

# REGULAR

(See instructions on reverse)

For use by Secretary of State only

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>2-2016-0517-14</b>	REGULATORY ACTION NUMBER <b>2017-0428-015</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

RECEIVED DATE <b>MAY 17 '16</b>	PUBLICATION DATE <b>MaY 27 '16</b>	<b>2017 APR 28 A 11: 39</b>
Office of Administrative Law		OFFICE OF ADMINISTRATIVE LAW ON DISTRICT 16 LA
NOTICE	REGULATIONS	

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

**JUN 12 2017**

1:37PM

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 Reporting of Supervision by Physician Assist	1399.546	05/27/2016
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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2016-22-2</b>	PUBLICATION DATE <b>5/22/2016</b>

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

1a. SUBJECT OF REGULATION(S) Reporting of Supervision by Physician Assistant	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)	ADOPT
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	AMEND 1399.546
TITLE(S) 16	REPEAL

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 Resubmittal of disapproved or withdrawn nonemergency filing (Gov.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
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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)  
**7/20 TO 8/5/2016 per agency request**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, § 100)  
 \$100 Changes Without Regulatory Effect  
 Effective other (Specify)

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>DEAN R. JEFFREY MASON FOR GRAFELD, Director, Department of Consumer Affairs</b>	<input type="checkbox"/>	<input type="checkbox"/>

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 L Forsyth</i>	DATE <b>5-27-17</b>
TYPED NAME AND TITLE OF SIGNATORY <b>MAUREEN L FORSYTH, EXECUTIVE OFFICER</b>	

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**ENDORSED APPROVED**

**JUN 12 2017**

Office of Administrative Law