Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
MISSISSIPPI STATE BOARD OF MASSAGE THERAPY		YVONNE LAIRD, EXEC. DIR.	601-732-6038	
ADDRESS		CITY	STATE	ZIP
POST OFFICE BOX 20		MORTON	MS	39117
EMAIL	SUBMIT DATE	Name or number of rule(s):		
director@msbmt.state.ms.us	8 APRIL 2010	MS STATE BOARD OF MASSAGE THERAPY RULES AND REGULATIONS		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Guidelines were established, revised, clarified, and corrected for the purpose of streamlining Rules regarding licensure as well as procedures for online license renewals for CEU providers and school instructors; establish rules regarding inspection of massage therapy establishments

Specific legal authority authorizing the promulgation of rule: 73-67-15(1)(q)

List all rules repealed, amended, or suspended by the proposed rule: 103; 104; 201; 202; 302; 304; 305; 404; 405; 501; 502; 601; 603; 704; 802; 803; 901; 902; 914; 915; 916; 918; 921; 922; 1001; 1002; 1102

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more 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, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Action taken:**
_____ Renewal of effectiveness	_____ New rule(s)	_____ Adopted with no changes in text
To be in effect in _____ days	__X__ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately upon filing	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed date of adoption:**	_____ Repeal adopted as proposed
	_____ 30 days after filing	**Effective date:**
	__X__ Other (specify): 3 MAY 2010	_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: ____Yvonne Laird, Executive Director_____

Signature of person authorized to file rules: Yvonne Laird

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED APR 08 2010 MISSISSIPPI SECRETARY OF STATE 16808 CB	
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by**

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