

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

**REGULAR**

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	<b>NOTICE FILE NUMBER</b> Z-2016-0621-10	<b>REGULATORY ACTION NUMBER</b> 2017-0629-01S	<b>EMERGENCY NUMBER</b>
For use by Office of Administrative Law (OAL) only			
RECEIVED DATE <b>JUN 21 '16</b>		PUBLICATION DATE <b>JUL 01 '16</b>	
Office of Administrative Law		2017 JUN 29 P 2:45 OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	

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

**AUG 10 2017**

1:48 PM

<b>AGENCY WITH RULEMAKING AUTHORITY</b> California Board of Occupational Therapy	<b>AGENCY FILE NUMBER (if any)</b>
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

<b>1. SUBJECT OF NOTICE</b> Notice to Consumers	<b>TITLE(S)</b> 16	<b>FIRST SECTION AFFECTED</b> 4176	<b>2. REQUESTED PUBLICATION DATE</b> July 1, 2016
<b>3. NOTICE TYPE</b> <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	<b>4. AGENCY CONTACT PERSON</b> Jeff Hanson	<b>TELEPHONE NUMBER</b> (916) 263-2294	<b>FAX NUMBER (Optional)</b> (916) 263-2701
<b>OAL USE ONLY</b> <input 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 Disapproved/Withdrawn	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> 2016-27-2	<b>PUBLICATION DATE</b> 7/1/2016

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

<b>1a. SUBJECT OF REGULATION(S)</b> Notice to Consumers	<b>1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)</b>
<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>	ADOPT 4176 AMEND REPEAL
<b>TITLE(S)</b> 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)**

September 1 - September 16, 2016      October 10 - October 25, 2016

**5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs, title 1, §100)**

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))       Effective on filing with Secretary of State       \$100 Changes Without Regulatory Effect       Effective other (Specify)

**6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY**

Department of Finance (Form STD. 399) (SAM §6660)       Fair Political Practices Commission       State Fire Marshal

Other (Specify) **DEAN R. GRAFALO, Director, Department of Consumer Affairs** by **Doreatha Johnson**

<b>7. CONTACT PERSON</b> Heather Martin	<b>TELEPHONE NUMBER</b> (916) 263-2294	<b>FAX NUMBER (Optional)</b> (916) 263-2701	<b>EMAIL ADDRESS (Optional)</b> Heather.Martin@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: *Heather Martin*      DATE: *29 June 2017*

TYPED NAME AND TITLE OF SIGNATORY  
Heather Martin, Executive Officer, California Board of Occupational Therapy

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**AUG 10 2017**

Office of Administrative Law

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
**Title 16, Division 39, California Code of Regulations**

**Order of Adoption**

Proposed amendments are shown by underline for new text.

Add section 4176 to Article 8 of Division 39 of Title 16 of the California Code of Regulations to read as follows:

§ 4176. Notice to Consumers.

(a) Occupational therapists and occupational therapy assistants shall provide notice to their patients or clients that they are licensed and regulated by the California Board of Occupational Therapy, as specified in (b) and (c) below.

(b) Except for employees exempt by their employer pursuant to section 680 of the Code, occupational therapists and occupational therapy assistants shall wear a name tag while working, in at least 18-point font that provides the first and last name and license type. However, the name tag requirement shall not apply to occupational therapists or occupational therapy assistants who prominently display a copy of their license in the practice area or office where he or she works.

(c)(1) Occupational therapists and occupational therapy assistants shall provide to the patients or clients at the time of initial evaluation in at least 24-point font and in the format required by section 680.5(c) of the Code, or display in at least 24-point font in an area visible to patients or clients, written notice specifying that the licensee is regulated by the California Board of Occupational Therapy, and provide the following personal information: licensee's first and last name; license type; and highest level of earned academic degree related to the provision of occupational therapy services.

(2) As required by section 680.5(d) of the Code, this information shall also be displayed on any Internet website directly controlled or administered by the occupational therapist or occupational therapy assistant or his or her office personnel.

(3) This subdivision shall not apply to occupational therapists or occupational therapy assistants who work in the following types of facilities:

(A) General acute care hospital;

(B) Acute psychiatric hospital;

(C) Skilled nursing facility;

(D) Intermediate care facility;

(E) Intermediate care facility/developmentally disabled-habilitative;

(F) Special hospital;

(G) Intermediate care facility/developmentally disabled;

(H) Intermediate care facility/developmentally disabled-nursing;

(I) Congregate living health facility;

(J) Correctional treatment center;

(K) Nursing facility;

(L) Intermediate care facility/developmentally disabled-continuous nursing; or

(M) Hospice facility.

Authority cited: Section 2570.20, Business and Professions Code; Reference: Sections 138, 680, and 680.5, Business and Professions Code.