Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Board of Nursing	Priscilla Burks	601-957-6282	
ADDRESS	**CITY**	**STATE**	**ZIP**
713 South Pear Orchard Road, Plaza 2, Suite 300	Ridgeland	MS	39157
EMAIL	**SUBMIT DATE**	**Name or number of rule(s):**	
pburks@msbn.ms.gov	8/2/22	Miss Admin Code: Part 2860: 2022 Practical Nursing State Accreditation Standards	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: As part of the annual standard's revision and development process, the Board of Nursing and representatives from Mississippi's 15 community colleges practical nursing programs updated the PN Accreditation Standards and guidelines. The standards are on current best practices and validated by Practical Nursing faculty, deans, chairpersons, and directors.

Specific legal authority authorizing the promulgation of rule: Mississippi Code 73-15-25, 73-15-27

List all rules repealed, amended, or suspended by the proposed rule: Practical Nursing State Accreditation Standards

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	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing	**Action proposed:**	**Date Proposed Rule Filed:** _____
_____ Renewal of effectiveness	_X_ New rule(s)	**Action taken:**
To be in effect in _____ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
___ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_X_ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**Effective date:**
		_____ 30 days after filing
		_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Priscilla Burks, Director of Practical Nursing Education

Signature of person authorized to file rules: Priscilla Burks

DO NOT WRITE BELOW THIS LINE

OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED AUG 0 2 2022 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	**Accepted for filing by** 24506 Pam	**Accepted for filing by**

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