

# RESUBMITTAL

STATE OF CALIFORNIA - OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

|  |   |   |  |
|--|---|---|--|
| OAL FILE NUMBERS   | NOTICE FILE NUMBER<br><b>Z-2015-0520-01</b> | REGULATORY ACTION NUMBER<br><b>2017-0425-02SR</b> | EMERGENCY NUMBER   |
| For use by Office of Administrative Law (OAL) only   |   |   | <b>ENDORSED - FILED</b><br>In the office of the Secretary of State<br>of the State of California<br><b>JUN 07 2017</b><br>1:46PM |
| NOTICE   |   | REGULATIONS                                       |  |
| AGENCY WITH RULEMAKING AUTHORITY<br>California Acupuncture Board -- Department of Consumer Affairs |   |   | AGENCY FILE NUMBER (if any)  |

2017 APR 25 P 1:13  
OFFICE OF ADMINISTRATIVE LAW

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

|   |                           |                                     |                               |
|---|---------------------------|-------------------------------------|-------------------------------|
| 1. SUBJECT OF NOTICE<br>Sponsored Free Health Care Events   | TITLE(S)<br>16            | FIRST SECTION AFFECTED<br>1399.407  | 2. REQUESTED PUBLICATION DATE |
| 3. NOTICE TYPE<br><input type="checkbox"/> Notice re Proposed Regulation<br><input type="checkbox"/> Other  | 4. AGENCY CONTACT PERSON  | TELEPHONE NUMBER                    | FAX NUMBER (Optional)         |
| OAL USE ONLY<br><input type="checkbox"/> Approved as Submitted<br><input type="checkbox"/> Approved as Modified<br><input type="checkbox"/> Disapproved/Withdrawn | ACTION ON PROPOSED NOTICE | NOTICE REGISTER NUMBER<br>2015-23-2 | PUBLICATION DATE<br>6/5/2015  |

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

|   |   |
|---|---|
| 1a. SUBJECT OF REGULATION(S)<br>Sponsored Free Health Care Events   | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)<br>2016-0830-015 |
| 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<br>1399.407, 1399.407.1, 1399.407.2, 1399.407.3                     |
| TITLE(S)<br>16  | AMEND   |
|   | REPEAL  |
| 3. TYPE OF FILING   |   |
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)<br><input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)<br><input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))<br><input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §511346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.<br><input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)<br><input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))<br><input type="checkbox"/> File & Print<br><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)<br><b>Begin 12/23/2016 - End 1/10/2017</b>   |   |
| 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)<br><input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))<br><input type="checkbox"/> Effective on filing with Secretary of State<br><input type="checkbox"/> §100 Changes Without Regulatory Effect<br><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<br><input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)<br><input type="checkbox"/> Fair Political Practices Commission<br><input type="checkbox"/> State Fire Marshal<br><input checked="" type="checkbox"/> Other (Specify) <b>DENN R. GRAFALO, Director, DEPT. OF CONSUMER AFFAIRS</b>   |   |
| 7. CONTACT PERSON<br><b>Marc Johnson</b>  | TELEPHONE NUMBER<br><b>916-515-5216</b>                                   |
| FAX NUMBER (Optional)   | E-MAIL ADDRESS (Optional)   |

LM per agency request 4/17

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>Benjamin Bodea</i>                 | DATE<br>4/25/2017 |
| TYPED NAME AND TITLE OF SIGNATORY<br><b>BENJAMIN BODEA, EXECUTIVE OFFICER</b> |                   |

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| For use by Office of Administrative Law (OAL) only |
| <b>ENDORSED APPROVED</b>                           |
| JUN 07 2017  |
| Office of Administrative Law                       |