



Center Name: _____ NPI: _____

Acknowledgement of Regulatory Responsibilities and Practice Acts

Instructions: This form must be completed by all individuals employed by the center in each of the disciplines listed below after they have reviewed the regulations and/or practice acts associated with their position. This form must be completed and submitted with the provider's application for certification renewal. If additional signature lines are needed for additional staff, please make copies as of this page as needed.

* Business and Professions (B&P) Codes (Practice Acts): www.leginfo.ca.gov/cgi-bin/calawquery?codesection=bpc&codebody=&hits=20

* California Code of Regulations (CCR), Title 22: www.calregs.com/linkedslice/default.asp?SP=CCR-1000&Action=Welcome

I declare by signing below that I have reviewed my professional practice act and/or the regulations associated with my position.

Discipline	Title 22 Regulations	Practice Acts ¹ (B&P Codes)	Date	Signature	Printed Name
Registered Nurse(s)	54323, 78313 78317	2725-2742			
Social Worker(s)	54329, 78339				
Activity Coordinator	54339, 78341				
Physical Therapist	54313, 78307	2600-2615			
Occupational Therapist	54315, 78305	2570-2571			
Speech Therapist	54317, 78309	2530-2530.6			
Licensed Clinical Social Worker	54325, 78337	4996-4997.1			
Psychologist	54325, 78337	2900-2919			
Psychiatrist	54325, 78337				
Psychiatric Registered Nurse	54325, 78337	2725-2742			
Registered Dietitian	54331, 78319 78321, 78333	2585-2586.8			

I declare by signing below that I have reviewed the above practice acts and the regulations associated with my position.

Program Director	54405, 78417	All of the above.			
Adminstrator	54403, 78415	All of the above.			

¹Note: Additional information regarding licensure and certification for the professional disciplines listed above may be found in CCR, Title 16.