

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME MISSISSIPPI STATE BOARD OF MASSAGE THERAPY		CONTACT PERSON YVONNE LAIRD, EXEC. DIR.	TELEPHONE NUMBER 601-732-6038	
ADDRESS POST OFFICE BOX 20		CITY MORTON	STATE MS	ZIP 39117
EMAIL director@msbmt.state.ms.us	SUBMIT DATE 2 MAY 2010	Name or number of rule(s): 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List all rules repealed, amended, or suspended by the proposed rule: 103; 104; 201; 202; 302; 304; 305; 404; 405; 501; 502; 601; 603; 704; 802; 803; 901; 902; 914; 915; 916; 918; 921;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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed date of adoption:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Action taken:</b> <input checked="" type="checkbox"/> Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): 2 JUNE 2010

Printed name and Title of person authorized to file rules: Yvonne Laird, Executive Director \_\_\_\_\_

Signature of person authorized to file rules: *Yvonne Laird*

<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____	<b>DO NOT WRITE BELOW THIS LINE</b> <b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____	<b>OFFICIAL FILING STAMP</b> <div style="border: 1px solid black; padding: 10px;"> <p align="center"><b>FILED</b></p> <p align="center">MAY 07 2010</p> <p align="center">MISSISSIPPI SECRETARY OF STATE</p> </div> Accepted for filing by <u>16894</u> <u>CB</u>
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.