

RECEIVED Clear Print

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 <b>Z-2015-0619-02</b>	REGULATORY ACTION NUMBER <b>2016-0928-035</b>	EMERGENCY NUMBER
------------------	---	--	------------------

For use by Office of Administrative Law (OAL) only

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

**NOV 09 2016**

*1:45 p.m.*

NOTICE	REGULATIONS
--------	-------------

AGENCY WITH RULEMAKING AUTHORITY <b>Board of Optometry</b>	AGENCY FILE NUMBER (if any)
---	-----------------------------

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

1. SUBJECT OF NOTICE <b>Continuing Optometric Education</b>	TITLE(S) <b>16</b>	FIRST SECTION AFFECTED <b>1536, 1571</b>	2. REQUESTED PUBLICATION DATE <b>July 3, 2015</b>
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input checked="" type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2015 27-2</b>	PUBLICATION DATE <b>7/3/2015</b>

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) <b>Continuing Optometric Education</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
--	--

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.) <b>16</b>	ADOPT <b>1536, 1571</b>
	AMEND
	REPEAL

3. TYPE OF FILING <input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11345) <input type="checkbox"/> Resubmittal of disapproved or withdrawn non-emergency filing (Gov.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 Resubmittal of disapproved or withdrawn emergency filing (Gov.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
---	--	--	--

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) <b>8/1/15 - 9/19/15, 6/17/16 - 7/15/16, 6/13/16 - 7/15/16</b>
--

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)
--

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>Awet Kidane, Director, DEPT. OF Consumer Affairs</b>
---

7. CONTACT PERSON <b>Joanne Staw</b>	TELEPHONE NUMBER <b>916-575-7182</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) <b>joanne.staw@doe.ca.gov</b>
---	---	-----------------------	--

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>Jessica Dierferman</i>	DATE <b>9/28/16</b>
TYPED NAME AND TITLE OF SIGNATORY <b>Jessica Dierferman, Executive Director</b>	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**NOV 09 2016**

Office of Administrative Law

per agency request J.T.E., 10-25-2016

per agency request J.T.E., 11-07-2016