



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 - §42-35-2.6**

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 - §42-35-2.10

- 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

If B1 or C, please indicate new, amended, deleted, or revised sections:

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:04/19/2005

Date of Public Hearing - §42-35-2.8:05/13/2005

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

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Title

Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_