



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 Embalmers, Funeral Directors and Funeral Service Establishments [R5-33.2-EMB]

3. Statutory Source of Authority

RIGL Chapter 33.2

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

These current amendments are being promulgated for the purpose of implementing changes mandated by PL 2009-385 and PL 2009-387, and to clarify criteria for designation of a funeral planning agent.

5. Type of Filing

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

Final Rules			
<p><input checked="" type="checkbox"/> B1. Amendment</p> <p>Supersedes ERLID: 7054</p>	<p><input type="checkbox"/> B2. Adoption</p> <p>Repeals ERLID:</p>	<p><input type="checkbox"/> B3. Repeal</p> <p>Expires ERLID: 0</p>	<p><input type="checkbox"/> C. Technical Revision</p>
<p>If B1 or C, please indicate new, amended, deleted, or revised sections: Major changes to §1.0 (Definitions); §5.7.1; §13.13(2). Other "housekeeping" changes throughout the regulations</p>			

6. Notice and Hearing Information

Date of Public Notice - §42-35-3(a)(1):04/15/2013
 Date of Public Hearing - §42-35-3(a)(2):Hearing Not Required
 End of Comment Period:05/20/2013

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 _____, _____