

Department of State
Division of Publications
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For Department of State Use Only

Sequence Number: 08-19-12
 Rule ID(s): _____
 File Date: 8/27/12
 Effective Date: 8/27/12

Filing Form for Stay of Effective Date on Rules, Withdrawal of Stay, and Withdrawal of Rules

Agency/Board/Commission:	Board of Nursing
Division:	
Contact Person:	Mark S. Waters Deputy General Counsel
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Type of Action on Rule:

Stay of Effective Date of Rules

Rule Filing Date: (mm/dd/yy)
 Rule Original Effective Date: (mm/dd/yy)
 Length of Stay (not to exceed 75 days): _____
 New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Stay

Stay Filing Date: (mm/dd/yy)
 Stay Effective Date: (mm/dd/yy)
 New Effective Date of Rule Filing: (mm/dd/yy)

Notice of Withdrawal of Rules

Rule Filing Date: 05/15/12
 Rule Effective Date: 10/12/12

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1000-05	Medication Aides Certified
Rule Number	Rule Title
1000-05-.07(3)(f)	Training Programs

Date: 8/27/12

Signature: Mark S. Waters

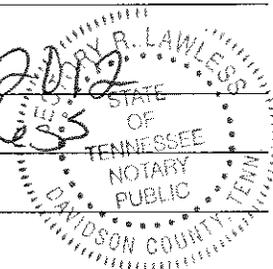
Name of Officer: Mark S. Waters

Title of Officer: Deputy General Counsel

Subscribed and sworn to before me on: August 27, 2012

Notary Public Signature: Jeffrey L. Lewis

My commission expires on: 1/29/2014



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Filed with the Department of State on: 8/27/12

Tre Hargett by [Signature]

Tre Hargett
Secretary of State

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