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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)*

X **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: [illegible]

My commission expires on: 1/29/2014

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

Tre Hargett by [illegible]

Tre Hargett
Secretary of State

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