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	
MS State Board of Nursing Home Administrators		Carrie Rowden	601-362-6914	
ADDRESS		CITY	STATE	ZIP
1755 Lelia Drive, Suite 305		Jackson	MS	39216
EMAIL	SUBMIT DATE	Name or number of rule(s):		
crowden@msnha.ms.gov	8/21/20	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List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2703, Chapter 1, Rule 1.3.B.(2)(a)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

_____ 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)
_X_ Amendment to existing rule(s)
_____ Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
_X_ 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: Carrie Rowden, Executive Director
Signature of person authorized to file rules: Carrie Rowden

OFFICIAL FILING STAMP

Accepted for filing by

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FILED
AUG 2 1 2020
MISSISSIPPI
SECRETARY OF STATE

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