

# REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>NOTICE FILE NUMBER</b> Z-2018-0222-01	<b>REGULATORY ACTION NUMBER</b> 2018-0907-05S	<b>EMERGENCY NUMBER</b>
For use by Office of Administrative Law (OAL) only		
<b>RECEIVED DATE</b> FEB 22 '18  <b>PUBLICATION DATE</b> MAR 09 '18  Office of Administrative Law  NOTICE	2018 SEP -7 P 4: 06  OFFICE OF ADMINISTRATIVE LAW  REGULATIONS	<b>ENDORSED - FILED</b> In the office of the Secretary of State of the State of California  OCT 15 2018  1:39pm
<b>AGENCY WITH RULEMAKING AUTHORITY</b> Board of Registered Nursing		<b>AGENCY FILE NUMBER (if any)</b>

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

<b>1. SUBJECT OF NOTICE</b> Fees Increase	<b>TITLE(S)</b> 16	<b>FIRST SECTION AFFECTED</b> 1417	<b>2. REQUESTED PUBLICATION DATE</b> March 9, 2018
<b>3. NOTICE TYPE</b> <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	<b>4. AGENCY CONTACT PERSON</b> Dean Fairbanks	<b>TELEPHONE NUMBER</b> 916-574-7684	<b>FAX NUMBER (Optional)</b> 916-574-7700
<b>OAL USE ONLY</b> <input checked="" type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	<b>ACTION ON PROPOSED NOTICE</b>	<b>NOTICE REGISTER NUMBER</b> 2018, 10-2	<b>PUBLICATION DATE</b> 3/9/2018

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

<b>1a. SUBJECT OF REGULATION(S)</b> Fees Increase	<b>1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)</b>
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<b>2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)</b>	
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	<b>ADOPT</b>
	<b>AMEND</b> 1417
<b>TITLE(S)</b> 16	<b>REPEAL</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)**

**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(a))	<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)
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**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 type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <b>DEAN R. GRAFILO, DIRECTOR, DEPARTMENT OF CONSUMER AFFAIRS</b>		

<b>7. CONTACT PERSON</b> Dean Fairbanks	<b>TELEPHONE NUMBER</b> 916-574-7684	<b>FAX NUMBER (Optional)</b> 916-574-7700	<b>E-MAIL ADDRESS (Optional)</b> dean.fairbanks@dca.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.**

<b>SIGNATURE OF AGENCY HEAD OR DESIGNEE</b> <i>Stacie Berumen</i>	<b>DATE</b> 9/7/2018
<b>TYPED NAME AND TITLE OF SIGNATORY</b> Stacie Berumen, Assistant Executive Officer	

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**ENDORSED APPROVED**

OCT 15 2018

Office of Administrative Law