

FOOT NOTES

Message from the Board President



Doctors of Podiatric Medicine and interested consumers, I am writing to you to bring your attention to a couple of important pieces of legislation that impact the board. First, the board is sponsoring a bill to change its name to celebrate its newfound autonomy and authority as an independent board. And second, the board is looking at making small revisions to its revenue to ensure its ability to continue to serve the licensees and consumers of California.

As of Jan. 1, 2018, the state has a new medical licensing board! Joining the Medical Board of California (MBC) and the Osteopathic Medical Board of California (OMBC) is the Board of Podiatric Medicine (BPM). True, BPM has existed for many years, but we were under the auspices of the Medical Board since 1957. Now we are our own independent board. Through this change we expand our autonomy and maintain our authority to license and regulate doctors of podiatric medicine in California.

If you read the above paragraph carefully, you might have noted the difference in the naming convention of the three medical licensing boards. For additional clarity for our licensees and consumers, the board believes it is important to follow the same name pattern as our sister boards. To that end, the board successfully appealed to Assembly member, Jacqui Irwin (D-Thousand Oaks), and she introduced Assembly Bill (AB) 2574, which if signed into law, will change our name to the Podiatric Medical Board of California beginning Jan. 1, 2019.

AB 2457 is sponsored by the board. The Assembly Committee on Business and Professions summarized it by saying that it “simply makes sense that all the independent medical licensing boards should be referred to in the same way [since doctors of podiatric medicine] provide podiatric medical care and should be referred to as such.” The board believes this change will allow the public to better understand the nature and jurisdiction of our regulatory board. My thanks to Assembly member Irwin and the other members of the Senate and the Assembly who continue to support AB 2457. This measure will help the public to understand that podiatric medicine is, indeed, a branch of medicine.

AB 2457 is not the only bill the board has a particular interest in this year. The board is also seeking an increase to its fees through some changes in Senate Bill (SB) 1480 (Hill). While I know this is not the best news, it is a necessary step by the board. It may bring little comfort, but the board has not raised its licensing fees in over 15 years since

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STATE OF CALIFORNIA
**BOARD OF
PODIATRIC
MEDICINE**



FOOTNOTES

Footpath to Doctor of Podiatric Medicine

How going into medical school after being a professional affects the clinical experience

Diana Le

Four years ago, I worked as a Vietnamese medical interpreter for a few years before entering podiatry school. The experience allowed me to take a glimpse of how physicians talk to patients and family members. A language medical interpreter is considered an important part of a medical team for patient management of those with limited English capacity. I was trained to facilitate smooth communication as a “language bridge” between medical providers and patients. Unknowingly, I was playing two roles, physician and patient, in one conversation. That meant I had to master the art in both languages to ease the process of



comprehension for both sides. It was no easy task because I had to understand what each side was thinking. For example, I was responsible for preventing any miscommunication. Most of the time, I had to step out of my “role” and explain to both sides what message had transpired due to their cultural differences. Although I enjoyed working as a Vietnamese medical interpreter, I felt I could do more as a doctor.

As I journeyed through podiatry training and education, I realized how my previous job was affecting my approach when talking to patients and their families. The key is to show them you care as a doctor. The art of communication to a patient goes beyond what school can teach you. Out on clerkships, I had an easier time to engage conversation with patients, despite being a poor conversationalist. Instead of talking from an authoritative position, I talk to them like I am their family member, which impacts the words I choose. I feel my working experience has set my mind to focus more on patient care, not the symptom. Thus, I feel that my work experience certainly shapes me as a compassionate and dedicated doctor.

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the early 2000s; some of the fees have not been raised since the 1980s. The small numbers of doctors of podiatric medicine, compared to our medical and osteopathic colleagues, have resulted in higher licensing fees for podiatric medicine. It is just a matter of math. We need almost \$1 million dollars each year to fund the board, and 90 percent of this fee comes from licensing and renewal fees.

However, the manner in which the fees are being increased is not drastic. Many of the fees are simply being raised to the current allowable maximum, and the fee for the oral exam is being removed completely. The biggest increase is a temporary \$200 increase in the biennial renewal fee to make it \$1,100 for one two-year round of renewals. I believe the board and its staff have done an excellent job of raising the necessary revenue to continue to support and regulate licensees and the public without putting an undue burden on its licensees.

I do note, however, that this is a temporary fix to address a growing structural deficit. In the future the board will likely have to permanently raise its renewal fees from the current

\$900. This discussion will likely take place during our next sunset review in 2020. Before then, we will need to undergo a thorough fee assessment that will look at current and future expenses of the board. We can foresee the retirement of a lot of baby boomer podiatrists, and it is unclear if the incoming podiatrists can keep the licensing numbers static, let alone grow the profession. This study will be financed out of our temporary \$200 fee increase.

In summary, our new independent Board of Podiatric Medicine is happy and proud that doctors of podiatric medicine have recently enjoyed an expansion of scope to include wound care of the lower limb. We look forward to the public recognition of the “medical” nature of the profession with an appropriate name change of the board. Finally, we truly appreciate all our licensees support and understanding as the board works to increase revenue and evaluate its future needs.

Michael A. Zapf, DPM

President, Board of Podiatric Medicine



Footpath to Doctor of Podiatric Medicine

Tips on How to Manage Money While in School

Elizabeth Oh



When I was in undergrad, I never really thought finances in medical school would be an issue. I just thought that, in terms of basic necessities, I should have “enough” for food, books, and rent. My main focus for medical school was to learn as much as I could and to balance myself out mentally, emotionally, physically, and spiritually. By the end of the year, I was rationing out

the remainder of my account to make it until the next financial aid disbursement day arrived. It was very apparent that I was no longer on a prepaid meal plan or a prepaid housing plan, or even married to an accountant or personal chef because I was close to being flat broke. When I finally got the breather I needed during my summer vacation, I reached out to some people and got some great feedback and some wonderful self-reflection. Here’s what I learned.

What was going on with me (and maybe you)

I was tired, miserable, sick of studying *all* the time, and my stressors needed to be fed with some acute moments of pleasure. So I sought mini-treats through random purchases of school supplies, snacks, drinks, clothes, etc. From tiny items here and there, my bills began adding up and those \$4 smoothies and \$1.10 chips weren’t as cheap as I thought.

What I’ve done now

- **Make/build an emergency fund:** This is for cases where you need immediate access to money. A common general rule is to set aside enough to cover six months of expenses, but I think for starters, \$1,000 is a good amount. Store it somewhere safe where you can have easy access and *do not touch* it unless it is a *true* emergency and you absolutely need it (fashion or social emergencies don’t count).
- **Reflect on potential areas of saving:** American and Western society is all about convenience for pay. We are a fast-paced society and we like immediate results, answers, etc. Often, it’s wonderful but it also comes at a price we may not be able to afford. Here are some examples of potential areas of saving.
 - » **Food:** This may be obvious, but food is *expensive*. Especially when it’s wrapped in foil and made by someone else. Meal prepping is a great way to save some money, and another benefit it brings is more control of a balanced diet. I can hear the average tired, grumpy medical student yelling at me now, saying “WHEN can I do this—I don’t have time.” To that, I can

recommend just popping something in the oven while you watch your lectures or Netflix and, usually within 40 minutes, you have accomplished your food preparation.

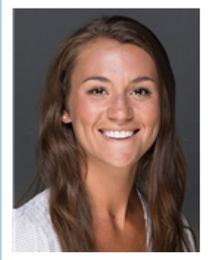
- » **Having fun:** Having fun seems to have a price tag these days, but there are ways to still have those communal adventures while having some green left in your wallet. Some activities you may want to look into: camping, hiking, volunteering, board games, cooking (your meal prep?), and purchasing things wholesale/dischanted (movie tickets, Costco, Groupon).
- **Use cash:** Online bank accounts are rarely checked—it is very easy to lose track of how many times a card has been swiped, and it is easy to lose track of payment due dates. Cash is visible, it is tangible, and there is no due date. There are statistics that say people spend less when they use cash. So, limit your credit card use and use cash if possible.
- **Make limits:** As logical as all these recommendations are, when you’re stressed, your mind and body can turn into a careless child who does not yield to concerns about your finances. If a looming test has you freaking out, prepare for those stressful days by limiting what you spend on a weekly basis.
 - » If you are on financial aid, get your disbursement fund and first make your emergency fund. Then give yourself an allowance every week of what you absolutely need to spend money on (groceries, gas, bills), and give yourself a finite amount of money for the other random situations (nights out, birthday gifts, etc). Yes, you will be known as frugal but pride can be repaired; being broke cannot.
 - » The way I do this is I place \$30 in an envelope for each week before the semester starts and I don’t touch the envelopes until each week arrives. This gives me a sense of control and it gives me the illusion that I am earning money, which is nice because it’s been awhile since I’ve had a steady paycheck.
 - » The key to this step is to **prepare wisely and realistically** because you will not have the energy to discipline yourself when you are trying to learn what the difference between CML and CLL are. Just like legendary basketball coach John Wooden has famously said, “*Failure to prepare is preparing to fail.*”

Currently finishing my second year and doing these steps, I can say that I am not very worried about paying my rent in the coming months, and I can also say that none of my family or friends expect an expensive gift from me. This life isn’t the most luxurious. I will not be featured on TMZ for my amazing fashion, but I’m less concerned about if I’ll be able to afford anything than on spending more time on studying for classes and boards. As these tips have helped me, I truly hope they have helped you because there are plenty of things to worry about in medical school, and finances shouldn’t be one of them.

FOOTNOTES

Tips on what to do the summer before medical school or things I wish I had known before starting my medical school journey

Sarah Mansager



My summer before I started medical school marked a very hectic time. I graduated from my undergraduate program two years prior and immediately immersed myself into the health care field. I worked as an orthotic fitter in an extensive interprofessional orthopedic and sports medicine center in Annapolis, Maryland. While working full time, I was preparing for the MCAT and applying to podiatric medicine programs. I realized my life would become increasingly demanding once I gained acceptance and academics began.

Knowing this, I decided to spend time focusing on myself. I always wanted to live in California and the summer before podiatry school was the perfect period to take the plunge. I embarked on a cross-country trip to the West Coast. This road trip gave me the opportunity to see many glorious cities and obtain a better sense of myself and inner happiness. I do not regret a single event, being packed to the brim in a car with a giant dog for seven days. I tackled this journey and enjoyed experiences that may not be possible in the future.

After settling into my new West Coast home in Huntington Beach, I was fortunate enough to gain entry into Western University of Health Sciences College of Podiatric Medicine. This sigh of relief also came with anxiety regarding what to expect and the challenges I would soon face. Luckily, WesternU provided the opportunity to enroll in a summer program designed to prepare incoming students for the rigors of medical school. With the desire to succeed, I chose to sacrifice a few weeks of summer to prepare for my upcoming medical school journey. This summer course helped ease my transition from undergraduate to professional school. Aside from academic exposure, I was also able to evaluate my personal strengths and weaknesses. I gained knowledge of accessing crucial resources on campus and was able to connect with fellow students in and outside of my program.

My advice to an incoming medical student, preparing to embark on their own journey through medical school, would be to enjoy your summer before your academia and do the things you love. Focus on yourself and take care of your mental and emotional health by spending time with family and friends. If your selected program has opportunities to become familiar with the campus, devote a few days to explore. Reach out to your program and seek opportunities to become familiar with the curriculum. This will make your first week of medical school more enjoyable because the adjustment period of transitioning into professional school can be just as challenging as the courses themselves. Be confident and take pride in your accomplishments. Best of luck to you all!

Transition from a classroom setting into a clinical one

Michele Chan



Going directly from undergraduate to podiatry school was definitely not an easy transition as I had to prioritize my time and re-establish the most ideal way to learn. During my first two preclinical years, there was always new material that I was required to master in a short amount of time. I was constantly studying and felt that I was under pressure due to the quick pace, sheer volume of information,

and ongoing deadlines of exams. Sometimes the topics were abstract and difficult for me to grasp through textbooks or lecture material. I used to worry since I spent so much time academically with just books alone that it would be very difficult to transition the material that I learned in the classroom into using it in a clinical setting.

Now I am in third year and feel that the work I have put in during the didactic years has finally paid off. Even though there is still so much to learn every single day, I feel that the process for learning has evolved. Being in a clinical setting, I get hands-on exposure to the patient as well as the case, allowing me to associate certain symptoms, pathology, plan, and treatment with the case. If there are concepts that I find difficult to understand, I am able to seek advice immediately from the attending doctor or residents who will explain them to me, and give me directions on how to better identify certain diseases or how to perform a certain procedure. I usually will also make a brief note on my notepad to remind myself to research the information that I don't understand when I get home. I found clinicals to be more interesting and engaging, as these cases stuck with me and I was able to recall more information as I had real-life exposure.

As for how to interact with patients, it wasn't too hard for me to transition as we have an Essentials of Clinical Medicine class that provides us experience to work with simulated cases with standardized patients. Granted, there are still times when some patients feel less confident working with a medical student, but I still try my best to cater to their needs and make sure that they are well taken care of. The majority of the patients really appreciate our help even though we are just students, and are very understanding. So far, my experience with patients has been a very fulfilling and a wonderful opportunity for me as I have not only gained knowledge, but also passion, and I feel that this is the correct field for me as I look forward to helping many more patients in the near future.



How to budget while being in school or how to eat, sleep, and travel in med school

Bryanna Veseley

It seems like the second you get the “Congrats! You got in!” email, it is directly followed by the “Where’s your money?” email. With the stress of exams, boards, and rotations, the last thing you need is to add financial burden to your worries. Since most of us do not have any form of steady “real” income for the four years we are attending school, we are reliant on the biannual disbursements from the bursar’s office. But once you get your disbursement what do you do? It seems like it is never quite enough. How can you prevent the dreaded end-of-the-semester I-can-only-eat-ramen blues? No one really looks forward to creating a detailed budget and watching as your funds dwindle, but just maybe you will find a few of these tips useful in preparing a simplified budget.

First things first, pay ALL of your rent for the first half of the year as soon as you get your first disbursement, followed by paying the second portion of the year in total with the second disbursement. If they don’t allow you to do this, tuck this money away and set a rent reminder. Make the funds untouchable except for rental expense. This ensures at least you will have a place to stay and don’t have to worry about forgetting to pay, or accruing late fees, when exams get crazy. Next, set aside money into your savings that you think you will need if you have any traveling expenses (going home for holidays, best friend’s out-of-state wedding, a little trip to Vegas, etc.) and try to budget at least \$500 of cushion money in case of an emergency. Now, divide the remaining funds by the number of months until your next disbursement, and boom ... you have a monthly spending allowance.

Now, this money is not for you to go out and have a spending spree. I suggest taking out what you estimate for utilities, groceries, insurance, and books (living expenses), and tucking it away into separate envelopes so your necessities are covered. The rest of the money can be used for yourself: eating out, splurging on new shoes, cat food ... the little things that make life better. If there is remaining money at the end of the month, put it back into your savings for a rainy day. This system is easy and can be accomplished within 30 minutes after every disbursement. Knowing your finances are squared away definitely alleviates a portion of the external stress of medical school.

Other tips on what to do the summer before medical school? You thought the process of getting into medical school was crazy enough, but you may not have anticipated a whole new level of anxiousness regarding the waiting period—the time between getting into a school and actually starting your program. This might be a bit nerve-racking as new questions arise. What is the school going to be like? Am I prepared

enough? How does one even prepare for medical school? Am I up for the challenge? Can I compete? Should I be doing something during this period? The answer to all of these questions is: don’t worry! Yes, I know it is easier said than done, but really, take a breath and don’t worry. If you got in, the school already believes in you! You have proven yourself or you wouldn’t be there. Your successful completion of the required academics for admittance was the baseline to ensure that you are academically prepared. The professors will teach you what you need to know during class.

You WILL get into the swing of things. You WILL get your rhythm. There is not one thing academically you need to be doing during that waiting period that will significantly help you come fall. I wish before I started someone had told me to just relax and know that everything will work out. This is your last summer before you begin your amazing journey to become a physician. This means maybe quit your summer job a few weeks early, relax, travel, spend time with your family, and do the things you’ve wanted to do so when fall comes, your mind can just focus on the task at hand. You are ready! You are prepared! Enjoy the journey!



FOOTNOTES

Information provided by the
California Department of Justice

CURES 2.0

MANDATORY USE

BEGINS OCTOBER 2, 2018

ATTACHMENT A



The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice (DOJ) on April 2, 2018. Therefore, the mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance becomes effective on October 2, 2018. Visit www.mbc.ca.gov/CURES for detailed information regarding CURES 2.0.

Note: The phrase "controlled substance" as used in this guide refers to a Schedule II, Schedule III, or Schedule IV controlled substance.

WHEN MUST I CONSULT CURES?

- The first time a patient is prescribed, ordered, administered, or furnished a controlled substance, unless one of the exemptions on back apply.
- Within the twenty-four hour period, or the previous business day, before prescribing, ordering, administering, or furnishing a controlled substance, unless one of the exemptions on back apply.
- Before subsequently prescribing a controlled substance, if previously exempt.
- At least once every four months if the controlled substance remains a part of the patient's treatment plan.

WHAT PROTECTIONS ARE THERE FOR PRESCRIBERS?

- There is no private cause of action for a prescriber's failure to consult CURES.
- For complete information on the mandatory requirement to consult CURES, please read HSC § 11165.4.
- If you have any further questions, please seek legal counsel.

"First time" is defined as the initial occurrence in which a health care practitioner intends to prescribe, order, administer, or furnish a controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

Health and Safety Code (HSC), § 11165.4(a)(1)(B)



HOW CAN I GET HELP WITH CURES?

For general assistance with CURES, including training and CURES usage support, contact the California DOJ at (916) 210-3187 or CURES@doj.ca.gov. For Direct Dispensing assistance, contact Atlantic Associates, Inc. at (800) 539-3370 or cacures@aainh.com.



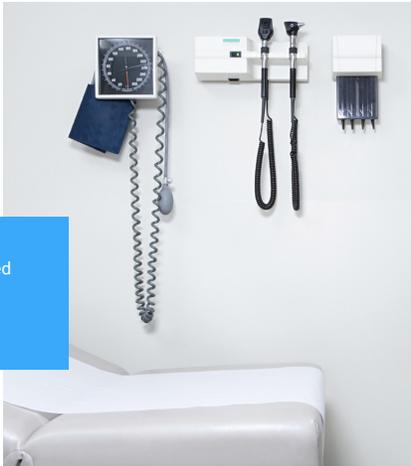
ATTACHMENT A

WHAT EXEMPTIONS ARE THERE TO CONSULTING CURES?

- A health care practitioner is exempt from consulting the CURES database before prescribing, ordering, administering, or furnishing a controlled substance in any of the following circumstances:
 - While the patient is admitted to, or during an emergency transfer between a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility
 - In the emergency department of a general acute care hospital, and the controlled substance does not exceed a non-refillable seven-day supply.
 - As part of a patient’s treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable five-day supply when a surgical procedure is performed at a
 - Licensed Clinic, or
 - Outpatient Setting, or
 - Health Facility, or
 - County Medical Facility, or
 - Place of Practice
 - The patient is receiving hospice care.
- What if it is not reasonably possible for a prescriber to access the information in CURES in a timely manner?
 - If another individual with access to CURES is not reasonably available, a five-day supply of the controlled substance can be prescribed, ordered, administered, or furnished as long as there is no refill allowed. In addition, the prescriber must document in the patient’s medical records the reason for not consulting CURES.
- What if I determine that consulting CURES would result in a patient’s inability to obtain a prescription in a timely manner and thereby adversely impact the patient’s medical condition?
 - A prescriber may provide a non-refillable five-day supply if they make this determination. The prescriber must document in the patient’s medical records the reason for not consulting CURES.

The facilities listed are specifically defined in statute commencing with HSC § 1200, § 1248, § 1250, and § 1440, respectively.

“Place of Practice” is defined as a Dental Office pursuant to Business and Professions Code § 1658.



WHAT IF I EXPERIENCE TECHNICAL DIFFICULTIES WITH CURES?

There are exemptions to consulting CURES if there are technical difficulties accessing CURES, such as CURES is temporarily unavailable for system maintenance, or you experience temporary technological or electrical failure and CURES cannot be accessed (e.g., power outage due to inclement weather).

A prescriber should contact the CURES Help Desk at (916) 210-3187 or cures@doj.ca.gov for assistance accessing their CURES account.

Note: A prescriber must, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within their control.



CURES 2.0



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Administrative Actions: Oct. 1, 2017–March 31, 2018

DOCTORS OF PODIATRIC MEDICINE

Jones, Franklyn, DPM

Clovis, Calif.

License Number: E-3875

Decision Effective: 12/06/17

License Revoked

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171106%5cDMRAAAGO13%5c&did=AAAGO171106191239709.DID

Kalhor, Nasim, DPM

Sherman Oaks, Calif.

License Number: E-4581

Decision Effective: 01/25/18

Revoked, Stayed, 4 Years' Probation

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171226%5cDMRAAAGO15%5c&did=AAAGO171226182651769.DID

Kaplansky, Arkady, DPM

Encino, Calif.

License Number: E-4173

Decision Effective: 01/26/18

Public Reprimand

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171227%5cDMRAAAGO6%5c&did=AAAGO171227195800105.DID

Larsen, Robert, DPM

Folsom, Calif.

License Number: E-2687

Decision Effective: 01/19/18

Revoked, Stayed, 1 Year Probation

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171222%5cDMRAAAGO51%5c&did=AAAGO17122214902563.DID

Moussavi, Ramyar, DPM

Mission Viejo, Calif.

License Number: E-4361

Decision Effective: 10/13/17

Stipulated Surrender

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171006%5cDMRAAAGL8%5c&did=AAAGL171006205933868.DID

Releford, Bill James, DPM

Inglewood, Calif.

License Number: E-3630

Decision Effective: 12/15/17

Additional 2 Years' Probation

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171117%5cDMRAAAGO4%5c&did=AAAGO171117180841715.DID

Shock, Thomas, DPM

Lodi, Calif.

License Number: E-3241

Decision and Order Date: 12/04/17

Decision Effective: 06/04/18

Stipulated Surrender

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20171207%5cDMRAAAGO16%5c&did=AAAGO171207215438795.DID

Stein, Michael Alan, DPM

San Leandro, Calif.

License Number: E-2905

Decision Effective: 01/29/18

www2.mbc.ca.gov/BreezePDL/document.aspx?path=%5cDIDOCS%5c20180129%5cDMRAAAGO25%5c&did=AAAGO180129185643013.DID

To file a complaint against a DPM, visit:

<http://www.mbc.ca.gov/Consumers/Complaints/>

To view a doctor's profile and obtain a copy of the action(s), go to:

www.breeze.ca.gov

For assistance, call: **(800) 633-2322**

Additional information regarding disciplinary matters can be found at the following web pages:

www.bpm.ca.gov/consumers/dispsumm.shtml

www.bpm.ca.gov/consumers/agreferrals.shtml

Important Dates

2018

April 11 — California Podiatric Medical Association—legislative meeting in Sacramento

May 9 — Board of Podiatric Medicine—committee meetings

May 14 — Board of Podiatric Medicine—Board meeting (teleconference)

May 28 — State holiday: Memorial Day

May 31 — Board of Podiatric Medicine—strategic planning session—Sacramento

June 1 — Board of Podiatric Medicine—Board meeting—Sacramento

June 15 — Budget bill must be passed by midnight

June 20–24 — Western Foot and Ankle Conference—Anaheim

June 30 — End of Fiscal Year 2017-18

July 1 — Beginning of Fiscal Year 2018-19

July 4 — State holiday: Independence Day

Aug. 15 — Board of Podiatric Medicine—committee meetings

Aug. 31 — Last day for each house to pass bills; final recess on adjournment

Sept. 3 — State holiday: Labor Day

Sept. 7 — Board of Podiatric Medicine—Board meeting in Santa Clara

Sept. 30 — Last day for governor to sign or veto bills

Oct. 1 — Bills enacted on or before this date take effect Jan. 1, 2019

Nov. 6 — General election