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	
Mississippi State Board of Chiropractic Examiners		Richard W. Walker, D.C.	662.773.4478	
ADDRESS P.O. Drawer 775		CITY Louisville	STATE MS	ZIP 39339
EMAIL msbce@bellsouth.net	SUBMIT DATE November 18, 2011	Name or number of rule(s): Chapters 05, 11, and 12		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Addition to Chapter 05 (Reciprocity) rule; changes to Chapter 11 (Exemption to Continuing Education and fees) rule; and addition to Chapter 12 (Claims Reviews and/or Independent Examiners) rule.

Specific legal authority authorizing the promulgation of rule: 73-6-13; 73-6-17; and 73-6-34

List all rules repealed, amended, or suspended by the proposed rule: NA

ORAL PROCEEDING:

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

XX 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:

XX 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): _____	**Action proposed:** _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _____ 30 days after filing _____ Other (specify): _____	**Date Proposed Rule Filed:** July 30, 2011 **Action taken:** XX Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** XX 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Richard Walker, D.C., Executive Secretary

Signature of person authorized to file rules: [signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED NOV 18 2011 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** CB18258E

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