

# REGULAR

STD. 400 (REV. 01-2013)

|                  |   |  |                  |
|------------------|---|--|------------------|
| OAL FILE NUMBERS | NOTICE FILE NUMBER<br><b>Z-2014-0507-01</b> | REGULATORY ACTION NUMBER<br><b>2015-0511-058</b> | EMERGENCY NUMBER |
|------------------|---|--|------------------|

For use by Office of Administrative Law (OAL) only

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**JUN 23 2015**

**2:08 PM**

RECEIVED FOR FILING PUBLICATION DATE

MAY 07 '14      MAY 23 '14

2015 MAY 11 PM 3:46  
OFFICE OF ADMINISTRATIVE LAW

Office of Administrative Law

NOTICE

REGULATIONS

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<br>Uniform Standards Related to Substance Abuse  |  | TITLE(S)<br>16                            | FIRST SECTION AFFECTED<br>1888             | 2. REQUESTED PUBLICATION DATE<br>May 23, 2014 |
| 3. NOTICE TYPE<br><input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other |  | 4. AGENCY CONTACT PERSON<br>Rosanne Helms | TELEPHONE NUMBER<br>916-574-7897           | FAX NUMBER (Optional)<br>916-574-8626         |
| OAL USE ONLY<br><input checked="" type="checkbox"/>   | ACTION ON PROPOSED NOTICE<br><input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn |   | NOTICE REGISTER NUMBER<br><b>2014, 212</b> | PUBLICATION DATE<br><b>5/23/2014</b>          |

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

|   |  |
|---|--|
| 1a. SUBJECT OF REGULATION(S)<br><i>Uniform Standards Related to Substance Abuse</i> | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) |
|---|--|

|   |  |
|---|--|
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) | ADAPT  |
|   | AMEND<br><i>1888 and the Board of Behavioral Sciences Disciplinary Guidelines, Revised December 2012</i> |
|   | REPEAL   |

3. TYPE OF FILING

|   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)   | <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"/> Emergency Readopt (Gov. Code, §11346.1(h)) | <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)   | <input type="checkbox"/> File & Print                               | <input type="checkbox"/> Print Only   |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))   | <input type="checkbox"/> Other (Specify) _____  |   |   |

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)  
*September 2, 2014 - September 17, 2014*

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

|  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) | <input type="checkbox"/> Effective on filing with Secretary of State | <input type="checkbox"/> §100 Changes Without Regulatory Effect | <input type="checkbox"/> Effective other (Specify) _____ |
|--|--|---|--|

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

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)                       | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal |
| <input checked="" type="checkbox"/> Other (Specify) <i>Awet Kidane, Director, Dept. of Consumer Affairs</i> |  |   |

|   |   |                       |  |
|---|---|-----------------------|--|
| 7. CONTACT PERSON<br><i>Rosanne Helms</i> | TELEPHONE NUMBER<br><i>916-574-7897</i> | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional)<br><i>Rosanne.Helms@dca.ca.gov</i> |
|---|---|-----------------------|--|

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<br><i>Kim Madsen</i>                 | DATE<br><i>5/11/15</i> |
| TYPED NAME AND TITLE OF SIGNATORY<br><i>Kim Madsen, Executive Officer</i> |                        |

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**ENDORSED APPROVED**

**JUN 23 2015**

**Office of Administrative Law**