

REGULAR 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	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	2-2018-0130-01	2018-0719-03S	
For use by Office of Administrative Law (OAL) only			
RECEIVED DATE	PUBLICATION DATE	2018 JUL 19 P 3:52	
JAN 30 '18	FEB 09 '18	OFFICE OF ADMINISTRATIVE LAW	
Office of Administrative Law			
NOTICE		REGULATIONS	

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

AUG 08 2018

2:03 pm

AGENCY WITH RULEMAKING AUTHORITY Physician Assistant Board	AGENCY FILE NUMBER (if any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1 SUBJECT OF NOTICE Curriculum Requirements/Requirements Appd. Proj.	TITLE(S) 16	FIRST SECTION AFFECTED 1399.531/1399.532	2 REQUESTED PUBLICATION DATE 02/09/2018
3 NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4 AGENCY CONTACT PERSON Anita Winslow	TELEPHONE NUMBER (916) 561-8782	FAX NUMBER (Optional) (916) 263-2671
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 Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2018,06-2	PUBLICATION DATE 2/9/18

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a SUBJECT OF REGULATION(S) CURRICULUM REQUIREMENTS FOR AN APPROVED PROGRAM FOR PRIMARY CARE PAs REQUIREMENTS FOR AN APPROVED PROGRAM FOR SPECIALTY TECH	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)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND
TITLE(S) 16	REPEAL 1399.531 & 1399.532

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 §911346.2-11347.3 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 §511349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1 b))	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
	<input type="checkbox"/> Emergency (Gov. Code, §11346.1 b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<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)

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) _____
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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) Dean R. Grafilo, Director, Department of Consumer Affairs	Dept. Grafilo		

7 CONTACT PERSON Anita Winslow	TELEPHONE NUMBER (916) 561-8782	FAX NUMBER (Optional) (916) 263-2671	E-MAIL ADDRESS (Optional) anita.winslow@mbc.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>Maureen Forsyth</i>	DATE 7/19/2018
TYPED NAME AND TITLE OF SIGNATORY Maureen Forsyth EXECUTIVE OFFICER	

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ENDORSED APPROVED

AUG 08 2018

Office of Administrative Law