

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 12/19/24	Name or number of rule(s): 7 Miss Admin Code Part 142: <i>Guidelines and Clarification of Requirements for Issuance of Career and Technical Education Educator Licenses</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To revise 7 Miss. Admin. Code Part 142: Licensure Guidelines K-12: To revise 12 endorsement areas; change the title "Vocational" to Career and Technical Education (CTE) throughout CTE Licensure Guidelines Document; add "approval by CTE statements" to endorsement areas no longer being used; add veteran teacher experience statement to Career Pathway Software Development CTE endorsement area; add additional occupational experience options to 2 CTE endorsement areas; and remove the approved courses from all CTE endorsements throughout the CTE Guidelines Document.

Specific legal authority authorizing the promulgation of rule: MS Code §§ 25-43-3.113 (2)(b)(ii) and MS Code §§ 25-43-3.108
List all rules repealed, amended, or suspended by the proposed rule: Miss. Admin. Code Title 7: Part 107

ORAL PROCEEDING:

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

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

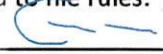
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20)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

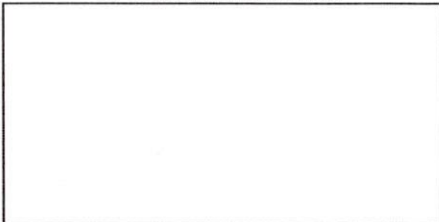
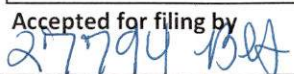
ECONOMIC IMPACT STATEMENT:

☒ 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: _____ 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.