



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

Mental Health Retardation & Hospitals, Department of

14 Harrington Road Cranston

2. Title of Rule

Rules & Regulations for the Certification of Substance Abuse Prevention Organizations

3. Statutory Source of Authority

Rhode Island General Laws § 40.1-1-13

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

These standards are to ensure that basic requirements for providing highest quality prevention services to all Rhode Islanders are met; to ensure that organizations providing prevention services promote the health and well being of all who they serve; and to ensure that providers utilize an ethical code of conduct in accordance with national prevention certification criteria. These standards are intended to provide a framework for prevention, program planning and service delivery.

5. Type of Filing

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

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

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):04/19/2005
 Date of Public Hearing - §42-35-3(a)(2):05/13/2005
 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,

Title

Notary Public

Subscribed and sworn before me

this _____ day of _____, _____