

Regulations Governing Licensure of Respiratory Care Practitioners



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CHAPTER 9: REGULATIONS GOVERNING LICENSURE OF RESPIRATORY CARE PRACTITIONERS

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CHAPTER 9: REGULATIONS GOVERNING LICENSURE OF RESPIRATORY CARE PRACTITIONERS

Subchapter 1: GENERAL

Rule 9.1.1 **Purpose:** The purpose of these regulations is to safeguard the public's health, safety, and welfare by establishing minimum qualifications and creating exclusive titles corresponding to the level of qualifications for individuals who wish to offer respiratory care services to the public. Further, in order to insure the highest degree of professional conduct by those engaged in offering respiratory care services to the public, it is the purpose of these regulations to provide and impose disciplinary sanctions, be they civil or criminal, against persons who do not meet or adhere to the procedures, qualifications, and standards set out in this chapter.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.1.2 **Legal Authority:** The State Board of Health is authorized to establish and enforce these rules and procedures by virtue of the "Mississippi Respiratory Care Practice Act of 1991," Sections 73-57-1 et seq. of Mississippi Code of 1972, annotated.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.1.3 **Definitions:** The following terms shall have the meaning set forth below, unless the context otherwise requires:

1. **"Board"** shall mean the Mississippi State Board of Health.
2. **"Council"** shall mean the Respiratory Care Advisory Council.
3. **"License"** shall mean the document of licensure issued by the Board.
4. **"Respiratory care"** shall mean the allied health professions responsible for the treatment, management, diagnostic, testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system, pursuant to the orders of a physician licensed in the State of Mississippi, and includes "inhalation therapy" and "respiratory therapy."

5. **"Practice of respiratory care"** shall include, but not be limited to: direct and indirect respiratory care services, including but not limited to the administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a physician; transcription and implementation of the written or verbal orders of a physician pertaining to the practice of respiratory care; observing and monitoring signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics; and implementation based on observed abnormalities, of appropriate reporting, referral, respiratory care protocols or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of the State of Mississippi; or the initiation of emergency procedures under the regulations of the Board or as otherwise permitted in this act. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling, or other place deemed appropriate or necessary of the Board, in accordance with the prescription or verbal order of a physician.

6. **"Performance of respiratory care"** means respiratory care in accordance with the prescription of a licensed physician and includes, but is not limited to, the diagnostic and therapeutic use of the following: administration of medical gases (except for the purpose of anesthesia), aerosols and humidification; environmental control mechanisms and hyperbaric therapy; pharmacologic agents related to respiratory care procedures; mechanical or physiological ventilatory support; bronchopulmonary hygiene; cardiopulmonary resuscitation; maintenance of the natural airway; insertion and maintenance of artificial airways; specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures, flows, collection of specimens of blood and blood gases, expired and inspired gas samples, respiratory secretions, and pulmonary function testing; and hemodynamic and other related physiologist measurements of the cardiopulmonary system.

7. **"Respiratory care practitioner"** means:
 - a. A person employed in the practice of respiratory care who has the knowledge and skill necessary to administer respiratory care.

 - b. A person who is capable of serving as a resource to the physician in relation to the technical aspects of respiratory care as to safe and effective methods for administering respiratory care modalities;

- c. A person who is able to function in situations of unsupervised patient contact requiring great individual judgment; and
 - d. A person capable of supervising, directing, and teaching less skilled personnel in the provision of respiratory care services.
8. [Reserved]
9. [Reserved]
10. **"Examination"** shall mean an entry level examination as administered by the National Board for Respiratory Care (NBRC), or its successor Board, to practice respiratory care or other examination that the Board may approve.
11. **"Department"** shall mean the Mississippi Department of Health.
12. **"Initiation of Emergency Procedure"** shall include, but not be limited to, Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Neonatal Resuscitation Program, in emergency situations. Procedures not covered in Rule 9.1.3(5) and (6) above may be performed by only those Licensed Respiratory Care Practitioners who have successfully completed a course in each respective appropriate discipline as governed by the American Heart Association, in accordance with the prescription or verbal order of a physician.
13. **"Written orders of a physician"** shall include, in a hospital licensed in the State of Mississippi, a set of criteria/requirements outlined and adopted by the appropriate medical advisory body within the institution and made part of the formal hospital procedure for respiratory care.

SOURCE: Miss. Code Ann. §73-57-13.

- Rule 9.1.4 **Publication:** The Department shall publish, annually, a list of the names and addresses of all persons licensed by the Board as Respiratory Care Practitioners and a list of all persons whose licenses have been suspended, revoked, denied renewal, put on probationary status, censured, or reprimanded.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 2: RESPIRATORY CARE ADVISORY COUNCIL ("COUNCIL")

- Rule 9.2.1 **Council Structure and Purpose:** The Council shall consist of nine (9) members as set forth in the enabling statute, for the terms indicated therein, and shall serve under the jurisdiction of the State Board of Health. The purpose of the Council is to serve in an advisory capacity to the Board

in matters relating to the administration and interpretation of the enabling statute.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.2.2 **Meeting:** The Council shall meet at least twice each year. Additional meetings may be held, at the discretion of the chairperson of the Council or of the Board, upon ten (10) day written notice to the Council members. A quorum shall consist of five (5) members of the Council, including the chairperson, and shall be necessary for the Council to take action by vote.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 3: State Board of Health (“Board”)

Rule 9.3.1 **Responsibilities:** The Board, with the advice of the council, shall:

1. establish examination, licensing, and renewal of license criteria for applicants;
2. maintain an up-to-date list of all individuals licensed to practice respiratory care, with such list being available, upon request, to the public;
3. refer disciplinary actions of any individual engaged in the practice of respiratory care to the appropriate government agency for prosecution, whether licensed or otherwise, or, in its discretion, refer same to the appropriate committee or council;
4. conduct disciplinary hearings, upon specified charges, of a licensee;
5. maintain an up-to-date list of all individuals whose license has been suspended, revoked, or denied and make such list available to public inspection and supply such list to similar regulatory boards in other states or jurisdictions;
6. keep a record of all proceedings of the Board, and make said record available to the public; and
7. direct the Department to promulgate and implement rules and procedures to carry out the purpose of the Act.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 4: Licensure

Rule 9.4.1 **Licensure Requirements:** An applicant for licensure shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that the applicant holds a credential,

conferred by the National Board of Respiratory Care, or its successor Board, as a Certified Respiratory Technician (CRT) and/or a Registered Respiratory Therapist (RRT), or their successor credentials, providing such credentials have not been suspended or revoked, or at the time of application have not lapsed.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.4.2 [Reserved]

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.4.3 **Temporary Permit:**

1. The Board may, in its discretion, issue a temporary permit to practice respiratory care for a period of six (6) months to an applicant for a license, pending the compliance of the requirements for licensure, providing the applicant submits to the Department, verified by oath, in form and content satisfactory to the Department that the applicant is a student in an approved respiratory care education program and expects to graduate within thirty (30) days of the application for a temporary permit and who is eligible to sit for the CRT, RRT, or their successor examination.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.4.4 **Abandonment:** An application shall be deemed abandoned by the Department if, after two (2) years from the date of filing, the requirements for licensing have not been completed and submitted to the Department.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 5: Professional Identification

Rule 9.5.1 **Titles and Abbreviation:** A person issued a license to practice respiratory care by the Mississippi State Board of Health may use the title "Licensed Respiratory Care Practitioner" and the abbreviations "L.R.C.P.," "R.C.P.," or "R.C.P.-L."

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.5.2 **Production and Display of License:** A person issued a license to practice respiratory care by the Mississippi State Board of Health shall show said license when requested.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 6: Renewal of License

Rule 9.6.1 **General Provisions:**

1. The Board shall issue licenses which shall be renewed biennially, beginning with the first renewal term after the issuance of the license.
2. The licensure period for renewal purposes shall be construed as September 1st through August 31st of odd numbered years.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.6.2 **Procedure for Renewal of License:** The Department shall provide notices, at least thirty (30) days prior to the renewal date, to the last address registered with the board, to the persons to whom licenses were issued or renewed during the preceding renewal period. The notice of renewal shall indicate the renewal process and required fees to be completed before the date of expiration.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.6.3 **Failure to Renew:** A licensee who does not file, with the Department, his renewal application within the renewal period will be deemed to have allowed his license to lapse. Said licensee may be reinstated by the Department, in its discretion, by the payment of the renewal fee and a reinstatement fee, provided said application for reinstatement is made within two (2) years of the end of the renewal period.

SOURCE: Miss. Code Ann. §73-57-13

Subchapter 7: Continuing Education

Rule 9.7.1 **Definition and Philosophy:** Each individual licensed as a respiratory care Practitioner is responsible for optimum service to the consumer and is accountable to the consumer, the employer, and the profession for evidence of maintaining high levels of skill and knowledge. Pursuant to the Act, continuing education is mandatory. Continuing education is defined as education beyond the basic preparation required for entry into the profession, directly related to the performance and practice of respiratory care.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.7.2 **Requirements:**

1. Regulations set the requirement of twenty (20) clock hours to be accrued during the licensing term.

2. Individuals applying for initial licensure within a licensing term must accrue continuing education hours on a prorated scale. Written notification of required hours will be sent to the applicant at the time of licensure.
3. Individuals holding a temporary permit are not required to accrue continuing education hours.
4. Persons who fail to accrue the required continuing education hours shall be issued a probationary license for a term of two (2) years. Failure to accrue the required hours will result in the revocation of the license. Hours accrued are first credited for the delinquent hours lacking from the previous licensure period, and then applied to the present licensing period.
5. Probationary licenses will be issued for one licensure term only. No ensuing license may be probationary as a result of not meeting continuing education requirements.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.7.3 **Content Criteria:** The content must apply to the field of respiratory care practice or health care and performance and must be designed to meet one of the following goals:

1. Update knowledge and skills required for competent performance beyond entry level as described in current legislation and regulations.
2. Allow the licensee to enhance his knowledge and skills.
3. Provide opportunities for interdisciplinary learning.
4. Extend limits of professional capabilities and opportunities.
5. Facilitate personal contributions to the advancement of the profession.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.7.4 **Sources of Continuing Education:**

1. Continuing education hours may be accrued from the following sources:
 - a. Mississippi Society for Respiratory Care
 - b. American Association for Respiratory Care
 - c. Mississippi Nursing Association
 - d. American Nursing Association
 - e. American Nurses Credentialing Center

- f. Critical Care Nurses Association
 - g. American Medical Association
2. Academic course work taken for credit, with a passing grade, from a regionally accredited college or university. The courses must relate to the profession of respiratory care. One academic semester hour shall be equivalent to fifteen (15) clock hours for continuing education credit. No more than fifty percent (50%) of total required hours may be accrued through academic course work.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.7.5 **Reporting Procedures for Continuing Education:** Continuing education hours shall be submitted at the time of renewal. It is the responsibility of the licensee to insure that the following criteria are met with respect to continuing education credit:

1. Attendance at seminars, workshops, presentations: Verification of attendance shall be made by the submission of a continuing education certificate, a continuing education reporting form signed by the program chairperson, or proof of having filed with the AARC.
2. Academic course work credits to be accrued must meet the content criteria in Rule 9.7.3, be cited by title on the continuing education form, and must be accompanied by a course description from the college or university catalog and a copy of the transcript or final grade report.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 8: Revocation, Suspension and Denial of License

Rule 9.8.1 **Standards of Conduct:** Licensees may, at the discretion of the Board, have their license suspended, revoked, or denied at the time of application or renewal if the Board determines that the licensee:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice respiratory care.
2. Is unfit or incompetent by reason of negligence, habits, or other causes of incompetence.
3. Is habitually intemperate in the use of alcoholic beverage.
4. Is addicted to, or has improperly obtained, possessed, used, or distributed habit-forming drugs or narcotics.
5. Is guilty of dishonest or unethical conduct.

6. Has practiced respiratory care after his license or permit has expired, lapsed, or has been suspended.
7. Has practiced respiratory care under cover of any permit or license illegally or fraudulently obtained or issued.
8. Has violated, aided, or abetted others in violation of any provision of this act.
9. Has engaged in any conduct considered by the Board to be detrimental to the profession of respiratory care.
10. Failed to disclose to an employer, upon the written request of the employer, any potential conflict of interest, including but not limited to concurrent employment by both a Durable Medical Equipment Company and/or a Home Health Company, and a Hospital or Clinic.
11. Failed to service a patient and/or equipment in a home setting as required by a contract to which the Licensee is a party.
12. Has participated in a Hospital or Clinical Agency setting in a "captive referral arrangement", whereby patients were directed to utilize a particular supplier of home medical equipment unless so directed by Hospital or Clinic policy.
13. Failed to follow the principles of ethical professional behavior.
14. Has had a license to practice any health related profession revoked, suspended, placed on probation, reprimanded, or censured, in any jurisdiction.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.8.2 **Summary Suspension:** The Board may summarily suspend a license without a hearing, simultaneously with the filing of a formal complaint and notice of hearing, if the Board determines that:

1. The health, safety, or welfare of the general public is in immediate danger; or
2. The licensee's physical capacity to practice his profession is in issue; or
3. The licensee's mental capacity to practice his profession is in issue.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.8.3 **Complaints:** All complaints concerning a licensee, his business, or professional practice, shall be reviewed by the Department. Each

complaint received shall be logged, recording at a minimum the following information:

1. licensee's name
2. name of the complaining party, if known;
3. date of complaint;
4. brief statement of complaint; and
5. disposition.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.8.4 **Investigation:** All complaints will be evaluated, and if deemed necessary, investigated, by the authorized employee of the Department.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.8.5 **Notice of Charges and Hearing:**

1. Following the investigative process, the Department may file formal charges against the licensee. Such formal complaint shall, at a minimum, inform the licensee of the facts which are the basis of the charge and which are specific enough to enable the licensee to defend against the charges.
2. Each licensee, whose conduct is the subject of a formal charge which seeks to impose disciplinary action against the licensee, shall be served notice of the formal charge at least fifteen (15) days before the date of hearing. A hearing shall be presided over by the Board or the Board's designee. Service shall be considered to have been given if the notice was personally received by the licensee, or the notice was mailed certified, return receipt requested, to the licensee at the licensee's last known address as listed with the state agency.
3. The notice of the formal hearing shall consist at a minimum of the following information:
 - a. The time, place, and date of hearing;
 - b. That the licensee shall appear personally at the hearing and may be represented by counsel;
 - c. That the licensee shall have the right to produce witnesses and evidence in the licensee's behalf and shall have the right to cross-examine adverse witnesses and evidence;

- d. That the hearing could result in disciplinary action being taken against the licensee's license;
 - e. That rules for the conduct of these hearings exist and it may be in the licensee's best interest to obtain a copy; and
 - f. That the Board, or its designee, shall preside at the hearing and following the conclusion of the hearing shall make findings of facts, conclusions of law and recommendations, separately stated, to the Board as to what disciplinary action, if any, should be imposed on the licensee.
- 4. The Board or its designee shall hear evidence produced in support of the formal charges and contrary evidence produced by the licensee. At the conclusion of the hearing, the Board shall issue an order within sixty (60) days.
 - 5. Disposition of any complaints may be made by consent order or stipulation between the Board and the licensee.
 - 6. All proceedings pursuant to this section are matters of public record and shall be preserved pursuant to state law.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.8.6 **Board Sanctions:** The Board may impose any of the following sanctions, singly or in combination, when it finds that a licensee is guilty of any of the above offenses:

- 1. Revocation of the license;
- 2. Suspension of the license, for any period of time;
- 3. Issue a letter of reprimand to the licensee;
- 4. Place a license on probationary status and require the licensee to submit to any of the following:
 - a. report regularly to the board upon matters which are the basis of probation;
 - b. continue to renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis of probation; or
 - c. such other reasonable requirements or restrictions as are proper;
- 5. Refuse to renew a license; or

6. Revoke probation which has been granted and impose any other disciplinary action in this subsection when the requirements of probation have not been fulfilled or have been violated.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.8.7 **Appeal:** Any person aggrieved by a decision of the Board shall have a right of appeal to the Circuit Court of the county of the residence of the licensee as it appears on the record, in the manner provided for in the Act and the Laws of the State of Mississippi.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 9: Exceptions and Exemptions

Rule 9.9.1 **Exceptions:** No person shall practice respiratory care or represent himself to be a respiratory care practitioner unless he is licensed by the Board, except as otherwise provided in this section.

1. The person is involved in the practice of respiratory care which is an integral part of the program of study by students enrolled in a respiratory care education program recognized by the Joint Review Committee for Respiratory Therapy Education and the American Medical Association Council on Allied Health Education or their successors. Unlicensed students enrolled in respiratory therapy education programs shall be identified as "Student-RCP" and shall only provide respiratory care under direct clinical supervision. Direct Clinical Supervision shall mean under the direct control of a clinical instructor of the respiratory care education program in which the unlicensed student is enrolled, or his designee. The clinical instructor or his designee shall be a Licensed Respiratory Care Practitioner in the State of Mississippi, who shall be readily accessible and accountable at all times when respiratory care is being provided by the unlicensed student.
2. Second-year Respiratory Care Practitioner (RCP) students enrolled in an accredited respiratory care program are allowed to be employed, to provide, and to be compensated for the performance of limited low-risk respiratory therapy procedures in licensed hospitals. The RCP student must be issued a hospital identification badge and be identified as an "RCP Student" on the hospital identification badge. Said badge shall be worn in clear sight when the RCP student is on the premises of the hospital. They must also be identified as an "RCP Student" on their employment application and any job description maintained

in the hospital's human resources department. Second-year RCP students shall work under the direct supervision of a licensed RCP, and the employing institution shall complete and retain all documentation of the competency, proficiency, and ability of the RCP students to perform the procedures authorized below. The procedures authorized to be performed are to be performed exclusively outside a critical care area and are as follows:

- Set up and monitoring of low-flow oxygen (e.g., less than or equal to 6 LPM)
 - Non-exotic aerosol therapy (bronchodilators, anticholinergics, etc.)
 - Hyperinflation and airway clearance therapy
 - Electrocardiograms
 - Equipment cleaning, stocking, transporting, etc.
 - Once an RCP student is certified in Basic Life Support, they may assist in cardiorespiratory arrests at the discretion of the employing institution.
3. Self-care by a patient, or gratuitous care by a friend or family member who does not represent or hold himself out to be a respiratory care practitioner.
 4. Respiratory care services rendered in the course of an emergency.
 5. Persons in the military services or working in federal facilities shall be exempted from the provisions of this act when functioning in the course of their assigned duties.
 6. The respiratory care practitioner is engaged in performing advances in the art and techniques of respiratory care learned through formalized or specialized training.
 7. Nothing in these regulations is intended to limit, preclude, or otherwise interfere with the practices of other persons and health providers licensed by appropriate agencies of the State of Mississippi.
 8. An individual, who, by passing an examination which includes content in one or more of the functions included in these regulations, shall not be prohibited from performing such procedures for which he was tested, so long as the testing body offering the examination is certified by the National Commission for Health Certifying Agencies or its equivalent, so long as the

individual is a licensed health care provider in the state of Mississippi.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.9.2 **Good Samaritan Act:** Licensee's regulated pursuant to these rules and regulations are covered by the "Good Samaritan Act" of the State of Mississippi.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 10: [Reserved]

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 11: Criminal Offenses and Punishment

Rule 9.11.1 **Offenses:** It is a misdemeanor for any person to:

1. Sell, fraudulently obtain, or furnish any respiratory care permit, license, record, or aid or abet therein.
2. Practice respiratory care under cover of any respiratory care diploma, permit, license, or record illegally or fraudulently obtained or issued.
3. Practice respiratory care unless duly licensed to do so by the Mississippi State Board of Health.
4. Impersonate in any manner or pretend to be a respiratory care practitioner or use the title "Licensed Respiratory Care Practitioner," the letters "L.R.C.P." or any other words, letters, signs, symbols, or devices to indicate the person using them is a licensed respiratory care practitioner, unless duly authorized by license or permit.
5. Practice respiratory care during the time his license or permit is suspended, revoked, lapsed, or expired.
6. Fail to notify the board of the suspension, probation, or revocation of any past or currently held licenses, required to practice respiratory care in this or any other jurisdiction.
7. Make false representations, impersonate, act as a proxy for another person, allow, or aid any person to impersonate him in connection with any examination or application for licensing or request to be examined or licensed.
8. Otherwise violate any provisions of the Mississippi Respiratory Care Practice Act.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.11.2 **Punishment:** Such misdemeanor shall, upon conviction, be punishable by a fine of not more than One Thousand Dollars (\$1,000.00) or by imprisonment for not more than six (6) months or by both fine and imprisonment for each offense.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 12: Fees

Rule 9.12.1 **Method of Payment:** In accordance with the enabling statute, the following fees, where applicable, are payable to the State Board of Health by certified check, cashier's check, or money order. Fees paid to the State Board of Health are non-refundable.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.12.2 **Schedule of Fees:**

1. Application and Initial Licensure Fee-\$75.00
2. Renewal Fee-\$100.00
3. Temporary Permit Fee - \$50.00
4. Reinstatement Fee - \$200.00
5. Replacement Fee - \$50.00
6. License Verification Fee - \$25.00

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.12.3 **Examination Fee:** Fees for examination are to be paid directly to the appropriate testing organization.

SOURCE: Miss. Code Ann. §73-57-13.

Subchapter 13: ADMINISTRATIVE GRIEVANCE PROCEDURE

Rule 9.13.1 **Administrative Appeals:** All persons aggrieved by a decision regarding the initial application for licensure or the renewal of licensure shall have the right of administrative appeal and a hearing to be conducted according to the policy of the Department of Health.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.13.2 **Notification:** Written notice will be provided to all applicants regarding denial of an original license or a renewal license. Such notice shall contain the reason thereof and shall offer the applicant an opportunity to submit additional information pertinent to their application for a second review by the Department.

SOURCE: Miss. Code Ann. §73-57-13.

Rule 9.13.3 **Hearing:**

1. If requested in writing within the specified time frame, a hearing will be provided in which the applicant may show cause why the license should be granted or renewed.
2. Within sixty (60) days of the hearing, or other such time frame as determined during the hearing, written findings of fact, together with a recommendation for action on the license in question, shall be forwarded to the State Health Officer. The State Health Officer shall decide what action will be taken on the recommendation within five (5) days of its receipt. Written notice shall be provided to the applicant.

SOURCE: Miss. Code Ann. §73-57-13.