

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

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Board of Examiners for Licensed Professional Counselors		CONTACT PERSON Ann A. Cox, Executive Director	TELEPHONE NUMBER (662) 716-3932	
ADDRESS P.O. Box 1497		CITY Yazoo City	STATE MS	ZIP 39194
EMAIL acoxlpc@bellsouth.net	SUBMIT DATE 5/08/12	Name or number of rule(s): Title 30 Part 2201 Compilation		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule changes resulting from legislative changes in Mississippi Code. Formatting changes as required by Secretary of State APA Rule 3.2.

Specific legal authority authorizing the promulgation of rule: Section 73-30-1 et seq., of the Mississippi Code of 1972, Annotated

List all rules repealed, amended, or suspended by the proposed rule: Policy for refused check or credit card or e-check, Chapter 2, page 5; \$200.00 license renewal in Chapter 2, page 6; Conflict of Interest Policy in Chapter 3, page 8; Hiring of CPA in Chapter 3, page 9; Show/Cause Hearing may be requested 10 days after the denial, Chapter 3, page 14; Definition of Direct Services in parentheses in Chapter 4, page 20; Provide Supervision Contract to Board in Chapter Four, page 23; and Requirement of NCMHCE exam in Chapter 4, page 24.

**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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> _____ 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed: 02/14/12</b> <b>Action taken:</b> _____ Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Ann A. Cox, Executive Director

Signature of person authorized to file rules: *Ann A. Cox*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	Accepted for filing by

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