

Mississippi Secretary of State

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Community College Board		CONTACT PERSON Rachel De Vaughan-Partrick	TELEPHONE NUMBER 6014326687	
ADDRESS 3825 Ridgewood Road		CITY Jackson	STATE MS	ZIP 39211
EMAIL rdevaughan-partrick@mccb.edu	SUBMIT DATE 2/26/25	Name or number of rule(s): Proposed Adoption of Revised Postsecondary Career and Technical Curriculum-51.0904 EMT Paramedic, Advanced, Critical Care, Bridge		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The proposed adoption of the revised 51.0904 EMT Paramedic, Advanced, Critical Care, Bridge

Specific legal authority authorizing the promulgation of rule: Mississippi Code Title 37, Chapter 153

List all rules repealed, amended, or suspended by the proposed rule: PS CTE Curriculum (Revised by Program)

ORAL PROCEEDING:

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

X 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:

X New rule(s)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference

Proposed final effective date:

X 30 days after filing
 ____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: _____

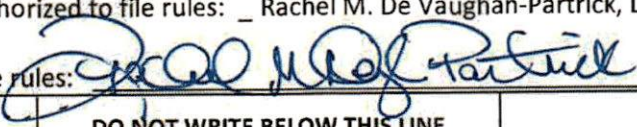
Action taken:

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: Rachel M. De Vaughan-Partrick, Deputy Executive Director for Programs

Signature of person authorized to file rules: 

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.