



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 of the Rhode Island Department of Health Regarding Practices and Procedures Before the Department of Health and Access to Public Records of the Department of Health

**3. Statutory Source of Authority**

Chapter 42-35 of the Rhode Island General Laws, as amended

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

For the purpose of establishing uniform procedures and practices governing administrative proceedings before the Department of Health and all boards, councils, and commissions therein, and further establishes the procedures and methods for obtaining access to public records

**5. Type of Filing**

**Emergency Rules**

A1. Emergency 120-day initial - §42-35-2.10

- Adoption
- Amendment of ERLID:
- Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption
- Amendment
- Repeal

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

**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 - §42-35-2.11

Supersedes ERLID:

If B1 or C, please indicate new, amended, deleted, or revised sections:  
 section 8.3; last filing in March 2003 Supercedes #2454

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:02/23/2004  
 Date of Public Hearing - §42-35-2.8:03/23/2004  
 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 \_\_\_\_\_, \_\_\_\_\_