

**State of California  
Office of Administrative Law**

**In re:**  
**Board of Chiropractic Examiners**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections:**

**Amend sections: 321**

**Repeal sections:**

**NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,  
Section 100**

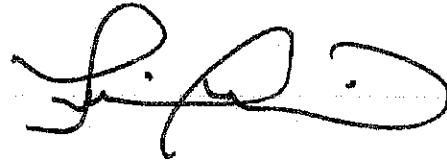
**OAL Matter Number: 2021-0401-04**

**OAL Matter Type: Nonsubstantive (N)**

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This change without regulatory effect filing by the Board of Chiropractic Examiners revises the "Application for a License to Practice Chiropractic" to adopt language regarding expedited licensure, update the license application fee, and repeal the disclosures regarding an applicant's criminal history.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.



Date: September 10, 2021

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Lindsey S. McNeill  
Senior Attorney

For: Kenneth J. Pogue  
Director

Original: Robert Puleo, Executive Officer  
Copy: Andrea McMillen

# NONSUBSTANTIVE

For use by Secretary of State only

<b>OAL FILE NUMBERS</b>	Z-	<b>REGULATORY ACTION NUMBER</b>	2021-0401-04N
<b>NOTICE FILE NUMBER</b>		<b>EMERGENCY NUMBER</b>	
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED - FILED**  
 In the office of the Secretary of State  
 of the State of California  
**SEP 10 2021**  
 1:55PM

**AGENCY WITH RULEMAKING AUTHORITY**  
 Board of Chiropractic Examiners

**AGENCY FILE NUMBER (if any)**

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

<b>1. SUBJECT OF NOTICE</b>		<b>TITLE(S)</b>	<b>FIRST SECTION AFFECTED</b>	<b>2. REQUESTED PUBLICATION DATE</b>
<b>3. NOTICE TYPE</b> <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		<b>4. AGENCY CONTACT PERSON</b>	<b>TELEPHONE NUMBER</b>	<b>FAX NUMBER (Optional)</b>
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		<b>NOTICE REGISTER NUMBER</b>	<b>PUBLICATION DATE</b>	

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

<b>1a. SUBJECT OF REGULATION(S)</b> Expedited Licensure and Application Requirements	<b>1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)</b>
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**2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)**

<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	<b>ADOPT</b>
	<b>AMEND</b> 321
	<b>REPEAL</b> 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 checked="" 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, §11349.1(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)**

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 §6680)     Fair Political Practices Commission     State Fire Marshal

Other (Specify)

**7. CONTACT PERSON**

Andrea McMillen	<b>TELEPHONE NUMBER</b> (916) 263-5355	<b>FAX NUMBER (Optional)</b> (916) 327-0039	<b>E-MAIL ADDRESS (Optional)</b> chiro.rulemaking@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.**

<b>SIGNATURE OF AGENCY HEAD OR DESIGNEE</b> <i>Robert Puleo</i>	<b>DATE</b> March 30, 2021
<b>TYPED NAME AND TITLE OF SIGNATORY</b> Robert Puleo, Executive Officer	

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**ENDORSED APPROVED**

**SEP 10 2021**

Office of Administrative Law