

NOTICE PUBLICATION/REGULATORY ACTION SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

For use by Secretary of State only

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|------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|------------------------------|
| OAL FILE NUMBERS | NOTICE FILE NUMBER Z-2025-0829-03 | REGULATORY ACTION NUMBER 2025-1121-055 | EMERGENCY NUMBER S |
| For use by Office of Administrative Law (OAL) only | | | |
| OFFICE OF ADMINISTRATIVE LAW Electronic Submission | | OFFICE OF ADMIN. LAW 2025 NOV 21 PM 3:59 | |
| RECVD DATE 08/29/2025 | PUBLICATION DATE 09/12/2025 | | |
| NOTICE | | REGULATIONS | |

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

JAN 06 2026

1:57 pm

[Signature]

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| AGENCY WITH RULEMAKING AUTHORITY Acupuncture Board | AGENCY FILE NUMBER (If any) |
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

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| 1. SUBJECT OF NOTICE Application for Retired Status; Retired Status | TITLE(S) 16 | FIRST SECTION AFFECTED 1399.419.3 | 2. REQUESTED PUBLICATION DATE Friday, September 12, 2025 |
| 3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other | 4. AGENCY CONTACT PERSON Kristine Brothers | TELEPHONE NUMBER (916) 471-0735 | FAX NUMBER (Optional) (916) 928-2204 |
| OAL USE ONLY | ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn | NOTICE REGISTER NUMBER 2025, 37-2 | PUBLICATION DATE 9/12/25 |

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

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| 1a. SUBJECT OF REGULATION(S) Application for Retired Status; Retired Status; Restoration | 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 1399.419.3 |
| | AMEND 1399.460 |
| TITLE(S) 16 | REPEAL |

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|-------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 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"/> Resubmission of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) | <input type="checkbox"/> Resubmission 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)

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| 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 checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) | <input type="checkbox"/> Fair Political Practices Commission | <input type="checkbox"/> State Fire Marshal | |
| Other (Specify) <u>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</u> <i>Kimberly Kirchmeyer</i> | | | |

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|----------------------------------------|----------------------------------|-----------------------|-----------------------------------------------------------|
| 7. CONTACT PERSON Kristine Brothers | TELEPHONE NUMBER 916-471-0735 | FAX NUMBER (Optional) | E-MAIL ADDRESS (Optional) Kristine.Brothers@dca.ca.gov |
|----------------------------------------|----------------------------------|-----------------------|-----------------------------------------------------------|

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.

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|-------------------------------------------------------------------|-------------------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Benjamin Bodea</i> | DATE 11/7/2025 |
| TYPED NAME AND TITLE OF SIGNATORY Ben Bodea, Executive Officer | |

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 06 2026

Office of Administrative Law

PER AGENCY REQUEST