



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

**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, dental hygienists, and dental assistants in Rhode Island

**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

Supersedes ERLID: 3863

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

Sections 4.1; 6.2; 6.3; 6.4; 9.1; 11.2; 11.3; 11.4; 22.6; last re-filing in January 2007

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:08/03/2007

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**

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 \_\_\_\_\_, \_\_\_\_\_