

**ADMINISTRATIVE RULES – TRANSMITTAL**

**CLEARINGHOUSE RULE:** 10-085

DHS 110, 111, 112, 113, 119, relating to emergency medical services

**TYPE OF TRANSMITTAL:** Notice that Proposed Rules are in Final Draft Form

**DOCUMENTS TRANSMITTED:**

- Statement of Scope
- Initial Proposed Rules and Clearinghouse Transmittal
- Fiscal Estimate
- Public Hearing Notice
- Final Proposed Rules
- Legislative Report
- Adopted Permanent Rules, Certification and Summary
- Adopted Emergency Rules and Certification
- Request to Extend Emergency rules
- Modifications to Rules
- Request to Incorporate Standards

Notes:

Documents Transmitted To:	Date of Transmittal	Manner of Transmittal		
<input checked="" type="checkbox"/> Legislative Reference Bureau	8/31/10	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Legislative Rules Clearinghouse	8/31/10	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Department of Administration	8/31/10	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Small Bus. Reg. Review Board/Ombudsman	8/31/10	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Chief Clerk – Assembly	8/31/10	<input checked="" type="checkbox"/> Email	<input checked="" type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Chief Clerk – Senate	8/31/10	<input checked="" type="checkbox"/> Email	<input checked="" type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> JCRAR – Senate	8/31/10	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> JCRAR – Assembly	8/31/10	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other
<input type="checkbox"/> Department of Justice		<input type="checkbox"/> Email	<input type="checkbox"/> Hand-delivery	<input type="checkbox"/> Other

Authorized Signature and Telephone No.:

Date:

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Rosie Greer, DHS-OLC, 608-266-1279

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