

Mississippi Secretary of State
125 S. Congress Street, Jackson, MS 39201

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Dental Examiners		CONTACT PERSON W. Westley Mutziger	TELEPHONE NUMBER 601-944-9622	
ADDRESS Suite 100, 600 East Amite Street		CITY Jackson	STATE MS	ZIP 39201 -2801
EMAIL Westley@dentalboard.ms.gov	SUBMIT DATE: 11/10/2022	Name or number of rule(s): 30 <u>Miss. Admin. Code</u> Pt. 2301, R. 1.13: Supervision and Delegation of Duties to Dental Auxiliary Personnel		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:
The Board voted to withdraw the amendment to Regulation 13 at its 11/04/2022 Board Meeting.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 73-9-13

List all rules repealed, amended, or suspended by the proposed rule:

30 Miss. Admin. Code Pt. 2301, R. 1.13: Supervision and Delegation of Duties to Dental Auxiliary Personnel

ORAL PROCEEDING:

An oral proceeding was held for this rule on Date: 10/01/2021 Time: 8:30 a.m. Place: MSBDE Office

Presently, an oral proceeding is not scheduled on this rule.

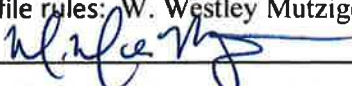
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) 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:

X 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: <u>07/27/2021</u> Action taken: <u>25751</u> ☐ Adopted with no changes in text ☐ Adopted with changes ☐ Adopted by reference ☒ X Withdrawn ☐ Repeal adopted as proposed Effective date: ☐ 30 days after filing ☒ X Other (specify): <u>Immediately</u>
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Printed name and Title of person authorized to file rules: W. Westley Mutziger, Senior Attorney

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP Accepted for filing by	OFFICIAL FILING STAMP  <u>NOV 10 2022</u> MISSISSIPPI SECRETARY OF STATE Accepted for filing by <u>26643 Pom</u>
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