

copies of this Department, attest,

Name

Title

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 Licensing Nursing Hom	e Administrators		
3. Statutory Source of Authority Chapter 5-45 of the Rhode Island General Laws, as	s amended		
4. Concise Explanatory Statement - §42-35-2.6 For the purpose of adopting prevailing standards for	or the licensure of nursing home a	dministrators in Rhoo	de Island
5. Type of Filing			
	Emergency R	ules	
A1. Emergency 120-day initial - §42-35-2.10 Adoption Amendment of ERLID: Repeal of ERLID: Repeal Brief Statement of Reason for Finding Imminent Peril §42-35-2.10: A2. Emergency 60-day renewal - §42-35-2.10 Adoption Amendment Repeal Indicate ERLID of 120-day initial:			
	Final Rules	;	_
✓ B1. Amendment - §42-35-3(a)	B2. Adoption - §42-35-3(a)		B3. Repeal - §42-35-3(a)
C. Technical Revision	D. Direct Final Rule - §42-35	5-2.11	
Supersedes ERLID:			
If B1 or C, please indicate new, amended, deleted sections 1.3; 1.5; 1.6; 3.1; 4.1; 5.1.1; 5.2; 7.1; 7.2;		02	
6. Notice and Hearing Information Date of Public Notice - \$42-35-2.8:12/20/2003 Date of Public Hearing - \$42-35-2.8:01/21/2004 End of Comment Period - \$42-35-2.8:	7.5, 7.4, last filling in January 200	<i>J</i> 2	
7. Agency Additional Information - Web Page http://			
8. Certification Thereby certify that the attached rules and regulate	ions were adopted in accordance	with the Administrat	ive Procedures Act (42-35) and that they are true

Notary Public

Subscribed and sworn before me this_____ day of _