

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3) Register Citation to Notice of Proposed Rules: 40 Ill. Reg. 3429; March 4, 2016
- 4) Dates, Times and Locations of Public Hearings:

April 11, 2016
10:00 AM – 12:00 PM
Illinois State Capitol
Room 212
Springfield, IL

- 5) Other Pertinent Information:

This hearing is being held solely to gather public comment on the proposed rules. Persons interested in presenting testimony at the hearing are advised that the Department will adhere to the following procedures:

- A) Persons must sign in at the registration desk and must have the name badge provided on their person at all times while in the public hearing location.
- B) Persons may provide oral or written testimony.
- C) Persons wishing to provide oral testimony must register at the beginning of the hearing by completing the registration form available at the hearing room entrance.
- D) Persons registered to provide oral testimony must submit a written copy of their testimony at the time of registration.
- E) Persons giving oral testimony are asked to limit their comments to no more than three (3) minutes. Persons who exceed the time limit will be advised to conclude their testimony so that each person who wishes to offer oral testimony will have time to speak. Persons will not be recognized to speak a second time until all registered persons have been offered the opportunity to give testimony. Persons will not be allowed to proxy their oral testimony to another person.
- F) Organizations are asked to select one spokesperson to present oral testimony on behalf of the organization. The spokesperson is limited to five (5) minutes to

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present comments on behalf of the organization or group.

- G) To provide a balanced presentation of views and to assist the orderly conduct of the hearing, the Department may impose other rules of procedure as necessary, including, but not limited to, the order of persons providing oral testimony.

6) Name and Address of Agency Contact Person:

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