

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

FILE NUMBERS	NOTICE FILE NUMBER Z-2018-0222-01	REGULATORY ACTION NUMBER 2018-0907-05S	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
RECEIVED DATE FEB 22 '18 PUBLICATION DATE MAR 09 '18 Office of Administrative Law NOTICE	2018 SEP -7 P 4: 06 OFFICE OF ADMINISTRATIVE LAW REGULATIONS		
AGENCY WITH RULEMAKING AUTHORITY Board of Registered Nursing			AGENCY FILE NUMBER (if any)

ENDORSED - FILED
 In the office of the Secretary of State
 of the State of California
OCT 15 2018
 1:39pm

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

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 Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER 2018, 10-2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

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Fees Increase	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)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 1417
TITLE(S) 16	REPEAL

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 Resubmittal of disapproved or withdrawn nonemergency filing (Gov.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 Resubmittal of disapproved or withdrawn emergency filing (Gov.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)

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 <i>Doc. B...</i>	
<input checked="" type="checkbox"/> Other (Specify) DEAN R. GRAFILO, DIRECTOR, DEPARTMENT OF CONSUMER AFFAIRS			

7. CONTACT PERSON Dean Fairbanks	TELEPHONE NUMBER 916-574-7684	FAX NUMBER (Optional) 916-574-7700	E-MAIL ADDRESS (Optional) 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.

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

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ENDORSED APPROVED

OCT 15 2018

Office of Administrative Law