

## NOTICE PUBLICATION/REGULATION SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

OA FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2025-0829-03</b>	REGULATORY ACTION NUMBER <b>2025-1121-05S</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

For use by Secretary of State only

OFFICE OF ADMINISTRATIVE LAW		OFFICE OF ADMIN. LAW 2025 NOV 21 PM 8:59	
RECV'D DATE 08/29/2025	PUBLICATION DATE 09/12/2025	REGULATIONS	
NOTICE			REGULATIONS
AGENCY WITH RULEMAKING AUTHORITY Acupuncture Board			AGENCY FILE NUMBER (If any)

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

JAN 06 2026

11:57 am  


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

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OAL USE ONLY	ACTION ON PROPOSED NOTICE Approved as Submitted    Approved as Modified    Disapproved/ Withdrawn	NOTICE REGISTER NUMBER 2025,37-Z	PUBLICATION DATE 9/12/25

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

1a. SUBJECT OF REGULATION(S) Application for Retired Status; Retired Status; Restoration	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)		
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		
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 Resubmittal of disapproved or withdrawn nonemergency filing (Gov.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 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) <u>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</u> 		

PER AGENCY

7. CONTACT PERSON Kristine Brothers	TELEPHONE NUMBER 916-471-0735	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Kristine.Brothers@dca.ca.gov
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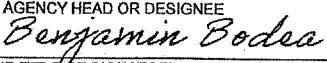
8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 06 2026

Office of Administrative Law

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 11/7/2025
TYPED NAME AND TITLE OF SIGNATORY Ben Bodea, Executive Officer	