

RESUBMITTAL

(See instructions on reverse)

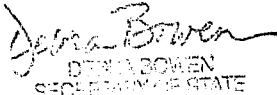
For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2012-1127-04	REGULATORY ACTION NUMBER 2014-0725-01SR	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2014 JUL 25 PM 4:15
 OFFICE OF ADMINISTRATIVE LAW

ENDORSED FILED
 IN THE OFFICE OF
 2014 SEP -2 PM 2:03

 DEBRA BOWEN
 SECRETARY OF STATE

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

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
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 Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2012 492	PUBLICATION DATE 12/7/2012

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Registered Veterinary Technician School Approval	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2013-1205-025
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)												
<table border="1"> <tr> <td>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</td> <td>ADOPT</td> </tr> <tr> <td></td> <td>2064, 2066, and 2066.1</td> </tr> <tr> <td></td> <td>AMEND</td> </tr> <tr> <td></td> <td>2065, 2065.5, 2065.6, 2065.7, 2065.8, 2065.8.1, 2065.8.2, 2065.8.3, and 2065.9</td> </tr> <tr> <td>TITLE(S)</td> <td>REPEAL</td> </tr> <tr> <td>16</td> <td></td> </tr> </table>	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT		2064, 2066, and 2066.1		AMEND		2065, 2065.5, 2065.6, 2065.7, 2065.8, 2065.8.1, 2065.8.2, 2065.8.3, and 2065.9	TITLE(S)	REPEAL	16	
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TITLE(S)	REPEAL											
16												

3. TYPE OF FILING			
<input 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 checked="" 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)
 8/19/2013 - 9/3/2013, 4/9/2014-4/24/2014

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

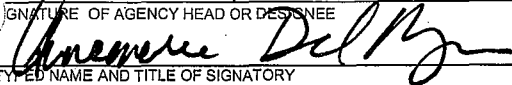
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input 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>Awet Kidane, Director, Department of Consumer Affairs</u>		

7. CONTACT PERSON Karen Robison	TELEPHONE NUMBER 916 515 5233	FAX NUMBER (Optional) 916 928 6849	E-MAIL ADDRESS (Optional) karen.robison@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 	DATE 7/1/14
TYPED NAME AND TITLE OF SIGNATORY Annemarie Del Mugnaio, Executive Officer, Veterinary Medical Board	

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ENDORSED APPROVED

SEP 02 2014

Office of Administrative Law