

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE ANNOUNCED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Executive Director, Board of Podiatric Medicine/MQA, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

THE FULL TEXT OF THE PROPOSED RULE IS:

64B18-12.006 Inactive Licenses: Fees for Application, Reactivation and Renewal; Delinquency Fee.

(1) The application fee for inactive status shall be three hundred fifty dollars (\$350.00) ~~two hundred fifty dollars (\$250.00)~~ if the application and fee are received by the Department during the timeframe established by the Department as the timeframe for biennial renewal of licensure; otherwise a fee of three hundred fifty dollars (\$350) shall be imposed in addition to the application fee.

(2) The fee for reactivation of an inactive license shall be three hundred fifty dollars (\$350.00) ~~two hundred fifty dollars (\$250.00)~~ plus the fee for biennial renewal of an active license as established in Rule 64B18-12.004, F.A.C., plus a fee of three hundred fifty dollars (\$350.00) if the application for reactivation is received by the Department at any time other than the timeframe established by the Department as the timeframe for biennial renewal of licensure.

(3) The fee for biennial renewal of an inactive license shall be three hundred fifty dollars (\$350.00) ~~two hundred fifty dollars (\$250.00)~~ if the fee is received by the Department during the timeframe established by the Department as the time for such renewal; otherwise a delinquency fee of three hundred fifty dollars (\$350.00) shall be imposed in addition to the renewal fee.

Specific Authority 461.005, 461.007, 461.008 FS. Law Implemented 456.036, 461.007, 461.008 FS. History--New 5-14-84, Formerly 21T-12.08, Amended 10-14-86, Formerly 21T-12.008, 61F12-12.008, Amended 4-5-95, 1-1-96, Formerly 59Z-12.006, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Podiatric Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Podiatric Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: February 1, 2002

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 25, 2002

Section III Notices of Changes, Corrections and Withdrawals

DEPARTMENT OF STATE

Division of Elections

RULE NO.: 1S-2.032
RULE TITLE: Uniform Primary and General Election Ballot

NOTICE OF CHANGE

Notice is hereby given that proposed Rule 1S-2.032, published in the F.A.W., Pages 5844-5845, Vol. 27, No. 50, on December 14, 2001, has been changed to reflect comments received from the public as well as the Joint Administrative Procedures Committee.

Changes were made to Section 1S-2.032, F.A.C., so that it now reads:

(1) The purpose of this rule is to prescribe a uniform primary and general election ballot design for each certified voting system.

(2) The title shall be printed across the top of an optical scan the ballot and on the first ballot screen of a touchscreen ballot in all caps bold.

(a) The title of the presidential preference primary ballot shall read as follows:

Line one - OFFICIAL PRESIDENTIAL PREFERENCE PRIMARY BALLOT ~~Official Presidential Preference Primary Ballot~~

Line two - _____ PARTY Party

Line three - _____ COUNTY, FLORIDA ~~County, Florida~~

Line four - _____ (date) _____

(b) The title of the primary ballot shall read as follows:

Line one - OFFICIAL PRIMARY BALLOT ~~Official Primary Ballot~~

Line two - _____ PARTY Party

Line three - _____ COUNTY, FLORIDA ~~County, Florida~~

Line four - _____ (date) _____

(c) The title of the general election ballot shall read as follows:

Line one - OFFICIAL GENERAL ELECTION BALLOT ~~Official General Election Ballot~~

Line two - _____ COUNTY, FLORIDA ~~County, Florida~~

Line three - _____ (date) _____

(3) Ballot instructions shall be printed directly under the title on the front side of an optical scan paper ballot and on the top of the first ballot screen of a touchscreen ballot.

(a) For optical scan voting systems, the following shall apply:

1. The ballot instructions for those certified voting systems using ovals to be filled in next to the voters choice, shall read as follows:

- a.
 - TO VOTE, COMPLETELY FILL IN ~~BLACKEN~~ THE OVAL ● NEXT TO YOUR CHOICE.
 - Use only the marking device provided or a number 2 pencil ~~Do not use red ink.~~
 - If you make a mistake, don't hesitate to ask for a new ballot. If you erase or make other marks, your vote may not count.

b. In a general election, if there are write-in candidates, add the following:

- To vote for a ~~qualified write-in~~ candidate whose name is not printed on the ballot, fill in ~~blacken~~ the oval, and ~~then~~ write in the candidate's name on the blank line provided for a write-in candidate.

~~2.(b)~~ The ballot instructions for those certified voting systems using an arrow to point to the voter's choice, shall read as follows:

- a.~~(1-)~~
 - TO VOTE, COMPLETE THE ARROW → POINTING TO YOUR CHOICE.
 - Use only the marking device provided or a number 2 pencil ~~Do not use red ink.~~
 - If you make a mistake, don't hesitate to ask for a new ballot. If you erase or make other marks, your vote may not count.

b.~~(2-)~~ In a general election, if there are write-in candidates, add the following:

To vote for a ~~qualified write-in~~ candidate whose name is not printed on the ballot, complete the arrow, and ~~then~~ write in the candidate's name on the blank line provided for a write-in candidate.

~~(b)(c)~~ The ballot instructions for certified touch screen voting systems the following shall apply read as follows:

1. For the Global ES 2001 Blended system, the instructions shall be as follows:

- a.
 - Make your selection by Touching the screen on the candidate's name or anywhere in the candidate area or on the Yes or No position until the X appears.
 - If you change your mind, Touch the candidate's name or the Yes or No position again to undo the mark.
 - Touch the NEXT button at the bottom right of the screen to move to the next ballot page.
 - Touch the PREVIOUS button at the bottom left of the screen to move back one page.
 - Touch CAST BALLOT button on the last ballot screen to record your vote.
 - To begin voting, touch the START button.

~~(1-) TOUCH THE APPROPRIATE SPACE TO SELECT YOUR CHOICE.~~

b.~~(2-)~~ In a general election, if there are write-in candidates, add the following prior to the cast ballot instruction ~~on top of each screen that contains a write-in candidate:~~

- To vote for a ~~qualified write-in~~ candidate whose name is not printed on the ballot, touch WRITE-IN and a touch keyboard will appear select the "Qualified Write-In" Box. Key Then type in the candidate's name on the keyboard and then touch RECORD WRITE-IN select the "Record/Accept Write-In" button.

2. For the ES&S iVotronic, the instructions shall be as follows:

- a.
 - Make your selection by touching the screen on the box to the right of the candidate or response of your choice or anywhere in the candidate area until the X appears.
 - If you change your mind, touch the new choice and the X will appear on your new choice.
 - Touch the NEXT button at the bottom right of the screen to move to the next ballot page.
 - Touch the PREVIOUS button at the bottom right of the screen to move back one page.
 - Touch REVIEW BALLOT on the last ballot page to review your selections.
 - Press the red VOTE button at the top of the machine to cast your ballot.
 - To begin voting, touch the NEXT button.

b. In a general election, if there are write-in candidates, add the following prior to the cast ballot instruction:

- To vote for a candidate, whose name is not printed on the ballot, touch the WRITE-IN candidate box and a touch keyboard will appear. Key in the candidate's name and then touch ACCEPT.

3. For the Sequoia AVC Edge, the instructions shall be as follows:

- a.
 - Make your selection by touching the screen on the circle to the right of the candidate or response of your choice or anywhere in the candidate area until the check mark appears.
 - If you change your mind, touch the check mark again to undo the mark.
 - Touch the NEXT button at the bottom right of the screen to move to the next ballot page.
 - Touch the BACK button at the bottom left of the screen to move back one page.
 - Touch the yellow CAST VOTE button in the middle of the last screen to cast your ballot.
 - To begin voting, touch the NEXT button.

b. In a general election, if there are write-in candidates, add the following prior to the cast vote instruction:

- To vote for a candidate, whose name is not printed on the

ballot, touch WRITE-IN on the bottom of the list of candidates and a touch keyboard will appear. Key in the candidate's name on the keyboard, then touch OK.

(4) Following the instructions, the headings, office titles, and candidates shall be listed in the order provided in s. 101.151, F.S. The headings and office titles shall be in all caps bold. The last name of the candidate shall be in all caps. The first name shall be in upper and lower case.

(5) Under each office heading shall be printed "(Vote for One)". For joint candidacies, there shall be printed "(Vote for One Pair)". In races where more than one vote is permitted, there shall be printed "(Vote for no more than (enter # to be elected))".

(6)(4) The marking space for ~~optical scan systems~~ for a voter to mark a choice shall be as follows to the left of the candidate's name or issue:

- (a) For Global, on the left of the voter's choice.
- (b) For ES&S and Sequoia Optech, on the right of the voter's choice.
- (c) For ES&S M-100, 150, and 550, on the left of the voter's choice.
- (d) For Global ES 2001 Blended, on the left of the voter's choice.
- (e) For ESS iVotronic, on the right of the voter's choice.
- (f) For Sequoia AVC Edge, on the right of the voter's choice.

(7)(5) When required, the appropriate abbreviation of a party name or no party affiliation shall be to the right of the candidate's name.

(8)(6) No race shall appear in more than one column on an optical scan ballots or on and no more than one screen of a touchscreen ballots. If in any election there are more candidates than will fit in one column or screen, the supervisor of elections shall certify that fact and provide a copy of the proposed ballot to the Division of Elections for approval prior to distribution.

(9) On optical scan ballots, when races and/or questions are printed on both sides of the ballot, the words "VOTE BOTH SIDES OF BALLOT" shall be printed on the bottom of the front and back of the ballot in all caps bold.

(10) For counties offering multiple languages on touchscreen ballots, the language choice may appear prior to the first ballot screen.

(11) The ballot title for an issue shall be in upper and lower case bold. The substance of the issue shall be in upper and lower case. YES and NO shall be in all caps bold.

(12) When a primary includes one or more Universal Primary Contests as defined in Rule 1S-2.002, F.A.C., the following shall apply:

(a) The words "Universal Primary Contest" shall appear underneath the office title of the Universal Primary Contest and before the "(Vote for ...)" text.

(b) The names of all candidates for all partisan offices, including candidates for the Universal Primary Contest, shall be displayed with an appropriate abbreviation of party name.

(13)(7) A primary ballot for certified voting systems using ovals to be filled in next to the voter's choice shall be substantially in accordance with Form DS-DE 30, eff. 11/01, hereby incorporated by reference and available from the Division of Elections. A general election ballot for certified voting systems using ovals to be filled in next to the voter's choice shall be substantially in accordance with Form DS-DE 31, eff. 11/01, hereby incorporated by reference and available from the Division of Elections.

(14)(8) A primary ballot for certified voting systems using an arrow to point to the voter's choice shall be substantially in accordance with Form DS-DE 32, eff. 11/01, hereby incorporated by reference and available from the Division of Elections, or Form DS-DE 33, eff. 11/01, hereby incorporated by reference and available from the Division of Elections. A general election ballot for certified voting systems using an arrow to point to the voter's choice shall be substantially in accordance with Form DS-DE 43, eff. 11/01, hereby incorporated by reference and available from the Division of Elections.

(15)(9) A primary ballot for certified touchscreen voting systems shall be substantially in accordance with Form DS-DE 44, eff. 12/01, hereby incorporated by reference and available from the Division of Elections. A general ballot for certified touchscreen voting systems shall be substantially in accordance with Form DS-DE 45, eff. 12/01, hereby incorporated by reference and available from the Division of Elections.

(16)(10) All other specifications for ballots must comply with the Florida Election Code.

Specific Authority 101.151 FS. Law Implemented 101.151 FS. History--New

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-601.105
 RULE TITLE: Restoration of Forfeited Gain Time
 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. 28, No. 8, February 22, 2002, issue of the Florida Administrative Weekly:

33-601.105 Restoration of Forfeited Gain Time.

Restoration of gain time as a positive management tool. Gain time that has been forfeited under the current commitment as a result of disciplinary action or revocation of parole, provisional release, supervised community release, conditional medical release, control release, or conditional release shall be subject to restoration when the restoration would produce the same or greater benefits as those derived from the forfeiture in the first place. Only those inmates whose adjustment and performance

since their last disciplinary report or revocation of parole, provisional release, supervised community release, conditional medical release, control release, or conditional release has exceeded that which is required to comply with all the behavioral objectives are eligible for consideration. The restoration shall only be considered when the inmate has clearly performed positively over a period of time and it appears the inmate will continue this positive adjustment without further violating the rules of the department or the laws of the state and the inmate is serving that portion of the sentence which, but for the forfeiture of gain time, would have been completed.

(1) Eligibility.

(a) Restoration of gain time due to loss by disciplinary action:

1. through 3. No change.

4. ~~The following groups of inmates shall not be eligible. Inmates who have been found guilty of one of the disciplinary offenses listed below and who have a criminal conviction arising from the same incident shall be ineligible~~ for restoration of forfeited gain time:

a. Inmates who have a felony conviction for an offense that occurred during the inmate's current commitment; or

b. Inmates who have been found guilty of one of the following disciplinary offenses during their current commitment:

1-1 Assault or battery or attempted assault or battery with a deadly weapon;

1-2 Unarmed Assault, where a physical attack was made against department staff;

1-5 Sexual Battery;

2-1 Participating in riots, strikes, mutinous acts or disturbances;

3-1 Possession of weapons, ammunition, or explosives;

3-4 Trafficking in Drugs;

4-1 Escape or attempted escape.

5. through 6. No change.

(b) No change.

(2) How processed. Restoration of gain time will be considered only when the inmate has met the criteria specified in subsection (1) of this rule. There is no entitlement for consideration based upon an inmate's request. The final approving authority for restoration of forfeited gain time will be the Deputy Director of Institutions. The institution where the inmate is assigned will be notified and the facility staff will notify the inmate of the decision.

DEPARTMENT OF CORRECTIONS

RULE NO.: 33-601.711 RULE TITLE: Legal Visitors

NOTICE OF PUBLIC HEARING

Notice is hereby given that a public hearing on the above referenced proposed rule, as noticed in the Florida Administrative Weekly, Vol. 28, No. 2, January 11, 2002 and Vol. 28, No. 9, March 1, 2002, will be held at 9:00 a.m. on Thursday, March 28, 2002, at the Department of Corrections Central Office, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500.

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE NO.: 40D-4.051 RULE TITLE: Exemptions

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to Notice of Change published in Vol. 28, No. 7, February 15, 2002, issue of the Florida Administrative Weekly:

40D-4.051 Exemptions.

The following activities are exempt from permitting under this chapter:

(1) through (5) No change.

(6) Any system for a mining or mining related activity which has a valid permit issued by the District or the Department pursuant to Rule 40D-45.041, F.A.C. This exemption shall be for the plans, terms and conditions approved in the permit issued pursuant to Chapter 40D-45, F.A.C. ~~Proposed modifications to systems previously exempt under Rule 40D-45.051, F.A.C., may be subject to permitting under Chapter 40D-4, F.A.C. as provided in Rule 40D-4.054, F.A.C.~~ If an operator of a system previously permitted under Chapter 40D-45, F.A.C. proposes an "alteration" as the term is defined in subsection 40D-4.021(7), F.A.C., such system shall be reviewed under the provisions of Chapter 40D-4, F.A.C.

(7) through (12) renumbered (8) through (13) No change.

Specific Authority 373.044, 373.118, 373.414(9) FS. Law Implemented 373.413, 373.419 FS. History-Readopted 10-5-74, Formerly 16J-4.05, Amended 10-1-84, 10-1-86, 3-1-88, 1-24-90, 10-3-95, 4-18-01, 5-17-01.

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-5.004 RULE TITLE: Technician

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 the Vol. 28, No. 5, February 1, 2002, issue of the Florida Administrative Weekly. The changes are in response to the Board meeting held on February 22, 2002.

The rule shall now read as follows:

64B3-5.004 Technician.

(1) through (2) No change.

(3) Qualifications for Histology Technicians. For the category of histology, applicants for technician licensure shall have four hours of Board approved HIV/AIDS continuing education, a minimum of a high school diploma or its equivalent, examination certification in histology by the American Society for Clinical Pathology, and one of the following:

(a) Successful completion of a Board approved histology training program.

(b) Successful completion of an accredited histology program.

(c) Successful completion of a military histology training program consisting of 1500 clock hours of study within 12 calendar months.

(d) Certification by the American Society for Clinical Pathology (ASCP) at the histotechnician (HT) level.

(4) through (5) No change.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: 64B3-7.001 RULE TITLE: Licensure Examinations

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 the Vol. 27, No. 52, December 28, 2001, issue of the Florida Administrative Weekly. The changes are in response to the Board meeting held on February 22, 2002.

When adopted the rule will read as follows:

64B3-7.001 Licensure Examinations.

The Board specifies that the licensure examinations, ~~beginning with the Fall of 2000~~, shall consist of the following:

(1) For licensure as a director qualifying pursuant to Rule 64B3-5.007, F.A.C., a supervision and administration examination covering the subject matter of subsection 64B3-3.003(7), F.A.C., the Clinical Laboratory Director examination administered by the National Credentialing Certification Agency for Clinical Laboratory Personnel (NCA) ~~or, and pursuant to Section 456.017(1)(e), F.S.~~, one of the following:

(a) In the specialty of microbiology including public health laboratory directors, the examination in clinical microbiology prepared by the American Board of Medical Microbiology.

(b) In the specialty of serology/immunology, the examination in clinical immunology prepared by the American Board of Medical Laboratory Immunology.

(c) In the specialty of clinical chemistry including public health laboratory directors, the examination prepared by the American Board of Clinical Chemistry. If a director performs only the subspecialty of toxicology, the examination in toxicology, prepared by the American Board of Clinical Chemistry is approved.

(d) In the specialty of hematology, the hematology examination for high complexity clinical laboratory directors prepared by the American Board of Bioanalysis.

(e) In the specialty of cytogenetics, the specialty examination in clinical cytogenetics prepared by the American Board of Medical Genetics.

(f) In the specialty of molecular genetics, the specialty examination in molecular genetics prepared by the American Board of Medical Genetics.

(g) In the specialty of histocompatibility, the laboratory director examination in histocompatibility prepared by the American Board of Histocompatibility and Immunogenetics.

(2) through (4) No change.

(5) For licensure as a supervisor qualifying pursuant to Rule 64B3-5.002, F.A.C.:

(a) When the applicant is licensed in a specialty as a technologist by examination, administration and supervision examinations covering the subject matter in subsection 64B3-3.003(7), F.A.C. The applicant will be licensed as a supervisor in the specialty(ies) on their technologist licenses upon passing the administration and supervision examination. ~~The Board approved Supervision and Administration examinations are shall be administered in house by the Department and/or the following Board approved national examinations:~~

1. The Diplomat in Laboratory Management examination on general supervision administered by the American Society ~~for of Clinical Pathology Pathologists (ASCP).~~

2. The Specialist in Blood Banking administered by ~~the American Society of Clinical Pathologists~~ ASCP for Blood Banking and Immunoematology.

3. The Specialist in Cytotechnology administered by ASCP ~~the American Society of Clinical Pathologists~~ for licensure by endorsement as a supervisor in Cytology.

4. The Specialist in Chemistry administered by ASCP ~~the American Society of Clinical Pathologists~~ for licensure by endorsement for supervisors in Clinical Chemistry.

5. The Specialist in Hematology administered by ASCP ~~the American Society of Clinical Pathologists~~ for licensure by endorsement for supervisors in Hematology.

6. The Clinical Laboratory Supervisor administered by the National Credentialing Certification Agency for Clinical Laboratory Personnel (NCA).

7. The Certified Histocompatibility Specialist Examination (CHS) administered by the American Board of Histocompatibility and Immunogenetics (ABHI).

(b) When the applicant is not licensed as a technologist, an administration and supervision examination covering the subject matter in subsection 64B3-3.003(7), F.A.C., and an examination in one or more of the specialties specified in subsection 64B3-7.001(6), F.A.C. The applicant shall be licensed as a supervisor in the appropriate specialty upon passing the examination in administration and supervision and one or more of the specialties. ~~The Board approved Supervision and Administration examinations are shall be administered in house by the Department and/or the following Board approved national examinations:~~

1. The Diplomat in Laboratory Management examination on general supervision administered by ASCP the American Society of Clinical Pathologists.
2. The Specialist in Blood Banking administered by ASCP the American Society of Clinical Pathologists for Blood Banking and Immunohematology.
3. The Specialist in Cytology administered by ASCP the American Society of Clinical Pathologists for Cytology supervisors.
4. The Specialist in Chemistry administered by ASCP the American Society of Clinical Pathologists for licensure by endorsement for supervisors in Clinical Chemistry.
5. The Specialist in Hematology administered by ASCP the American Society of Clinical Pathologists for licensure by endorsement for supervisors in Hematology.
6. The Clinical Laboratory Supervisor administered by NCA the National Certification Agency for Clinical Laboratory Personnel (NCA).
7. The Certified Histocompatibility Specialist examination administered by ABHI.

(c) A licensed supervisor may add a specialty by passing one of the specialty examinations specified in subsection (6) below.

(6) For licensure as a technologist:

(a) ~~An A state~~ examination in one or more of the following specialties: microbiology, serology/immunology, clinical chemistry, hematology, immunohematology, blood banking/immunohematology, histology, ~~or examinations prepared by the American Society for of Clinical Pathology (ASCP) Pathologists, the American Medical Technologists (AMT), or the National Credentialing Certification Agency for Medical Clinical Laboratory Personnel (NCA), or the American Association of Bioanalysts (AAB);~~ or

(b) In the specialty of cytology, the Cytotechnologist Examination prepared by the Board of Registry of the ASCP American Society of Clinical Pathologists; or (c) In the specialty of cytogenetics, the Clinical Laboratory Specialist in Cytogenetics Examination prepared by the NCA National Certification Agency for Medical Laboratory Personnel; or

(d) In the specialty of histocompatibility, the Certification Examination for Histocompatibility Technologists, prepared by ABHI the American Board of Histocompatibility and Immunogenetics; or

(e) In the specialty of radioassay, the Certification Examination in Radioassay, prepared by the Clinical Ligand Assay Society Certification Board; or

(f) In the specialty of blood gas analysis, either the Cardiovascular Science Examination, prepared by Cardiovascular Credentialing International, or the Advanced Pulmonary Function Technologist Examination, prepared by the National Board of Respiratory Care.

(g) In the specialty of blood banking/immunohematology, the Technologist Certification Examination in Blood Banking, or the Specialist in Blood Banking Certification Examination, prepared by the Board of Registry of ASCP the American Society of Clinical Pathologists are also acceptable in addition to the options stated in (6)(a) above.

(7) No change.

(8) For licensure as a Technician:

~~(a) There shall be two types of examinations. A candidate may choose either a generalist examination covering microbiology, serology/immunology, clinical chemistry, hematology and immunohematology or an examination in histology. A candidate may alternately choose to take either one of the generalist medical laboratory technician or medical technologist examinations administered by the American Society of Clinical Pathologists (ASCP), the National Certification Agency for Medical Laboratory Personnel (NCA), or American Medical Technologists (AMT) or the technician histology or technologist histology examination administered by the American Society of Clinical Pathologists (ASCP):~~

~~(a)(b)~~ The applicant shall be licensed as a generalist technician in the specialties of microbiology, serology/immunology, clinical chemistry, hematology, and immunohematology upon passage of the ~~state~~ generalist examination ~~of~~ of the American Society ~~for~~ of Clinical Pathology Pathologists (ASCP), the National Credentialing Certification Agency for Medical Laboratory Personnel (NCA), ~~or~~ the American Medical Technologists (AMT), ~~or the American Association of Bioanalysts (AAB) medical laboratory technician or medical technologist generalist examination;~~ or

~~(b)(e)~~ The applicant shall be licensed as a technician in the specialty of histology upon passage of the ~~state histotechnician examination or the histotechnician or histotechnologist examination administered by~~ ASCP the American Society of Clinical Pathologists (ASCP).

~~(c)(d)~~ There is no technician level radioassay, blood banking, blood gas analysis, cytology, histocompatibility or cytogenetics examination.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

DEPARTMENT OF HEALTH

Board of Clinical Laboratory Personnel

RULE NO.: RULE TITLE:
64B3-9.001 Application 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 the Vol. 28, No. 1, January 4, 2002, issue of the Florida Administrative Weekly. The changes are in response to the Board meeting held on February 22, 2002.

The rule shall now read as follows:

- 64B3-9.001 Application Fees.
- (1) Trainee – \$20
- (2) Licensure application – \$100
- (3) Clinical laboratory personnel training program – \$200
- (4) Continuing education provider – \$250
- (5) Public Health Science Technician – \$100
- (6) Wall Certificate – \$25

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Joe Baker, Jr., Board Executive Director, Board of Clinical Laboratory Personnel, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257

DEPARTMENT OF HEALTH

Division of Environmental Health and Statewide Programs

RULE CHAPTER NO.: RULE CHAPTER TITLE:
64E-2 Emergency Medical Services
RULE NO.: RULE TITLE:
64E-2.038 Cardiopulmonary and Advanced Cardiac Life Support Courses

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to proposed Chapter 64E-2, F.A.C., in accordance with subparagraph 120.54(3)(d)1., F.S., published in the Florida Administrative Weekly, Vol. 27, No. 52 on December 27, 2001. The changes reflect comments received from the Joint Administrative Procedures Committee. The changes are as follows:

Replace previous noticed language with the following:

64E-2.038 Cardiopulmonary and Advanced Cardiac Life Support Courses.

(1) Cardiopulmonary resuscitation (CPR) or advanced cardiac life support (ACLS) courses which have been accredited by the Continuing Education Coordinating Board

for Emergency Medical Services (CECBEMS) are defined as equivalent to CPR or ACLS courses conducted by the American Heart Association or American Red Cross.

(2) Any public or private entities desiring to conduct CPR or ACLS courses equivalent to those conducted by the American Heart Association or American Red Cross shall have those courses accredited by the CECBEMS and shall maintain CECBEMS accreditation of those courses at all times they are offered and conducted.

(3) Entities shall provide a copy of the letter of approval of accreditation from CECBEMS for each CPR and ACLS course to be recognized and accepted as an equivalent by the Department. A copy of the letter of approval shall be submitted to the Department with a completed DH Form 1938, February 2002, Cardiopulmonary Resuscitation (CPR) or Advanced Cardiac Life Support (ACLS) Course Equivalency Form at least 90 days prior to the offering of the course. This form is incorporated by reference and available from the department. In addition to DH Form 1938 and a copy of the letter of approval each entity shall provide a sample completion card or certificate which shall be issued to students successfully completing the course.

(4) The entity shall provide the student with a course completion card or certificate which is the same as that submitted to the Department which includes: name of entity, course title, date of course, expiration date of the card, name of the instructor and name of the student.

(5) Department approval of the CPR and ACLS courses shall be concurrent with the CECBEMS accreditation of the courses.

P.O. G10454

DEPARTMENT OF HEALTH

Division of Environmental Health and Statewide Programs

RULE CHAPTER NO.: RULE CHAPTER TITLE:
64E-6 Standards for Onsite Sewage Treatment and Disposal Systems
RULE NOS.: RULE TITLES:
64E-6.019 Requirements for Registration
64E-6.023 Certification of Partnerships and Corporations
64E-6.030 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. 28, No. 3, January 18, 2002, of the Florida Administrative Weekly, to reflect comments received by the Joint Administrative Procedures Committee.

64E-6.019 Requirements for Registration

(1) through (4)(a) No change.

(b) ~~Signed statements Affidavits~~ from two persons not related to the applicant for whom the applicant has provided services in the onsite sewage industry, stating what services were provided ~~and that the applicant is of good moral character.~~

(c) through (5) No change.

64E-6.023 Certification of Partnerships and Corporations

(1) through (2) No change.

(3) A business organization which loses its qualifying contractor shall have sixty (60) days from the date the qualifier terminated his affiliation within which to obtain another qualifying person. This period ~~shall may~~ be extended by the department ~~for a period of 30 days pending the outcome of the examination if the applicant has provided a completed application and all required exhibits and fees upon a showing of good cause.~~ During this period, the business organization may complete any existing contracts or continuing contracts, but may not undertake new contracts.

(4) through (5) No change.

64E-6.030 Fees.

(1) The following fees are required to accompany applications for site evaluations, construction, modifications to existing systems or repair permits, and other services provided by the department, ~~but do not include performance-based treatment systems.~~

(a) through (5) No change.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Economic Self-Sufficiency Program Office

RULE NO.: 65A-1.204
RULE TITLE: Rights and Responsibilities
NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule identified above in accordance with subparagraph 120.54(3)(d)1., F.S., published in the Vol. 28, No. 2, January 11, 2002, issue of the Florida Administrative Weekly. These changes are the result of potential objections raised by the Joint Administrative Procedures Committee in a letter dated January 11, 2002.

The second sentence of subsection (3) is amended as follows: "This is pursuant to the following federal regulations, federal statutes and Florida Statutes: for the food stamp program, Title 7 USC s. 2020(e)(8) (incorporated by reference), 7 CFR s. 272.1(c) (incorporated by reference) and s. 414.31, F.S.; for the Medicaid program, Title 42 USC s. 1396a(a)(7) (incorporated by reference), 42 CFR ss. 431.300-431.306 (incorporated by reference) and s. 409.902, F.S.; and, for the cash assistance program, Title 42 USC s. 602(a)(1)(A)(iv) (incorporated by reference), 45 CFR s. 205.50 (incorporated by reference), and ss. 414.106 and 414.295, F.S."

**Section IV
Emergency Rules**

DEPARTMENT OF THE LOTTERY

RULE TITLE: Instant Game Number 436, HARLEY-DAVIDSON®

RULE NO.: 53ER02-10

SUMMARY OF THE RULE: This emergency rule describes Instant Game Number 436, "HARLEY-DAVIDSON®," for which the Department of the Lottery will start selling tickets on a date to be determined by the Secretary of the Department. The rule sets forth the specifics of the game, determination of prizewinners, estimated number and size of prizes in the game, and specifics of the HARLEY-DAVIDSON® Bonus Drawings related to the game.

THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Diane D. Schmidt, Legal Analyst, Department of the Lottery, 250 Marriott Drive, Tallahassee, Florida 32399-4011

THE FULL TEXT OF THE EMERGENCY RULE IS:

53ER02-10 Instant Game Number 436, HARLEY-DAVIDSON®.

(1) Name of Game. Instant Game Number 436, "HARLEY-DAVIDSON®."

(2) Price. HARLEY-DAVIDSON® lottery tickets sell for \$2.00 per ticket.

(3) HARLEY-DAVIDSON® lottery tickets shall have a series of numbers in Machine Readable Code (or bar code) on the back of the ticket, along with a Void If Removed Number (VIRN) under the latex area on the ticket. To be a valid winning HARLEY-DAVIDSON® lottery ticket, a combination of essential elements sufficient to validate the ticket must be present as set forth in paragraph 53ER92-63(1)(a), Florida Administrative Code. In the event a dispute arises as to the validity of any HARLEY-DAVIDSON® lottery ticket, or as to the prize amount, the VIRN number under the latex shall prevail over the bar code.

(4) The "YOUR NUMBERS" play symbols and play symbol captions are as follows:

INSERT SYMBOLS