

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2016-0726-08	REGULATORY ACTION NUMBER 2017-0329-035	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Emergency Medical Service Authority			AGENCY FILE NUMBER (if any)

2017 MAR 29 P 3:44

OFFICE OF ADMINISTRATIVE LAW

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

MAY 11 2017
1:40 PM

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

1. SUBJECT OF NOTICE Emergency Medical Technician (EMT)		TITLE(S) 22	FIRST SECTION AFFECTED 100057	2. REQUESTED PUBLICATION DATE August 5, 2016
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Corrine Fishman	TELEPHONE NUMBER (916) 431-3727	FAX NUMBER (Optional) (916) 324-2875
OAL USE ONLY <input checked="" type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER 2016, 32-2	PUBLICATION DATE 8/5/2016

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Emergency Medical Technician (EMT) Regulations	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)						
<table border="1"> <tr> <td>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if</td> <td>ADOPT 100057.1, 100057.2</td> </tr> <tr> <td></td> <td>AMEND 100057, 100059, 100059.1, 100059.2, 100061, 100062, 100063, 100064, 100069, 100070, 100072, 100073, 100074, 100075, 100079, 100080, 100081, 100082, 100083</td> </tr> <tr> <td>TITLE(S) 22</td> <td>REPEAL</td> </tr> </table>	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if	ADOPT 100057.1, 100057.2		AMEND 100057, 100059, 100059.1, 100059.2, 100061, 100062, 100063, 100064, 100069, 100070, 100072, 100073, 100074, 100075, 100079, 100080, 100081, 100082, 100083	TITLE(S) 22	REPEAL
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if	ADOPT 100057.1, 100057.2					
	AMEND 100057, 100059, 100059.1, 100059.2, 100061, 100062, 100063, 100064, 100069, 100070, 100072, 100073, 100074, 100075, 100079, 100080, 100081, 100082, 100083					
TITLE(S) 22	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)
~~August 5 - September 27, 2016~~; December 2, 2016 - January 15, 2017, January 28 - February 11, 2017

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

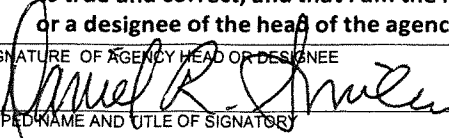
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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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
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Corrine Fishman, Program Analyst	TELEPHONE NUMBER 916-431-3727	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Corrine.fishman@ems.ca.gov
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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 3/29/2017
TYPED NAME AND TITLE OF SIGNATORY Howard Backer, MD, MPH, FACEP; Director	

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ENDORSED APPROVED

MAY 11 2017

Office of Administrative Law