

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1157 Amendment to: _____

Requested by Legislative Council _____ Date of Request: 1-4-99

- 1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

- 2. State fiscal effect in dollar amounts:

1997-99 Biennium		1999-2001 Biennium		2001-03 Biennium	
General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds

Revenues:

Expenditures:

- 3. What, if any, is the effect of this measure on the appropriation for your agency or department:

- a. For rest of 1997-99 biennium: NO Fiscal impact
- b. For the 1999-2001 biennium: "
- c. For the 2001-03 biennium: "

- 4. County, City, and School District fiscal effect in dollar amounts:

1997-99 Biennium			1999-2001 Biennium			2001-03 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

If additional space is needed, attach a supplemental sheet.

Signed Rolf Sletten

Typed Name Rolf Sletten

Department North Dakota State Board of Medical Examiners

Phone Number 701-328-6500

Date Prepared: Jan 9, 1999