



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 Pharmacists, Pharmacies and Manufacturers, Wholesalers and Distributors [R5-19.1-PHAR]

3. Statutory Source of Authority

RIGL Chapter 5-19.1

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

These amended regulations adopt administrative and pharmaceutical procedures consistent with the current standards of practice.

5. Type of Filing

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

Final Rules			
<input checked="" type="checkbox"/> B1. Amendment	<input type="checkbox"/> B2. Adoption	<input type="checkbox"/> B3. Repeal	<input type="checkbox"/> C. Technical Revision
Supersedes ERLID: 5891	Repeals ERLID:	Expires ERLID:	
If B1 or C, please indicate new, amended, deleted, or revised sections: Multiple revisions throughout the proposed amendments			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):01/19/2012
 Date of Public Hearing - §42-35-3(a)(2):02/20/2012
 End of Comment Period:03/05/2012

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 _____, _____