

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Optometry		CONTACT PERSON Yvonne Laird		TELEPHONE NUMBER (601) 919-1343	
ADDRESS 5 Old River Place, Suite 105		CITY Jackson		STATE MS	ZIP 39202-3449
EMAIL info@msbo.ms.gov	SUBMIT DATE 10/26/2026	Name or number of rule(s): 1.5; 1.7; 1.8; 3.1; 4.1; 5.1; 5.5; 6.1; 8.6			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Allowing for op-out of PEP certification; correction to MFFA to comply with 73-50-1; added additional UROLA requirement; detailed cost of fees (no change); eliminated age exemption for CEs and eliminated paper completion certificates for CEs; provide further detail regarding complaints; addressed outstanding fines related to renewals; detailed contact lens prescription requirements; simplified requirements for notifications when an optometrist retires.

Specific legal authority authorizing the promulgation of rule:

MCA § 73-19-9

List all rules repealed, amended, or suspended by the proposed rule:

1.5; 1.7; 1.8; 3.1; 4.1; 5.1; 5.5; 6.1; 8.6

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

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): _____

PROPOSED ACTION ON RULES

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): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed:
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): _____

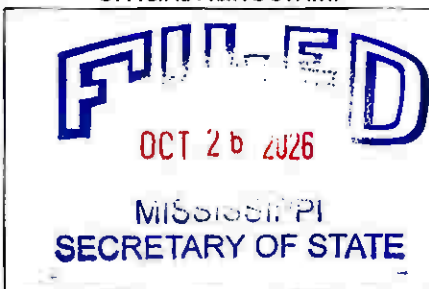
Printed name and Title of person authorized to file rules: Yvonne Laird, Executive Director

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

OFFICIAL FILING STAMP

Accepted for filing by

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