

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 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List all rules repealed, amended, or suspended by the proposed rule: Rule 2.4.8 Conditions of a Universal Occupational License (new) and current Rule 2.4.8 Abandonment relabeled to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=RIRCd0dnGdBS0JtOHJLMGNkKzZPdZ09>

☐ 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: ____

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 authorizing:

Signature of person authorized to file rule:

DocuSigned by:

Jim Craig, Senior Deputy, Director of Health Protection

Jim Craig

E6EAC2B89F2549C

OFFICIAL FILING STAMP

Accepted for filing by

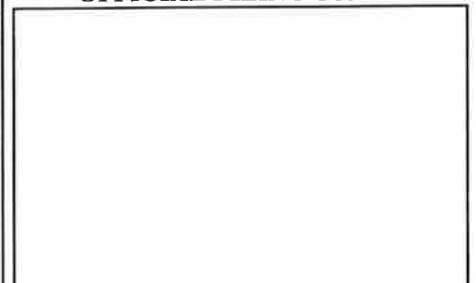
WRITE BELOW THIS
LINE

OFFICIAL FILING STAMP

Accepted for filing by

25787

pm

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.