



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 for Licensing of Radiographers, Radiation Therapists, Nuclear Medicine Technologists and Radiologist Assistants [R5-68.1-RAD]

**3. Statutory Source of Authority**

RIGL Chapter 5-68.1

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

Major revision of licensing requirements for Radiographers, Radiation Therapists and Nuclear Medicine Technologists, as well as addition of licensing requirements for Radiologist Assistants

**5. Type of Filing**

<b>Emergency Rules</b>	
<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>	

<b>Final Rules</b>		
<p><input checked="" 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>Supersedes ERLID: 4653</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections:</p> <p>Major revisions throughout regulations to implement revised licensing requirements as per RIGL Chapter 5-68.1</p>		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:07/13/2011  
 Date of Public Hearing - §42-35-2.8:08/19/2011  
 End of Comment Period - §42-35-2.8 :09/02/2011

**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 \_\_\_\_\_, \_\_\_\_\_