

Notice of Agency Rule-making Proposal

AGENCY: Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, Board of Professional Land Surveyors

CHAPTER NUMBER AND TITLE: Chapter 70, Continuing Education (repeal and replace)

PROPOSED RULE NUMBER *(leave blank; assigned by Secretary of State)*:

CONTACT PERSON FOR THIS FILING: Carol Leighton, Board Administrator, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8520, email carol.j.leighton@maine.gov

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different): Carol Leighton

PUBLIC HEARING (if any): April 22, 2014, 9:30 AM, Department of Professional and Financial Regulation, 76 Northern Avenue, Gardiner, Maine

COMMENT DEADLINE: May 2, 2014

BRIEF *SUMMARY: The proposed replacement for Chapter 70 reduces the number of continuing education hours for renewal of a professional land surveyor’s license from 12 to 8 biennially. The proposed replacement retains the list of topics approved for continuing education; the exemption to the continuing education requirement for licensees who are 65 years or older and practice less than 160 hours a year; the reduction in the total number of continuing education hours for an initial license and the record keeping/documentation of continuing education credits. The proposed replacement also clarifies that the 8 hours may be earned either by attending courses, programs, etc. or by instructional programs presented in an electronic or paper format.

The proposed rule is available at www.maine.gov/professionallicensing.

IMPACT ON MUNICIPALITIES OR COUNTIES (if any): None

STATUTORY AUTHORITY FOR THIS RULE: 32 MRSA §18225

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different):

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: Anne.L.Head@maine.gov

* Check one of the following two boxes.

The above summary is for use in both the newspaper and website notices.

The above summary is for the newspaper notice only. A more detailed summary / basis statement is attached.

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT _____ DATE: _____
(authorized signature)

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