



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**

**Health, Department of**  
 Cannon Building Three Capitol Hill Providence

**2. Title of Rule**

Rules and Regulations Pertaining to Dentists, Dental Hygienists, and Dental Assistants

**3. Statutory Source of Authority**

Chapter 5-31.1 of the Rhode Island General Laws, as amended

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

For the purpose of establishing prevailing standards for the licensure of dentists and dental hygienists 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: If B1 or C, please indicate new, amended, deleted, or revised sections: sections 1.19; 5.2.1; 6.2; 6.4; 10.2; 10.3; 11.1; 11.2; 11.4; 14.1; new section 22.0; last filing in November 2004; Supersedes # 3215	<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)

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:12/28/2005  
 Date of Public Hearing - §42-35-2.8:02/03/2006  
 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 \_\_\_\_\_, \_\_\_\_\_