

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

|   |                                  |  |  |              |
|---|----------------------------------|--|--|--------------|
| AGENCY NAME<br>MISSISSIPPI STATE BOARD OF MASSAGE THERAPY |                                  | CONTACT PERSON<br>YVONNE LAIRD   | TELEPHONE NUMBER<br>601-732-6038; 601-732-1803 |              |
| ADDRESS<br>POST OFFICE BOX 20; 353 SOUTH FOURTH STREET    |                                  | CITY<br>MORTON   | STATE<br>MS                                    | ZIP<br>39117 |
| EMAIL<br>director@msbmt.state.ms.us                       | SUBMIT DATE<br>February 23, 2012 | Name or number of rule(s):<br>Mississippi State Board of Massage Therapy Rules and Regulations |  |              |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To delete a duplication of a penalty in 2.2.a.11 which is also referenced in 2.2.A.10; to provide a timeframe for schools who may have lost their national accreditation and provide an established time to show proof of full accreditation from an accreditation body as described in Rule 4.3.A; to revise 4.4.A.4 to update information of the Asian Bodywork Therapy Examination which is administered by or on behalf of the National Certification Commission for Acupuncture and Oriental Medicine that NCCAOM will no longer offer the ABTE after 12/31/2012; to change the requirements for licenses for individual who have been expired for more than three (3) years as found in Rule 6.1.H; to correct closing date of online renewal for instructors in Rule 9.1.K.1; to delete sections of Rule 9.2.I.2. and 9.14.D.4 which were required action based on an Attorney General's Opinion and correction of format errors in Rule 9.14; and notification requirements for renewal of continuing education providers found in Rule 10.2..E;

Specific legal authority authorizing the promulgation of rule: 73-67-15 (1)(g)

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.2; 4.3; 4.4; 6.1; 9.1; 9.2; 9.14; and 10.2.

**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.

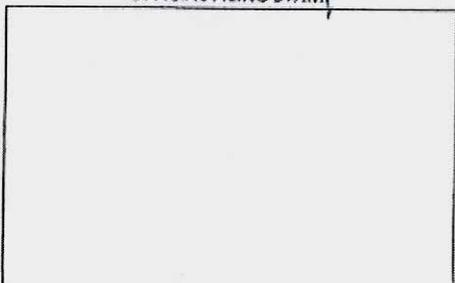
**ECONOMIC IMPACT STATEMENT:**

- 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<br>_____ Renewal of effectiveness<br>To be in effect in _____ days<br>Effective date:<br>_____ Immediately upon filing<br>_____ Other (specify): _____ | <b>Action proposed:</b><br>_____ New rule(s)<br>_____ Amendment to existing rule(s)<br>_____ Repeal of existing rule(s)<br>_____ Adoption by reference<br><b>Proposed date of adoption:</b><br>_____ 30 days after filing<br>_____ Other (specify): _____ | <b>Action taken:</b><br><input checked="" type="checkbox"/> Adopted with no changes in text<br>_____ Adopted with changes<br>_____ Adopted by reference<br>_____ Withdrawn<br>_____ Repeal adopted as proposed<br><b>Effective date:</b><br>_____ 30 days after filing<br><input checked="" type="checkbox"/> Other (specify): 1 April 2012 |

Printed name and Title of person authorized to file rules: Yvonne Laird; Executive Director

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

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| OFFICIAL FILING STAMP<br> | DO NOT WRITE BELOW THIS LINE<br>OFFICIAL FILING STAMP<br> | OFFICIAL FILING STAMP<br> |
| Accepted for filing by _____  | Accepted for filing by _____  | Accepted for filing by <u>EB18530E</u>   |