AGENDA ITEM 5

REVIEW AND APPROVAL OF MAY 21-22, 2026 BOARD MEETING MINUTES

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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****DRAFT****

BOARD MEETING MINUTES

May 21-22, 2026

University of St Augustine
For Health Sciences
700 Windy Point Drive, Room 206A
San Marcos, CA 92069

Board Members Present
Christine Wietlisbach – Board Vice President
Ada Boone Hoerl – Secretary
Luis Arabit
Vicky Santos
Erin Schwier

Board Staff Present
Austin Porter – Executive Officer
Helen Geoffroy – Board Attorney
Karina Clark – Analyst

Board Members Absent
Beata Morcos – Board President
Matthew Greco

Thursday, May 21, 2026

1. **Call to order, roll call, establishment of a quorum.**

   The meeting was called to order at 9:55 a.m. Secretary Ada Boone Hoerl called roll and a quorum was established.

2. **President's Remarks – Informational Only; no Board Action to be taken.**

   Vice President Christine Wietlisbach thanked the staff at University of St. Augustine for hosting the Board meeting and thanked all the staff that assisted in making the Board meeting possible.

   Vice President Wietlisbach shared that she and Executive Officer (EO) Austin Porter testified at the Board's Sunset Review Hearing on March 24, 2026, and that the hearing had been a successful one.

3. **Board Member Remarks – Informational Only; no Board Action to be taken.**

   Member Vicky Santos thanked the staff at University of St. Augustine for hosting the Board meeting.

Secretary Ada Boone Hoerl thanked Board staff for their efforts to provide a hybrid meeting option for member attendance and participation..

There were no further Board member remarks.

4. Public Comment for Items Not on the Agenda.

Samia Rafeedie, President of the Occupational Therapy Association of California (OTAC), introduced herself and thanked the Board. Ms. Rafeedie also stated she wished to bring attention to Assembly Bill (AB) 2497 – Physical Therapy Modernization Act, as it was not included on the list of bills to be discussed on this meeting's agenda. She further commented that many groups were in strong opposition to some of the language in the bill and that occupational therapy advocacy groups, in particular, were opposed to the following:

- A list of physical therapy interventions proposed to be modified from "…functional training in self-care…" to "…functional training, self-care…", which would establish self-care, as opposed to functional training relating to self-care, as a physical therapy intervention.
- A sentence proposed to be modified to end in "…and other health conditions", which OTAC feels should be more clearly tied to movement and mobility.
- An additional proposed change relating to how physical therapists address stress management, which OTAC also feels should be more clearly tied to movement and mobility.

Ms. Rafeedie also shared that OTAC would be presenting recommended language that had been developed in partnership with the American Occupational Therapy Association (AOTA) to the Physical Therapy Board the following week, to be considered as changes to AB 2497.

The following public attendees introduced themselves to the Board:

- University of St. Agustine Faculty and OTAC Vice President Kersten Laughlin.
- University of St. Augustine Occupational Therapy Student Cherelle Diggs.
- University of St. Augustine Faculty Cecilia Martinez.
- University of St. Augustine Occupational Therapy Student Vivian Rhodina.
- University of St. Augustine Occupational Therapy Student Krista Ernst.
- University of Southern California Faculty and OTAC Treasurer Candance Chatman.
- AOTA State Affairs Manager Kristen Neville.
- Sacramento City College Faculty Manpreet Nijjar Bhatti.
- National Board for Certification in Occupational Therapy (NBCOT) Assistant Director of External and Regulatory Affairs Francielle Pineda.
- AOTA Vice President of Health Policies and State Affairs Chuck Willmarth.
- Occupational Therapy Doctoral student working with AOTA Karissa Herrera.

There were no additional Board member remarks.
There were no additional public comments.

5. Review and vote on approval of February 26-27, 2026, Board meeting minutes.

Secretary Ada Boone Hoerl requested the following corrections on page 11 to student names:

- "Tiana" to "Tianna"
- "Peddit" to "Pettit"
- "Adriana" to "Ariana"
- "Celina" to "Selena"
- "Agular" to "Aguilar".

Secretary Hoerl also requested clarification on the accuracy of committee Chair appointments in Item 23. Specifically, clarification was requested as to who had been appointed Chair of the Practice Committee.

EO Porter stated that staff would review the meeting recording again and make changes to the minutes, if needed. *(Subsequent review determined that the draft minutes had been accurate and no change was necessary.)*

- Vicky Santos moved to approve the February 26-27, 2026, meeting minutes with the requested changes.
- Luis Arabit seconded the motion.

There were no additional Board member remarks.
There were no public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Absent
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

6. Discussion and possible action on Letter from the Occupational Therapy Association of California (OTAC) to the Accreditation Council on Occupational Therapy Education (ACOTE) regarding the inclusion of "surgical procedures of the upper extremity and their post operative course" as an education standard.

EO Porter recalled that during a previous meeting of the Board's Practice Committee to discuss and review the education requirements for Board approval in the advanced practice area of hand therapy, ACOTE Director of Accreditation Teresa Brininger had suggested that the Board submit a letter to ACOTE to request the inclusion of "surgical procedures of the upper extremity and their post operative course" in the forthcoming revision to ACOTE's accreditation standards. Since then, OTAC had submitted a letter to ACOTE making such a request, which had provided the Board with the opportunity to submit a letter of support.

A draft letter of support was presented to the Board at its February 26-27, 2026, meeting for review and approval. However, the Board requested additional language in the letter that would clarify the definition of "upper extremity" in the context of California's advanced practice requirements.

A revised draft of the letter was presented at the current meeting for further review and approval, which contained the following addition:

"When applied to the requirements for advanced practice approval for hand therapy in California, the upper extremity is taken to mean the hand, wrist, and forearm. Education that addresses this content area would cover surgery and injury to those parts of the body and would prepare an entry-level practitioner to provide care following such surgery."

- Ada Boone Hoerl moved to approve the letter as presented and direct staff to submit to ACOTE.
- Erin Schwier seconded the motion.

There were no Board member remarks.
There were no public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Absent
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

7. Discussion and possible action on the requirements to be an Advanced Practice Reviewer or a Practice Reviewer for the Board.

EO Porter gave an overview of the current requirements to serve as an Advance Practice Reviewer or Practice Reviewer.

- Practice Reviewers are occupational therapy practitioners that are consulted during disciplinary matters. The requirements to be a Practice Reviewer are:

    - A current and active California OT or OTA license without restrictions.
    - No prior or current charges or discipline against any health care related license in California or in any other place of licensure.
    - No criminal convictions, including any that were expunged or dismissed.
    - Ten or more years of experience with seven years of recent experience in the area of expertise for which the reviewer would be rendering a professional opinion.

- Advance Practice Reviewers review and approve courses for advanced practice education. The requirements to be an Advance Practice Reviewer are:

    - A current and active California OT license without restrictions.
    - No prior or current charges or discipline against any health care related license in California or in any other place of licensure.
    - No criminal convictions, including any that were expunged or dismissed.
    - At least five of the past seven years practicing in an advanced practice area.

EO Porter relayed that Board staff had recently received an application to serve as an advanced practice reviewer from a practitioner that had an unrestricted California OT license, but did not currently reside and practice in California. This led staff to seek clarification from the Board as to:

- Whether practice reviewers and advanced practice reviewers should be required to reside and practice in California during their contract, and
- What was meant, specifically, by “Ten or more years of experience with seven years of recent experience…” as it pertained to the practice reviewer requirements.

Vice President Wietlisbach summarized that the intent of the requirements is to ensure that reviewers have an adequate understanding of California law and that they are up to date on contemporary standards of practice. She suggested that the Board begin discussion with the experience requirement for practice reviewers.

Secretary Hoerl suggested mirroring the language of the experience requirement for advanced practice reviewers, requiring that practice reviewers have “At least seven of the last ten years practicing in…”

EO Porter pointed out that while that requirement was more clear, it would allow for a practice reviewer to have been away from their practice area for up to three years while still rendering professional opinions for the Board.

Member Erin Schwier stated that some areas of practice change and develop rapidly and that qualifying experience should be from the immediate last seven years. This

would keep the consumer safe as the reviewing practitioner would be up to date with the most current standards of practice.

Member Luis Arabit expressed agreement with Member Schwier and stated that if a reviewer was practicing in another state, staff should verify the status of their license in that state.

Vice President Wietlisbach stated that, while immediate recent experience seems like an obvious choice at first, there are many practitioners who are recently retired or have been practicing in different fields for a short time that she feels would be qualified reviewers.

EO Austin Porter clarified that practice reviewers are not the decision makers in any disciplinary case, and that their opinions are taken as evidence for the purposes of administrative hearings.

Public Comment

Candace Chatman, OTAC Treasurer, asked how the Board lets the public know this is a role they can fulfill.

EO Porter responded that Board has a page on its website dedicated to recruiting reviewers. He stated he has reached out to OTAC in the past when a specific type of reviewer is needed and they have assisted the Board with this task.

Ms. Chatman thanked EO Porter for his answer and suggested this information be on the main webpage of the Board. EO Austin Porter agreed and said he would ensure this is added to the Board's main page.

OTAC President Samia Rafeedie asked if the applicants were required to complete an attestation with their application to ensure they have been practicing or kept up their education in the specific field they are requesting to be reviewers for.

EO Porter responded that, while the current application does not include an attestation regarding continuing education efforts in a specific field, it does require that the applicant attest that the information and experience provided is true and correct.

Mr. Porter called the Board's attention to the fact that reviewer contracts last for three years. Therefore, an applicant that had a three-year gap in experience at the beginning of their contract could be reviewing cases at the end of their contract with a six-year gap in related experience.

Vice President Wietlisbach asked if any members had concerns about practitioners outside of California rendering opinions on practice in California.

Member Schwier responded that she did not have concerns as long as they had a current California license.

Public Comment

Samia Rafeedie commented that an internet search revealed that most courts prefer no more than a three-to-five-year gap in recent experience.

Discussion ensued regarding the possibility that a licensee practicing in another state may have adequate experience in an advanced practice area to review those types of cases, but that they may not actually have Board approval in that advanced practice area since the experience could have been gained in that other state.

EO Porter agreed with Board's suggestion that, if reviewer positions were opened up to licensees practicing in other states, staff should ensure that they have advance practice approval from CBOT prior to approving their contract.

The Board further discussed whether to accept practice reviewers residing and practicing out of state, particularly for those applying to render opinions on cases related to advanced practice.

EO Porter clarified that the Board's discussion on experience requirements had so far determined that practice reviewers should have a minimum of eight of the last ten years practicing in the area they would be reviewing cases. He suggested that further requiring those eight years to be in California would allow for practitioners currently out-of-state to render opinions as long as they have not been outside California for more than 2 years.

Member Schwier summarized the ensuing discussion as follows.

- Board discussion up to this point suggested that it would be acceptable to require:
  - Practice reviewers have eight years of experience from the last ten years in their case area, and
  - Practice reviewers rendering opinions on advanced practice cases have eight years of California experience from the last ten years in that advanced practice area.

Vice President Wietlisbach expressed concerns about not requiring California experience for all practice reviewers.

Member Schwier agreed that requiring California experience for all practice areas would be acceptable. Secretary Hoerl agreed.

Further discussion ensued and the Board came to the consensus that practice reviewers should have eight years of California experience from the last 10 years, regardless of their practice area.

Public Comment

Jaynee Taguchi Meyer, Co-Chair of the California Occupational Therapy Fieldwork Council (COTFC), introduced herself and agreed with the Board.

EO Austin Porter committed to working on final language that will be added to the Practice Reviewer and Advance Practice Reviewer applications that will be posted on the Board's website once updated.

Vice President Christine Wietlisbach, suggested the following language on the requirement for Advanced Practice Reviewers:

- Five years of California experience from the last seven years in an advanced practice area.

All Board members agreed on the suggested language.

There were no additional Board member remarks.
There were no additional public comments.

8. Regulatory Update.

A table of the Board's pending rulemakings and their statuses is available in the meeting materials. The only update since this information was last presented to the Board pertained to a pending rulemaking to amend California Code of Regulations (CCR) section 4130 – *Fees.*

Mr. Porter stated this rulemaking has been publicly noticed on the Board's website and with the Office of Administrative Law for the required 45-day comment period. The comment period will end on May 26, 2026. If no adverse comments are received the Board will proceed to a final filing with the Office of Administrative Law.

No other regulatory updates were presented to the Board.

There were no Board member remarks.
There were no public comments.

9. Discussion and possible action to modify the effective date in the pending rulemaking to amend Section 4130 (*Fees*) of title 16 of the California Code of Regulations (CCR).

EO Porter explained that, in general, the Office of Administrative Law (OAL) puts approved regulatory changes into effect on specified, quarterly dates. The Board's rulemaking package to amend Section 4130 (Fees) of title 16 of the California Code of

Regulations (CCR) included that language the would require higher renewal fees as of the next OAL effective date, July 1, 2026.

Mr. Porter further explained that, while it was technically possible to obtain approval for the rulemaking from OAL before this next effective date, it was also likely that approval would not come in time. As such, he requested authority from the Board to modify the proposed regulatory text by changing the date of the fee increase to the next quarterly OAL effective date, October 1, 2026.

- Ada Boone Hoerl moved to authorize the Executive Officer to change the effective date of Section 4130 (Fees) of title 16 of the California Code of Regulations (CCR) to October 1, 2026.
- Luis Arabit seconded the motion.

There were no Board member remarks.
There were no public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Absent
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

10. Discussion and possible action to consider initiation of rulemaking to amend Sections 4180 (*Definitions*) and 4181 (*Supervision Parameters)* of title 16 of the CCR.

EO Porter stated that this agenda item was a carryover from the February 27th, 2026, Board meeting. At that meeting, robust discussion had resulted in Board and public agreement on the proposed text, with some edits. Since then, Mr. Porter and Regulatory Counsel Deepi Miller had taken those requested edits and worked them into the proposed text, which was now before the Board for final approval.

EO Porter provided a verbal overview of the proposed text presented in the meeting materials, which included all proposed amendments and showed new amendments since February with a highlight.

The first new amendments discussed by the Board were:

- A definition of “direct supervision”
- A change to the definition of “level II fieldwork supervision”

Vice President Wietlisbach felt that the amendments as presented captured the Board's request from the last meeting.

Public Comment

AOTA State Affairs Manager Kristen Neville recalled that this particular change had been requested by AOTA and by OTAC at the previous meeting and thanked the Board for making the revisions to the text.

OTAC President Samia Rafeedie also thanked the Board for making the revisions.

COTFC Co-Chair Jaynee Taguchi Meyer asked the Board for clarification on the definition of "faculty led fieldwork" as presented in the text.

Member Schwier clarified that the included definition was intended to capture primarily level I fieldwork conducted by faculty in partnership with practitioners in the community.

Further new amendments discussed included:

- A non-substantive change to subsection 4181(a)
- The addition of "…individuals from the following categories, in any combination, at any one time:" in subsections 4181(d) and 4181(g)
- That supervision under subsections 4181(e) and 4181(i) shall also comply with the requirements of subsections 4181(d) and 4181(g), respectively.

To see all amendments to the regulatory text, please see the meeting materials.

There were no Board member remarks regarding the changes.

Public Comment

AOTA State Affairs Manager Kristen Neville requested clarification on what at "any one time" under supervision meant. Members of the Board clarified that "at any one time" meant while the supervisee was engaged in the activities for which they were being supervised.

Kristen Neville sought additional clarification on subsection 4181(h) and whether that meant that an OT could supervise three individuals from subsection (g) and an additional three OTAs. The Board clarified that this was correct.

- Luis Arabit moved to approve the proposed regulatory text for Sections 4180 and 4181 as presented, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, and if no adverse comments were received, authorized the executive officer

to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorized the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Sections 4180 and 4181 of Title 16, California Code of Regulations as noticed, with the authority to make any technical or nonsubstantive changes.

- Erin Schwier seconded the motion.

There were no additional Board member remarks.
There were no additional public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Absent
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

11. Discussion and possible action regarding the Occupational Therapy Licensure Compact. *(This agenda item was discussed on May 22, 2026.)*

EO Porter gave an overview of the Occupational Therapy Licensure Compact that was discussed at the February 9-10, 2023, Board meeting. Relevant excerpts of the meeting minutes from that discussion were included in the materials and those minutes showed that the Board had ultimately decided not to pursue joining the Compact at that time.

Mr. Porter stated that this item was before the Board again because it had not been discussed in a long time, there were many new members on the Board, and it may be prudent to reevaluate whether joining the Compact was feasible.

Member Schwier stated that she agreed with the Board's previous decision not to join the Compact as it would be challenging to monitor those practicing under Compact privileges and it would not be in the best interest of California consumers.

Vice President Wietlisbach echoed the sentiments of Member Schwier, adding that the biggest barrier to joining the Compact would be passing the model legislation in the materials.

Board members discussed the materials provided and agreed that the licensure compact would not be beneficial for the California consumer and the legislative process would be lengthy and not in the best interest of the consumer.

Member Greco asked for clarification as to why the Compact was being considered by the Board, stating that, while he saw the value from an efficiency perspective, he did not see how it would be a benefit to consumers. He asked who or what was the driving force behind the licensure compact.

EO Porter clarified that the Compact was a joint effort from the American Occupational Therapy Association and the National Board for Certification in Occupational Therapy. He also suggested that potential consumer benefits could include an increase in the OT and OTA workforce in California, which could alleviate issues of consumer access to services.

Secretary Hoerl further addressed the question, sharing that there was a breadth of data that indicated difficulties with consumer access to medical care in rural areas of the state.

Secretary Hoerl also referred back to the Board's discussion in Agenda Item 7 on contracting with practice and advanced practice reviewers from out of state as evidence supporting the difficulties with joining the Compact.

Public Comment

OTAC President Samia Rafeedie reported that OTAC members do ask the organization if and when California will join the licensure compact. She also reported that she worked with a legislative team and had been advised that the occupational therapy compact bill would not be passed in California, citing other healthcare professions that have tried to pass licensure compact legislation without success.

AOTA State Affairs Manager Kristen Neville shared that Tennessee had started issuing Compact privileges, which was not identified in the list of Compact states in the materials. She added that Alaska had also voted to pass legislation. She added that the Compact initiative stemmed from long-standing concerns regarding licensure portability for members of the military and rural access to services.

She explained that AOTA has asked States to join the compact, is to allow rural areas and military members and their spouses accessibility to practice anywhere in the country.

Samia Rafeedie asked what the average time was from application to licensure for applicant licensed in another state.

EO Porter stated that approval takes no more than 30 days if all documents are received timely, but that delays can happen when license verifications are missing from the other states where the applicant is licensed. He also stated that applicants with unrestricted licenses in other states are permitted to practice supervised in California for

up to 60 days while awaiting approval, pursuant to Business and Professions Code section 2570.4(d).

Vice President Wietlisbach thanked Ms. Neville for her comments and attendance at the Board meeting and stated that the California Board of Occupational Therapy would not be moving toward joining the compact at this time.

There were no additional Board member remarks.
There were no additional public comments.

12. **Discussion and possible action regarding seeking an exemption from the independent contractor ABC test (Labor Code Section 2775(b) under Labor Code section 2783.** *(This agenda item was discussed on May 22, 2026.)*

EO Porter explained that this topic was before the Board because it had been an issue raised by the Legislature in the Board's Sunset Review. Labor Code Section 2775 sets the standards by which California Law determines if a worker is considered an independent contractor or an employee. However, some professions have sought and been granted an exemption from these standards under Labor Code Section 2783, which allows more freedom for members of that profession to be considered independent contractors.

Proposed amendments to section 2783 were presented in the materials for the Board's approval, should they choose to seek an exemption.

Public Comment

OTAC President Samia Rafeedie shared that the Association hears concerns about Labor Code Section 2775 from its members that work in home health and school-based OTs. Ms. Rafeedie stated that OTAC would support the Board if they choose to pursue this exemption.

Board members expressed concerns that most practitioners prefer working as an employee and that working as an independent contractor comes with additional responsibilities, such as general liability insurance.

EO Porter noted that OT practitioners are currently subject to the ABC test in section 2775, which is strict and mandates that any worker not satisfying all three conditions of the test be considered an employee. However, professionals that are exempt under section 2783 are subject to the Borello test, which takes a much more holistic and interpretive approach in making that determination. An exemption would likely not force someone who is currently considered an employee to work as an independent contractor instead.

Member Greco stated that while discussion so far had provided evidence that working as an independent contractor was an attractive proposition to some practitioners, there

had not been any evidence to show that the current law was preventing them from doing so. He expressed concern that an exemption would give more power to employers rather than more freedom to workers.

The Board examined the requirements of the ABC test and clarified that the test did prevent employers from hiring independent contractors in situations were being able to do so would increase access to services.

- Erin Schwier moved to direct staff to seek legislation to enact the changes as presented in the materials to Labor Code section 2783.
- Ada Boone Hoerl seconded the motion.

There were no additional Board member remarks.
There were no additional public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Yes
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

PUBLIC HEARING

The Board held a hearing for a petition for early termination of probation from petitioner Sabrina Sabet.

The hearing commenced at 1:33 pm. and was presided over by Administrative Law Judge Abe Levy.

CONVENE IN CLOSED SESSION

The Board met in closed session pursuant to Government Code Section 11126(c)(3) to deliberate and vote on disciplinary matters.

Pursuant to Government Code Section 11126(a)(1), the Board met in closed session to conduct an annual performance evaluation and consider the salary of its Executive Officer.

MEETING RECESS

At 3:52 p.m. the Board recessed until the following day.

BOARD MEETING MINUTES

May 21-22, 2026

University of St Augustine
For Health Sciences
700 Windy Point Drive, Room 206A
San Marcos, CA 92069

Board Members Present
Christine Wietlisbach – Board Vice President
Ada Boone Hoerl – Secretary
Luis Arabit
Matthew Greco
Virginia Santos
Erin Schwier

Board Staff Present
Austin Porter – Executive Officer
Karina Clark - Analyst
Helen Geoffrey – Board Attorney

Board Member Absent
Beata Morcos – Board President

Friday, May 22, 2026

13. **Call to order, roll call, establishment of a quorum.**

    The meeting was called to order at 9:32 a.m. Secretary Ada Boone Hoerl called roll and a quorum was established.

14. **President's Remarks – Informational only; no Board action to be taken.**

    There were no remarks from the Vice President.

15. **Board Member Remarks – Informational only; no Board action to be taken.**

    Member Matthew Greco thanked Board staff for facilitating participation via WebEx.

    There were no other Board member remarks.

16. **Public Comment for Items not on the Agenda.**

    There were no requests for public comment.

17. **Discussion and overview of the Board's jurisdiction and authority; legislative and regulatory action.**

EO Porter provided a verbal overview of the document in the materials, “Overview of Board’s Duty and Authority to Protect the Public”. It explained that the Board’s ability to seek legislation changes or code section changes was dependent on whether the sought changes were for the benefit of the consumer, particularly when the changes concerned scope of practice for the profession:

“*These differences are important to bear in mind when discussing scope of practice issues for the profession of occupational therapy. When considering whether to pursue legislation to include or prohibit a specific service in the scope of practice, the Board must remember to act, first and foremost, for the protection of the public.*”

The document further explained that the Legislature expects legislation seeking to expand scope of practice to come from professional associations, which advocate for the practitioners.

Ada Boone Hoerl suggested this information be posted on the Board’s website to educate the consumer on the Board’s mandate to protect the consumer.

Public Comment

Samia Rafeedie asked about the example in the document concerning the North Carolina Dental Board.

Board Counsel Helen Geoffrey explained the limitation a Board has in implementing restrictions. The example of the North Carolina Dental Board was discussed to emphasize how a “restriction” by a Board can be overturned when there is no public safety risk involved when performing a service.

Christine Wietlisbach thanked EO Austin Porter and Attorney Helen Geoffrey for bringing this to the Board.

There were no additional Board member remarks.
There were no additional public comments.

18. Discussion and possible action regarding Sensory Integration Interventions.

EO Porter presented the letter sent to the Board from OTAC regarding Sensory Integration Interventions and invited Samia Rafeedie to give additional information.

OTAC President Samia Rafeedie and OTAC Vice President Kristen Laughlin presented a summary of the concerns submitted in the letter regarding whether the sensory integration techniques and sensory processing interventions should be included in the occupational therapy scope of practice.

They shared the results of a survey sent to OTAC members which showed a pattern of these services being performed by non-occupational therapy licensed professionals and non-licensed professionals. The providers most frequently identified included:

- Board Certified Behavioral Analysts (BCBA)
- Registered Behavioral Technicians (RBTC)
- Applied Behavior Analysts (ABA)
- Speech Language Pathologists
- Early Interventionists
- Aides
- Other para-professionals

Ms. Rafeedie further stated that, according to the survey responses, the above-mentioned professionals were observed providing sensory interventions, sensory diets, feeding interventions, activities of daily living (ADLs), and visual-motor interventions without occupational therapy training or oversight. Respondents also expressed concerns regarding safety and clinical appropriateness, which they believed could create consumer confusion and potentially place children and their families at risk. Some of the respondents to the survey were concerned that occupational therapy services were becoming increasingly viewed as interchangeable, despite the specialized education and clinical reasoning required for pediatric occupational therapy, sensory integration, feeding, activities of daily living (ADL), and occupation-based intervention.

OTAC stated that their concern arises from occupational therapy specific interventions being implemented independently without occupational therapy involvement, training or supervision.

Respondents requested clear guidance and stronger recognition of occupational therapy scope of practice, including:

- Clear recognition of sensory integration and sensory processing within occupational therapy practice.
- Stronger consumer protection language.
- Support for practitioners encountering scope encroachment.
- When these services may constitute unlicensed practice.

Ms. Rafeedie requested the Board clarify when these services may constitute unlicensed practice consider the questions raised in the letter from the Association. From the letter and the survey conducted OTAC realized something must be done.

Vice President Wietlisbach asked how sensory integration may look different when provided by a non-OT professional as opposed to an OT practitioner.

Board Member Erin Schwier responded that the differences between an occupational therapist and non-licensed professional providing these services may not be

immediately apparent to someone not professionally trained to provide these services. However, Ms. Schwier further explained that an untrained/non-licensed professional can cause more harm to the consumer, as they are not fully trained in providing these services and may use them to try to facilitate therapeutic outcomes or to modify behavior. Member Schwier clarified that there is not cause for concern when an interdisciplinary approach is used and an OT is involved in the services, but that concern arises when facilities opt not to involve an OT because they feel that other types of professionals are sufficient. Ms. Schwier stated that Sensory Processing should be added to the Practice Act to make it clear for providers as this has the potential for misuse of sensory integration and interventions that could lead to *increased* risk behaviors.

Vice President Wietlisbach thanked Member Schwier for her explanation and asked whether this meant that sensory integration is occupational therapy or that it is something occupational therapy practitioners use.

Member Schwier responded that it is both and that she would be in favor of including sensory processing language in the OT scope of practice.

Member Greco thanked Member Schwier for her thorough explanation and stated that, while opposed to creating unnecessary barriers, he felt making taking steps to codify the necessity of trained OT expertise being applied to sensory intervention was not such a barrier and would serve to protect consumers.

Board attorney Helen Geoffrey stated that the Occupational Therapy Association of California (OTAC) should be the association to petition to the legislation to ensure these services are added to the Practice Act. She further explained that the Board must work within the Practice Act given to the Board by legislature, as this change request from the licensing Board would be seen as mainly benefiting the licensees.

Ms. Rafeedie asked if the Board could conduct education and outreach to students, schools, and consumers via CBOT's website or emails. EO Austin Porter stated the Board currently has access to reach out to licensees to educate them and can post the information on the website, at the direction of the Board.

Ms. Wietlisbach suggested the Education and Outreach Committee meet to develop the language and education materials for CBOT's website.

There were no additional Board member remarks.
There were no additional public comments.

19. Update on the Board's Sunset review. Discussion and possible action regarding Assembly Bill (AB) 2773.

EO Porter gave a brief overview of the Board's Sunset Review Background Paper and materials presented.

EO Austin Porter clarified that the responses provided in the paper were suggestions on how the Board could address the issues raised by the Legislature, but that the Legislature had not directed the Board to take any specific action at this time.

EO Austin Porter presented the draft letter of support for the Board's Sunset bill, Assembly Bill (2773).

- Vicky Santos moved to support Assembly Bill 2773 and direct staff to submit the letter as presented.
- Erin Schwier seconded the motion.

There were no Board member remarks.
There were no additional public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Yes
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

20. Legislative Update.

a. Review, discussion, and possible action regarding Board positions on the following bills:

- Assembly Bill (AB) 54, Krell. Access to safe abortion care act.

  Ordered to inactive file on September 10, 2025.

- AB 1558, Arambula. Uniform emergency volunteer health practitioners act.

  Held under submission as of May 14, 2026.

- AB 1767, Berman. Dept. of Consumer Affairs: public members of boards: conflicts of interest.

  Vice President Wietlisbach expressed an opinion of support.

  - Luis Arabit moved to support AB 1767.
  - Matthew Greco seconded the motion.

There were no public comments.

Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Yes
Vicky Santos	Yes
Erin Schwier	Yes

The motion carried.

- AB 1775, Ward. Veterans.

  No Board action taken.

- AB 1979, Bonta. Healthcare services: artificial intelligence.

  - Erin Schwier moved to support AB 1979.
  - Ada Boone Hoerl Seconded the motion.

  There were no public comments.

  Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Yes
Vicky Santos	Yes
Erin Schwier	Yes

  The motion carried.

- AB 2140, Johnson, Healing arts: reports: claims against licensees.

  Died in committee.

- AB 2551, Elhawary. Health care coverage.

  The Board decided to watch AB 2551.

  There were no public comments.

- AB 2773. Board of occupational therapy: sunset bill.

  Discussed during Agenda Item 19. The Board took a support position.

- Senate Bill (SB) 903, Padilla. Mental health professionals: artificial intelligence.

  - Luis Arabit moved to support SB 903.
  - Ada Boone Hoerl seconded the motion.

  There were no public comments.

  Board Member Vote

Beata Morcos	Absent
Christine Wietlisbach	Yes
Luis Arabit	Yes
Ada Boone Hoerl	Yes
Matthew Greco	Yes
Vicky Santos	Yes
Erin Schwier	Yes

  The motion carried.

- SB 980, Hurtado. Access to medical records.

  Died in committee.

- SB 1391, Wahab. Dept. of Consumer Affairs: retired category licenses.

  There were no public comments.

  The Board decided to watch SB 1391.

- SB 1445. Healing Arts.

  There were no public comments.

  The Board decided to watch SB 1445.

b. Update on chaptered, vetoed, and dead bills.

EO Porter advised that the bills in the materials for this section were dead and included for informational purposes only.

21. Executive Officer's Report.

a. Administrative Update including information on Board's budget, personnel, BreEZe.

The Executive Officer gave a verbal overview of the memo and the data provided in the materials.

b. Licensing Unit data.

The Executive Officer gave a verbal overview of the data provided in the materials.

c. Enforcement Unit data.

The Executive Officer gave a verbal overview of the data provided in the materials, noting that address change violation cases were on the decline.

22. Suggestions for future agenda items.

There were no suggestions for future agenda items.

MEETING ADJOURNMENT

The meeting adjourned at 1:02 p.m.

AGENDA ITEM 6

REPORT FROM THE PRACTICE COMMITTEE

INCLUDES THE FOLLOWING:

6.1 JULY 11, 2025 PRACTICE COMMITTEE MEETING MINUTES

6.2 AUGUST 3, 2026 PRACTICE COMMITTEE MEETING HIGHLIGHTS

6.3 ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) STANDARDS COMPARISON TABLE

6.4 CALIFORNIA LAWS AND REGULATIONS RELATING TO ADVANCED PRACTICE APPROVAL IN SWALLOWING ASSESSMENT, EVALUATION, OR INTERVENTION.

6.5 WRITTEN PUBLIC COMMENT, SUBMITTED AUGUST 5, 2026.

CALIFORNIA BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
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PRACTICE COMMITTEE MEETING MINUTES

July 11, 2025

Committee Members Present
Christine Wietlisbach (Chair) (Board Vice President)
Richard Bookwalter (Board Secretary)
Lynne Andonian
Bob Candari
Carlin Daley Reaume
Ernie Escovedo
Heather Kitching
Jeanette Nakamura
Chi-Kwan Shea

Board Staff Present
Austin Porter, Executive Officer
Jody Quesada Novey, Manager
Karina Clark, Analyst

Committee Members Absent
Bob Candari
Mary Kay Gallagher
Diane Laszlo
Danielle Meglio

Friday, July 11, 2025
1:00 pm – Committee Meeting

1. **Call to order, roll call, establishment of a quorum.**

   The meeting was called to order at 1:00 pm, roll was called, and a quorum was established.

2. **Chairperson opening remarks.**

   Chairperson Christine Wietlisbach welcomed and thanked all in attendance. She announced the committee was two-thirds of the way through this very important task of discussing and deciding whether the approval requirements for advanced practice (AP) can be reduced based on the evolution of the ACOTE guidelines.

   Chair Wietlisbach informed the committee that they would be tackling the final area of Swallowing/Dysphagia AP approval.

3. **Public Comment for Items Not on the Agenda.**
   Please note: The Committee may not discuss or take action on this agenda item except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]

   There were no public comments for items not on the agenda.

4. **Review and vote on approval of the April 25, 2025, committee meeting minutes.**

   - Carlin Daley Reaume moved to approve the April 25, 2025, committee meeting minutes.
   - Ernie Escovedo seconded the motion.

   Public Comment
   There were no public comments.

   Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Lynne Andonian	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Abstain

   The motion carried.

5. **Consideration and possible action to recommend to the full Board to initiate a rulemaking package to amend California Code of Regulations (CCR), Title 16, Division 39, Article 6, Section [4153, Swallowing Assessment, Evaluation, or Intervention, and Section 4155, Application for Approval in Advanced Practice Areas]. The Committee will consider whether the education and training requirements for licensees demonstrating competence in the advanced practice area of swallowing assessment, evaluation, or intervention should be reduced.**

   Chair Wietlisbach recounted previous committee recommendations presented to the Board regarding Physical Agent Modalities (PAMs) and Hand Therapy approval as follows:

   - PAMs – reduce supervised training hours from 240 hours to 40 hours and licensees that started their qualifying degree program after August 1, 2020, would not be required to submit any education contact hours, only the 40 hours of supervised training.

- Hands Approval – reduce supervised training from 480 hours to 80 hours and licensees that started their qualifying degree program after August 1, 2025, need only complete 8 hours of education pertaining to surgical procedures of the upper extremity.

Chair Wietlisbach asked the committee to discuss, deliberate and possibly conclude reducing education and/or training hours for swallowing/dysphagia approval under the evolved ACOTE guidelines.

Ada Boone Hoerl, Sacramento City College Occupational Therapy Assistant Program Coordinator reported that she listened to the Speech Language Pathology Board's Practice Committee meeting from April 2025 and throughout the entire conversation she did not detect any concern being expressed that OTs can provide swallowing/dysphagia services.

Chair Wietlisbach reminded the committee that any decision to adjust the education and/or training hours should be based on entry level competency being met, not expert level.

Richard Bookwalter suggested reducing the supervised training hours from 240 to 25. Mr. Bookwalter cited that OTs only perform noninvasive procedures and his experience as a swallowing/dysphagia approved OT, reasoning that an OT acquiring training would be able to do a one-hour swallowing assessment and a one-hour feeding per day, multiplied by 5 days a week, totaling 25-30 hours in three weeks, which he felt would be a reasonable amount of supervised training to perform non-invasive procedures.

- Richard Bookwalter moved to reduce the supervised training hours for swallowing/dysphagia from 240 hours to 25 hours.
- Chi-Kwan Shea seconded the motion.

Public Comment

There were no public comments.

Committee Member Vote

Christine Wietlisbach	Yes
Richard Bookwalter	Yes
Lynne Andonian	Yes
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Yes

The motion carried.

Chair Wietlisbach summarized that the committee wished to recommend to the Board that the supervised training hours for swallowing/dysphagia be reduced from 240 to 25 hours and that Board staff would reach out to Dr. Teresa Brininger, Director of Accreditation at ACOTE, to talk with the committee about what the ACOTE standards cover regarding the content areas for education so the committee can make an informed recommendation on whether they can reduce required education hours. The current requirement is 45 hours of additional education.

6. New suggested agenda items for a future meeting.

   There were no new suggested agenda items.

   Chair Wietlisbach thanked the committee and Board staff and informed the committee members that a poll would be sent out to determine a date for the next meeting.

Meeting adjournment.
The meeting adjourned at 1:41 p.m.

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CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
PRACTICE COMMITTEE MEETING HIGHLIGHTS

August 3, 2026

Committee Members Present
Christine Wietlisbach (Chair) (Board Vice President)
Ada Boone Hoerl (Board Secretary)
Richard Bookwalter
Bob Candari
Carlin Daley Reaume
Ernie Escovedo
Mary Kay Gallagher
Heather Kitching
Diane Laszlo
Danielle Meglio
Jeanette Nakamura
Chi-Kwan Shea

Board Staff Present
Austin Porter, Executive Officer
Jody Quesada Novey, Manager
Karina Clark, Analyst
Tara Welch, Board Counsel
Deepi Miller, Regulatory Counsel

Committee Members Absent
Lynne Andonian

Monday, August 3, 2026
1:00 pm – Committee Meeting

1. **Call to Order; Roll Call; and Establishment of a Quorum**

   The meeting was called to order at 1:04 pm, roll was called, and a quorum was established.

2. **Public Comment for Items Not on the Agenda**
   Please note: The Committee may not discuss or take action on this agenda item except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]

   There were no public comments for items not on the agenda.

3. **Review and Approval of July 11, 2025, Committee Meeting Minutes**

   Chair Wietlisbach noted that the last sentence under agenda item 6 on page 4 had been truncated, and requested it be corrected to read "…thanked the committee and Board

staff and informed the committee members that a poll would be sent out to determine a date for the next meeting."

- Chi-Kwan Shea moved to approve July 11, 2025, committee meeting minutes as revised during the meeting.
- Heather Kitching seconded the motion.

Public Comment
There were no public comments.

Committee Member Vote

Christine Wietlisbach	Yes
Ada Boone Hoerl	Abstain
Richard Bookwalter	Yes
Lynne Andonian	Absent
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Yes

The motion carried.

4. Discussion on Education and Training Standards for Advanced Practices in Swallowing Assessment, Evaluation, or Intervention – Teresa Brininger, Director, Accreditation Council for Occupational Therapy Education (ACOTE)

Chair Wietlisbach announced that the committee was almost done with the task of discussing and deciding whether the requirements for advanced practice approval should be reduced based on the evolution of the ACOTE standards. She reminded the committee members that they had already made a recommendation to the Board to reduce the required supervised training hours for advanced practice approval in swallowing assessment, evaluation, or intervention (swallowing) from 240 hours to 25 hours, and that this meeting would focus on whether to recommend reducing the required education contact hours for occupational therapists having graduated under the most recent ACOTE standards.

Dr. Teresa Brininger offered insight as to whether and to what degree the 2025 ACOTE standards addressed the subject areas that the Board requires applicants for advanced practice approval in swallowing to take courses on (these subject areas can be found in California Code of Regulations Section 4153 (b)(1)).

Discussion found that certain accreditation standards did partially address required subject matter. For example, standard B.1.1 did address anatomy, physiology, and neurophysiology, but without specificity to the head, neck, and aerodigestive tract, and standard B.3.13 addressed interventions for dysphagia. However, discussion ultimately

concluded that the current ACOTE standards did not fully address any of the subject areas required by the Board.

Further discussion by the committee determined that the evolution of the ACOTE standards did support a reduction in the number of required education contact hours, but that there was not evidence to warrant elimination of any one required subject area.

Discussion regarding the length of available classes in swallowing as well as the amount of time needed to gain entry-level competency determined that 24 contact hours of education would be sufficient for swallowing approval.

5. **Discussion and Possible Action on Recommendation to the Board to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 4153 (Swallowing Assessment, Evaluation, or Intervention) and 4155 (Application for Approval in Advanced Practice Areas)**

- Carlin Daley Reaume moved to recommend to the full Board to initiate a rulemaking to amend Title 16, CCR Section 4153 regarding swallowing assessment, evaluation, or intervention to reduce the required education contact hours for licensees graduating August 1, 2025 or later from 45 hours to a minimum of 24 hours.
- Ernie Escovedo, seconded the motion.

Public Comment
There were no public comments

Committee Member Vote

Christine Wietlisbach	Yes
Ada Boone Hoerl	Yes
Richard Bookwalter	Yes
Lynne Andonian	Absent
Bob Candari	Yes
Ernie Escovedo	Yes
Carlin Daley-Reaume	Yes
Heather Kitching	Yes
Jeanette Nakamura	Yes
Chi-Kwan Shea	Yes

The motion carried.

6. **New suggested agenda items for a future meeting.**

There were no new suggested agenda items.

7. **Adjournment**

The meeting adjourned at 2:48 p.m.

Comparison of ACOTE Standards Pertaining to Swallowing by Effective Year

	STANDARDS			
	2008	**2013**	**2020**	**2025**
Swallowing, Feeding, Dysphagia	B.5.12	B.5.14	B.4.16	B.3.13
	Provide management of feeding and eating to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.	Provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.

Digestive, Structures	B.4.4	B.4.4	B.4.4	B.3.3
	Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Identify and appropriately delegate components of the evaluation to an occupational therapy assistant. Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.

Digestive, Structures (continued)	B.5.1	B.5.1		
	Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems).	Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).		

Anatomy, Physiology, Neuroscience, Biomechanics	B.1.4	B.1.1	B.1.1	B.1.1
	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.
	B.5.10	B.5.11		
	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.		

	DEFINITIONS			
	2008	**2013**	**2020**	**2025**
Body Functions	the physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	"Physiological functions of body systems (including psychological functions)" (World Health Organization [WHO], 2001).	
Body Structures	anatomical parts of the body such as organs, limbs, and their components.	Anatomical parts of the body such as organs, limbs, and their components.	"Anatomical parts of the body, such as organs, limbs, and their components" that support body functions (WHO, 2001).	
Dysphagia			Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017). **EATING**: "…keeping and manipulating food or fluid in the mouth and swallowing it" (AOTA, 2014, p. S19). **FEEDING**: "…setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding" (AOTA, 2014, p. S19). **SWALLOWING**: "…moving food from the mouth to the stomach" (AOTA, 2014, p. S19).	Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017). **EATING AND SWALLOWING:** "…keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)" (AOTA, 2020b, p. 30). **FEEDING:** "Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)" (AOTA, 2020b, p. 30).

Evaluations	the physiological functions of body systems (including psychological functions).	The physiological functions of body systems (including psychological functions).	“The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).	“The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation… Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors” (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76). **FORMATIVE EVALUATION:** Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program. **SUMMATIVE EVALUATION:** Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

Business and Professions Code (BPC) - Law

BPC 2570.3

(d) An occupational therapist may provide advanced practices if the occupational therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that the occupational therapist has met educational training and competency requirements. These advanced practices include the following:
(1) Hand Therapy.
(2) The use of physical agent modalities.
(3) Swallowing assessment, evaluation, or intervention.

California Code of Regulations (CCR) - Regulation

CCR 4150. Definitions

(h) "Swallowing" as used in Code section 2570.3 is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.
(i) "Instrumental evaluation" is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and video fluoroscopy
(1) "Endoscopic evaluation of swallowing" or "endoscopy" is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.
(2) "Video fluoroscopic swallowing study" or "video fluoroscopy" is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as video fluorography, modified barium study, oral-pharyngeal motility study and video radiography.

CCR 4153. Swallowing Assessment, Evaluation, or Intervention

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation or intervention may be performed only when an occupational therapist has demonstrated to the Board that they have met the post professional education and training requirements established by this section as follows:
(1) Education: Completion of 45 contact hours in the following subjects:
(A) Anatomy, physiology and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract;
(B) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;
(C) Interventions used to improve pharyngeal swallowing function.
(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.
(c) An occupational therapist may provide only those swallowing assessment, evaluation or intervention services the occupational therapist is competent to perform.

CCR 4154. Post Professional Education and Training

(a) Post professional education courses shall be obtained at any of the following:
(1) College or university degree programs accredited or approved by ACOTE;
(2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;
(3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;
(4) Any approved provider. To be approved by the Board the provider shall submit the following:
(A) A clear statement as to the relevance of the course to the advanced practice area.
(B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.
(D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or
(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in sections 2570.3(e) or 2570.3(f) of the Code, or section 4153 of these regulations, and submits the following:
(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.
(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., his or her education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.
(b) Post professional training shall be supervised which means, at a minimum:
(1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and number of clients for whom the occupational therapist is providing advanced practice services.
(2) The supervisor is readily available in person or by telecommunication to the occupational therapist while the therapist is providing advanced practice services.
(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing post-professional education under section 4154(a)(4) or (5) who is a health care practitioner as defined in section 680 of the Code shall possess an active, current, and unrestricted license.
(d) Post professional education and training must be completed within the five years immediately preceding the application for approval in each advanced practice area.

CCR 4155. Application for Approval in Advanced Practice Areas

In order to provide any of the advanced practice services set forth in Code section 2570.3(d), an occupational therapist shall apply to the Board and receive approval in that advanced practice area.
(a) To apply for approval, an occupational therapist shall submit to the Board an application as specified in subsections (1), (2), or (3), along with the required documentation.
(1) Applicants seeking approval in the area of Hand Therapy shall submit the Application for Advanced Practice Approval in Hand Therapy (Form APH, Rev. 10/09), hereby incorporated by reference;.
(2) Applicants seeking approval in the use of physical agent modalities shall submit the Application for Advanced Practice Approval in Physical Agent Modalities (Form APP, Rev. 07/11), hereby incorporated by reference;
(3) Applicants seeking approval in the area of Swallowing Assessment, Evaluation, or Intervention shall submit the Application for Advanced Practice Approval in Swallowing (Form APS, Rev. 10/09), hereby incorporated by reference;
(b) The documentation must include the following:
(1) Documented proof of attendance and completion of each course (i.e., certificate of completion or transcript).
(2) Evidence of the number of contact hours completed for each course for courses that are not Board approved.
(3) Outline or syllabus of each course for courses that are not Board approved.
(4) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) as it relates to the advanced practice area.
(5) Resume or credentials of each instructor for courses that are not Board approved.

(6) Verification of completion of supervised on-the-job training, clinical internship or affiliation reflecting the nature of the training and the number of hours. Such verification must be signed by the supervisor(s) under penalty of perjury.

(c) An advanced practice application not completed within six months of receipt or notification of deficiency, whichever is later, shall be deemed abandoned.

(d) An application submitted subsequent to the abandonment of a previous application shall be treated as a new application.

Richard Bookwalter
Retired Occupational Therapist

August 5, 2026

Austin Porter, Executive Officer
California Board of Occupational Therapy
1610 Arden Way, Suite 121
Sacramento, CA 95815

Dear Mr. Porter:

I am writing to follow up on the August 3, 2026 meeting of the Practice Committee of the California Board of Occupational Therapy. As a member of the committee and a retired occupational therapist with Board approval to practice in the area of swallowing, I voted with the committee to recommend a reduction in the current "advanced practice" continuing-education and training requirements. The Board is required by statute to impose an education and training requirement for "advanced practice" in swallowing evaluation and treatment. While the consensus of the Practice Committee was to impose a requirement of 24 education hours, I have second thoughts, and would like the Board to consider a requirement of no more than 8 hours at this time.

The reason: I failed to raise a couple of important considerations for the Board at the August Practice Committee meeting, and would like to do so here. The Practice Committee was charged with identifying the appropriate amount of continuing education for "advanced practice" in swallowing, above the level provided for entry level occupational therapists under the most recent ACOTE standards. (As you know, "advance practice" in the OT Practice Act in California is a bit of a misnomer, in that it refers to entry-level competency and consumer protection for new-graduate occupational therapists.)

I agreed with the other Practice Committee members that new therapists ought to have continued on-the-job training and study beyond the entry level. Having supervised OTs and speech language pathologists (SLPs), I think both entry-level OTs *and entry-level SLPs* require on-the-job education and training beyond what they learn in their education and fieldwork programs.

What gets lost in our discussions is the degree to which any "advanced practice" education requirements should be imposed by the licensing boards, rather than by referring physicians, clinical supervisors, and the workplace. The current "advance practice" requirements currently in place are redundant to education and training provided already, not only in OT education programs in universities, but also in health-care facilities, school districts, and other occupational-therapy practices, which protect consumers in all 49 other states. Excessive "advance practice" requirements amount to overregulation (exclusive to California occupational therapists), serve as a barrier to swallowing services needed by consumers, constitute a successful restraint-of-trade effort by speech language pathologists to expand opportunities for speech language pathologists in California at the expense of occupational therapists and California consumers, and promote the use of unlicensed, untrained aides (to the exclusion of licensed occupational therapists) when service gaps occur.

Swallowing evaluation and treatment are long-established areas of occupational therapy practice, with education and training traditionally provided through a variety of means:

- University-level education programs (formerly BS, now MS and doctoral) accredited by ACOTE;
- Level 1 and Level 2 fieldwork and Doctoral Capstone experiences tailored for specific areas of OT practice;
- The National Board of Certification in Occupation Therapy certification examination and professional standards;
- Clinical supervision of entry-level and experienced occupational therapists by physicians, nurse practitioners, and clinics supervisors;
- Health-care and education-facility licenses;
- Accreditation bodies governing health-care and education facilities; and
- Facility-based supervision, education, competency, and training programs.

California was the last of the 50 states to establish a professional license for occupational therapists, in the year 2000. No evidence of consumer harm resulting from swallowing evaluation or treatment from an occupational therapist came forth in 2000, and the means listed above appeared to be successful in providing for consumer

protection. However, limitations in the scope and language of the ACOTE Standards of the time made it possible for the speech-therapy professional association to lobby the legislature to establish supplementary education and training requirements for occupational therapists in California that existed in *no other state in the country*. The pretext that consumers would be unsafe without a "high bar" of additional education and training requirements was convincing, and led to the codification of the requirements for California OTs. Ever since, OTs in California have been dealing with *how much* education and training is appropriate outside (vs. within) entry-level OT education programs, rather than how much is needed for consumer protection and ought to be required by the licensing board.

From the speech-therapy perspective, the advanced-practice requirements have been successful, contributing to significant expansion of speech-therapist employment by health-care facilities, and a decline in service by occupational therapists, in the area of swallowing evaluation and treatment statewide. To impede occupational therapists from swallowing evaluation and treatment, the SLP associations have barred occupational therapists from training opportunities by requiring SLP licenses for participants in continuing-education classes, and prevented OTs from seeking clinical supervision (for on-the-job training) by a speech therapist, without formal reassignment as a "speech therapy aide," with a number of limiting requirements.

To the consumer, it is beside the point whether services are provided by a speech therapist or an occupational therapist, as long as the service is provided by a competent professional. However, there are significant shortages of both speech therapists and occupational therapists in California, especially outside urban areas. In large areas of California, facilities struggle to provide needed services on a daily basis, and both OTs and speech language pathologists travel long distances to cover multiple facilities on alternate days, even when available positions are filled. Swallowing treatments are required multiple times per day, and partnerships between OTs and SLPs may be needed routinely in many areas of our state, to provide daily swallowing treatments for inpatient consumers and children with special needs. Yet SLPs who would be happy to partner with OTs in collaborative treatment planning and service are unable to do so, due to restrictions in what OTs can do under the law, and must turn to untrained, unlicensed aides to provide services instead.

High therapist turnover worsens the problem: gaps in service may occur for weeks or months, and consumers with immediate-term needs may go without service, or have service provided by unlicensed aides, until the staff OT can complete "advanced practice" requirements.

The cost to consumers could be worth the gaps in service, if there were evidence of consumer harm in California or other states, where occupational therapists do not have advanced-practice requirements imposed by their state licensing boards. I am aware of no such evidence — no such evidence has come forth during my 12 years of work at OTAC (1996-2008) and subsequent 11 years as a member of CBOT (2013-2024).

In sum, the barriers to service for California consumers increase with every additional hour of continuing education and training required by the licensing board, above and beyond what is required in other states, or by entry-level practitioners of other professions in our state. It is especially troubling that, during a gap in employment, a facility may elect to have an unlicensed aide provide service, because an entry-level occupational therapist cannot provide credentials for "advanced practice." If "advanced practice" education hours must be imposed as a matter of law, then no more than 8 hours should be required.

Thank you,

Richard Bookwalter
Retired Occupational Therapist

Cc: Christine Wietlisbach, MPA, OT, CHT

AGENDA ITEM 7

DISCUSSION AND POSSIBLE ACTION TO INITIATE A RULEMAKING TO AMEND CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 16, SECTIONS 4150 (DEFINITIONS), 4151 (HAND THERAPY), 4152 (PHYSICAL AGENT MODALITIES), 4153 (SWALLOWING ASSESSMENT, EVALUATION, OR INTERVENTION), 4154 (POST-PROFESSIONAL EDUCATION AND TRAINING), AND 4155 (APPLICATION FOR APPROVAL IN ADVANCED PRACTICE AREAS)

INCLUDES THE FOLLOWING:

CALIFORNIA BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
1610 Arden Way, Suite 121, Sacramento, CA 95815
(916) 263-2294 | cbot@dca.ca.gov | ww.bot.ca.gov

MEMORANDUM

DATE	August 27, 2026
TO	Board of Occupational Therapy Members
FROM	Austin Porter, Executive Officer Board of Occupational Therapy
SUBJECT	**Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations (CCR), Title 16, Sections 4150 (Definitions), 4151 (Hand Therapy), 4152 (Physical Agent Modalities), 4153 (Swallowing Assessment, Evaluation, or Intervention), 4154 (Post-Professional Education and Training), and 4155 (Application for Approval in Advanced Practice Areas)**

Background

On June 12, 2025, the Board approved amendments to California Code of Regulations (CCR) sections 4151 (Hand Therapy) and 4152 (Physical Agent Modalities). Draft text was presented at that meeting, which has since evolved through collaborative review with the Board's regulatory counsel. However, the effect of the changes was to implement recommendations from the Practice Committee to:

- For all occupational therapists,
  - Reduce the number of supervised training hours required for advanced practice approval in hand therapy from 480 to 80.
  - Reduce the number of supervised training hours required for advanced practice approval in physical agent modalities from 240 to 40.
- For occupational therapists who started their qualifying degree program on or after August 1, 2025,
  - Reduce the number of education contact hours required for advanced practice approval in hand therapy from 45 hours across six subject areas to just 8 hours in surgical procedures of the upper extremity and their postoperative course.
  - Provide an exemption from the required education contact hours for advanced practice approval in physical agent modalities.

It was stated at the meeting that staff would fine-tune the proposed language with counsel while the Practice Committee worked on a recommendation for the third and final advanced practice area of swallowing assessment, evaluation, or intervention. As

discussed in the previous agenda item, the committee has since recommended the following:

- For all occupational therapists, reduce the number of supervised training hours required for advanced practice approval in swallowing from 240 to 25.
- For occupational therapists who started their qualifying degree program on or after August 1, 2025, reduce the number of education contact hours required for advanced practice approval in swallowing from 45 to 24.

During that same June 2025 meeting, the Board already had a pending rulemaking which would amend CCR sections 4150 (Definitions), 4151 (Hand Therapy), 4152 (Physical Agent Modalities), 4153 (Swallowing Assessment, Evaluation, or Intervention), and 4154 (Post-Professional Education and Training), for which proposed text had been approved on August 24, 2023 and on November 2, 2023. The pending rulemaking would:

- Make non-substantive and technical changes such as amending "…services may be performed…" to "…services may be provided…"
- Remove the word "post-professional."
- Clarify that advanced practice services may be provided prior to approval if acquiring education and training hours to support an application for approval or if done as part of an accredited education program.
- Exempt an occupational therapist from the education and training requirements for advanced practice approval in hand therapy and in physical agent modalities, if the occupational therapist shows proof of current licensure as a physical therapist.

The executive officer suggested that the pending rulemaking be postponed until the newly sought amendments to these code sections were finalized and all changes could be submitted together as a single rulemaking package, to which the Board agreed.

Included in the materials is proposed language that incorporates changes from the practice committee's recommendations as approved on June 12, 2025, the committee's recommendations in the previous agenda item, and the pending/postponed rulemaking from 2023. The language has been modified somewhat from its original form to ensure consistency and clarity.

Please note that modifications to CCR section 4155 (Application for Approval in Advanced Practice Areas) will need to be made depending on how the Board chooses to proceed with the language presented here. Therefore, staff and regulatory

counsel will work together to bring language amending section 4155 to the next meeting.

Action Requested

Staff asks that the Board consider the above information along with the included materials and vote to initiate a rulemaking to amend sections 4150, 4151, 4152, 4153, and 4154 of title 16 of the CCR.

Included Materials

- Proposed text to amend sections 4150, 4151, 4152, 4153, and 4154 of title 16 of the CCR, with strikethrough and underline.
- Proposed text to amend sections 4150, 4151, 4152, 4153, and 4154 of title 16 of the CCR, without strikethrough and underline (clean copy).

Suggested Motion

"I move to approve the proposed regulatory text for Sections 4150, 4151, 4152, 4153, and 4154 [*as amended during the meeting or as presented*], direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business and Consumer Services Agency for review, and if no adverse comments are received, authorize the executive officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at Sections 4150, 4151, 4152, 4153, and 4154 of Title 16, California Code of Regulations as noticed, with the authority to make any technical or nonsubstantive changes."

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 39.
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

PROPOSED REGULATORY LANGUAGE

Advanced Practices

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

Amend Section 4150 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4150. Definitions.

For the purpose of this article:

(a) "ACOTE" means the Accreditation Council for Occupational Therapy Education.

(b) "~~Post professional e~~Education and training" means education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.

(c) "Contact hour" means sixty (60) minutes of coursework or classroom instruction.

(e) "Quarter unit" means ten (10) contact hours.

(f) "Rehabilitation of the hand, wrist, and forearm" as used in Code section 2570.2, subdivision (m)~~(l)~~ refers to occupational therapy services performed as a result of surgery or injury to the hand, wrist, or forearm.

(g) "Upper extremity" as used in Code section 2570.3, subdivision(e) includes education relating to the hand, wrist, or forearm.

(h) "Swallowing" as used in Code section 2570.3, subdivision (d)(3) is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.

(i) "Instrumental evaluation" is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and videofluoroscopy.

(1) “Endoscopic evaluation of swallowing” or “endoscopy” is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.

(2) “Videofluoroscopic swallowing study” or “videofluoroscopy” is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as videofluorography, modified barium study, oral-pharyngeal motility study and video radiography.

NOTE: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4151 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4151. Hand Therapy.

(a) Hand therapy services may be ~~performed~~ provided only when approved by the Board or when acquiring education and training hours to support an application~~an occupational therapist has demonstrated to the Board in an application filed~~ submitted pursuant to section 4155, subsection (a)(1), or when performed as a part of an accredited occupational therapy education program. ~~that they have met the post professional~~ The education and training requirements for Board approval are set forth below. ~~established by this section as follows:~~

(1) Education: Completion of a minimum of 45 contact hours total in the subjects listed in Code section 2570.3, subdivision (e), including a minimum of 30 contact hours specifically relating to the hand, wrist, and forearm.

(A) An occupational therapist who started their qualifying degree program on or after August 1, 2025, may satisfy the requirements in paragraph (1) by completing only 8 contact hours in subject (6) from Code section 2570.3, subdivision (e): surgical procedures of the upper extremity and their postoperative course.

(B) Subparagraph (A) shall not apply to an occupational therapist subject to the requirements of Code section 2570.15.

(2) Supervised Training: Completion of ~~480~~80 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to hand therapy.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements of subsection (a)~~established by this section~~.

(c) An occupational therapist whose application pursuant to section 4155 provides proof of current licensure as a physical therapist shall be deemed to have met the education and training requirements established by this section.

~~(c)~~(d) An occupational therapist providing hand therapy services using physical agent modalities must also comply with the requirements of section 4152. A maximum of 8 education contact hours and ~~60~~10 hours of supervised on-the-job training, clinical internship or affiliation, paid or voluntary, completed under section 4152 will be credited toward the requirements of this section.

(1) An occupational therapist who started their qualifying degree program on or after August 1, 2025, may not use any contact hours completed under section 4152 to satisfy the requirements of this section.

~~(d)~~(e) An occupational therapist may provide only those hand therapy services the occupational therapist is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4152 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4152. Physical Agent Modalities.

(a) Physical agent modalities may be used only when approved by the Board or when acquiring education and training hours to support an application ~~an occupational therapist has demonstrated to the Board in an application filed~~ submitted pursuant to section 4155, subsection (a)(2), or when performed as a part of an accredited occupational therapy education program. ~~that they have met the post professional~~ The education and training requirements for Board approval are set forth below. ~~established by this section as follows:~~

(1) Education: Completion of a minimum of 30 contact hours total in the subjects listed in Code section 2570.3, subdivision (f).

(A) An occupational therapist who started their qualifying degree program on or after August 1, 2025, is exempt from the education requirement in paragraph (1).

(B) Subparagraph (A) shall not apply to an occupational therapist subject to the requirements of Code section 2570.15.

(2) Supervised Training: Completion of ~~240~~40 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements in subsection (a)~~established by this section~~.

(c) An occupational therapist whose application pursuant to section 4155 provides proof of current licensure as a physical therapist shall be deemed to have met the education and training requirements in subsection (a).

~~(c)~~(d) An occupational therapist may use only those physical agent modalities the occupational therapist is competent to use.

Note: Authority Cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4153 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4153. Swallowing Assessment, Evaluation, or Intervention.

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation, or intervention may be performed only when ~~an occupational therapist has demonstrated to the Board that they have met the~~ approved by the Board or when acquiring education and training hours to support an application filed pursuant to section 4155, subsection (a)(3), or when performed as a part of an accredited occupational therapy education program. ~~post professional~~ The education and training requirements for Board approval are set forth below. ~~established by this section as follows:~~

(1) (A) Education: Completion of a minimum of 45 contact hours total in the following subjects:

(i~~A~~) Anatomy, physiology, and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract;

(ii~~B~~) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;

(iii~~C~~) Interventions used to improve pharyngeal swallowing function.

(B) An occupational therapist who started their qualifying degree program on or after August 1, 2025, may satisfy the education requirements in subparagraph (A) by completing a minimum of 24 contact hours total in the subjects listed in subparagraph (A)(i) through (iii).

(C) Subparagraph (B) shall not apply to an occupational therapist subject to the requirements of Code section 2570.15.

(2) Supervised Training: Completion of ~~240~~25 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

(c) An occupational therapist may provide only those swallowing assessment, evaluation, or intervention services ~~he or she~~ the occupational therapist is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4154 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4154. ~~Post Professional~~ Education and Training Criteria.

(a) ~~Post professional~~ Eeducation courses used to satisfy the requirements of sections 4151, subsection(a)(1), 4152, subsection (a)(1), or 4153, subsection (b)(1) may~~shall~~ be obtained at any of the following:

(1) College or university degree programs accredited or approved by ACOTE;

(2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;

(3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;

(4) Any approved provider. To be approved by the Board the provider shall submit the following:

(A) A clear statement as to the relevance of the course to the advanced practice area.

(B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., ~~his or her~~ the course instructor's education, training, experience, scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.

(D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the course provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or

(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in Code sections 2570.3, subdivision (e) or 2570.3, subdivision (f) of the Code, or section 4153, subsection (b)(1) of these regulations, and submits the following:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., ~~his or her~~ the course instructor's education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.

(b) ~~Post professional~~ Ttraining used to satisfy the requirements of section 4151, subsection (a)(2), 4152, subsection (a)(2), or 4153, subsection (b)(2) shall be supervised which means, at a minimum:

(1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and number of clients for whom the occupational therapist is providing advanced practice services.

(2) The supervisor is readily available in person or by telecommunication to the

occupational therapist while the therapist is providing advanced practice services.

(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing ~~post-professional~~ education under section 4154, subsection (a)(4) or (5) who is a health care practitioner as defined in Code section 680 ~~of the Code~~ shall possess an active, current, and unrestricted license.

(d) ~~Post professional~~ E~~e~~ducation and training hours in support of an application under section 4155, subsection (a) must be completed within the five years immediately preceding the application for approval in each advanced practice area.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

DEPARTMENT OF CONSUMER AFFAIRS
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Advanced Practices

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~.

Amend Section 4150 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4150. Definitions.

For the purpose of this article:

(a) “ACOTE” means the Accreditation Council for Occupational Therapy Education.

(b) “Education and training” means education and training obtained subsequent to the qualifying degree program or beyond current ACOTE standards for the qualifying degree program.

(c) “Contact hour” means sixty (60) minutes of coursework or classroom instruction.

(e) “Quarter unit” means ten (10) contact hours.

(f) “Rehabilitation of the hand, wrist, and forearm” as used in Code section 2570.2, subdivision (m) refers to occupational therapy services performed as a result of surgery or injury to the hand, wrist, or forearm.

(g) “Upper extremity” as used in Code section 2570.3, subdivision(e) includes education relating to the hand, wrist, or forearm.

(h) “Swallowing” as used in Code section 2570.3, subdivision (d)(3) is the passage of food, liquid, or medication through the pharyngeal and esophageal phases of the swallowing process.

(i) “Instrumental evaluation” is the assessment of any aspect of swallowing using imaging studies that include, but are not limited to, endoscopy and videofluoroscopy.

(1) “Endoscopic evaluation of swallowing” or “endoscopy” is the process of observing structures and function of the swallowing mechanism to include the nasopharynx, oropharynx, and hypopharynx.

(2) “Videofluoroscopic swallowing study” or “videofluoroscopy” is the fluoroscopic recording and videotaping of the anatomy and physiology of the oral cavity, pharynx, and upper esophagus using a variety of bolus consistencies to assess swallowing function. This procedure may also be known as videofluorography, modified barium study, oral-pharyngeal motility study and video radiography.

NOTE: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4151 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4151. Hand Therapy.

(a) Hand therapy services may be provided only when approved by the Board or when acquiring education and training hours to support an application submitted pursuant to section 4155, subsection (a)(1), or when performed as a part of an accredited occupational therapy education program. The education and training requirements for Board approval are set forth below.

(1) Education: Completion of a minimum of 45 contact hours total in the subjects listed in Code section 2570.3, subdivision (e), including a minimum of 30 contact hours specifically relating to the hand, wrist, and forearm.

(A) An occupational therapist who started their qualifying degree program on or after August 1, 2025, may satisfy the requirements in paragraph (1) by completing only 8 contact hours in subject (6) from Code section 2570.3, subdivision (e): surgical procedures of the upper extremity and their postoperative course.

(B) Subparagraph (A) shall not apply to an occupational therapist subject to the requirements of Code section 2570.15.

(2) Supervised Training: Completion of 80 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to hand therapy.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training requirements of subsection (a).

(c) An occupational therapist whose application pursuant to section 4155 provides proof

of current licensure as a physical therapist shall be deemed to have met the education and training requirements established by this section.

(d) An occupational therapist providing hand therapy services using physical agent modalities must also comply with the requirements of section 4152. A maximum of 8 education contact hours and 10 hours of supervised on-the-job training, clinical internship or affiliation, paid or voluntary, completed under section 4152 will be credited toward the requirements of this section.

(1) An occupational therapist who started their qualifying degree program on or after August 1, 2025, may not use any contact hours completed under section 4152 to satisfy the requirements of this section.

(e) An occupational therapist may provide only those hand therapy services the occupational therapist is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4152 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4152. Physical Agent Modalities.

(a) Physical agent modalities may be used only when approved by the Board or when acquiring education and training hours to support an application submitted pursuant to section 4155, subsection (a)(2), or when performed as a part of an accredited occupational therapy education program. The education and training requirements for Board approval are set forth below.

(1) Education: Completion of a minimum of 30 contact hours total in the subjects listed in Code section 2570.3, subdivision (f).

(A) An occupational therapist who started their qualifying degree program on or after August 1, 2025, is exempt from the education requirement in paragraph (1).

(B) Subparagraph (A) shall not apply to an occupational therapist subject to the requirements of Code section 2570.15.

(2) Supervised Training: Completion of 40 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to physical agent modalities.

(b) An occupational therapist whose application pursuant to section 4155 provides proof of current certification as a Certified Hand Therapist, issued by the Hand Therapy Certification Commission, shall be deemed to have met the education and training

requirements in subsection (a).

(c) An occupational therapist whose application pursuant to section 4155 provides proof of current licensure as a physical therapist shall be deemed to have met the education and training requirements in subsection (a).

(d) An occupational therapist may use only those physical agent modalities the occupational therapist is competent to use.

Note: Authority Cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4153 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4153. Swallowing Assessment, Evaluation, or Intervention.

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation, or intervention may be performed only when approved by the Board or when acquiring education and training hours to support an application submitted pursuant to section 4155, subsection (a)(3), or when performed as a part of an accredited occupational therapy education program. The education and training requirements for Board approval are set forth below.

(1) (A) Education: Completion of a minimum of 45 contact hours total in the following subjects:

(i) Anatomy, physiology, and neurophysiology of the head and neck with focus on the structure and function of the aerodigestive tract;

(ii) The effect of pathology on the structures and functions of the aerodigestive tract including medical interventions and nutritional intake methods used with patients with swallowing problems;

(iii) Interventions used to improve pharyngeal swallowing function.

(B) An occupational therapist who started their qualifying degree program on or after August 1, 2025, may satisfy the education requirements in subparagraph (A) by completing a minimum of 24 contact hours total in the subjects listed in subparagraph (A)(i) through (iii).

(C) Subparagraph (B) shall not apply to an occupational therapist subject to the

requirements of Code section 2570.15.

(2) Supervised Training: Completion of ~~240~~25 hours of supervised on-the-job training, clinical internship or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation or intervention under the supervision of an occupational therapist who has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

(c) An occupational therapist may provide only those swallowing assessment, evaluation, or intervention services the occupational therapist is competent to perform.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

Amend Section 4154 of Article 6 of Division 39 of Title 16 of the California Code of Regulations as follows:

§ 4154. ~~Post Professional~~ Education and Training Criteria.

(a) Education courses used to satisfy the requirements of sections 4151, subsection(a)(1), 4152, subsection (a)(1), or 4153, subsection (b)(1) may be obtained at any of the following:

(1) College or university degree programs accredited or approved by ACOTE;

(2) College or university degree programs accredited or approved by the Commission on Accreditation in Physical Therapy Education;

(3) Colleges or universities with Speech and Hearing Programs accredited or approved by the Council on Academic Accreditation in Audiology and Speech-Language Pathology;

(4) Any approved provider. To be approved by the Board the provider shall submit the following:

(A) A clear statement as to the relevance of the course to the advanced practice area.

(B) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(C) Information that shows the course instructor's qualifications to teach the content being taught (e.g., the course instructor’s education, training, experience,

scope of practice, licenses held, and length of experience and expertise in the relevant subject matter), particularly as it relates to the advanced practice area.

(D) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the course provider's background, history, experience, and similar courses previously offered by the provider), particularly as it relates to the advanced practice area; or

(5) A provider that has not been approved by the Board, if the applicant occupational therapist demonstrates that the course content meets the subject matter requirements set forth in Code sections 2570.3, subdivision (e) or 2570.3, subdivision (f) of the Code, or section 4153, subsection (b)(1) of these regulations, and submits the following:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course) particularly as it relates to the advanced practice area.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., the course instructor's education, training, experience, scope of practice, licenses held, and length of experience and expertise on the relevant subject matter), particularly as it relates to the advanced practice area.

(b) Training used to satisfy the requirements of section 4151, subsection (a)(2), 4152, subsection (a)(2), or 4153, subsection (b)(2) shall be supervised which means, at a minimum:

(1) The supervisor and occupational therapist have a written agreement, signed and dated by both parties prior to accruing the supervised experience, outlining the plan of supervision and training in the advanced practice area. The level of supervision is determined by the supervisor whose responsibility it is to ensure that the amount, degree, and pattern of supervision is consistent with the knowledge, skill and ability of the occupational therapist, and appropriate for the complexity of client needs and number of clients for whom the occupational therapist is providing advanced practice services.

(2) The supervisor is readily available in person or by telecommunication to the occupational therapist while the therapist is providing advanced practice services.

(3) The supervisor does not have a co-habitative, familial, intimate, business, excluding employment relationships, or other relationship that could interfere with professional judgment and objectivity necessary for effective supervision, or that violates the Ethical Standards of Practice, pursuant to section 4170.

(c) Any course instructor providing education under section 4154, subsection (a)(4) or (5) who is a health care practitioner as defined in Code section 680 possess an active,

current, and unrestricted license.

(d) Education and training hours in support of an application under section 4155, subsection (a) must be completed within the five years immediately preceding the application for approval in each advanced practice area.

Note: Authority cited: Sections 2570.3 and 2570.20, Business and Professions Code. Reference: Sections 2570.2 and 2570.3, Business and Professions Code.

AGENDA ITEM 8

DISCUSSION AND POSSIBLE ACTION TO MODIFY THE EFFECTIVE DATE IN THE PENDING RULEMAKING TO AMEND CCR, TITLE 16, SECTION 4130 (FEES)

INCLUDES THE FOLLOWING:

8.1 MEMORANDUM TO THE BOARD

8.2 SECOND MODIFIED PROPOSED TEXT

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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MEMORANDUM

DATE	August 26, 2026
TO	Members of the Board of Occupational Therapy
FROM	Austin Porter, Executive Officer Board of Occupational Therapy
SUBJECT	**Agenda Item 8: Discussion and Possible Action to Modify the Effective Date in the Pending Rulemaking to Amend CCR, Title 16, Section 4130 (Fees)**

Background

In June of 2025, the Board voted to initiate a rulemaking to amend Section 4130 (Fees) of title 16 of the CCR. The rulemaking would make changes to the renewal fees for occupational therapist and occupational therapy assistant licenses, effective July 1, 2026. The initial filing for the rulemaking was publicly noticed by the Office of Administrative Law (OAL) and the Board on April 10, 2026, which marked the beginning of the mandatory 45-day public comment period that ended on May 26, 2026.

The next steps for the rulemaking were for the Board to submit a final filing to OAL. OAL has 30 days to complete their review of the final rulemaking before adoption. Hence, staff anticipated that submission of the final filing to OAL by May 31, 2026 would be sufficient to achieve an effective date of July 1.

At the Board's May 21-22, 2026 meeting, it was unclear whether it would be possible to submit by May 31. As a result, the Board voted to amend the proposed text to include a later effective date, which necessitated an additional, mandatory 15-day public comment period. Staff had intended to submit the final filing after the new comment period with more than 30 days remaining before the proposed effective date of October 1, 2026, to allow sufficient time for OAL review and approval.

However, this planned course of action was predicated on a misinterpretation of Government Code Section 11343.4, which establishes when rulemakings shall become effective, based on the date of filing, and it was determined that an October 1, 2026 effective date would not be achievable either.

Board staff has since worked with the Department of Consumer Affairs' Regulatory Affairs Office to select a viable effective date for the rulemaking based on the language of Government Code Section 11343.4, which states:

> *(a) Except as otherwise provided in subdivision (b), a regulation or an order of repeal required to be filed with the Secretary of State shall become effective on a quarterly basis as follows:*
>
> *(1) January 1 if the regulation or order of repeal is filed on September 1 to November 30, inclusive.*
>
> *(2) April 1 if the regulation or order of repeal is filed on December 1 to February 29, inclusive.*
>
> *(3) July 1 if the regulation or order of repeal is filed on March 1 to May 31, inclusive.*
>
> *(4) October 1 if the regulation or order of repeal is filed on June 1 to August 31, inclusive.*

The earliest possible effective date, based on the code section above, is January 1, 2027.

Action Requested

Staff requests that the Board modify the effective date of the pending rulemaking on fees to January 1, 2027.

Included Materials

- Proposed text with second modified effective date.

Suggested Motion

"I move to modify the effective date of the pending rulemaking to amend Section 4130 of title 16 of the CCR from July 1, 2026, to January 1, 2027, and take all steps necessary to complete the rulemaking and adopt the proposed regulations at Section 4130 of Title 16, California Code of Regulations as noticed, with the authority to make any technical or nonsubstantive changes."

BOARD OF OCCUPATIONAL THERAPY

Title 16, Division 39, California Code of Regulations. California Board of Occupational Therapy

SECOND MODIFIED REGULATORY TEXT

Fees

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~. Modifications to the proposed regulatory language below are shown by ~~double strikethrough~~ for deleted language and double underline for added language. Second modified changes made to the proposed regulation language are shown by ~~*italicized double strikethrough*~~ for deleted language and *italicized double underline* for added language.

Amend section 4130 of Division 39, Title 16 of the California Code of Regulations to read as follows:

§ 4130. Fees

Fees are fixed by the board as follows:
(a) The fee for processing an Initial Application for Licensure (Form ILA, Revised 7/2016) shall be fifty dollars ($50).
(b) The initial license fee for occupational therapists shall be prorated pursuant to Section 4120(a)(1) and based on the biennial renewal fee set forth below.
(c) The initial license fee for occupational therapy assistants shall be prorated pursuant to Section 4120(a)(1) and based on the biennial renewal fee set forth below.
(d) The fee for a limited permit shall be one hundred dollars ($100).
(e) The biennial renewal fee for an occupational therapist~~s~~ license that expires before ~~July~~*~~October 1, 2026~~January 1, 2027*, shall be two hundred ~~twenty~~seventy dollars ($2~~20~~70). For licenses that expire on or after ~~January 1, 2021~~~~July~~ *~~October 1, 2026~~January 1, 2027*, the biennial renewal fee shall be ~~two hundred seventy~~three hundred dollars ($~~270~~300).
(f) The biennial renewal fee for an occupational therapy assistant~~s~~ license that expires before ~~July~~ *~~October 1, 2026~~January 1, 2027*, shall be ~~one hundred eighty~~two hundred ten dollars ($~~180~~210). For licenses that expire on or after ~~January 1, 2021~~~~July~~ *~~October 1, 2026~~January 1, 2027*, the biennial renewal fee shall be ~~two hundred ten~~three hundred dollars ($~~210~~300).

(g) The delinquency fee is one-half of the renewal fee.
(h) The biennial renewal fee for an inactive license shall be the same as the biennial renewal fee for an active license.
(i) The fee for an Application for Retired Status (Form ARS, New 7/2012), shall be twenty-five dollars ($25).
(j) The fee for a duplicate license shall be twenty five dollars ($25).

(k) The fees for fingerprint services are those charged by the California Department of Justice and the Federal Bureau of Investigation.

Note: Authority cited: Sections 122, 144, 163.5, and 2570.20, Business and Professions Code.
Reference: Sections 134, 144, 161, 462, 703, 2570.5, 2570.9, 2570.10, 2570.11, 2570.16, and 2570.17, Business and Professions Code.