



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 Health

Cannon Building Three Capitol Hill Providence

2. Title of Rule

Rules and Regulations for the Licensure of Radiographers, Nuclear Medicine Technologists and Radiation Therapists

3. Statutory Source of Authority

Chapter 5-68 of the Rhode Island General Laws, as amended

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

For the purpose of establishing minimum standards for the licensing of radiographers, radiation therapists, and nuclear medicine technologists in Rhode Island

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>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>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-3(b)(2):</p>	

Final Rules			
<p><input checked="" 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: sections 1.0; 3.1; 4.1; 5.1; 6.1; 8.2; 10.1; 10.2; 10.3; 10.5; 10.6; 10.7; 11.1; 12.1; last filing in January 2002</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):09/15/2003
 Date of Public Hearing - §42-35-3(a)(2):10/16/2003
 End of Comment Period:

7. Agency Additional Information - Web Page

http://

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 _____, _____