

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #6

Do Not Mark In this Box

FILED
1988 APR 18 PM 2:29
SECRETARY OF STATE

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Health Department TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES , NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 58

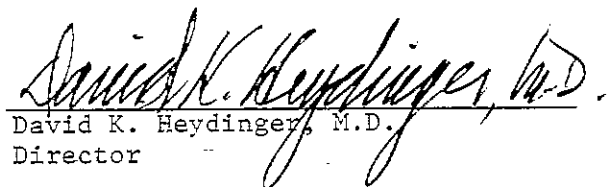
TITLE OF RULE BEING PROPOSED: Immunization Criteria for Transfer
Students

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) SB 397

SECTION 64-2-16(3)(4), PASSED ON March 12, 1988

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON
THE FOLLOWING DATE: April 18, 1988


David K. Heydinger, M.D.
Director

WEST VIRGINIA DIRECTOR OF HEALTH
RULE PROMULGATION HISTORY ABSTRACT

FILED

1988 APR 18 PM 2: 29

OFFICE OF THE CLERK
SECRETARY OF STATE

TITLE: Immunization Criteria for Transfer Students

TYPE: Legislative

FILED NOTICE OF PUBLIC HEARING: July 27, 1987

PUBLIC HEARING HELD: August 26, 1987

FILED WITH SECRETARY OF STATE: September 11, 1987

FILED WITH LEGISLATIVE RULE- September 11, 1987
MAKING REVIEW COMMITTEE:

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

BARBARA STARCHER
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STATE OF WEST VIRGINIA
SECRETARY OF STATE

Charleston 25305

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Chief of Staff

RICH O. HARTMAN
Director, Administrative Law

DONALD R. WILKES
Director, Corporations

VIRGINIA SKEEN
Special Assistant

RECEIVED

(Plus all the volunteer help we can get)

MAY 18 1988

REGULATORY DEVELOPMENT
SECTION

TO: Kay Howard

FROM: RICH O. HARTMAN, DIR. ADMIN. LAW DIV.

DATE: May 17, 1988

THE ATTACHED RULE(S) RECENTLY FILED BY YOUR AGENCY HAVE BEEN ENTERED INTO THE COMPUTER. PLEASE REVIEW AND PROOF AND RETURN WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS PLEASE SIGN THIS MEMO AND RETURN TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF YOUR RULE(S) FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

Series 58

THE ATTACHED RULE(S) HAVE BEEN REVIEWED AND ARE CORRECT.

SIGNED: Kay Howard

TITLE OF PERSON SIGNING: Director Regulatory Development Program

DATE: May 26, 1988

THE ATTACHED RULE(S) HAVE BEEN REVIEWED AND NEEDS CORRECTED. THESE CORRECTIONS HAVE BEEN MARKED.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____