

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

RULE NO.: RULE TITLE:
1-2.0021 Use of the Seal of the State of
 Florida

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)(1), F.S., published in Vol. 31, No. 44, November 4, issue of the Florida Administrative Weekly.

1-2.0021 Use of the Seal of the State of Florida.

(1) No person, without express written authorization from the Department, shall manufacture, use, display or otherwise employ a facsimile or reproduction of the Great Seal of the State of Florida (Great Seal or Seal), except as provided in this rule.

(2) Any person desiring to obtain approval from the Department for the manufacture or use of a the facsimile or reproduction of the Great Seal shall make application on the form prescribed by the Department. The form, Application for Manufacture or Use of the Great Seal of the State of Florida, Form DS-19, effective 2/06 5/96, is incorporated by reference herein and is available from the Office of the Secretary.

(3) Department approval for use of the Great Seal is for a term of 4 years, unless otherwise stated by the Department, and can be renewed upon the completion and approval of a new application.

(4)(3) Applications and supporting documents shall be filed with the Office of the General Counsel, Department of State, R. A. Gray Building, 500 South Bronough Street LL-10, The Capitol, Tallahassee, Florida 32399-0250. For manufactured items, a separate application for each unique item to be manufactured shall be required.

(5) Definitions. The following words shall have the following meanings for the purposes of this rule:

(a) "Political or campaign purposes" shall include all uses related to a past, present, or future political campaign;

(b) "Official government stationery" means stationery intended for use by a state governmental agency when specific written approval for use of the Great Seal has been granted by the head of that agency;

(c) "Official government business cards" means business cards in use by a current state governmental agency when specific written approval for use of the Great Seal has been granted by the head of that agency;

(d) "State governmental agency" includes entities defined by subsections 120.52(1) and (2), F.S., but not including subparagraph 120.52(1)(b)8., F.S., and authorized staff members of those entities;

(e) "Local governmental agency" includes any local governmental agency, including counties, municipalities, special districts or other separate units of local government created or established by law, and authorized staff members of such entities;

(f) "Official government publications" are publications published by or on behalf of the State of Florida;

(g) "Publications serving a governmental purpose" are those publications not published by the State of Florida, which the Department of State, within its discretion, determines are of significant interest to the state, including but not limited to educational publications, where use of the Great Seal would not mislead the public to believe that the publication carries official State sanction or approval.

(6)(4) Standards for Approval. A non-transferable letter of authority, which is not transferable, may be issued to the applicant if the applicant affirmatively demonstrates to the Department that the Great Seal will be used for a proper purpose. In order to determine what constitutes a proper purpose, the Department shall consider, at a minimum, the following:

- (a) The specific item to be manufactured;
- (b) The manner in which the Great Seal is to be displayed on the item to be manufactured;
- (c) The nature of the proposed use, including manner, purpose and place of use;
- (d) Whether the public would tend to be misled by the appearance of the Great Seal on the product to believe that the product carries official State sanction or approval;

(e) Whether the use of the Great Seal would tend to mislead the public into believing that a person, meeting, project or event carries official State sanction or approval;

(f) Whether the dignity of the Great Seal will be preserved if approval is granted;

(g) Whether the requested use of the Great Seal will promote a specific State interest.

(7)(5) In no event shall approval be given for the use of the Great Seal for the following:

- (a) Political or campaign purposes;
- (b) Stationery other than official government stationery;
- (c) Decorative automobile license tags;
- (d) Business cards other than official government business cards;
- (e) Designation of landmarks not listed in the National Registry of Historical Places or designated as a historical site under a local ordinance;

submission of a notification pursuant to EPCRA s. 302. Use of Form HMP-05-00 is required for submission of an annual inventory form pursuant to EPCRA Chapters 312 and 324 and subsection 252.88(3), F.S. Use of Form HMP-09-00 is required for submission of a request for a refund for overpayment of fees or for fees paid in error pursuant to Rule 9G-14.007, F.A.C. Use of Form HMP-10-00 is required for electronic transmission of an annual inventory report pursuant to EPCRA s. 312 and 324 and subsection 252.88(3), F.S. Use of Form HMP-11-00 is required for providing certification of accuracy for electronic transmission filings. Use of Form ~~HMP-08-00~~ HMP-08-98 is required for submission of an annual inventory report or alternate threshold filing fee submitted pursuant to EPCRA s. 313. These forms are available at no charge from the Department of Community Affairs, Division of Emergency Management, Bureau of Compliance Planning and Support, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399.

FORM NO.	SUBJECT	EFFECTIVE DATE
HMP-01-98	Section 302 – Emergency Planning Notification, Revised 7-1-05	
HMP-02-00	Annual Registration Form, Revised 7-1-05	
HMP-05-00	Tier Two Form (with instructions), Revised 7-1-05	
HMP-06-95	Confidential Location Information Sheet, Revised 7-1-05	
HMP-08-00	Toxic Chemical Release Inventory Fee Form, Revised 7-1-05	
HMP-09-00	<u>State of Florida, Department of Financial Services, Application for Refund Refund Application Form</u> , Revised 7-1-05	
HMP-10-00	Electronic Tier Two Form (with instructions), Revised 7-1-05	
HMP-11-00	Tier Two Certification Statement Form, Revised 7-1-05	

Specific Authority 120.53, 252.83(1) FS. Law Implemented 120.53, 215.26, 252.84, 252.85 FS. History—New 11-28-90, Amended 12-31-92, 6-1-95, 2-26-97, 12-20-98, 1-3-01, _____.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sheri Powers, Administrator, Compliance Planning and Support, 2555 Shumard Oak Boulevard, Tallahassee, Florida 32399-2100, (850)413-9925

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

WATER MANAGEMENT DISTRICTS

Northwest Florida Water Management District

RULE NOS.:	RULE TITLES
40A-2.021	Definitions
40A-2.041	Permits Required
40A-2.051	Exemptions
40A-2.223	Reservation of Water

NOTICE OF CORRECTION

The Northwest Florida Water Management District publishes this correction to the Notice of Proposed Rulemaking published in Vol. 31, No. 52 of the December 30, 2005 issue, to include the date of publication of Proposed Rule Development. A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 1:30 p.m., ET., January 26, 2006
 PLACE: District Headquarters, Governing Board Room, U. S. Highway 90, Midway, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Angela Chelette, Chief, Bureau of Ground Water Regulation

For a copy of the proposed rule contact, Terri Peterson, Northwest Florida Water Management District, 152 Water Management Drive, Havana, Florida 32333, (850)539-5999, (850)539-2777 (Fax).

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: December 2, 2005, Vol. 31, No. 48

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

RULE NO.:	RULE TITLE:
59A-3.2085	Departments and Services

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 43, October 28, 2005, issue of the Florida Administrative Weekly. Changes are made on the basis of comments and recommendations received at the hearing conducted on November 14, 2005.

Text of proposed rule changes:

59A-3.2085 Departments and Services.

(15) Stroke centers.

(a) Primary Stroke Centers. A hospital program will be designated as a primary stroke center on the basis of that hospital providing to the Agency for Health Care Administration an affidavit on AHCA Form 3130-3140, December 2005, which is incorporated by reference, signed by the Chief Executive Officer of the hospital, attesting that the program has been certified by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a primary stroke center, or that the program meets the criteria applicable to primary stroke centers as outlined in the Joint Commission on Accreditation of Healthcare Organizations:

Disease-Specific Care Certification Manual, 2nd Edition, Oakbrook Terrace, IL; Joint Commission Resources, 2005, reprinted with permission, including requirements outlined in the "Updated Primary Stroke Center Certification Appendix for the Disease-Specific Care Manual", which are incorporated by reference. Copies of these standards are available from the Agency for Health Care Administration Hospital and Outpatient Services Unit, or from the Joint Commission on the Accreditation of Healthcare Organizations at One Renaissance Boulevard, Oak Terrace, IL 60181. Hospitals shall insure that stroke centers establish specific procedures for screening patients that recognize that numerous conditions, including cardiac disorders, often mimic stroke in children. Stroke centers should insure that transfer to an appropriate facility for specialized care is provided to children and young adults with known childhood diagnoses.

(b) Comprehensive Stroke Center (CSC). Hospitals shall ensure that stroke centers establish specific procedures for screening patients that recognize that numerous conditions, including cardiac disorders, often mimic stroke in children. Stroke centers should ensure that transfer to an appropriate facility for specialized care is provided to children and young adults with known childhood diagnoses. A hospital's program may be designated as a Comprehensive Stroke Center on the basis of that hospital providing to the Agency for Health Care Administration an affidavit signed by the Chief Executive Officer of the hospital that the program has received initial Primary Stroke Center designation as provided in paragraph 59A-3.2085(16)(a), F.A.C., and that the program meets the following criteria:

1. A comprehensive stroke center shall have health care personnel with clinical expertise in a number of disciplines available.

a. Health care personnel disciplines in a CSC shall include:

(I) A designated comprehensive stroke center medical director

(II) Neurologists, neurosurgeons, surgeons with expertise performing carotid endarterectomy, diagnostic neuroradiologist(s), and physician(s) with expertise in endovascular neuroInterventional procedures and other pertinent physicians.

(III) Emergency department (ED) Physician(s) and nurses trained in the care of stroke patients.

(IV) Nursing staff in the stroke unit with particular neurologic expertise who are trained in the overall care of stroke patients.

(V) Nursing staff in intensive care unit (ICU) with specialized training in care of patients with complex and/or severe neurological/neurosurgical conditions.

(VI) Advanced Practice Nurse(s) with particular expertise in neurological and/or neurosurgical evaluation and treatment. Physician(s) with specialized expertise in critical care for patients with severe and/or complex neurological/neurosurgical conditions.

(VII) Physician(s) with specialized expertise in critical care for patients with severe and/or complex neurological/neurosurgical conditions.

(VIII) Physician(s) with expertise in performing and interpreting trans-thoracic echocardiography, transesophageal echocardiography, carotid duplex ultrasound and transcranial Doppler.

(IX) Physician(s) and therapist(s) with training in rehabilitation, including physical, occupational and speech therapy.

(X) A multidisciplinary team of health care professionals with expertise or experience in stroke, representing clinical or neuropsychology, nutrition services, pharmacy (including a Pharmacy Doctorate (Pharm D) with stroke expertise), case management and social workers.

(b) Availability of medical personnel:

(I) Neurosurgical expertise must be available in a CSC on a 24 hour per day, 7 days per week basis and in-house within 2 hours. The attending neurosurgeon(s) at a CSC should have expertise in cerebrovascular surgery.

(II) Neurologist(s) with special expertise in the management of stroke patients should be available 24 hour per day, 7 days per week.

(III) Endovascular/Neurointerventionist(s) should be on active full-time staff. However when this service is temporarily unavailable, pre-arranged transfer agreements must be in place for the rapid transfer of patients needing these treatments to an appropriate facility.

(2) Advanced Diagnostic Capabilities:

a. Magnetic resonance imaging (MRI) and related technologies.

b. Catheter angiography.

c. Coaxial Tomography (CT) angiography.

d. Extracranial ultrasonography.

e. Carotid duplex.

f. Transcranial Doppler.

g. Transthoracic and trans-esophageal echocardiography.

h. Tests of cerebral blood flow and metabolism.

i. Comprehensive hematological and hypercoagulability profile testing.

3. Neurological Surgery and Endovascular Interventions.

a. Angioplasty and stenting of intracranial and extracranial arterial stenosis.

b. Endovascular therapy of acute stroke.

c. Endovascular treatment (coiling) of intracranial aneurysms.

d. Endovascular and surgical repair of arteriovenous malformations (AVM) and arteriovenous fistulae (AVF).

e. Surgical clipping of intracranial aneurysms.

f. Intracranial angioplasty for vasospasm.

g. Surgical resection of AVMs and AVFs.

h. Placement of ventriculostomies and ventriculoperitoneal shunts.

i. Evacuation of intracranial hematomas.

j. Carotid endarterectomy.

k. Decompressive craniectomy.

4. Specialized Infrastructure.

(a) Emergency Medical Services (EMS) Link – The CSC collaborates with EMS leadership:

(I) To ensure that EMS assessment and management at the scene includes the use of a stroke triage assessment tool (consistent with the Florida Department of Health sample).

(II) To ensure that EMS assessment/management at the scene is consistent with evidence-based practice.

(III) To facilitate inter-facility transfers.

(IV) Maintain an on-going communication system with EMS providers regarding availability of services.

b. Referral and Triage – A CSC shall maintain:

(I) An acute stroke team available 24 hour per day, 7 days per week, including: ED physician(s), nurses for ED patients, neurologist, neurospecialist RNs, radiologist with additional staffing/technology including: 24 hour per day, 7 days per week CT availability, STAT lab testing/pharmacy and registration.

(II) A system for facilitating inter-facility transfers.

(III) Defined access telephone numbers in a system for accepting appropriate transfer.

c. Inpatient Units – These specialized units should have a subspecialty Medical Director with particular expertise in stroke- (intensivist, pulmonologist, neurologist, neurosurgeon or neuro-intensivist) who demonstrates ongoing professional growth by obtaining at least 6 CME credits in cerebrovascular care annually.

(I) ICU with medical and nursing personnel who have special training, skills and knowledge in the management of patients with all forms of neurological/neurosurgical conditions that require intensive care.

(II) Acute Stroke Unit with medical and nursing personnel who have training, skills and knowledge sufficient to care for patients with neurological conditions, particularly acute stroke patients, and who are appropriately trained in neurological assessment and management.

d. Rehabilitation and Post Stroke Continuum of Care –

(I) A CSC shall provide inpatient post-stroke rehabilitation.

(II) A CSC shall utilize healthcare professionals that can assess and treat cognitive, behavioral, and emotional changes related to stroke (i.e., clinical psychologists or clinical neuropsychologists).

(III) A CSC shall ensure discharge planning that is appropriate to the level of post-acute care required.

(IV) A CSC shall ensure continuing arrangements post-discharge for rehabilitation needs and medical management.

(V) A CSC shall ensure that patients' meeting acute care rehabilitation admission criteria are transferred to a CARF/JCAHO accredited acute rehabilitation facility.

e. Education –

(I) The CSC shall fulfill the educational needs of its medical and paramedical professionals by offering ongoing professional education for all disciplines.

(II) The CSC shall provide education to the public as well as to inpatients and families on risk factor reduction/management, primary and secondary prevention of stroke, the warning signs and symptoms of stroke, and the medical management and rehabilitation for stroke patients.

(III) The CSC shall supplement community resources for stroke and stroke support groups.

f. Professional standards for nursing – The CSC shall provide a career development track to develop neuroscience nursing particularly in the area of cerebrovascular disease.

(I) ICU and neuroscience/stroke unit nursing staff will be familiar with stroke specific neurological assessment tools such as the National Institute for Health (NIH) Stroke Scale.

(II) ICU nursing staff must be trained to assess neurologic function and be trained to provide all aspects of neuro critical care.

(III) Nurses in the ICU caring for stroke patients, and nurses in neuroscience units obtain at least 8 hours of continuing education credits (4 hours continuing education in the formalized CEU credits and 4 hours of continuing education related to their specialty that can be verified through documentation of participation).

g. Research – A CSC shall have the professional and administrative infrastructure necessary to conduct clinical trials and should have participated in stroke clinical trials within the last year and actively participate in ongoing clinical stroke trials.

5. Quality Improvement and Clinical Outcomes Measurement.

a. The purpose of a quality improvement program is analysis of data, correction of errors, systems improvements, and ongoing improvement in patient care and delivery of services.

b. A multidisciplinary institutional Quality Improvement Committee should meet on a regular basis to monitor quality benchmarks and review clinical complications.

c. Specific benchmarks, outcomes, and indicators should be defined, monitored, and reviewed on a regular basis for quality assurance purposes. Outcomes for procedures such as carotid endarterectomy, carotid stenting, IVtPA, endovascular/interventional stroke therapy, intracerebral aneurysm coiling, and intracerebral aneurysm clipping should be monitored.

d. A database and/or registry should be established that allows for tracking of parameters such as length of stay, treatments received, discharge destination and status, incidence of complications (such as aspiration pneumonia, urinary tract infection, deep venous thrombosis), and discharge medications and comparing to institutions across the United States.

e. A CSC shall participate in a national and/or state registry (or registries) for acute stroke therapy clinical outcomes, including IV tPA and endovascular/interventional stroke therapy.

Specific Authority 395.1055, 395.3038, 395.401, 408.036 FS. Law Implemented 395.001, 39.1055, 395.1065, 395.3038, 395.401, 408.036, 957.05 FS. History—New 4-17-97, Amended 3-29-98, 8-23-99, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Bill McCort, Bureau of Health Facility Regulation, Division of Health Quality Assurance

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Professional Engineers

RULE NO.: RULE TITLE:
61G15-24.001 Schedule of Fees

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 49, of the December 9, 2005 issue of the Florida Administrative Weekly. The change below reflects the addition of language approved by the Board on February 23, 2005 but inadvertently left out of the rule notice:

1. Subsection (2)(p) shall now read:

(p) Engineer Intern Endorsement Fee: \$100.00

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Paul Martin, Executive Director, Board of Professional Engineers, 2507 Callaway Road, Suite 200, Tallahassee, Florida 32301.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF HEALTH

Board of Dentistry

RULE NO.: RULE TITLE:
64B5-2.014 Licensure Requirements for Applicants from Accredited Schools or Colleges

NOTICE OF CHANGE

Notice is hereby given that the following additional changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 31, No. 21, of the May 27, 2005, issue of the Florida Administrative Weekly. The change is in response to written comments submitted by the staff of the Joint Administrative Procedures Committee. The Board, at its meeting on November 4, 2005, voted to change the rule to address the comments submitted by JAPC. The change is as follows:

Subsection (3) shall now read:

(3) Proof received directly from the American Dental Association, that the National Board of Dental Examiners written Examination or National Board of Hygiene Written Examination has been successfully completed within 10 years prior to application.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Dentistry, 4052 Bald Cypress Way, Bin #C08, Tallahassee, Florida 32399-3258

FINANCIAL SERVICES COMMISSION

Office of Financial Regulation

RULE NO.: RULE TITLE:
69W-301.002 Processing of Applications

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with subparagraph 120.54(3)(d)1, F.S., published in Vol. 31, No. 41, October 14, 2005, issue of the Florida Administrative Weekly. The changes are the result of non-substantive technical revisions and written comments received from the staff of the Joint Administrative Procedures Committee. The changes are as follows:

1. The title of the FORM BR, as listed in subparagraph 12 of Rule 69W-301.002, F.A.C., is changed from Uniform Branch Office Form to Uniform Branch Office Registration Form. This is a technical change to conform the rule to the title that is listed on the uniform form that has been adopted by the Securities and Exchange Commission.

2. The forms ADV, U4, and U5 contain a field for the applicant to provide his or her social security number. This information is requested, but not required. Rule 69W-301.002, F.A.C., is being clarified to reflect that the Office of Financial Regulation will not require that this information be provided.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Andrea Moreland, Executive Senior Attorney, Office of Financial Regulation, 200 E. Gaines Street, The Fletcher Building, Tallahassee, Florida 32399-0375, (850)410-9662, e-mail: andrea.moreland@fldfs.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69W-301.002 Processing of Applications.

(1) through (6) No change.

(7)(a) The forms referred to in this section below are incorporated by reference and readopted by this rule for the purposes of Rule Chapters 69W-100 through 69W-900, F.A.C.:

1. through 5. No change.

6. Form BD, Uniform Application for Broker-Dealer Registration (Revised 7/99);

7. Form ADV, Uniform Application for Investment Adviser Registration (Revised 10/03 4/4/04);

8. Form U-4, Uniform Application for Securities Industry Registration or Transfer (Revised 10/05 3/02);

9. BDW, Uniform Request for Broker-Dealer Withdrawal (Revised 8/99);

10. Form ADV-W, Notice of Withdrawal from Registration as Investment Adviser ~~Adviser~~ (Revised (10/03) 4/99);

11. Form U-5, Uniform Termination Notice for Securities Industry Registration (Revised 10/05 3/02);

12. ~~Form BR, Uniform Branch Office Registration Form (Revised 10/05) OFR Form DA 1 91, Branch Office Registration Form (Revised 4/99);~~

13. through 14. No change.

(b) No change.

(c) Social security number. The following forms contain a field that allows, but does not require, an individual to submit his or her social security number: Form ADV, Uniform Application for Investment Adviser Registration (Revised 10/03); Form U4, Uniform Application for Securities Industry Registration or Transfer (Revised 10/05); and Form U5, Uniform Termination Notice for Securities Industry Registration (Revised 10/05). If provided, an individual's social security number will be used by the Office of Financial Regulation to facilitate the identification of the individual to obtain the required criminal justice information, which may expedite the processing of the forms. Social security numbers obtained through the submission of the above-listed forms are subject to the confidentiality provisions of subsection 119.071(5), Florida Statutes.

Specific Authority 517.03(1), 517.12, 517.1201 FS. Law Implemented 120.60(1), 517.051, 517.081, 517.082, 517.12, 517.161(5) FS. History—Revised and Transferred from 3E-300.01, 9-20-82, Formerly 3E-301.02, Amended 10-15-86, 2-1-87, 12-8-87, 7-29-90, 7-31-91, 6-16-92, 1-10-93, 3-13-94, 10-1-96, 10-23-97, 6-22-98, 6-10-99, 5-7-00, 7-10-02, Formerly 3E-301.002, Amended _____.

Section IV Emergency Rules

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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FLORIDA HOUSING FINANCE CORPORATION

RULE TITLES:	RULE NOS.:
Purpose and Intent	67ER06-1
Definitions	67ER06-2
Application and Selection Procedures for Developments	67ER06-3
Applicant Administrative Appeal Procedures	67ER06-4
Fees	67ER06-5
Credit Underwriting and Loan Procedures	67ER06-6
Miscellaneous Criteria	67ER06-7
General Program Procedures and Restrictions	67ER06-8
Additional Application Ranking and Selection Procedures	67ER06-9
Terms and Conditions of Loans	67ER06-10
Sale or Transfer of a Development	67ER06-11
Construction Disbursements and Permanent Loan Servicing	67ER06-12

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: Florida experienced the destructive impact of four hurricanes in 2004. The hurricanes created both short-term and long-term housing needs for Floridians. To implement the February 2005 recommendations of the Governor's Hurricane Housing Work Group, the Rental Recovery Loan Program, hereafter referred to as RRLP, is created for the purpose of providing funds to assist those areas of the state with the greatest housing damage from the hurricanes. Program funding is provided to enable eligible entities to build and rehabilitate affordable rental housing.