

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

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Physical Therapy		CONTACT PERSON Stephanie Boyette	TELEPHONE NUMBER (601) 359-2918	
ADDRESS PO Box 55707		CITY Jackson	STATE MS	ZIP 39296
EMAIL sboyette@msbpt.ms.gov	SUBMIT DATE 6/26/2024	Name or number of rule(s): Title 30, Part 3101, Rule 2.3 Title 30, Part 3103, Rule 1.8, 1.9, 1.10, 3.1, and 10.2		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: An amendment to include direct access, implementation of Subpoena Power as authorized by the Legislative Session of 2023, Fresh Start Act 2019, Universal Recognition of Occupational Licensing Act of 2021, Military Family Freedom Act of 2020 and related fees as required by the above.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 73-23-43(1)(e)

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 3101, Rule 2.3, Title 30, Part 3103, Rule 1.8, 1.9, 1.10, 3.1, and 10.2

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

____ Original filing
____ Renewal of effectiveness
To be in effect in ____ days
Effective date:
____ Immediately upon filing
____ Other (specify): ____

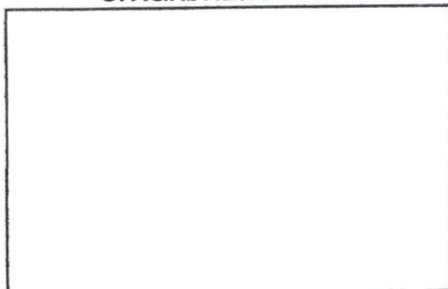
PROPOSED ACTION ON RULES

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 authorized to file rules: Stephanie Boyette, Executive Director
Signature of person authorized to file rules: Stephanie Boyette

OFFICIAL FILING STAMP

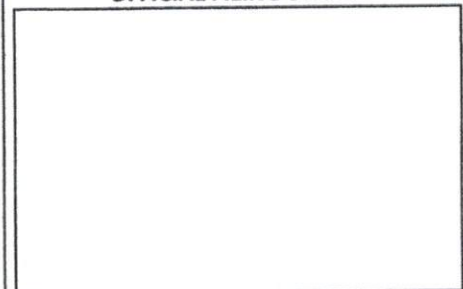
Accepted for filing by

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