

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Jim Craig, Senior Deputy, Director of Health Protection	TELEPHONE NUMBER 601-576-7847	
ADDRESS P. O. Box 1700		CITY Jackson	STATE MS	ZIP 39215
EMAIL Cassandra.walter@msdh.ms.gov	SUBMIT DATE 7-19-21	Name or number of rule(s): Regulations Governing Registration of Medical Radiation Technologists Rule 7.6.1 Item 5. and Rule 7.6.1 Item 6.		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The amendment brings Rule 7.6.1 Item 5 and Rule 7.6.1 Item 6. in line with § 41-58-3 (7)(e) of the Medical Radiation Technology registration statute. The amendment also clarifies the rule.

List all rules repealed, amended, or suspended by the proposed rule: Rule 7.6.1 Item 5. and Rule 7.6.1 Item 6.

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on _____ Date: TimePlace:

Password: 102020 Or Telephone: Dial: USA 713 353 0212 Conference code: 540839

☐ 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.

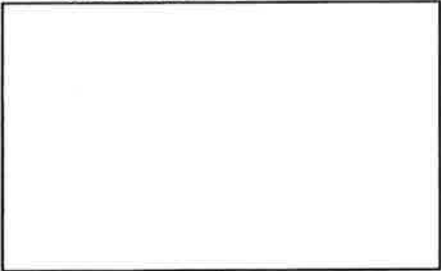
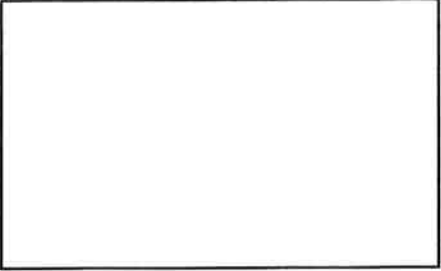
ECONOMIC IMPACT STATEMENT:

☒ 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) _____ 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: 5/18/21 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): _____
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Printed name and Title of person authorized to file rules: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rules: *Jim Craig*

OFFICIAL FILING STAMP  Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by	OFFICIAL FILING STAMP  Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.