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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Jim Craig, Senior Deputy, Director of Health Protection	601-576-7847	
ADDRESS PO Box 1700		CITY Jackson	STATE MS	ZIP 39215-1700
EMAIL Cassandra.Walter@msdh.ms.gov	SUBMIT DATE 8/13/2021	Name or number of rule(s): Regulations Governing Licensure of Professional Art Therapists		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The addition of this new rule (Rule 2.4.8) is necessary to comply with the new Universal Recognition of Occupational Licenses Act of 2021. Relabeling of Rule 2.4.8 to Rule 2.4.9

List all rules repealed, amended, or suspended by the proposed rule: Rule 2.4.8 Conditions of a Universal Occupational License (new) and current Rule 2.4.8 Abandonment relabeled to read Rule 2.4.9

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 09/13/2021 Time: 10:15 a.m. Place: ZOOM teleconference link below

https://us02web.zoom.us/j/82121234517?pwd=RlRCd0dnaGdBS0JtOHJLMGNkKzZPdz09

☐ 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:
X___ New rule(s)
_____ 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 authorizi: Jim Craig, Senior Deputy, Director of Health Protection

Signature of person authorized to file rule: DocuSigned by: Jim Craig E6EAC2B89F2549C...

OFFICIAL FILING STAMP

Accepted for filing by

WRITE BELOW THIS LINE

OFFICIAL FILING STAMP

FILED
AUG 13 2021
MISSISSIPPI
SECRETARY OF STATE

Accepted for filing by 25787 pom

OFFICIAL FILING STAMP

Accepted for filing by

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