

## Certification Page Regular and Emergency Rules

Revised September 2016

	Emergend	Regular Rules						
1	. General Information							
a.	Agency/Board Name							
	Department of Administrati	ion and Information						
	Agency/Board Address		c. City			d. Zip Code		
	30 Hobbs Ave., Ste. A	Cheyenne			82002			
	Name of Agency Liaison Sevin Bohnenblust		f. Agency Liaison Telephone Number 307-778-7053					
_	Agency Liaison Email Address							
	evin.bohnenblust@wyo.gov		h. Adoption Date January 27, 2017					
_	Program			· · · · · · · · · · · · · · · · ·	,		The second secon	
	Board of Medicine							
2.	Legislative Enactment For	purposes of this Section 2, "new" only applies	to regular rule	s promulgated	d in respons	e to a Wyoming leg	islative enactment not	
pr	eviously addressed in whole or in p	part by prior rulemaking and does not include r	ules adopted in	response to	a federal ma	andate.		
a.	Are these rules new as per the abo	ove description and the definition of "new" in C	Chapter 1 of the	Rules on Rul	les?			
	No. Yes. Please	provide the Enrolled Act Numbers and Years	Enacted: Hou	use Enro	lled Act	56, 2015 Ge	eneral Session	
3.	Rule Type and Information	<u>n</u>						
a.	Provide the Chapter Number, Title	, and Proposed Action for Each Chapter.						
		ation form for more than 10 chapters and attach it to	this certification	)				
	Chapter Number:	Chapter Name:			New	Amended	Repealed	
	1	License eligibility, application	n and int	erviews				
	Chapter Number:	Chapter Name:			New	Amended	Repealed	
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	Chapter Number.	Onapier Name.			New	Amended	Repealed	
	Chapter Number:	Chapter Name:			New	Amended	Repealed	
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	Chapter Number:	Chapter Name:			New	Amended	Repealed	
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	Chapter Number:	Chapter Name:			New	Amended	Repealed	
	Chapter Number:	Chapter Name:				Π Δ	Daniel et	
	Onapter Number.	опария наше.			New	Amended	Repealed	

3. State Government Notice of Intended Rulemaking									
a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a),									
Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were:									
approved as to form by the Registrar of Rules; and									
provided to the Legislative Service Office and Attorney General:									
4. Public Notice of Intended Rulemaking									
a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. No. Yes. N/A									
b. A public hearing was held on the proposed rules.									
Date: Time:	City:		Location:						
a life and in the state of the	h								
c. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:									
The Interstate Medical Licensure Compact (IMLC), of which the State of Wyoming is a member, anticipates opening its system to facilitate issuance of physician license in member states within the next 15 to 30 days. For									
the Board of Medicine to determine a Wyoming physician's qualifications to use the IMLC system to be licensed									
			Division of Criminal Investigation						
regulations require the Board to have a rule specifically setting forth its procedures for using criminal history									
			ing physicians' applications to use the						
IMLC while a permanent rule m	aking is conducted. The	e Board believes this	s emergency rule is non-controversial.						
5. Final Filing of Rules									
a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature:  February 2, 2017									
b. Date on which final rules were approved as to form by the Secretary of State and sent to the Legislative Service Office:  February 6, 2017									
Legislative Service Office: February 6, 2017									
c. The Statement of Reasons is attached to this certification.									
6. Agency/Board Certification									
The undersigned certifies that the foregoing information is correct.									
ignature of Authorized Individual  Am DB-ll  A									
Printed Name of Signatory	Kevin D. Bohnenblust								
Signatory Title	Executive Director								
Date of Signature February 6, 2017									
7. Governor's Certification									
I have reviewed these rules and determined that they:									
Are within the scope of the statutory authority delegated to the adopting agency;									
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,									
3. Are necessary and that I concur in the finding that they are an emergency.									
Therefore, I approve the same.									
Governor's Signature									
Date of Signature									