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 STATE BOARD OF MASSAGE THERAPY	YVONNE LAIRD, EXECUTIVE DIRECTOR	601-732-6038	
ADDRESS	CITY	STATE	ZIP
POST OFFICE BOX 20; 353 SOUTH FOURTH STREET	MORTON	MS	39117
EMAIL	SUBMIT DATE	Name or number of rule(s):	
director@msbmt.state.ms.us	1/27/2021	MISSISSIPPI STATE BOARD OF MASSAGE THERAPY RULES AND REGULATIONS	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Include acceptance of ProTraining, LLC as an approved CPR/FA provider; update website address; add provisions to comply with Fresh Start Act of 2019; clarify fines and penalties; reapplication fee categories; continuing education sign-in sheet requirements; include provisions applicable to the issuance of a license to applicants who are members of the military, or married to or dependents of the military (Military Freedom Act)(SB2117) ; include rule modifications made by the Board under the Governor's state of emergency; deleted rules that were identical to statute; and to correct typographical errors in previous Rules.

Specific legal authority authorizing the promulgation of rule: 73-67-15(1)(q)

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2501

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: Yvonne Laird, Executive Director
Signature of person authorized to file rules: Yvonne Laird

OFFICIAL FILING STAMP

Accepted for filing by

DO NOT WRITE BELOW THIS LINE
OFFICIAL FILING STAMP

FILED
JAN 27 2021
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by
#25335

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