SOS APA Form 001

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	
Board of Medical Licensure	Rhonda Freeman	(601) 987-0223	
ADDRESS	CITY	STATE	ZIP
1867 Crane Ridge Drive, Suite 200-B	Jackson	MS	39216
EMAIL / SUBMIT DATE	Name or number of rule(s):		
rhonda@msbml.ms.gov / 01/24/2011	30.II.28.100 - Community-Based Immunization Programs		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: _____

This is a proposed new regulation which will define who can administer vaccinations in Mississippi.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: 30.II.28

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	_____ Amendment to existing rule(s)	_____ Adopted with changes
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted by reference
_____ Immediately on	_____ Adoption by reference	_____ Withdrawn
_____ Other (specify): _____	**Proposed date of adoption:**	_____ Repeal adopted as proposed
	✓ 30 days after filing	**Effective date:**
	_____ Other (specify): _____	_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: Rhonda Freeman

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED JAN 24 2011 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by CB 17533E	Accepted for filing by

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