

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-0826-02	REGULATORY ACTION NUMBER 2014-0807-02S	EMERGENCY NUMBER
------------------	--------------------------------------	---	------------------

For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
--------	-------------

ENDORSED FILED  
IN THE OFFICE OF

2014 SEP 16 AM 2:14

*Debra Bowen*  
DEBRA BOWEN  
SECRETARY OF STATE

2014 AUG -7 Fri 3:29  
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY  
Board of Behavioral Sciences

AGENCY FILE NUMBER (if any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE Continuing Education	TITLE(S) 16	FIRST SECTION AFFECTED 1887	2. REQUESTED PUBLICATION DATE September 6, 2013
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Rosanne Helms	TELEPHONE NUMBER 916-574-7897	FAX NUMBER (Optional) 916-574-8626
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2013, 362	PUBLICATION DATE 9/6/2013	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Continuing Education	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2014-0408-025
--	---

SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT 1887, 1887.2, 1887.3, 1887.4.0, 1887.4.1, 1887.4.2, 1887.4.3, 1887.11.0, 1887.15
	AMEND 1887, 1887.1, 1887.2, 1887.3, 1887.4, 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.11, 1887.12, 1887.13, 1887.14
	REPEAL none

3. TYPE OF FILING	<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))			<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only
-------------------	---	--	--	--	--	--

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
July 3, 2014 - July 18, 2014

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective on filing with Secretary of State  \$100 Changes Without Regulatory Effect  Effective other (Specify) \_\_\_\_\_

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

Department of Finance (Form STD. 399) (SAM §6660)  Fair Political Practices Commission  State Fire Marshal

Other (Specify) Awet Kidane, Director, Department of Consumer Affairs

7. CONTACT PERSON Rosanne Helms	TELEPHONE NUMBER 916-574-7897	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Rosanne.Helms@dca.ca.gov
------------------------------------	----------------------------------	-----------------------	---

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Kim Madsen</i>	DATE 7/22/14
TYPED NAME AND TITLE OF SIGNATORY Kim Madsen, Executive Officer	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 16 2014

Office of Administrative Law