

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Education		CONTACT PERSON Dr. Cory Murphy	TELEPHONE NUMBER 601-359-3483	
ADDRESS P.O. Box 771		CITY Jackson	STATE MS	ZIP 39205
EMAIL cmurphy@mdek12.org	SUBMIT DATE 9/28/23	Name or number of rule(s): 7 Miss Admin Code Part 142 Guidelines and Clarification of Requirements for Issuance of Certain Career and Technical Education Educator Licenses		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To revise Miss. Admin Code 7: Part 142: Career and Technical Education Licensure Guidelines to amend Licensure Career Pathway, 961 Healthcare and Clinical Services and 989 Polymer Science

Specific legal authority authorizing the promulgation of rule: MS Code §§ 37-1-3 and 37-3-2

List all rules repealed, amended, or suspended by the proposed rule: 7 Miss. Admin. Code, Part 142

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

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

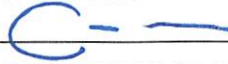
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

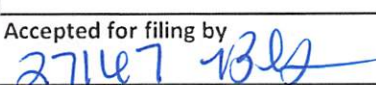
ECONOMIC IMPACT STATEMENT:

☒ 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 ____ Renewal of effectiveness To be in effect in ____ days Effective date: ____ Immediately upon filing ____ Other (specify): ____	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): ____	Date Proposed Rule Filed: 7/28/23 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 authorized to file rules: Dr. Cory Murphy, Associate State Superintendent

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filing by	 Accepted for filing by 

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