



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 the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health [R23-1-17-Fee]

3. Statutory Source of Authority

RIGL §23-1-17 & RIGL §23-54

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

A technical correction is needed to the November 2013 edition of these regulations. Due to a compiler's error when the final regulations were prepared for filing, the current Dental X-ray Facility - Annual Registration fee was accidentally deleted from Appendix F. The correct Dental X-ray Facility - Annual Registration fee has been restored to Appendix F.

5. Type of Filing

Emergency Rules	
A1. Emergency 120-day initial - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: <input type="checkbox"/> Repeal of ERLID:	A2. Emergency 60-day renewal - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment <input type="checkbox"/> Repeal Indicate ERLID of 120-day initial:
Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:	

Final Rules		
<input type="checkbox"/> B1. Amendment - §42-35-3(a)	<input type="checkbox"/> B2. Adoption - §42-35-3(a)	<input type="checkbox"/> B3. Repeal - §42-35-3(a)
<input checked="" type="checkbox"/> C. Technical Revision	<input type="checkbox"/> D. Direct Final Rule - §42-35-2.11	
Supersedes ERLID: 7440		
If B1 or C, please indicate new, amended, deleted, or revised sections: Appendix F has been revised as described in the Concise Explanatory Statement above		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8: Notice Not Required
 Date of Public Hearing - §42-35-2.8: Hearing Not Required
 End of Comment Period - §42-35-2.8 :

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 _____, _____