

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Autism Board		CONTACT PERSON Stacie Sharp Ken Walley		TELEPHONE NUMBER 601-576-2557 601-359-3815	
ADDRESS PO Box 20		CITY Jackson		STATE MS	ZIP 39206
EMAIL admin@msbop.ms.gov kwall@ago.ms.gov	SUBMIT DATE 4/30/20	Name or number of rule(s): Miss Code Ann. § 75-75-1			

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

Proclamation suspending requirement of Miss Code Ann. Section 75-75-1 to obtain a license to practice in Mississippi for behavior analysts who (1) are duly licensed in another state, (2) limit their practice within the state of Mississippi to the telehealth treatment of existing clients; and (3) complete and return a form supplied by the Board before practicing in this state:

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): _____ upon signing

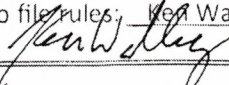
PROPOSED ACTION ON RULES

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

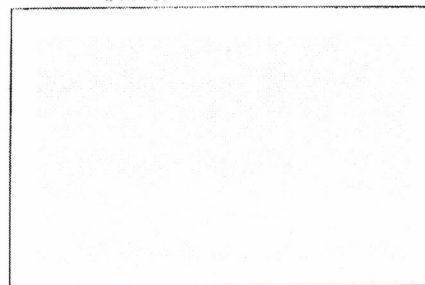
Date Proposed Rule Filed: _____
 Action taken:
 _____ Adopted with no changes in text
 _____ Adopted with changes
 _____ Adopted by reference
 _____ Withdrawn
 _____ Repeal adopted as proposed
 Effective date:
 _____ 30 days after filing
 _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Ken Walley

Signature of person authorized to file rules: 

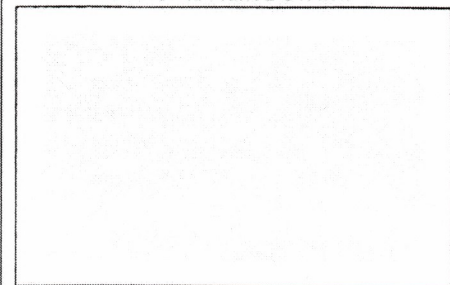
OFFICIAL FILING STAMP

FILED
APR 30 2020
 MISSISSIPPI
 SECRETARY OF STATE

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

Accepted for filing by _____

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Accepted for filing by _____

Accepted for filing by

#24685 

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