

NOTICE PUBLICATION/REGULATORY ACTION SUBMISSION

# REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-201-0907-02</b>	REGULATORY ACTION NUMBER <b>2012-1203-015</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING, PUBLICATION DATE  SEP 07 '11      SEP 16 '11  Office of Administrative Law  NOTICE	2012 DEC -3 PM 3:31  OFFICE OF ADMINISTRATIVE LAW  REGULATIONS
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ENDORSED FILED IN THE OFFICE OF

2013 JAN 15 PM 1:57

*Debra Bowen*  
DEBRA BOWEN  
SECRETARY OF STATE

AGENCY WITH RULEMAKING AUTHORITY <b>Physical Therapy Board of California</b>	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE <b>SPONSORED HEALTH CARE EVENTS</b>	TITLE(S) <b>16</b>	FIRST SECTION AFFECTED <b>1400</b>	2. REQUESTED PUBLICATION DATE <b>SEPT. 16, 2011</b>
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON <b>JASON KAISER</b>	TELEPHONE NUMBER <b>916-561-8278</b>	FAX NUMBER (Optional) <b>916-263-2560</b>
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2011372</b>	PUBLICATION DATE <b>9-16-2011</b>	

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

1a. SUBJECT OF REGULATION(S) <b>SPONSORED HEALTH CARE EVENTS</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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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 <b>1399.99.1, 1399.99.2, 1399.99.3, 1399.99.4</b>	per agency request <i>each</i>
	AMEND	
	REPEAL	
TITLE(S) <b>16</b>		

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)  
**1/25/12 - 2/9/12; 8/9/12 - 8/24/12**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)	<input type="checkbox"/> Effective 30th day after filing with Secretary of State	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <b>April 1, 2013</b>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input 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) <b>Denise Brown, Director, Dept. of Consumer Affairs</b>			

7. CONTACT PERSON <b>JASON KAISER</b>	TELEPHONE NUMBER <b>916-561-8278</b>	FAX NUMBER (Optional) <b>916-26-2560</b>	E-MAIL ADDRESS (Optional) <b>jason.kaiser@dca.ca.gov</b>
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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>Rebecca Marco</i>	DATE <b>12/3/2012</b>
TYPE NAME AND TITLE OF SIGNATORY <b>REBECCA MARCO</b> Executive Officer, Physical Therapy Board	

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ENDORSED APPROVED

JAN 15 2013

Office of Administrative Law