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FILED
JUN 08 2009
MISSISSIPPI
SECRETARY OF STATE

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI
MISSISSIPPI STATE BOARD OF NURSING HOME ADMINISTRATORS

MS State Board of Nursing Home Administrators
c/o Carrie Rowden
1755 Lelia Drive, Suite 305
Jackson, MS 39216
(601) 362-6914
crowden@bnha.state.ms.us

Specific Legal Authority Authorizing the promulgation of Rule: MS Code of 1972, Chapter 17 73-17-1 - 73-17-17

Reference to Rules repealed, amended or suspended by the Proposed Rule: Rule 12

Date Rule Proposed: April 16, 2009

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:
To clarify the requirements for preceptor certification.

This rule is proposed as a _X_ Final Rule, and/or a ___ Temporary Rule

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding: Check one box below:

___ An oral proceeding is scheduled on this rule on _____:

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least ____ days prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

_X_ An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

_X_ The agency has determined that an economic impact statement is not required for this rule.

____ The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date of Proposed Rule: April 16, 2009 **Proposed Effective Date of Rule: September 1, 2009**

Carrie Rowden, Exec. Director
Signature and Title of Person Submitting Rule for Filing

SOS FORM APA 002
Effective Date 07/29/2005