i>Grocery Store</i>		
Large Grocery Service \geq 5,000 Sq. Ft. (Separate permit fee will be assessed for specialty areas of grocery stores \geq 5000 sq. ft. including espresso, deli, meat/seafood, bakery, etc.)	Annual	\$390.00
Meat/Seafood Department	Annual	\$420.00
Deli Department	Annual	\$390.00
Bakery Department	Annual	\$390.00
Grocery Espresso	Annual	\$390.00
<i>Meat/Seafood Market or Store (no other food permits)</i>		
Meat/Seafood Market or Store (no other food permits)	Annual	\$440.00
<i>Catering Food Service</i>		
Comprehensive Catering	Annual	\$465.00
Supplemental Catering	Annual	\$295.00
<i>Commissary Kitchen (no other food permits)</i>		
Approved Public Commissary Kitchen	Annual	\$215.00
<i>Market/Seasonal/Temporary Event</i>		
Farmer's Market	Annual	\$180.00
Seasonal Food Service	Each	60% of Food Service Fee
Temporary Food Service Level 1 (single event)	Each	\$55.00
Temporary Food Service Level 2 (single event)	Each	\$90.00
Temporary Food Service Level 3 (single event)	Each	\$260.00
Additional Days for Temporary Food Service (Level 1 and 2 past 1 day, Level 3 past 5 days)	Each	\$15.00
<i>Food Service Plan Review</i>		
New Food Service Construction	Each	\$390.00
Food Service Remodel	Each	\$310.00
Change of Ownership	Each	\$280.00
Reopening (same owner)	Each	\$110.00
HACCP Technical Assistance	Each	\$470.00
<i>School Food Service Inspection</i>		
K-12 School Kitchen Inspection	Each	\$180.00
<i>Food Safety Education</i>		
Food & Beverage Worker Card	Each	\$10.00
Food & Beverage Replacement Card	Each	\$6.00
<i>LIVING ENVIRONMENT</i>		
<i>Camps & Parks</i>		

ACTIVITY	TERM	20154 FEE
Camps	Annual	\$425.00
Parks	Annual	\$335.00
<i>School Health and Safety - Primary and Secondary</i>		
0-100 Students	Each	\$215.00
101-200 Students	Each	\$265.00
201-500 Students	Each	\$330.00
501-1000 Students	Each	\$465.00
≥ 1001 Students	Each	\$665.00
<i>Water Recreation</i>		
Pool, Spa, Wading or Spray Pool: Pre-Opening	Each	\$415.00
Pool, Spa, Wading or Spray Pool: Open 6 months or less	Annual	\$310.00
Pool, Spa, Wading or Spray Pool: Open 6-12 Months	Annual	\$455.00
<i>Smoking in Public Places</i>		
Re-inspection fee after violation	Each	\$80.00
<i>GENERAL</i>		
Environmental Health Hourly Services Rate (for activities without an established fee, or activities above and beyond what is included in the fee)	Hour	\$80.00
Environmental Health Re-inspection Fee	Each	\$165.00
Administrative Appeal to Board of Health	Each	\$500.00
Administrative Appeal to Hearings Examiner	Each	\$ 1,060.00 Deposit + cost of appeal

VITAL RECORDS FEES

ACTIVITY	TERM	20154 FEE
Birth and Death Certificate Fee (next business day)	Each	\$20.00
Rush Birth Certificate (Same Day)	Each	\$30.00
Search Net Term for Information	Each	\$8.00
Reprocess of Death Certificate	Each	\$4.00

COMMUNITY HEALTH FEES

ACTIVITY	TERM	20154 FEE
<i>GENERAL</i>		
Brief Office Visit (15 minutes)	Each	\$50.00
Limited Office Visit (30 minutes)	Each	\$65.00
Blood Draw	Each	\$55.00
Influenza Vaccine	Each	\$30.00

ACTIVITY	TERM	20154 FEE
Vaccine Administrative Charge	Each	\$23.44
<i>OVERSEAS TRAVEL</i>		
Full Travel Consultation—Individual	Each	\$130.00
Travel Consultation – Group (2 hour session; minimum 4 people)	Per Group	\$290.00
<i>CHILD CARE CONSULTING</i>		
Child Care Nurse Consulting Monthly Fee	Monthly	\$135.00
Child Care Nurse Consulting Hourly Rate	Hourly	\$80.00
<i>TUBERCULOSIS</i>		
QuantiFERON Processing Fee	Each	\$40.00
Purified Protein Derivative Tuberculin Skin Test (PPD TST) Initial Visit	Each	\$63.00
PPD TST Results Visit Only	Each	\$35.00
Tuberculosis Initial Positive Visit Exam	Each	\$145.00
Tuberculosis Follow up Positive Visit	Each	\$80.00
PPD TST Placement	Each	\$10.00
Tuberculosis Home visit – New	Each	\$175.00
Tuberculosis Home visit – Established	Each	\$80.00
<i>TESTING & COUNSELING</i>		
Pre-Test Counseling	Each	\$70.00
Post-Test Counseling	Each	\$70.00
OraSure HIV Antibody Test	Each	\$50.00
HIV Antibody & Syphilis Test	Each	same as blood draw
Hepatitis C Test	Each	\$50.00
<i>EDUCATION</i>		
<i>Blood Borne Pathogen (BBP) and HIV/AIDS Classes (for groups and organizations)</i>		
1 hour BBP Course	Per Group	\$140.00
2 hour HIV/AIDS Awareness and BBP Class	Per Group	\$175.00
Certificate Replacement Fee	Each	\$15.00
Replacement Videos	Per Incident	\$200.00
Video return late fee	Per Incident	\$25.00
<i>GENERAL</i>		
Community Health Nursing Hourly Services Rate (for activities without an established fee, or activities above and beyond what is included in the fee)	Hour	\$80.00
Community Health Non-Nursing Hourly Services Rate (for activities without an established fee, or activities above and	Hour	\$65.00

ACTIVITY	TERM	201 5 4 FEE
beyond what is included in the fee)		