SOS APA Form 001

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Board of Chiropractic Examiners		Dr. Richard Walker	601-359-3815	
ADDRESS		CITY	STATE	ZIP
PO Box 775		Louisville	MS	39339
EMAIL	SUBMIT DATE	Name or number of rule(s):		
msbce@bellsouth.net	4/23/20	Miss. Code Ann § 73-6-34 Part 2001, Chapter 9, Section 100; Part 2001, Chapter 10, Section 108 Part 2001, Chapter 9, Section 100; Part 2001, Chapter 10, Section 109 Part 2001, Chapter 9, Section 100; Part 2001, Chapter 10, Section 110		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
Proclamation suspending the requirement that study hours and continuing education hours for a chiropractic claims review license be conducted in a classroom.

Proclamation also waives any application and renewal fees for preceptorships.

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

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

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: Ken Walley
Signature of person authorized to file rules: Ken Walley

OFFICIAL FILING STAMP

FILED
APR 23 2020
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by #24849

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

Accepted for filing by _____

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Accepted for filing by _____

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