



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, Board of Medical Licensure and Discipline
 3 Capitol Hill

2. Title of Rule

Rules and Regulations for the Licensure and Discipline of Physicians

3. Statutory Source of Authority

RIGL 5-37

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

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	
<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 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: 6849</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections: Changes in all sections where fees are listed</p>		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:08/08/2012
 Date of Public Hearing - §42-35-2.8:Hearing Not Required
 End of Comment Period - §42-35-2.8 :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 _____, _____