



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 and Regulations for the Certification of Alcohol Server Training Programs

3. Statutory Source of Authority

RIGL 3-7-6.1 et seq

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

These rules, regulations and standards have been designed with the most current research and practice knowledge available in this topic area and promulgated to ensure that only comprehensive and complete Alcohol Server Training Programs are eligible for certification.

5. Type of Filing

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

Final Rules			
<p><input type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID:</p>	<p><input checked="" type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID:</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p> <p>Formal adoption of emergency ERLID 3679 (effective 9/21/05, expired 1/18/06)</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):11/06/2005
 Date of Public Hearing - §42-35-3(a)(2):12/08/2005
 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,

 Name

 Title

 Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____