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Mississippi Secretary of State
Heber Ladner Building, 401 Mississippi Street
P.O. Box 136, Jackson, MS 39205

ADMINISTRATIVE PROCEDURES FILING NOTICE

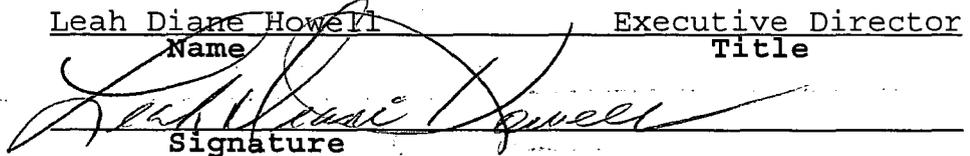
Agency: MS State Board of Dental Examiners Person to contact: Diane Howell
Address: Suite 100, 600 East Amite Street Address: Suite 100, 600 E. Amite St
Jackson, MS 39201-2801 Jackson, MS 39201-2801
Phone: 601-944-9622 Transmittal date: 03/28/2005
Copy attached: X Yes No

Name or number of rule(s): Board Regulation #61

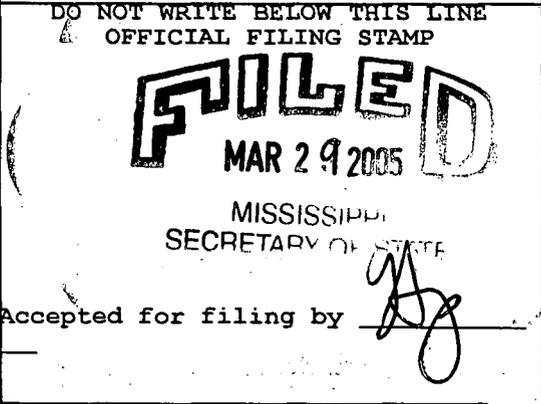
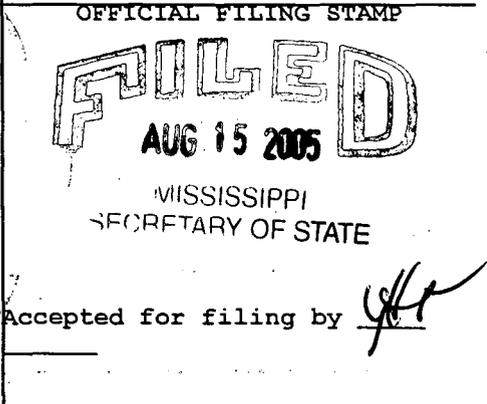
Terms or substance of the actions or description of the subject and issues. To establish requirements for licensees operating mobile dental facilities or portable dental operations within the State of Mississippi.

Printed name and title of person authorized to file rules:

Leah Diane Howell Executive Director
Name Title


Signature

| EMERGENCY RULES | PROPOSED ACTION ON RULES | FINAL ACTION ON RULES |
|--|---|---|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect <u> </u> days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (Specify): | Action Proposed: <input checked="" type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): | Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn Date action taken <u>05/26/2005</u> Effective date <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> * See below |

| OFFICIAL FILING STAMP | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP | OFFICIAL FILING STAMP |
|------------------------------|---|--|
| OFFICIAL FILING STAMP |  |  |
| Accepted for filing by _____ | Accepted for filing by  | Accepted for filing by  |

* Held final filing pending possible additional changes; none made; effective 30 days from 08/11/2005; the changes stipulated a new section 2 for Exemptions.