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 Architecture		Jenny Wilkinson	601-856-6760	
ADDRESS		CITY	STATE	ZIP
2 Professional Parkway #2b		Ridgeland	MS	39157
EMAIL	SUBMIT DATE	Name or number of rule(s):		
jwilkinson@archbd.state.ms.us	5/15/12	Comprehensive renumbering Also, revisions to 1.1, 1.2, 1.12, 2.3, 2.4, 2.5, 3.6.2, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.11, 6.12		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
Comprehensive numbering revisions to accomplish reformat for compilation as required by the Mississippi Secretary of State and other changes:
1.2 and 1.2 - clean up language regarding IDP, 2.3 remove outdated fee language and revise reference to education requirement for reinstatement; 2.4 remove outdated fee language, 2.5 provide emeritus status for all licensees (not just resident), Chapter 6 -Revisions to continuing education to require that all units be in structured activities and that licensees earn 12 CEUs per calendar year, or 24 per biennial licensure period.

Specific legal authority authorizing the promulgation of rule: Miss. Annot. 73-1-1 et seq
List all rules repealed, amended, or suspended by the proposed rule: No rules are repealed or suspended. Amended rules – 1.1, 1.2, 1.12, 2.3, 2.4, 2.5, 3.6.2, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.11, 6.12.

ORAL PROCEEDING:

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

x 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:

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 _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** _____ New rule(s) X Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** X 30 days after filing _____ Other (specify):	**Date Proposed Rule Filed: 2-3-12** **Action taken:** _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jenny Wilkinson, Executive Director
Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED MAY 15 2012 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by CB18791E Compilation	Accepted for filing by

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