

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

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|---|-------------------------|---|----------------------------------|--------------|
| AGENCY NAME MISSISSIPPI BOARD OF NURSING | | CONTACT PERSON Nancy Herrin | TELEPHONE NUMBER 601-664-9350 | |
| ADDRESS 1080 RIVER OAKS DR STE 100A | | CITY FLOWOOD | STATE MS | ZIP 39232 |
| EMAIL nancyherrin@msbn.state.ms.us | SUBMIT DATE 06-09-11 | Name or number of rule(s): Compilation of Mississippi Board of Nursing Rules and Regulations Title 30, Parts 2801 - 2880 | | |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amended numbering to comply with Secretary of State's Administrative Procedures Act Rules each state agency to submit a formatted compilation of rules & regulations no later than June 30, 2011.

Specific legal authority authorizing the promulgation of rule: §25-43-2.101

List all rules repealed, amended, or suspended by the proposed rule: Parts 2801 – 2880 (Compilation)

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.

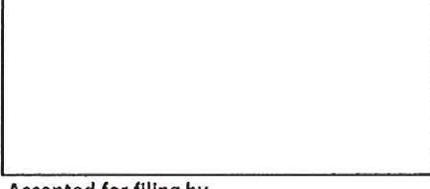
ECONOMIC IMPACT STATEMENT:

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 |
|--|---|--|
| <input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in ____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): ____ | Action proposed: Compilation <input 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 final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): ____ | Date Proposed Rule Filed: ____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): ____ |

Printed name and Title of person authorized to file rules: Melinda E Rush, DSN, FNP, Executive Director

Signature of person authorized to file rules: *Melinda E. Rush*

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|--|--|--|
| OFFICIAL FILING STAMP  | DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  | OFFICIAL FILING STAMP  |
| Accepted for filing by | Accepted for filing by <u>CB17859 E</u> | Accepted for filing by |

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