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 BOARD OF NURSING		Nancy Herrin	601-664-9350	
ADDRESS		CITY	STATE	ZIP
1080 RIVER OAKS DR STE 100A		FLOWOOD	MS	39232
EMAIL	SUBMIT DATE	Name or number of rule(s):		
nherrin@msbn.state.ms.us	12-15-11	Mississippi Board of Nursing Administrative Code Title 30, Part 2830, Chapters 1 and 2		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To clarify scope of practice o the RN and LPN.

Specific legal authority authorizing the promulgation of rule: § *Miss. Code Ann.* § 73-15-17 (1972, as amended)

List all rules repealed, amended, or suspended by the proposed rule: Part 2830, Chapter 1: 1.2F; 1.3(2); Chapter 2: 2.1; 2.2 C; 2.4; 2.4 C,D,E; and 2.6.

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: 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 agenc 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 t 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 ar 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 pu 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:

X 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:**	**Date Proposed Rule Filed: 10/24/11**
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	X____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
_____ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify):	**Effective date:**
		X____30 days after filing
		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

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED DEC 15 2011 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by CB183/8E