**AGENCY WITH RULEMAKING AUTHORITY**
Board of Behavioral Sciences

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

1. **SUBJECT OF NOTICE**
   - English as a Second Language
2. **FIRST SECTION AFFECTED**
   - 1805.2
3. **REQUESTED PUBLICATION DATE**
   - January 1, 2016

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

1. **SUBJECT OF REGULATION(S)**
   - English as a Second Language
2. **REGULATORY ACTION NUMBER**
   - 2016-1213-OIS
3. **SECTION(S) AFFECTED**
   - 1805.2
4. **ACTION(S) AFFECTED**
   - ADOPT
   - AMEND
   - REPEAL

### Certifications

- **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.
- **Emergency Readopt:** (Gov. Code, § 11346.1(h))
- **Changes Without Regulatory Effect:** (Cal. Code Regs., title 1, §1500)

**FOR USE BY OFFICE OF ADMINISTRATIVE LAW (OAL) ONLY**

**TYPE OF FILING**
- Regular Rulemaking (Gov. Code §11346)
- Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- Emergency (Gov. Code, §11346.1(b))

**EFFECTIVE DATE OF CHANGES**
- October 1 (Gov. Code §11343.4(x))
- Effective on filing with Secretary of State
- $100 Changes Without Regulatory Effect
- Effective other (Specify)

**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 §6000)
- Fair Political Practices Commission
- Other (Specify)

**CONTACT PERSON**
- Dean R. Grafilo, Director, Department of Consumer Affairs
- Rosanne Helms

**CERTIFICATION**
- 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**
- Kim Madsen, Executive Officer

**For use by Secretary of State only**

**ENDORSED - FILED**
- AUG 08, 2017