



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Department of Mental Health Retardation and Hospitals

14 Harrington Road, Cranston Rhode Island 02920

2. Title of Rule

Rules and Regulations for the Licensing Procedure for Chemical Dependency Professionals

3. Statutory Source of Authority

RI General Laws 40.1-1-13 through RI General Laws 40.1-1-18 & RI General Laws 5-61-1 et seq.

4. Concise Explanatory Statement - §42-35-2.3

During the 1998 Legislative session, the Division of Substance Abuse was transferred from the Department of Health to the Department of Mental Health, Retardation and Hospitals. Licensing for Chemical Dependency Professionals was one of the duties transferred.

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p>" <input type="checkbox"/> Repeal of ERLID:</p> <p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	<p>A2. Emergency 90-day renewal - §42-35-3(b)</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p>Indicate ERLID of 120-day initial:</p>

Final Rules			
<p><input type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID:</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):12/03/2001
 Date of Public Hearing - §42-35-3(a)(2):Hearing Not Required
 End of Comment Period:

7. Agency Additional Information - Web Page

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

Name

Title

Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____