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	
State Board for Community and Junior Colleges		Dr. Shawn Mackey	601-432-6519	
ADDRESS		CITY	STATE	ZIP
3825 Ridgewood Road		Jackson	MS	39211
EMAIL smackey@mscjc.edu	SUBMIT DATE 6-1-2015	Name or number of rule(s): **PUBLIC NOTE: 2010 Standards for Practical Nursing Program Accreditation with Recommended Procedures for Documentation and Self-Study and the proposed revised Accreditation Schedule**		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The revised manual includes updated information regarding the criteria for establishing a NEW practical nursing program, revises the timeline under Types of Accreditation, establishes an assessment fee structure, and improves upon the licensure exam pass rates. The recommendations are the results of nearly a year of work by a committee of practical nursing administrators from community colleges and a proprietary institution.
Specific legal authority authorizing the promulgation of rule: **Mississippi Code Title 37, Chapter 153**
List all rules repealed, amended, or suspended by the proposed rule: **2008 Standards for Practical Nursing Program Accreditation with Recommended Procedures for Documentation and Self-Study and the proposed revised Accreditation Schedule**

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): _____	**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: 5/1/2015** **Action taken:** X Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** _x_ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Shawn Mackey, Associate Executive Director
Signature of person authorized to file rules: /S/ Shawn Mackey

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED JUN 01 2015 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	**Accepted for filing by**	**Accepted for filing by** #21323

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