

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

**ORDER OF ADOPTION**

Proposed amendments are shown underlined for new text and ~~strikethrough~~ for deleted text.

Amend Title 16, Division 39, Article 2, California Code of Regulations to read as follows:

**§ 4110. Application.**

(a) An application for a license or limited permit shall be submitted on the form entitled Initial Application for Licensure, Form ILA, ~~Rev. 8/2012~~ (Rev. 7/2016), hereby incorporated by reference, or by providing the same information via on-line submission, if available, and shall contain the information required by sections 30, 144, 851, 2570.5, 2570.6, 2570.7, 2570.8, 2570.9, 2570.14, and 2570.16 of the Code and Family Code section 17520, accompanied by the appropriate fees.

(b) For an applicant applying for licensure pursuant to section 2570.15 of the Code, “substantially equal” means that the applicant has successfully completed the academic requirements of an educational program, including the educational program and supervised fieldwork requirements, for an occupational therapist or an occupational therapy assistant that are approved by the board and approved by the foreign credentialing review process of the National Board of ~~of~~ for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association.

Note: Authority cited: Section 2570.20, Business and Professions Code. Reference: Sections 30, 114.5, 144, 850, 851, 2570.5, 2570.6, 2570.7, 2570.8, 2570.9, 2570.14, 2570.15 and 2570.16, Business and Professions Code; and Section 17520, Family Code.

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2015-0721-09</b>	REGULATORY ACTION NUMBER <b>2016-0706-05 S</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
RECEIVED FOR FILING PUBLICATION DATE  JUL 21 '15      JUL 31 '15		2016 JUL -6 P 1:49  OFFICE OF ADMINISTRATIVE LAW	
NOTICE		REGULATIONS	

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

AUG 15 2016

1:53 PM

AGENCY WITH RULEMAKING AUTHORITY

California Board of Occupational Therapy

AGENCY FILE NUMBER (if any)

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

1. SUBJECT OF NOTICE Application	TITLE(S) 16	FIRST SECTION AFFECTED 4110	2. REQUESTED PUBLICATION DATE July 31, 2015
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Jeff Hanson	TELEPHONE NUMBER 916 263-2092	FAX NUMBER (Optional) 916 263-2701
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 2015, 81-2	PUBLICATION DATE 7/31/2015

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

1a. SUBJECT OF REGULATION(S) Application	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)
ACTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT
AMEND 4110
REPEAL
TITLE(S) 16

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)

December 17, 2015 to January 4, 2016

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 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) Awet Kidane, Director, Department of Consumer Affairs

7. CONTACT PERSON Heather Martin	TELEPHONE NUMBER 916 263-2294	FAX NUMBER (Optional) 916 263-2701	E-MAIL ADDRESS (Optional) heather.martin@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.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 7/6/16
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 15 2016

Office of Administrative Law