

1: Securities Act Â§ 12(a)(2) legal definition - Quimbee

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2: Plan-Do-Check-Act Cycle (PDCA Cycle) - ASQ

The ACT test is a curriculum-based education and career planning tool for high school students that assesses the mastery of college readiness standards.

Directions for use Use classification By regulation, EPA promulgated various requirements pertaining to pesticide labels. These regulations have requirements for warning statements and mandate that pesticide products have adequate use directions. Labels may include, for example, instructions requiring the wearing of protective clothing, handling instructions, and instructions setting a period before workers may re-enter fields after the application of pesticides. For more information on labeling requirements, see 40 CFR Section CRP is designed to prevent most children under 5 years old from gaining access to the pesticide, or at least delay their access. Worker Protection Standards 40 CFR Part Facilities that handle pesticides must adopt workplace practices designed to reduce or eliminate exposure to pesticides and must establish procedures for responding to exposure-related emergencies. FIFRA prohibits registration of pesticides that generally pose unreasonable risks to people, including agricultural workers, or the environment. EPA uses two primary resources to protect agricultural workers: Pesticide-specific restrictions and label requirements Broadly applicable Worker Protection Standards WPS If EPA believes the risks to workers posed by a pesticide are excessive, it can take actions such as requiring additional label warnings or requiring labeling that mandates use of protective clothing. The WPS specifically address how to reduce the risk of illness or injury resulting from occupational exposures to pesticides used in the production of agricultural plants on farms, in nurseries, in greenhouses, and in forests, and from the accidental exposure of workers and other persons to such pesticides. The standards establish ventilation criteria, entry restrictions, personal protective equipment guidelines, and information display requirements. States can submit a plan to EPA to receive authorization to issue experimental use permits. States cannot issue permits for pesticides suspended or canceled by EPA. Only certified applicators may use restricted use registered pesticides. Certification is a statement by the certifying agency that the applicator is competent and authorized to use or supervise the use of restricted pesticides. If EPA does not approve the plan, then EPA conducts the certification program for all applicators of registered pesticides. Section 19 of FIFRA authorizes EPA to collect information and establish requirements for the storage, disposal, transportation, and packaging of pesticides. The objective of the regulations and recommendations is to provide procedures for storage, disposal, and transportation that adequately protect public health and the environment. FIFRA disposal regulations are implemented rarely and only in the context of risk-based and time-limited cancellations. Pesticide wastes generally are subject to the requirements of the Resource Conservation and Recovery Act. However, the regulation on the sale and use of the pesticide must not permit any sale or use prohibited by FIFRA. In addition, the State shall not impose any requirements for labeling or packaging in addition to, or different from, those imposed by FIFRA. A State may register additional uses of a federally registered pesticide within the State to meet local needs unless EPA previously denied, disapproved, or canceled such use. Amendments to FIFRA have delegated responsibility and authority to States for training, registration, and enforcement. Before federal employees may apply restricted use pesticides, they must be certified commercial applicators based on the type of application they will use. Situations where Federal facility staff might wish to apply a restricted use pesticide include the following: A structure to limit the control of pests such as rodents or cockroaches Ground areas or water to control weeds, insects, or mosquitoes Food handling areas to control bacteria Under the amendments to FIFRA, EPA instructed federal agencies to use Integrated Pest Management IPM techniques to promote IPM activities such as procurement and regulations. Government Agency Plan Federal agencies that conduct pesticide applications in more than one State must prepare a Government Agency Plan GAP determining and attesting to the competency of Federal employees whose duties require them to use or supervise the use of restricted use pesticides. The State lead agency will review credentials issued under a GAP and may issue reciprocal credentials or require the employees to go through the State certification process. EPA prohibits the sale and distribution of unregistered, adulterated, or misbranded pesticides and the use of any registered pesticide in a manner

inconsistent with its labeling. As a matter of practice, given the current state of the law, EPA does not intend to pursue such penalties. The compliance agreement contains several provisions including, but not limited to, a schedule for achieving compliance and dispute resolution. Federal employees also may be subject to other State and local criminal penalties. Additionally, criminal fines may be imposed under 18 U. Emergency Authority Section 6 c of FIFRA, provides for the suspension of a pesticide registration if the Administrator determines it is necessary to prevent an imminent hazard. Section 13 a of FIFRA, provides for the issuance of a stop sale, use, removal, and seizure order under circumstances outlined in the statute. FIFRA contains no emergency authority provision. Under FIFRA, States have broad authority to regulate pesticides; however, it is unlawful for States to impose or continue in effect any requirements for labeling or packaging in addition to or different from those required under FIFRA. For more information on this limitation, see 7 U.

3: CRM & Marketing Automation Built for Small Business Success - Act!

For persons qualifying for coverage in accordance with Section 7 of this Act, the Board shall, if it determines that such appropriations as are made pursuant to Section 12 of this Act are insufficient to allow the Board to accept all of the eligible persons which it projects will apply for enrollment under the Plan, limit or close enrollment to.

Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement. Plan-do-check-act cycle As a model for continuous improvement. When starting a new improvement project. When developing a new or improved design of a process, product or service. When defining a repetitive work process. When planning data collection and analysis in order to verify and prioritize problems or root causes. When implementing any change. Recognize an opportunity and plan a change. Carry out a small-scale study. Take action based on what you learned in the study step: If the change did not work, go through the cycle again with a different plan. If you were successful, incorporate what you learned from the test into wider changes. Use what you learned to plan new improvements, beginning the cycle again. Improvement is not a separate activity: It is built into the work process. Data can be analyzed for individual students or stratified by grade, gender or any other subgroup. Because PDCA does not specify how to analyze data, a separate data analysis process Figure 3 is used here as well as in other processes throughout the organization. Teachers also can access comparative data on the electronic database to identify trends. High-need students are monitored by a special child study team. Throughout the school year, if assessments show students are not learning as expected, mid-course corrections are made such as re-instruction, changing teaching methods and more direct teacher mentoring. Assessment data become input for the next step in the cycle. Teachers share best practices in formal and informal settings. Excerpted from Nancy R.

4: Statutes & Constitution :View Statutes : Online Sunshine

4 "Tax Cuts and Jobs Act". 5 (b) AMENDMENT OF CODE.â€”Except as other- 12 a rate below 24 percent shall not be more 13 than the sum ofâ€”.

The term includes a self-employed individual, a sole proprietor, a partner of a partnership, or an independent contractor, if the sole proprietor, partner, or independent contractor is included as an employee under a health benefit plan of a small employer, but does not include a part-time, temporary, or substitute employee. The first period in which the individual is eligible to enroll under the policy. A special enrollment period, as provided under s. For a grandfathered health plan, any person, sole proprietor, self-employed individual, independent contractor, firm, corporation, partnership, or association that is actively engaged in business, has its principal place of business in this state, employed an average of at least 1 but not more than 50 eligible employees on business days during the preceding calendar year, the majority of whom were employed in this state, employs at least 1 employee on the first day of the plan year, and is not formed primarily for purposes of purchasing insurance. In determining the number of employees, companies that are an affiliated group as defined in s. For purposes of this section, a sole proprietor, an independent contractor, or a self-employed individual is considered a small employer only if all of the conditions and criteria established in this section are met. For a nongrandfathered health plan, any employer that has its principal place of business in this state, employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year, and employs at least 1 employee on the first day of the plan year. This section applies to a health benefit plan that provides coverage to employees of a small employer in this state, unless the coverage is marketed directly to the individual employee, and the employer does not contribute directly or indirectly to the premiums or facilitate the administration of the coverage in any manner. A carrier authorized to issue group or individual health benefit plans under this chapter or chapter may offer coverage as described in this paragraph to individual employees without being subject to this section if the employer has not had a group health benefit plan in place in the prior 6 months. A carrier authorized to issue group or individual health benefit plans under this chapter or chapter may offer coverage as described in this subparagraph to employees that are not eligible employees as defined in this section, whether or not the small employer has a group health benefit plan in place. A carrier that offers coverage as described in this subparagraph must provide a cancellation notice to the primary insured at least 10 days prior to canceling the coverage for nonpayment of premium. However, with respect to affiliated companies, all of which are in existence and affiliated on January 1, , the group of affiliated companies is considered one carrier only after one member of the group transfers any small employer business to another member of the group. A rider for additional or increased benefits may be medically underwritten and may only be added to the standard health benefit plan. The increased rate charged for the additional or increased benefit must be rated in accordance with this section. All health benefit plans must be offered and issued on a guaranteed-issue basis. Additional or increased benefits may only be offered by riders. Conditions that, during the month period immediately preceding the effective date of coverage, had manifested themselves in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received; or b. A pregnancy existing on the effective date of coverage. For employers who have fewer than two employees, a late enrollee may be excluded from coverage for no longer than 24 months if he or she was not covered by creditable coverage continually to a date not more than 63 days before the effective date of his or her new coverage. Any requirement used by a small employer carrier in determining whether to provide coverage to a small employer group, including requirements for minimum participation of eligible employees and minimum employer contributions, must be applied uniformly among all small employer groups having the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier, except that a small employer carrier that participates in, administers, or issues health benefits pursuant to s. A small employer carrier may vary application of minimum participation requirements and minimum employer contribution requirements only by the size of the small employer group. In applying minimum

participation requirements with respect to a small employer, a small employer carrier shall not consider as an eligible employee employees or dependents who have qualifying existing coverage in an employer-based group insurance plan or an ERISA qualified self-insurance plan in determining whether the applicable percentage of participation is met. However, a small employer carrier may count eligible employees and dependents who have coverage under another health plan that is sponsored by that employer. A small employer carrier shall not increase any requirement for minimum employee participation or any requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage, unless the employer size has changed, in which case the small employer carrier may apply the requirements that are applicable to the new group size. A small employer carrier may not offer coverage limited to certain persons in a group or to part of a group, except with respect to late enrollees. A small employer carrier may not modify any health benefit plan issued to a small employer with respect to a small employer or any eligible employee or dependent through riders, endorsements, or otherwise to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan. An initial enrollment period of at least 30 days must be provided. A small employer carrier must provide special enrollment periods as required by s. A carrier may not apply different geographic rating factors to the rates of small employers located within the same county. A small employer carrier is not required to use gender as a rating factor for a nongrandfathered health plan. The factors used by carriers are subject to office review and approval. Small employer carriers may not modify the rate for a small employer for 12 months from the initial issue date or renewal date, unless the composition of the group changes or benefits are changed. However, a small employer carrier may modify the rate one time within the 12 months after the initial issue date for a small employer who enrolls under a previously issued group policy that has a common anniversary date for all employers covered under the policy if: The carrier discloses to the employer in a clear and conspicuous manner the date of the first renewal and the fact that the premium may increase on or after that date. The insurer demonstrates to the office that efficiencies in administration are achieved and reflected in the rates charged to small employers covered under the policy. Any such credit may not be based on different morbidity assumptions or on any other factor related to the health status or claims experience of any person covered under the policy. This subparagraph does not exempt an alliance or group association from licensure for activities that require licensure under the insurance code. A carrier issuing a group health insurance policy to a small employer health alliance or other group association shall allow any properly licensed and appointed agent of that carrier to market and sell the small employer health alliance or other group association policy. Such agent shall be paid the usual and customary commission paid to any agent selling the policy. Any adjustments in rates for claims experience, health status, or duration of coverage may not be charged to individual employees or dependents. Any such adjustment must be applied uniformly to the rates charged for all employees and dependents of the small employer. If the aggregate resulting from the application of such adjustment exceeds the premium that would have been charged by application of the approved modified community rate by 4 percent for the current policy term, the carrier shall limit the application of such adjustments only to minus adjustments. For any subsequent policy term, if the total aggregate adjusted premium actually charged does not exceed the premium that would have been charged by application of the approved modified community rate by 4 percent, the carrier may apply both plus and minus adjustments. A small employer carrier rating methodology may include separate rating categories for one dependent child, for two dependent children, and for three or more dependent children for family coverage of employees having a spouse and dependent children or employees having dependent children only. A small employer carrier may have fewer, but not greater, numbers of categories for dependent children than those specified in this subparagraph. Small employer carriers may not use a composite rating methodology to rate a small employer with fewer than 10 employees. A carrier may separate the experience of small employer groups with fewer than 2 eligible employees from the experience of small employer groups with eligible employees for purposes of determining an alternative modified community rating. If a carrier separates the experience of small employer groups, the rate to be charged to small employer groups of fewer than 2 eligible employees may not exceed percent of the rate determined for small employer groups of eligible employees. However, the carrier

may charge excess losses of the experience pool consisting of small employer groups with less than 2 eligible employees to the experience pool consisting of small employer groups with eligible employees so that all losses are allocated and the percent rate limit on the experience pool consisting of small employer groups with less than 2 eligible employees is maintained. A carrier shall separate the experience of grandfathered health plans from nongrandfathered health plans for determining rates. The certification must be in a form and manner and contain the information prescribed by the commission. The carrier must retain a copy of the certification at its principal place of business. The information constitutes proprietary and trade secret information and may not be disclosed by the office to persons outside the office, except as agreed to by the carrier or as ordered by a court of competent jurisdiction. Such report shall not constitute proprietary or trade secret information. By October 31, , all small employer carriers must file a final election, which is binding for 2 years, from January 1, , through December 31, , after which an election shall be binding for a period of 5 years. Any carrier that is not a small employer carrier and intends to become a small employer carrier must file its designation when it files the forms and rates it intends to use for small employer group health insurance; such designation shall be binding for 2 years after the date of approval of the forms and rates, and any subsequent designation is binding for 5 years. The office may permit a carrier to modify its election at any time for good cause shown, after a hearing. A small employer carrier that elects to cease participating as a risk-assuming carrier and to become a reinsuring carrier is permitted to reinsure small employer health benefit plans under the terms set forth in subsection 11 and must pay a prorated assessment based upon business issued as a reinsuring carrier for any portion of the year that the business was reinsured. A small employer carrier may become a risk-assuming carrier by filing with the office a designation of election under subsection 9 in a format and manner prescribed by the commission. The office shall approve the election of a small employer carrier to become a risk-assuming carrier if the office finds that the carrier is capable of assuming that status pursuant to the criteria set forth in paragraph b. The office must approve or disapprove any designation as a risk-assuming carrier within 60 days after filing. The office shall hold a hearing on the election at the request of the carrier. The program shall operate subject to the supervision and control of the board. Effective upon this act becoming a law, the board shall consist of the director of the office or his or her designee, who shall serve as the chairperson, and 13 additional members who are representatives of carriers and insurance agents and are appointed by the director of the office and serve as follows: Five members shall be representatives of health insurers licensed under chapter or chapter Two members shall be agents who are actively engaged in the sale of health insurance. Four members shall be employers or representatives of employers. One member shall be a person covered under an individual health insurance policy issued by a licensed insurer in this state. The director of the office may remove a member for cause. Vacancies on the board shall be filled in the same manner as the original appointment for the unexpired portion of the term. The board shall submit to the office a plan of operation to assure the fair, reasonable, and equitable administration of the program. The board may at any time submit to the office any amendments to the plan that the board finds to be necessary or suitable. The office shall, after notice and hearing, approve the plan of operation if it determines that the plan submitted by the board is suitable to assure the fair, reasonable, and equitable administration of the program and provides for the sharing of program gains and losses equitably and proportionately in accordance with paragraph j. The plan of operation, or any amendment thereto, becomes effective upon written approval of the office. Establish procedures for handling and accounting for program assets and moneys and for an annual fiscal reporting to the office. Establish procedures for selecting an administering carrier and set forth the powers and duties of the administering carrier. Establish procedures for reinsuring risks. Establish procedures for collecting assessments from participating carriers to provide for claims reinsured by the program and for administrative expenses, other than amounts payable to the administrative carrier, incurred or estimated to be incurred during the period for which the assessment is made. Provide for any additional matters at the discretion of the board. Registration by each carrier with the office of its intention to be a small employer carrier under this section; 2. Publication by the office of a list of all small employer carriers, including a requirement applicable to agents and carriers that a health benefit plan may not be sold by a carrier that is not identified as a small employer carrier; 3. The availability of a broadly

publicized, toll-free telephone number for access by small employers to information concerning this section; 4. Periodic reports by carriers and agents concerning health benefit plans issued; and 5. Methods concerning periodic demonstration by small employer carriers and agents that they are marketing or issuing health benefit plans to small employers. In addition thereto, the program has specific authority to: Enter into contracts as necessary or proper to carry out the provisions and purposes of this act, including the authority to enter into contracts with similar programs of other states for the joint performance of common functions or with persons or other organizations for the performance of administrative functions. Sue or be sued, including taking any legal action necessary or proper for recovering any assessments and penalties for, on behalf of, or against the program or any carrier. Take any legal action necessary to avoid the payment of improper claims against the program. Issue reinsurance policies, in accordance with the requirements of this act. Establish rules, conditions, and procedures for reinsurance risks under the program participation. Establish actuarial functions as appropriate for the operation of the program. Assess participating carriers in accordance with paragraph j , and make advance interim assessments as may be reasonable and necessary for organizational and interim operating expenses. Interim assessments shall be credited as offsets against any regular assessments due following the close of the calendar year. Appoint appropriate legal, actuarial, and other committees as necessary to provide technical assistance in the operation of the program, and in any other function within the authority of the program. Borrow money to effect the purposes of the program. Any notes or other evidences of indebtedness of the program which are not in default constitute legal investments for carriers and may be carried as admitted assets. Except in the case of a late enrollee, a reinsuring carrier may reinsure an eligible employee or dependent within 60 days after the commencement of the coverage of the small employer. A newly employed eligible employee or dependent of a small employer may be reinsured within 60 days after the commencement of his or her coverage. The board annually shall adjust the initial level of claims and the maximum limit to be retained by the carrier to reflect increases in costs and utilization within the standard market for health benefit plans within the state.

5: ACT - Army Career Tracker

The PLAN exam, sometimes called the "Pre-ACT," is a standardized test to help students gauge their performance on the ACT. According to the ACT, "It is a comprehensive guidance resource that helps students measure their current academic development, explore career/training options, and make plans for the remaining years of high school and post-graduation years."

6: Products and Services for K Education, College and Career Success | ACT

Also called: PDCA, plan-do-study-act (PDSA) cycle, Deming cycle, Shewhart cycle The plan-do-check-act cycle (Figure 1) is a four-step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement.

7: The ACT Test for Students | ACT

Act 89 Transportation Plan On November 25, , House Bill was signed into law, creating Pennsylvania's most comprehensive piece of state transportation legislation in decades. This legislation invests an additional \$ billion to \$ billion into transportation by the fifth year of the plan.

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