



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 Licensing Nursing Home Administrators

3. Statutory Source of Authority

Chapter 5-45 of the Rhode Island General Laws, as amended

4. Concise Explanatory Statement - §42-35-2.6

For the purpose of adopting prevailing standards for the licensure of nursing home administrators in Rhode Island

5. Type of Filing

Emergency Rules	
A1. Emergency 120-day initial - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: <input type="checkbox"/> Repeal of ERLID:	A2. Emergency 60-day renewal - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment <input type="checkbox"/> Repeal Indicate ERLID of 120-day initial:
Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:	

Final Rules		
<input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a) <input type="checkbox"/> C. Technical Revision Supersedes ERLID:	<input type="checkbox"/> B2. Adoption - §42-35-3(a) <input type="checkbox"/> D. Direct Final Rule - §42-35-2.11	<input type="checkbox"/> B3. Repeal - §42-35-3(a)
If B1 or C, please indicate new, amended, deleted, or revised sections: sections 1.3; 1.5; 1.6; 3.1; 4.1; 5.1.1; 5.2; 7.1; 7.2; 7.3; 7.4; last filing in January 2002		

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. 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 _____, _____