

REGULAR

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2017-0627-05	REGULATORY ACTION NUMBER 2018-0207-01S	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

RECEIVED DATE PUBLICATION DATE

JUN 27 '17

JUL 07 '17

Office of Administrative Law

2018 FEB -7 A 11:44

OFFICE OF ADMINISTRATIVE LAW

NOTICE

REGULATIONS

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

MAR 14 2018

1:39 pm

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 Application Processing and Registrant Advertising	TITLE(S) 16	FIRST SECTION AFFECTED 1805.1	2. REQUESTED PUBLICATION DATE 07/07/2017
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Christy Berger	TELEPHONE NUMBER 916-574-7817	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 Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2017 27-2	PUBLICATION DATE 7/7/2017

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Application Processing and Registrant Advertising	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. 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 Sections 1805.1 and 1811
AMEND
REPEAL
TITLE(S) 16

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 Resubmittal of disapproved or withdrawn nonemergency filing (Gov.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 Resubmittal of disapproved or withdrawn emergency filing (Gov.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)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(e)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

Am per agency request 3/14/18

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 checked="" type="checkbox"/> Other (Specify) DEAN R. GRAFIDON, Director Department of Consumer Affairs <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal.

7. CONTACT PERSON Christy Berger	TELEPHONE NUMBER 916-574-7817	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) christy.berger@ca.ca.gov
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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 02/07/18
TYPED NAME AND TITLE OF SIGNATORY Kim Madsen, Executive Officer	

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ENDORSED APPROVED

MAR 14 2018

Office of Administrative Law