



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 Establishing Educational and Experience Requirements for Registration as a Sanitarian

3. Statutory Source of Authority

RIGL 23-19.3

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

All specific dollar values for fees are being deleted and replaced with a reference to a new master fee regulation (being promulgated separately).

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 Supersedes ERLID: 4829	<input type="checkbox"/> B2. Adoption Repeals ERLID:	<input type="checkbox"/> B3. Repeal Expires ERLID:	<input type="checkbox"/> C. Technical Revision
If B1 or C, please indicate new, amended, deleted, or revised sections: Changes in all sections where fees are listed			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):08/08/2012
 Date of Public Hearing - §42-35-3(a)(2):Hearing Not Required
 End of Comment Period:09/10/2012

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 _____, _____