



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 Establishing Educational and Experience Requirements for Registration as a Sanitarian

3. Statutory Source of Authority

Chapter 23-19.3 of the Rhode Island General Laws,as amended

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

For the purpose of establishing educational and experience requirements for registration as sanitarian in this state

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p>		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:12/02/2001
Date of Public Hearing - §42-35-2.8:Hearing Not Required
End of Comment Period - §42-35-2.8 :

7. Agency Additional Information - Web Page

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 _____, _____