

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Nursing Home Administrators		CONTACT PERSON Carrie Rowden	TELEPHONE NUMBER 601-362-6914	
ADDRESS 1755 Lelia Drive, Suite 305		CITY Jackson	STATE MS	ZIP 39216
EMAIL crowden@msnha.ms.gov	SUBMIT DATE 8/3/2020	Name or number of rule(s): Title 30, Part 2703, Chapter 1, Rule 1.3.B.(2)(a)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This rule is being amended to in allow nursing home administrators who have 10 years or more of experience as a nursing home administrator, assistant nursing home administrator, or an administrator who has had direct management responsibility over one or more nursing homes to become certified preceptors after completing a Board-approved training for certification as a preceptor in Mississippi.

Specific legal authority authorizing the promulgation of rule: MS Code Ann., Section 73-17-7(2)(Rev. 2011)

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2703, Chapter 1, Rule 1.3.B.(2)(a)

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.

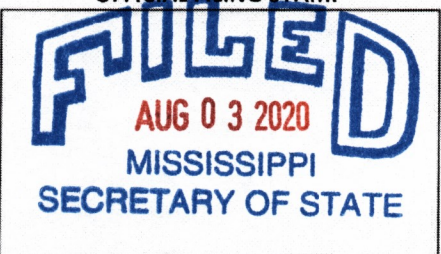
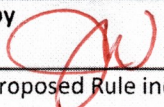
ECONOMIC IMPACT STATEMENT:

☒ 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: _____ 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: Carrie Rowden, Executive Director

Signature of person authorized to file rules: Carrie Rowden

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by <u>#25039</u> 	Accepted for filing by	Accepted for filing by

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