## TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

| Control 190 Department or Agency: <u>Alabama State Board of Chiroprac</u> Rule No. 190-X-109  | tic Examiners          |
|---|------------------------|
| Rule Title: Use of Forms  |                        |
| New _XX _Amend Repeal Adopt by Ref  | erence                 |
| Would the absence of the proposed rule significantly  |                        |
| harm or endanger the public health, welfare, or safety?   | Yes                    |
| Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?  | Yes                    |
| Is there another, less restrictive method of regulation available that could adequately protect the public?   | No                     |
| Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so,   |                        |
| to what degree?   | No                     |
| Is the increase in costs, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?   | n/a                    |
| Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public?   |                        |
| proceeding of the public?   | Yes                    |
| Does the proposed rule have an economic impact?   | No                     |
| If the proposed rule has an economic impact, the proposed rule is required accompanied by a fiscal note prepared in accordance with subsection (f) of 22-23, Code of Alabama 1975.  | to be<br>f Section 41- |
| Certification of Authorized Official  |                        |
| I certify that the attached proposed rule has been proposed in full compliar requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it capplicable filing requirements of the Administrative Procedure Division of Legislative Reference Service. | informs to all         |
| Signature of certifying officer Huld fally ac   |                        |
| Date July 3, 2013   |                        |
| DATE<br>(STA  |                        |

## ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS

#### NOTICE OF INTENDED ACTION

AGENCY NAME: The Alabama State Board of Chiropractic Examiners

#### RULE NO. & TITLE:

- (1) Rule 190-X-1-.02 Composition and Selection of Board
- (2) Rule 190-X-1-.07 Questions of Procedure and Evidence
- (3) Rule 190-X-1-.09 Use of Forms
- (4) Rule 190-X-1-.13 Directory of Licensees Published
- (5) Rule 190-X-1-.18 Fees
- (6) Rule 190-X-2-.01 Requirements For Licensure By Examination
- (7) Rule 190-X-2-08 Verification of Licensure

<u>INTENDED ACTION</u>: The Alabama State Board of Chiropractic Examiners proposes to amend or repeal the rules as listed above.

### **SUBSTANCE OF PROPOSED ACTIONS:**

- (1) The Alabama State Board of Chiropractic Examiners proposes to amend this rule per changes in ACT 2013-414.
- (2) The Alabama State Board of Chiropractic Examiners proposes to repeal this rule to comply with 190-X-4-.05.
- (3) The Alabama State Board of Chiropractic Examiners proposes to amend this rule per changes in ACT 2013-414.
- (4) The Alabama State Board of Chiropractic Examiners proposes to amend this rule per changes in ACT 2013-414.
- (5) The Alabama State Board of Chiropractic Examiners proposes to amend this rule per changes in ACT 2013-414.
- (6) The Alabama State Board of Chiropractic Examiners proposes to amend this rule per changes in ACT 2013-414.
- (7) The Alabama State Board of Chiropractic Examiners proposes to amend this rule per changes in ACT 2013-414.

<u>TIME, PLACE AND MANNER FOR PRESENTING VIEWS</u>: Written or oral comments may be submitted to the Alabama State Board of Chiropractic Examiners, 126 Chilton Place, Clanton, AL 35045, 205-755-8000.

FINAL DATE FOR COMMENT & COMPLETION OF NOTICE: September 27, 2013.

## **CONTACT PERSON AND ADDRESS:**

Amy Deavers
Administrative Assistant
Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton, AL 35045
1-800-949-5838 ext. 226

Shila Botton
Sheila Bolton
Executive Director

# Alabama State Board of Chiropractic Examiners Proposed Amended Rule

190-X-1-.09 Use Of Forms. All applications and requests for which the Board has prescribed a form must be made on the prescribed form. Forms used by the Board may be acquired from the Executive Director. Forms currently used are found in the Appendix A to these rules and / or at www.chiro.alabama.gov.

Effective: 10/1/82, amended 3/2009, amended 6/2013

Authority: 34-24-144; 34-24-165