

**State of California  
Office of Administrative Law**

**In re:**  
**Board of Naturopathic Medicine**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections:**

**Amend sections: 4240**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2024-1011-01**

**OAL Matter Type: Regular (S)**

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In this rulemaking action, the Board amends its regulation to update its application fee, initial licensing fee, license renewal fee, late license renewal fee, as well as the duplicate and replacement fee. The amendment also adds a fee for certified license verification.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2025.

**Date:** November 25, 2024



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**Thanh Huynh  
Senior Attorney**

**For:** Kenneth J. Pogue  
Director

**Original:** Rebecca Mitchell, Executive  
Officer

**Copy:** Rebecca Mitchell

# REGULAR

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2024-0729-01</b>	REGULATORY ACTION NUMBER <b>2024-1011-015</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
OFFICE OF ADMINISTRATIVE LAW  <b>Electronic Submission</b>		OFFICE OF ADMIN. LAW 2024 OCT 11 AM 11:35	
RECEIVED DATE 07/29/2024	PUBLICATION DATE 08/09/2024		
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Board of Naturopathic Medicine			AGENCY FILE NUMBER (if any)

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

**NOV 25 2024**  
*AB 3:29 PM*

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

1. SUBJECT OF NOTICE Fees	TITLE(S) 16	FIRST SECTION AFFECTED 4240	2. REQUESTED PUBLICATION DATE August 9, 2024
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Rebecca Mitchell	TELEPHONE NUMBER (916) 928-5862	FAX NUMBER (Optional) (916) 928-4787
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2024,32-2	PUBLICATION DATE 8/9/24	

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

1a. SUBJECT OF REGULATION(S) Fees	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) 16	ADOPT AMEND 4240 REPEAL

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§ 11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§ 11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
 N/A **PER AGENCY REQUEST 11/25/2024**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)  
 Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  Effective on filing with Secretary of State  \$100 Changes Without Regulatory Effect  Effective other (Specify) \_\_\_\_\_

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <u>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</u>		

7. CONTACT PERSON Rebecca Mitchell	TELEPHONE NUMBER (916) 928-5862	FAX NUMBER (Optional) (916) 928-4787	E-MAIL ADDRESS (Optional) Rebecca.Mitchell@dca.ca.gov
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a. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Rebecca Mitchell</i>	DATE Oct 8, 2024
TYPED NAME AND TITLE OF SIGNATORY Rebecca Mitchell, Executive Officer	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**NOV 25 2024**

**Office of Administrative Law**

DEPARTMENT OF CONSUMER AFFAIRS  
**TITLE 16. CALIFORNIA BOARD OF NATUROPATHIC MEDICINE**

**ORDER OF ADOPTION**  
**Fees**

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

**Amend section 4240 in Article 7 of Division 40 of Title 16 of the California Code of Regulations to read as follows:**

**§ 4240. Fees**

The following fees are established:

(a) The application fee for a doctor of naturopathic medicine license shall be ~~four~~six hundred dollars (~~\$400~~600).

(b) The initial license fee shall be ~~eight~~one thousand two hundred dollars (~~\$800~~1,200), prorated according to the applicant's birth month and the date the license is issued pursuant to Section 4222. No license shall be issued for less than twelve (12) or more than 24 months. The fee for an initial license shall be in accordance with the following schedule:

Initial Licensing Fee Schedule

*Month Fee Received by the 15th.*

*If received after the 15th, use the next month fee.*

(Note: Table added for the convenience of the reader.)

Birth Month	<u>Month Fee Received by the 15th.</u>											
	<u>If received after the 15th, use the next month fee.</u>											
	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
Jan	<del>\$433</del> 650	\$800 <u>1200</u>	<del>\$766</del> <u>1150</u>	<del>\$733</del> <u>1100</u>	<del>\$700</del> <u>1050</u>	<del>\$667</del> <u>1000</u>	<del>\$633</del> <u>950</u>	<del>\$600</del> <u>900</u>	<del>\$567</del> <u>850</u>	<del>\$533</del> <u>800</u>	<del>\$500</del> <u>750</u>	<del>\$467</del> <u>700</u>

Birth Month	<b>Month Fee Received by the 15th.</b>											
	<b>If received after the 15th, use the next month fee.</b>											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Feb	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750
Mar	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800
Apr	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 800	\$633 950	\$600 900	\$567 850
May	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 800	\$633 950	\$600 900
Jun	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 800	\$633 950
Jul	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 800
Aug	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100	\$700 1050
Sept	\$700 1050	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150	\$733 1100
Oct	\$733 1100	\$700 1050	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200	\$766 1150
Nov	\$766 1150	\$733 1100	\$700 1050	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650	\$800 1200
Dec	\$800 1200	\$766 1150	\$733 1100	\$700 1050	\$667 1000	\$633 950	\$600 900	\$567 850	\$533 800	\$500 750	\$467 700	\$433 650

The CommitteeCalifornia Board of Naturopathic Medicine (Board) must receive payment by the 15th of any given month for the CommitteeBoard to process and issue the license for that month. If payment is received after the 15th, the license will be processed for issuance for the following month.

(c) The renewal fee for a license shall be eightone thousand two hundred dollars (\$8001,200).

(d) The late renewal fee for a license shall be one two hundred and fiftytwenty-five dollars (\$150225).

(e) The fee for processing fingerprint cards shall be the current fee charged by the Department of Justice.

(f) The fee for a duplicate or replacement license shall be twenty-fivethirty-eight (\$2538)

dollars.

(g) The fee for a certified license verification shall be thirty dollars (\$30).

NOTE: Authority cited: Sections 122, 3622, 3634, 3680 and 3685, Business and Professions Code. Reference: Sections 122, 144, 3630, 3634, 3680 and 3685, Business and Professions Code.