



**DENTAL BOARD OF CALIFORNIA**  
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815  
P (916) 263-2300 F (916) 263-2140 | [www.dbc.ca.gov](http://www.dbc.ca.gov)

**DENTAL BOARD OF CALIFORNIA MEETING AGENDA  
AUGUST 11, 2017**

Crowne Plaza  
1177 Airport Boulevard  
Burlingame, CA 94010  
(650) 342-9200 (Hotel) or (916) 263-2300 (Board Office)

**Members of the Board:**

Bruce L. Witcher, DDS, President  
Thomas Stewart, DDS, Vice President  
Yvette Chappell-Ingram, Public Member, Secretary

Fran Burton, MSW, Public Member  
Steven Chan, DDS  
Judith Forsythe, RDA  
Kathleen King, Public Member  
Ross Lai, DDS

Huong Le, DDS, MA  
Meredith McKenzie, Public Member  
Abigail Medina, Public Member  
Steven Morrow, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the President. For verification of the meeting, call (916) 263-2300 or access the Board's website at [www.dbc.ca.gov](http://www.dbc.ca.gov). This Board meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise.

## **Friday, August 11, 2017**

### **8:00 A.M. CLOSED SESSION – FULL BOARD (IF NECESSARY)**

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

**If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, August 10, 2017, it will also meet in closed session on August 11, 2017.**

### **RETURN TO OPEN SESSION – FULL BOARD**

#### **9:00 A.M. FULL BOARD MEETING – OPEN SESSION**

7. Call to Order/Roll Call/Establishment of Quorum
8. Executive Officer's Report
  - A. Staffing Update – Vacancies and New Hires
  - B. Required Board Member Training
  - C. Update from June 30, 2017 meeting with University DeLaSalle Bajio School of Dentistry.
  - D. Update Regarding the Implementation of AB 2331 (Chapter 572, Statutes of 2016) – ADEX Examination as an Additional Pathway to Licensure.
  - E. Status of Occupational Analysis for Dentists
  - F. Update Regarding Implementation of AB 2235 (Chapter 519, Statutes of 2016) – Caleb's Law.
9. Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty (School) of Dentistry- Schools Response to Deficiencies Outlined by The Dental Board of California.
10. Report of Dental Hygiene Committee of California (DHCC) Activities
11. Report on the April 5, 2017 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee and Discussion and Possible Action to Accept the Elective Facial Cosmetic Surgery Permit Credentialing Committee Recommendation(s) for Issuance of Permit(s)
12. Report on the June 14, 2017 California Dental Director's Oral Health Program Advisory Committee
13. Update on the Portfolio Pathway to Licensure

14. Review of Dental Licensure and Permit Statistics
15. Western Regional Examination Board (WREB) Report- Discussion and Possible Action regarding the 2018 Dental Exam Format Changes
16. Review of Enforcement Statistics and Trends
17. Review of Fiscal Year 2016-17 Third Quarter Performance Measures from the Department of Consumer Affairs
18. Staff Presentation Regarding the Board's Citation and Fine Program
19. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1023.2 and 1023.7 Relating to Citation and Fine
20. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16, Section 1049 Relating to Mobile and Portable Dental Units
21. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16, Sections 1016 and 1017 Relating to Basic Life Support Course Equivalency Requirement
22. Discussion and Possible Action Regarding Development and Implementation of a Board Required Faculty Teaching Permit for Non-California Licensed Dentists Holding Faculty Appointments in California Dental Schools
23. Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16, Section 1071.1 Relating to the Implementation of Additional Duties of Registered Dental Assistant in Extended Function (RDAEF) as Specified in Business and Professions Code Section 1753.55 (Determination of Radiographs and Placement of Interim Therapeutic Restorations)
24. Licensing, Certifications, and Permits Committee Report on Closed Session  
The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure.
25. Substance Use Awareness Committee Report  
The Board may take action on any items listed on the attached Substance Use Awareness Committee meeting agenda.
26. Legislative and Regulatory Committee Report  
The Board may take action on any items listed on the attached Legislative and Regulatory Committee meeting agenda.

27. **Anesthesia Committee Report**  
The Board may take action on any items listed on the attached Anesthesia Committee meeting agenda.
28. **Public Comment on Items Not on the Agenda**  
The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
29. **Board Member Comments on Items Not on the Agenda**  
The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
30. **Adjournment**



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 29, 2017  |
| <b>TO</b>      | Members of the Dental Board of California                      |
| <b>FROM</b>    | Karen Fischer, Executive Officer<br>Dental Board of California |
| <b>SUBJECT</b> | <b>Agenda Item 8:</b> Executive Officer's Report               |

### A. **Staffing Update – Vacancies and New Hires As of August 1, 2017**

#### **OPERATIONS DIVISION**

##### **Administration Unit ~ currently fully staffed**

##### **Recently hired:**

Associate Governmental Program Analyst (AGPA) – Perm/FT effective 06/16/17

##### **Licensing & Examination Unit ~ 2 vacancies**

Office Assistant (Typing) (OA T) – Perm/FT; previous incumbent separated 04/24/17 and recruitment has been initiated.

Associate Governmental Program Analyst (AGPA) – Perm/FT; new position through BPC 17/18 effective 07/01/17; recruitment will be initiated shortly.

##### **Recently hired:**

Staff Services Analyst (SSA) – Perm/FT effective 06/26/17

##### **Dental Assisting Program ~ 2 vacancies**

**New Request:** SSM I (2 year Limited Term Blanket Position) submitted for review and determination.

Management Service Technician (MST) – Perm/FT; previous incumbent separated 03/01/17 and an RPA to reclassify the position to a Staff Services Analyst (SSA) has been submitted for review and determination.

Associate Governmental Program Analyst (AGPA) – Perm/FT; current incumbent accepted a promotion with another agency with a separation date of 08/01/17 and recruitment will be initiated shortly.

## **ENFORCEMENT DIVISION**

### **Complaint & Compliance Unit ~ 3 vacancies**

Office Technician (Typing) (OT T) – Perm/FT; previous incumbent accepted a transfer position with another department with a separation date of 02/07/17 and recruitment has been initiated.

Office Technician (Typing) (OT T) – Perm/FT; current incumbent accepted a transfer position with another department with a separation date of 08/01/17 and recruitment will be initiated shortly.

Associate Governmental Program Analyst (AGPA) – Perm/FT; previous incumbent resigned with a separation date of 06/30/17 and recruitment has been initiated.

### **Recently hired:**

Office Technician (Typing) (OT T) – Perm/FT effective 05/15/17

### **Discipline Coordination Unit ~ currently fully staffed**

### **Investigative Analysis Unit ~ 1 vacancy**

Staff Services Analyst (SSA) – Perm/FT; previous incumbent resigned with a separation date of 07/19/17 and recruitment will be initiated shortly.

### **Recently hired:**

Associate Governmental Program Analyst (AGPA) – Perm/FT effective 05/25/17

### **Sacramento Field Office ~ 1 vacancy**

Investigator (INV) – Perm/FT; previous incumbent accepted a promotion within the Board with separation date of 07/02/17 and recruitment has been initiated.

### **Recently hired:**

Supervising Investigator I – Perm/FT effective 07/03/17

### **Orange Field Office ~ 2 vacancies**

Special Investigator (SP INV) – Perm/FT; current incumbent accepted a promotion with another agency with a separation date of 08/01/17 and recruitment will be initiated shortly.

Investigator (INV) – Perm/FT; previous incumbent separated as of 08/07/16 and recruitment is in progress.

### **Total number of hires/separations since May 1, 2017:**

Hires – 5

Separations – 6

**B. Required Board Member Training**

Board members are required to take prescribed training within timelines established by the Department of Consumer Affairs (DCA). The training includes Sexual Harassment Prevention, Ethics, Conflict of Interest, Defensive Driver, and Board Member Orientation. Odd numbered years are DCA MANDATORY training years for Sexual Harassment Prevention. Therefore, board members should plan to complete this two-hour training by the end of the year. The link to this training is provided below.

[Click here to start the DCA SEXUAL HARASSMENT PREVENTION TUTORIAL](#)

In an effort to assist board members, staff will be tracking your training. Shortly after the August board meeting, each member will receive an individualized report indicating when you last completed the five mandatory training requirements; and when the next training will be required. Jeri Westerfeld, Executive Assistant, will be tracking this information for members. Links will be provided for all training. Upon completion of any of the training, please forward the certificate of completion to Jeri ([Jeri.Westerfeld@dca.ca.gov](mailto:Jeri.Westerfeld@dca.ca.gov)).

Additionally, please review the ***DCA Sexual Harassment Prevention Policy, Policy # (EEO 12-01)*** and ***Non-Discrimination Policy and Complaint Procedures, Policy # (EEO 14-01)***. These policies are being emailed to members prior to the meeting.

Anticipating that each member will have had the opportunity to review these policies before the August meeting, for your convenience staff will bring copies of the Acknowledgement of Receipt and Understanding for each policy to the meeting for you to sign at the meeting.

Thank you, in advance, for your prompt attention to this very important **MANDATORY** training request. If you have any questions, please contact Jeri Westerfeld and she will assist you. (916-263-2212)

**C. Update from June 30, 2017 meeting with University DeLaSalle Bajio School of Dentistry.**

On June 30, 2017 and upon their request, Drs. Witcher and Morrow and I met in Sacramento with representatives from the University De La Salle Bajio School of Dentistry: Dr. Jorge Triana Estrada – Dental School Dean and his assistant Maria Alicia Medina Vargas; and Missy Johnson of Nielsen Merksamer. The purpose of the meeting was for the new Dental School Dean, Dr. Triana, to meet Drs. Witcher and Morrow, to update the Board on De La Salle's CODA application, and to inquire about the process for the schools renewal of the Dental Board's approval. The University De La Salle Dental School received initial Board

approval in 2005, re-approval in May 2012, and will need to renew that approval within seven years and before May 2019.

Dr. Triana indicated that for the last three years the school has been going through the CODA approval process. In the Fall of 2017, the school will undergo a second site visit by CODA; the results of which are anticipated to be final by Summer 2018. We discussed the Board's renewal process and indicated that if the school receives CODA approval, that the Board approval will no longer be necessary. In an effort to leave nothing to chance, De La Salle representatives are preparing the documentation for Board re-approval simultaneously while going through the CODA process.

**D. Update Regarding the Implementation of AB 2331 (Chapter 572, Statutes of 2016) – ADEX Examination as an Additional Pathway to Licensure.**

Board members will recall that AB 2331 was signed by the Governor in 2016 and became law January 1, 2017. The legislation gives the Board authority to accept the American Board of Dental Examiners (ADEX) examination as fulfillment of one of the requirements for licensure in California, after the following occurs:

- an occupational analysis of the dental profession has been conducted by the Office of Professional Examination Services (OPES); and
- OPES conducts a review of the ADEX examination for compliance with requirements of Business & Professions Code (BPC) Section 139 and to certify that the examination meets those standards; and
- a linkage study using the California occupational analysis is conducted; and
- regulations are developed by the board indicating the testing format, as it relates to patients, for the examination.

The legislation calls for ADEX to pay all reasonable costs and expenses the board incurs for the purpose of implementing this legislation.

The Board was advised by the DCA Budget Office to not enter into an agreement with OPES to begin work until the Governor's budget was signed, thereby ensuring that the board had the expenditure authority for this project and could be reimbursed for the expenses. The Board will be entering into an agreement with OPES for a term of July 1, 2018 through June 30, 2019. It is estimated that this review could take one year; and the initial cost estimate is \$22,000 plus per diem and expenses for eight to ten licensed dentists to serve as subject matter experts for workshops.

**E. Status of Occupational Analysis for Dentists**

As part of AB 2331, ADEX will be paying all costs associated with the occupational analysis for dentists that will be conducted by OPES. The analysis has begun and workshops will be scheduled in August. We anticipate the analysis could take one year to complete; and the initial cost estimate is \$56,468 plus per diem and expenses for participation of subject matter experts. Staff met with ADEX representatives to discuss the terms of the agreement including the billing procedure and time frames for completion of the analysis.



**F. Update Regarding Implementation of AB 2235 (Chapter 519, Statutes of 2016) – Caleb’s Law.**

This legislation went into effect January 1, 2017. It requires the following:

- the Board to “encourage all dental sedation providers in California to submit data regarding pediatric sedation events to a pediatric research database maintained by a nonprofit organization.”
- a form to be developed for licensees to submit when reporting in compliance with BPC Section 1680(z)1.
- that specific language be used in the written informed consent prior to the administration of general anesthesia or conscious sedation in the case of a minor.

Through this legislation, the Board received spending authority to hire a permanent associate level governmental program analyst for the implementation of AB 2235. The hiring could not take place until the Governor’s budget was signed. I am happy to report that recruitment has started.



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 21, 2017  |
| <b>TO</b>      | Members of the Dental Board of California  |
| <b>FROM</b>    | Karen Fischer, Executive Officer<br>Dental Board of California   |
| <b>SUBJECT</b> | <b>Agenda Item 9:</b> Update Regarding Status of Two-year Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry – Schools Response to Deficiencies Outlined by the Dental Board of CA |

### Background:

On December 2, 2016, the Dental Board of California (Board) granted Provisional Approval of the State University of Medicine and Pharmacy “Nicolae Testemitanu” (SUMPh) of the Republic of Moldova’s five-year dental education program. Provisional Approval was based on **California Code of Regulations (CCR) Section 1024.10** and will remain in effect for 24 months from the date on which it was granted, unless the deficiencies noted are removed sooner.

Provisional Approval was granted due to the Site Visit Team’s finding that the institution’s dental education program was substantially in compliance with the required Educational Standards with the exception of the following two Standards:

**1. CCR Institutional Standards Section 1024.1 (c)(6):** The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients:

- |   |                                       |
|---|---------------------------------------|
| (A) Patient assessment and diagnosis                  | (F) Restoration of teeth              |
| (B) Comprehensive treatment planning                  | (G) Replacement of teeth              |
| (C) Health promotion and disease prevention           | (H) Periodontal therapy               |
| (D) Informed consent                                  | (I) Pulpal therapy                    |
| (E) Anesthesia, sedation and pain and anxiety control | (J) Oral mucosal disorders            |
|   | (K) Hard and soft tissue surgery      |
|   | (L) Dental Emergencies                |
|   | (M) Malocclusion and space management |

(N) Evaluation of outcomes of treatment

**2. CCR Institutional Standards Section 1024.1 (c)(8):** The institution shall employ student evaluation methods that measure the defined competencies.

On June 23, 2017, the Board received a packet of information from retired Senator Richard Polanco (on behalf of SUMPPh Dental Program) entitled “Corrective Plan of Deficiencies” which included Competency Assessment Forms and Grade Sheets. The documents were presented to the Board as evidence to support compliance with the deficiencies identified by the Board’s Site Visit Team.

This information was distributed to the three dentist members of the Site Visit Team (Dr. Octavia Plesh, Dr. Timothy Martinez, and Dr. Steven Morrow) for review. Following document review, the Site Visit Team determined that the Competency Assessment Forms and Grade Sheets provided to the Board adequately demonstrate that the dental education program is designed to ensure that graduates are, at a minimum, competent in providing all of the types of oral health care identified in **CCR Institutional Standards 1024.1 (c)(6)**. However, the absence of data resulting from the implementation of these Competency Assessment Forms and Grade Sheets fails to provide evidence to support compliance with the need to “employ student evaluation methods that measure the defined competencies” which is required for compliance with **CCR Institutional Standards Section 1024.1 (c)(8)**.

The school has been notified of the Site Visit Team’s review; and the remaining documentation that would need to be reviewed by the Site Visit Team prior to a discussion by the Board regarding full approval of the five year dental program. A copy of the correspondence is included in the board meeting packet.

Dr. Steven Morrow will be available to answer questions regarding this agenda item.

**Action Requested:**  
None at this time



July 20, 2017

**SENT VIA E-MAIL**

Rector Ion Ababii, MD, Ph.D.  
Dean Ion Lupan, MD, Ph.D.  
State University of Medicine and Pharmacy "Nicolae Testemitanu"  
of the Republic of Moldova – Dental Program  
MD 2004, Chisinau, Moldova

RE: Provisional Approval of Dental Education Program

Dear Drs. Ababii and Lupan:

This letter is in response to the "Corrective Plan of Deficiencies" submitted to the Dental Board of California (Board) by retired Senator Richard Polanco on June 23, 2017. The documents were presented to the Board as evidence to support compliance with the deficiencies identified by the Board's Site Visit Team as part of the application process for approval of your dental education program by the Dental Board of California.

You will recall that on December 2, 2016, the Dental Board of California granted Provisional Approval of the State University of Medicine and Pharmacy "Nicolae Testemitanu" (SUMPh) of the Republic of Moldova's five-year dental education program. Provisional Approval was based on **California Code of Regulations (CCR) Section 1024.10** and will remain in effect for 24 months from the date on which it was granted, unless the deficiencies noted are removed sooner.

Provisional Approval was granted due to the Site Visit Team's finding that the institution's dental education program was substantially in compliance with the required Educational Standards with the exception of the following two Standards:

**1. CCR Institutional Standards Section 1024.1 (c)(6):** The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients:

- (A) Patient assessment and diagnosis
- (B) Comprehensive treatment planning
- (C) Health promotion and disease prevention
- (D) Informed consent
- (E) Anesthesia, sedation and pain and anxiety control
- (F) Restoration of teeth
- (G) Replacement of teeth
- (H) Periodontal therapy
- (I) Pulpal therapy
- (J) Oral mucosal disorders
- (K) Hard and soft tissue surgery

- (L) Dental Emergencies
- (M) Malocclusion and space management
- (N) Evaluation of outcomes of treatment

**2. CCR Institutional Standards Section 1024.1 (c)(8):** The institution shall employ student evaluation methods that measure the defined competencies.

The documentation submitted to the Board included Competency Assessment Forms and Grade Sheets. This information was distributed to the three dentist members of the Site Visit Team (Dr. Octavia Plesh, Dr. Timothy Martinez, and Dr. Steven Morrow) for review. Following document review, the Site Visit Team arrived at the following consensus:

It is the Site Visit Team's opinion that the Competency Assessment Forms and Grade Sheets provided to the Dental Board adequately demonstrate that the dental education program is designed to ensure that graduates are, at a minimum, competent in providing all of the types of oral health care identified in **CCR Institutional Standards 1024.1 (c)(6)**. However, the absence of data resulting from the implementation of these Competency Assessment Forms and Grade Sheets fails to provide evidence to support compliance with the need to "employ student evaluation methods that measure the defined competencies" which is required for compliance with **CCR Institutional Standards Section 1024.1 (c)(8)**.

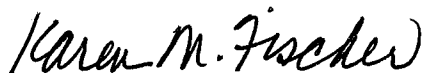
Therefore, the Dental Board of California is unable to grant full approval of the five-year dental education program at the SUMPPh of the Republic of Moldova at this time. Provisional Approval will be continued until the noted deficiencies are removed or the 24 month time limit for Provisional Approval has expired.

Data generated from the assessment of competency of at least one graduating class from the University's five-year dental education program must be submitted to the Dental Board of California as demonstration of evidence to support compliance with **CCR Standard 1024.1 (c)(8)**. The data submitted must have been generated from the implementation of the Competency Assessment Forms and Grade Sheets that were submitted as evidence for compliance with **CCR Institutional Standards Section 1024.1 (c)(6)**.

Based on the Site Visit Team's review of the documentation submitted, the discussion of whether or not to grant final approval of the five year dental school program will not be considered at the August 2017 board meeting. However, the Board will receive an update of your progress.

Should you have any questions, please feel free to contact me at [Karen.Fischer@dca.ca.gov](mailto:Karen.Fischer@dca.ca.gov) or (916) 263-2188.

Sincerely,



Karen M. Fischer  
Executive Officer

cc: Dental Board Members  
Senator Richard Polanco, retired

RECEIVED

JUN 23 2017

DENTAL BOARD  
OF CALIFORNIA 6/22/2017

Ms. Karen Fischer  
Executive Officer  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95814

RE: State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova: Corrective Plan of Deficiencies Submission

*Dear Ms. Karen Fischer,*

*On behalf the Dean, Administrators, Faculty, and Students of the University of Moldova we thank you for your continued assistance. We once again want to thank Dr. Steve Marrow, Dr. Octavia Plesh, Dr. Timothy Martinez, and Zachary Raske for long trip and the many hours you gave to preparing the Onsite Inspection and Evaluation Report.*

*As reported to the Board, the Site Visit Team determined that the dental education program at the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova is in compliance with all Institutional Standards and Sub-Standards identified in CCR Section 1024.1 except the following:*

- 1. Institutional Standard (c) Educational Curriculum which states; "The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health*

*care within the scope of general dentistry to all types of patients as identified in the Onsite Inspection and Evaluation Report page 3-6.*

- 2. Institutional Standard (c) Educational Program Curriculum which states; "The institution shall employ student evaluation methods that measure the defined competencies."*

*On December 2, 2016 the Site Visit Team recommend that the Dental Board grant Provisional Approval of The University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova's Faculty School of Dentistry as authorized in the California Code of Regulations Section 1024.10 which states: "Provisional approval may be granted to an institution that is substantially in compliance with the requirements of this article but that has specific deficiencies or weakness that are of such a nature that they can be corrected in a reasonable length of time. A provisional approval shall remain in effect for 24 months from the date on which it was issued unless the deficiencies are removed sooner and full approval has been granted that date."*

*The University is requesting review and evaluation additional information pertaining to the two deficiencies identified by the Site Visit Team. The information is provided in hard copy in four sets and also electronically.*

*We are respectfully requesting the discussion of whether to grant final approval or not to the Five Year Dental School program be placed on the Dental Board agenda for the upcoming Dental Board meeting on August 10<sup>th</sup> and 11<sup>th</sup>.*

*Warm regards,*

*Senator Richard Polanco (Ret.)*

*Representative of USMF*



## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | July 18, 2017   |
| <b>TO</b>      | Members of the Dental Board of California   |
| <b>FROM</b>    | Jeri Westerfeld<br>Executive Assistant  |
| <b>SUBJECT</b> | <b>Agenda Item 10:</b> Report of Dental Hygiene Committee of California (DHCC) Activities |

**Background:**

Vice President Susan Good from the Dental Hygiene Committee of California will provide a verbal report.

**Action Requested:**

No Board action requested





## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 10, 2017  |
| <b>TO</b>      | Members of the Dental Board of California  |
| <b>FROM</b>    | Leslie Kihara, Program Coordinator<br>Dental Board of California   |
| <b>SUBJECT</b> | <b>Agenda Item 11:</b> Report on the April 5, 2017 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permit |

### **Background:**

On September 30, 2006, Governor Arnold Schwarzenegger signed Senate Bill 438 (Midgen, Chapter 9009, Statutes of 2006), enacting Business and Professions Code (Code) Section 1638.1, which took effect on January 1, 2007. Code Section 1638.1 authorizes the Dental Board of California (Board) to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and establishes the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit.

Pursuant to Code Section 1638.1(a)(2), an EFCS permit that is issued by the Board is valid for a period of two (2) years and is required to be renewed by the permit-holder at the time his or her dental license is renewed. Additionally, every six (6) years, prior to the renewal of the permit-holder's license and permit, the permit-holder is required to submit evidence acceptable to the Committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The Committee is authorized to limit a permit consistent with Code Section 1638.1(e)(1) if it is not satisfied that the permit-holder has established continued competence.

Code Section 1638.1 does not expressly provide the requirements a permit-holder must meet to establish continuing competency, therefore it has become necessary to promulgate a regulation to implement, interpret, and make specific the provisions of Code Section 1638.1 for the purpose of clarifying the necessary requirements that would establish continuing competency for the EFCS permit.

### **April 5, 2017 Update:**

The Committee met on April 5, 2017 via teleconference to review one (1) application for issuance of a permit.

**Recommendation for Issuance of EFCS Permit:**

The Committee considered an application from John E. Tillner, Jr., DDS. The Committee has made the following recommendation regarding issuance of an EFCS permit to Dr. Norris:

Applicant: John E. Tillner, Jr., DDS, applied for an EFCS permit for Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation) limited to botox and fillers.

Based on consideration of the application at its April 5, 2017 meeting, the Committee recommends the Board issue a permit for limited Category II (limited to facial neurotoxins and facial fillers) privileges.

**Action Requested:**

Staff requests the Board take the following actions:

1. Accept the EFCS Credentialing Committee Report, and
2. Accept the Committee's recommendation to issue John E. Tillner, Jr., DDS, an EFCS Permit a permit for limited Category II privileges (botox and fillers)



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 18, 2017  |
| <b>TO</b>      | Members of the Dental Board of California  |
| <b>FROM</b>    | Jeri Westerfeld<br>Executive Assistant   |
| <b>SUBJECT</b> | <b>Agenda Item 12:</b> Report on the California Dental Director's Oral Health Program Advisory Committee |

### **Background:**

On June 14, 2017 Dental Board Members, Ms. Fran Burton and Dr. Huong Le, attended the California Dental Director's Oral Health Program Advisory Committee in Sacramento. Ms. Burton and Dr. Le will provide a verbal report regarding this meeting.

A hardcopy of the recently released California Department of Public Health report: *Status of Oral Health in California: Oral Disease Burden and Prevention 2017* will be handed out to Board members. If you would like additional copies, please go to this link to download:

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California\\_FINAL\\_04.20.2017\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FINAL_04.20.2017_ADA.pdf) .

### **Action Requested:**

No Board action requested.



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 26, 2017  |
| <b>TO</b>      | Members of the Dental Board of California                        |
| <b>FROM</b>    | Daniel Yoon, Licensing Analyst                                   |
| <b>SUBJECT</b> | <b>Agenda Items 13:</b> Update on Portfolio Pathway to Licensure |

### **Background:**

At its August 2013 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to the Portfolio Examination Requirements and directed staff to initiate the rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, October 29th and the proposal was published in the California Regulatory Notice Register on Friday, November 8, 2013. The 45-day public comment period began on Friday, November 8, 2013 and ended on Monday, December 23, 2013. The Board held a regulatory hearing in Sacramento on Monday, January 6, 2014.

The Board received notification that the regulatory package was signed by the Secretary of State on November 5, 2014 and became effective immediately.

The Board-approved dental schools located in California were notified in December 2014 that they could begin the implementation of the Portfolio pathway to licensure and the calibration of the examiners at their schools. The schools received a reference binder that included a copy of the applicable legislation, the Candidate and Examiner Handbooks, the regulatory requirements, and all applicable forms. The schools also received a compact disc that included everything that was in the reference binder as well as the Board-approved calibration courses.

### **Application & Licensing Statistics:**

In June 2015, the Board received its first applications from candidates that had completed the requirements to obtain their license through the Board's Portfolio Examination pathway.

Table 1 illustrates the number of applications submitted to the Board in 2015, 2016, and 2017. It also indicates how many were received from each of the participating schools.

**Table 1: The Number of Portfolio Applications Received by Each Participating School**

| <b>Application Status</b>               | <b>2015</b> | <b>2016</b> | <b>2017</b> |
|---|-------------|-------------|-------------|
| <b>Total Applications Received</b>      | <b>7</b>    | <b>35</b>   | <b>21</b>   |
| Loma Linda University                   | 0           | 0           | 3           |
| University of California, Los Angeles   | 0           | 1           | 0           |
| University of California, San Francisco | 1           | 12          | 10          |
| University of the Pacific               | 6           | 19          | 7           |
| University of Southern California       | 0           | 3           | 1           |
| Western University of Health Sciences   | 0           | 0           | 0           |

In 2015, seven (7) applicants applied for a license through the portfolio pathway. One (1) application was received from the University of California, San Francisco. Six (6) applications were received from the University of the Pacific.

In 2016, thirty-five (35) applicants applied for a license through the portfolio pathway. One (1) application was received from the University of California, Los Angeles. Twelve (12) applications were received from the University of California, San Francisco. Nineteen (19) applications were received from the University of the Pacific. Three (3) applications were received from the University of Southern California.

In 2017, to date, twenty-one (21) applicants applied for a license through the portfolio pathway. Ten (10) applications were received from the University of California, San Francisco. Seven (7) applications were received from the University of the Pacific. Three (3) applications were received from Loma Linda University. One (1) application was received from the University of Southern California.

Table 2 illustrates the number of licenses issued by the Board during 2015, 2016, and 2017 to the applicants that applied through the Board's Portfolio Examination pathway.

**Table 2: Licenses Issued by the Board to Persons That Applied Through the Portfolio Pathway**

|   | <b>2015</b> | <b>2016</b> | <b>2017</b> |
|---|-------------|-------------|-------------|
| <b>Total Number of Licenses Issued</b>  | <b>7</b>    | <b>34</b>   | <b>6</b>    |
| Loma Linda University                   | 0           | 0           | 3           |
| University of California, Los Angeles   | 0           | 1           | 0           |
| University of California, San Francisco | 1           | 12          | 0           |
| University of the Pacific               | 6           | 18          | 2           |
| University of Southern California       | 0           | 3           | 1           |
| Western University of Health Sciences   | 0           | 0           | 0           |

In 2015, seven (7) licenses were issued to applicants applying through the Board's Portfolio Examination pathway to licensure. One (1) license was issued to a graduate of the University of California, San Francisco. Six (6) licenses were issued to graduates of the University of the Pacific.

In 2016, thirty-four (34) licenses were issued to applicants applying through the Board's Portfolio Examination pathway to licensure. One (1) license was issued to a graduate of the University of California, Los Angeles. Twelve (12) licenses were issued to graduates of the University of California, San Francisco. Eighteen (18) licenses were issued to graduates of the University of the Pacific. Three (3) licenses were issued to graduates of the University of Southern California.

In 2017, to date, six (6) licenses were issued to applicants applying through the Board's Portfolio Examination pathway to licensure. Three (3) licenses were issued to graduates of Loma Linda University. Two (2) licenses were issued to graduates of the University of the Pacific. One (1) license was issued to a graduate of the University of Southern California. The applications that do not have a license issued is due to the applicants not submitting the licensing application and fee or the portfolio has deficiencies that the participating schools need to correct.

Loma Linda University sent one (1) portfolio to the Dental Board but the candidate did not submit an application.

Dr. Le, Chair of the Board's Examination Committee, has requested a meeting with staff to formulate a plan to promote the Portfolio Pathway to Licensure by increasing communication between the California dental schools and the Board relating to challenges encountered during implementation of this pathway to licensure. The planning meeting with staff is scheduled for Monday, August 14 from 10 am – noon.

**Action Requested:**

No action requested.



## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | July 6, 2017  |
| <b>TO</b>      | Members of the Dental Board of California                               |
| <b>FROM</b>    | Jorrelle Abutin, Staff Services Analyst<br>Dental Board of California   |
| <b>SUBJECT</b> | <b>Agenda Item 14:</b> Review of Dental Licensure and Permit Statistics |

### A. Following are statistics of current license/permits by type as of July 6, 2017

| Dental License (DDS) Status                         | Licensee Population |
|---|---------------------|
| Active  | 34,015              |
| Inactive  | 1,967               |
| Retired   | 1,806               |
| Disabled  | 13                  |
| Renewal in Process                                  | 379                 |
| Delinquent  | 5,099               |
| <b>Total Cancelled Since Licensing was required</b> | <b>15,091</b>       |

\*Active: Current and can practice without restrictions (*BPC §1625*)

Inactive: Current but cannot practice, continuing education not required (*CCR §1017.2*)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (*BPC §1716.1a*)

Disabled: Current with disability but cannot practice (*BPC §1716.1b*)

Renewal in Process: Renewal fee paid with deficiency (*CCR §1017*)

Delinquent: Renewal fee not paid within one month after expiration date (*BPC §163.5*)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (*BPC §1718.3a*)

| Dental Licenses Issued via Pathway | Total Issued in 2017 | Total Issued in 2016 | Total Issued in 2015 | Total Issued to Date | Date Pathway Implemented |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|--------------------------|
| WREB Exam                          | 260                  | 786                  | 747                  | 7,850                | January 1, 2006          |
| Licensure by Residency             | 32                   | 154                  | 162                  | 1,650                | January 1, 2007          |
| Licensure by Credential            | 79                   | 142                  | 116                  | 3,114                | July 1, 2002             |
| LBC Clinic Contract                | 8                    | 9                    | 5                    | 41                   | July 1, 2002             |
| LBC Faculty Contract               | 4                    | 6                    | 2                    | 18                   | July 1, 2002             |
| Portfolio                          | 2                    | 34                   | 7                    | 42                   | November 5, 2014         |
| <b>Total</b>                       | <b>373</b>           | <b>1,116</b>         | <b>1,039</b>         |                      |                          |

| License/Permit /Certification/Registration Type                                | Current Active Permits | Delinquent | Total Cancelled Since Permit was Required |
|--|------------------------|------------|---|
| Additional Office Permit   | 2,497                  | 582        | 6,236                                     |
| Conscious Sedation   | 518                    | 46         | 435                                       |
| Continuing Education Registered Provider Permit                                | 1,112                  | 671        | 1,837                                     |
| Elective Facial Cosmetic Surgery Permit  | 27                     | 4          | N/A                                       |
| Extramural Facility Registration*  | 159                    | N/A        | N/A                                       |
| Fictitious Name Permit   | 6,619                  | 1,205      | 5,544                                     |
| General Anesthesia Permit  | 861                    | 43         | 890                                       |
| Mobile Dental Clinic Permit  | 40                     | 33         | 38  |
| Medical General Anesthesia   | 80                     | 37         | 163                                       |
| Oral Conscious Sedation Certification (Adult Only 1,637; Adult & Minors 1,875) | 2,432                  | 627        | 567                                       |
| Oral & Maxillofacial Surgery Permit  | 86                     | 9          | 16  |
| Referral Service Registration*   | 154                    | N/A        | N/A                                       |
| Special Permits  | 38                     | 11         | 170                                       |

\*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

### Active Licensees by County as of June 30, 2017

| County       | DDS   | Population | Population per DDS |
|--------------|-------|------------|--------------------|
| Alameda      | 1,445 | 1,645,359  | 1,139              |
| Alpine       | 0     | 1,151      | N/A                |
| Amador       | 23    | 38,382     | 1,669              |
| Butte        | 146   | 226,404    | 1,551              |
| Calaveras    | 18    | 45,168     | 2,509              |
| Colusa       | 4     | 22,043     | 5,511              |
| Contra Costa | 1,081 | 1,139,513  | 1,054              |
| Del Norte    | 14    | 27,124     | 1,937              |
| El Dorado    | 154   | 185,062    | 1,202              |
| Fresno       | 568   | 995,975    | 1,753              |
| Glenn        | 10    | 28,731     | 2,873              |
| Humboldt     | 77    | 136,953    | 1,779              |
| Imperial     | 39    | 188,334    | 4,829              |
| Inyo         | 9     | 18,619     | 2,069              |
| Kern         | 338   | 895,112    | 2,648              |
| Kings        | 63    | 149,537    | 2,374              |
| Lake         | 51    | 64,945     | 1,273              |
| Lassen       | 22    | 30,918     | 1,405              |
| Los Angeles  | 8,322 | 10,241,278 | 1,231              |
| Madera       | 50    | 156,492    | 3,130              |
| Marin        | 320   | 263,604    | 824                |
| Mariposa     | 7     | 18,148     | 2,593              |
| Mendocino    | 59    | 89,134     | 1,511              |
| Merced       | 91    | 274,665    | 3,018              |
| Modoc        | 5     | 9,580      | 1,916              |
| Mono         | 4     | 13,713     | 3,428              |
| Monterey     | 269   | 442,365    | 1,644              |
| Napa         | 109   | 142,408    | 1,306              |
| Nevada       | 81    | 98,828     | 1,220              |
| Orange       | 3,756 | 3,194,024  | 850                |



| <b>County</b>        | <b>DDS</b>    | <b>Population</b> | <b>Population per DDS</b> |
|----------------------|---------------|-------------------|---------------------------|
| Placer               | 444           | 382,837           | 862                       |
| Plumas               | 17            | 19,819            | 1,166                     |
| Riverside            | 1,037         | 2,384,783         | 2,300                     |
| Sacramento           | 1,072         | 1,514,770         | 1,413                     |
| San Benito           | 21            | 56,854            | 2,707                     |
| San Bernardino       | 1,308         | 2,160,256         | 1,652                     |
| San Diego            | 2,648         | 3,316,192         | 1,252                     |
| San Francisco        | 1,230         | 874,228           | 711                       |
| San Joaquin          | 363           | 746,868           | 2,057                     |
| San Luis Obispo      | 219           | 280,101           | 1,279                     |
| San Mateo            | 870           | 770,203           | 885                       |
| Santa Barbara        | 323           | 450,663           | 1,395                     |
| Santa Clara          | 2,233         | 1,938,180         | 868                       |
| Santa Cruz           | 183           | 276,603           | 1,511                     |
| Shasta               | 117           | 178,605           | 1,527                     |
| Sierra               | 2             | 3,207             | 1,604                     |
| Siskiyou             | 21            | 44,688            | 2,128                     |
| Solano               | 277           | 436,023           | 1,574                     |
| Sonoma               | 404           | 505,120           | 1,250                     |
| Stanislaus           | 277           | 548,057           | 1,979                     |
| Sutter               | 52            | 96,956            | 1,865                     |
| Tehama               | 27            | 63,995            | 2,370                     |
| Trinity              | 4             | 13,628            | 3,407                     |
| Tulare               | 206           | 471,842           | 2,290                     |
| Tuolumne             | 48            | 54,707            | 1,140                     |
| Ventura              | 671           | 857,386           | 1,278                     |
| Yolo                 | 117           | 218,896           | 1,871                     |
| Yuba                 | 10            | 74,577            | 7,458                     |
| Out of State/Country | 2,679         |                   |                           |
| <b>TOTAL</b>         | <b>34,015</b> | <b>39,523,613</b> |                           |

\*Population data obtained from Department of Finance, Demographic Research Unit

\*The counties with the highest Population per DDS are:

1. Yuba County (1:7,458)
2. Colusa County (1:5,511)
3. Imperial County (1:4,829)
4. Mono County (1:3,428)
5. Trinity County (1:3,407)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:711)
2. Marin County (1:824)
3. Orange County (1:850)
4. Placer County (1:862)
5. Santa Clara County (1:868)

\*The counties with the biggest increase in active license dentists since June 30, 2017 are Alameda, with 16 additional dentists, and Santa Clara, with 11 additional dentists. Los Angeles had a decrease of 9.

\*Alpine County has no active dentists in 2017.

**B. Following are monthly dental statistics by pathway as of June 30, 2017**

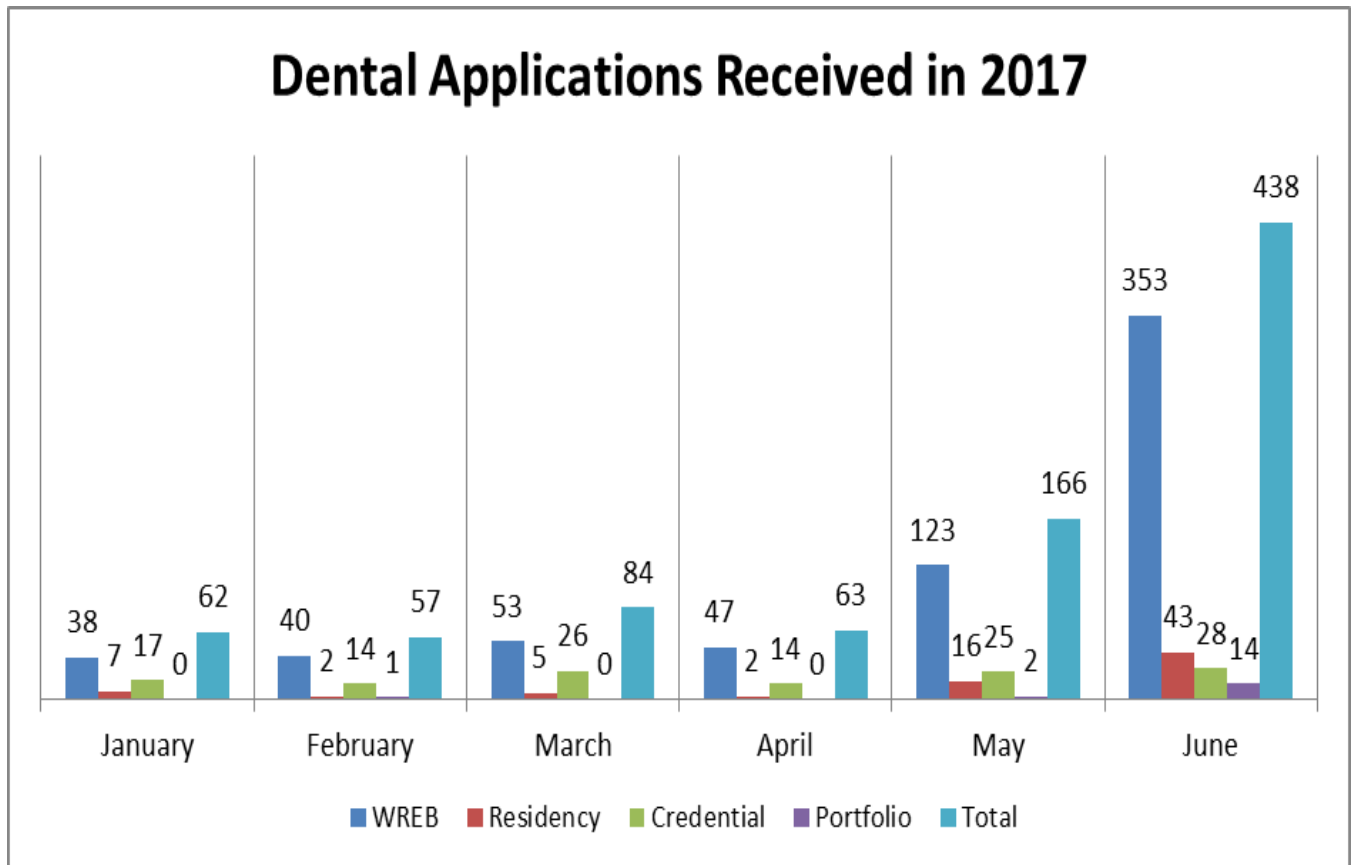
| Dental Applications Received by Month (2017)  |           |           |           |           |            |            |     |     |     |     |     | Total Apps: 870     |            |
|---|-----------|-----------|-----------|-----------|------------|------------|-----|-----|-----|-----|-----|---------------------|------------|
|   | Jan       | Feb       | Mar       | Apr       | May        | Jun        | Jul | Aug | Sep | Oct | Nov | Dec                 | Totals     |
| WREB  | 38        | 40        | 53        | 47        | 123        | 353        |     |     |     |     |     |                     | 654        |
| Residency                                     | 7         | 2         | 5         | 2         | 16         | 43         |     |     |     |     |     |                     | 75         |
| Credential                                    | 17        | 14        | 26        | 14        | 25         | 28         |     |     |     |     |     |                     | 124        |
| Portfolio                                     | 0         | 1         | 0         | 0         | 2          | 14         |     |     |     |     |     |                     | 17         |
| <b>Total</b>                                  | <b>62</b> | <b>57</b> | <b>84</b> | <b>63</b> | <b>166</b> | <b>438</b> |     |     |     |     |     |                     | <b>870</b> |
| Dental Applications Approved by Month (2017)  |           |           |           |           |            |            |     |     |     |     |     | % of All Apps: 42.0 |            |
|   | Jan       | Feb       | Mar       | Apr       | May        | Jun        | Jul | Aug | Sep | Oct | Nov | Dec                 | Totals     |
| WREB  | 26        | 22        | 9         | 41        | 67         | 102        |     |     |     |     |     |                     | 267        |
| Residency                                     | 6         | 10        | 1         | 3         | 4          | 4          |     |     |     |     |     |                     | 28         |
| Credential                                    | 10        | 11        | 1         | 18        | 13         | 15         |     |     |     |     |     |                     | 68         |
| Portfolio                                     | 0         | 0         | 0         | 0         | 0          | 2          |     |     |     |     |     |                     | 2          |
| <b>Total</b>                                  | <b>42</b> | <b>43</b> | <b>11</b> | <b>62</b> | <b>84</b>  | <b>123</b> |     |     |     |     |     |                     | <b>365</b> |
| Dental Licenses Issued by Month (2017)        |           |           |           |           |            |            |     |     |     |     |     | % of All Apps: 43.0 |            |
|   | Jan       | Feb       | Mar       | Apr       | May        | Jun        | Jul | Aug | Sep | Oct | Nov | Dec                 | Totals     |
| WREB  | 34        | 29        | 22        | 37        | 58         | 80         |     |     |     |     |     |                     | 260        |
| Residency                                     | 6         | 9         | 7         | 3         | 6          | 1          |     |     |     |     |     |                     | 32         |
| Credential                                    | 10        | 13        | 12        | 13        | 16         | 15         |     |     |     |     |     |                     | 79         |
| Portfolio                                     | 0         | 0         | 0         | 0         | 0          | 2          |     |     |     |     |     |                     | 2          |
| <b>Total</b>                                  | <b>50</b> | <b>51</b> | <b>41</b> | <b>53</b> | <b>80</b>  | <b>98</b>  |     |     |     |     |     |                     | <b>373</b> |
| Cancelled Dental Applications by Month (2017) |           |           |           |           |            |            |     |     |     |     |     | % of All Apps: 1.0  |            |
|   | Jan       | Feb       | Mar       | Apr       | May        | Jun        | Jul | Aug | Sep | Oct | Nov | Dec                 | Totals     |
| WREB  | 1         | 2         | 3         | 0         | 0          | 0          |     |     |     |     |     |                     | 6          |
| Residency                                     | 0         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 0          |
| Credential                                    | 0         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 0          |
| Portfolio                                     | 0         | 0         | 0         | 0         | 0          | 1          |     |     |     |     |     |                     | 1          |
| <b>Total</b>                                  | <b>1</b>  | <b>2</b>  | <b>3</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>   |     |     |     |     |     |                     | <b>7</b>   |
| Withdrawn Dental Applications by Month (2017) |           |           |           |           |            |            |     |     |     |     |     |                     |            |
|   | Jan       | Feb       | Mar       | Apr       | May        | Jun        | Jul | Aug | Sep | Oct | Nov | Dec                 | Totals     |
| WREB  | 1         | 2         | 4         | 2         | 4          | 0          |     |     |     |     |     |                     | 13         |
| Residency                                     | 1         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 1          |
| Credential                                    | 0         | 1         | 1         | 1         | 0          | 0          |     |     |     |     |     |                     | 3          |
| Portfolio                                     | 0         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 0          |
| <b>Total</b>                                  | <b>2</b>  | <b>3</b>  | <b>5</b>  | <b>3</b>  | <b>4</b>   | <b>0</b>   |     |     |     |     |     |                     | <b>17</b>  |
| Denied Dental Applications by Month (2017)    |           |           |           |           |            |            |     |     |     |     |     | % of All Apps: 1.0  |            |
|   | Jan       | Feb       | Mar       | Apr       | May        | Jun        | Jul | Aug | Sep | Oct | Nov | Dec                 | Totals     |
| WREB  | 0         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 0          |
| Residency                                     | 0         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 0          |
| Credential                                    | 1         | 3         | 3         | 0         | 0          | 0          |     |     |     |     |     |                     | 7          |
| Portfolio                                     | 0         | 0         | 0         | 0         | 0          | 0          |     |     |     |     |     |                     | 0          |
| <b>Total</b>                                  | <b>1</b>  | <b>3</b>  | <b>3</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>   |     |     |     |     |     |                     | <b>7</b>   |

\*Deficient Applications by pathway: WREB – 290, Residency – 62, Credential – 65, Portfolio – 13, Total – 430

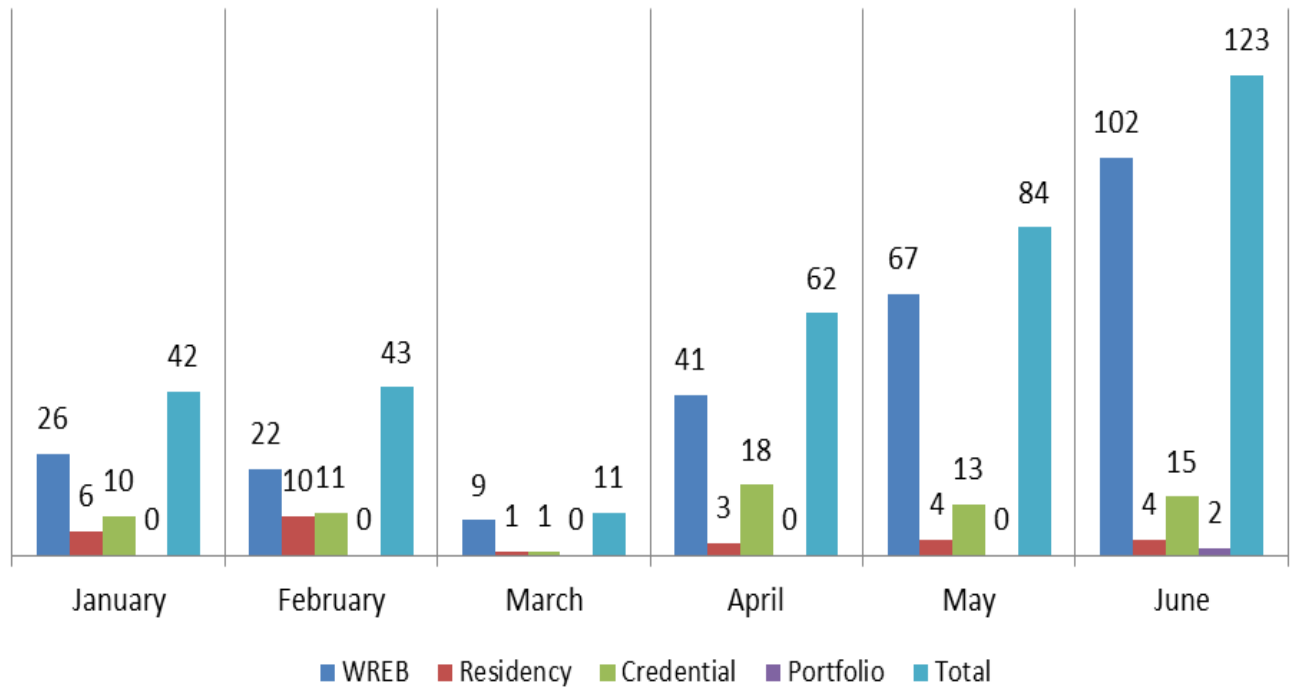
### Application Definitions

|                       |  |
|-----------------------|--|
| <b>Received</b>       | Application submitted in physical form or digitally through Breeze system.                   |
| <b>Approved</b>       | Application for eligibility of licensure processed with all required documentation.          |
| <b>License Issued</b> | Application processed with required documentation and paid prorated fee for initial license. |
| <b>Cancelled</b>      | Board requests staff to remove application (i.e. duplicate).                                 |
| <b>Withdrawn</b>      | Applicant requests Board to remove application   |
| <b>Denied</b>         | Applicant fails to provide requirements for licensure (BPC 1635.5)                           |
| <b>Deficient</b>      | Application processed lacking one or more requirements                                       |

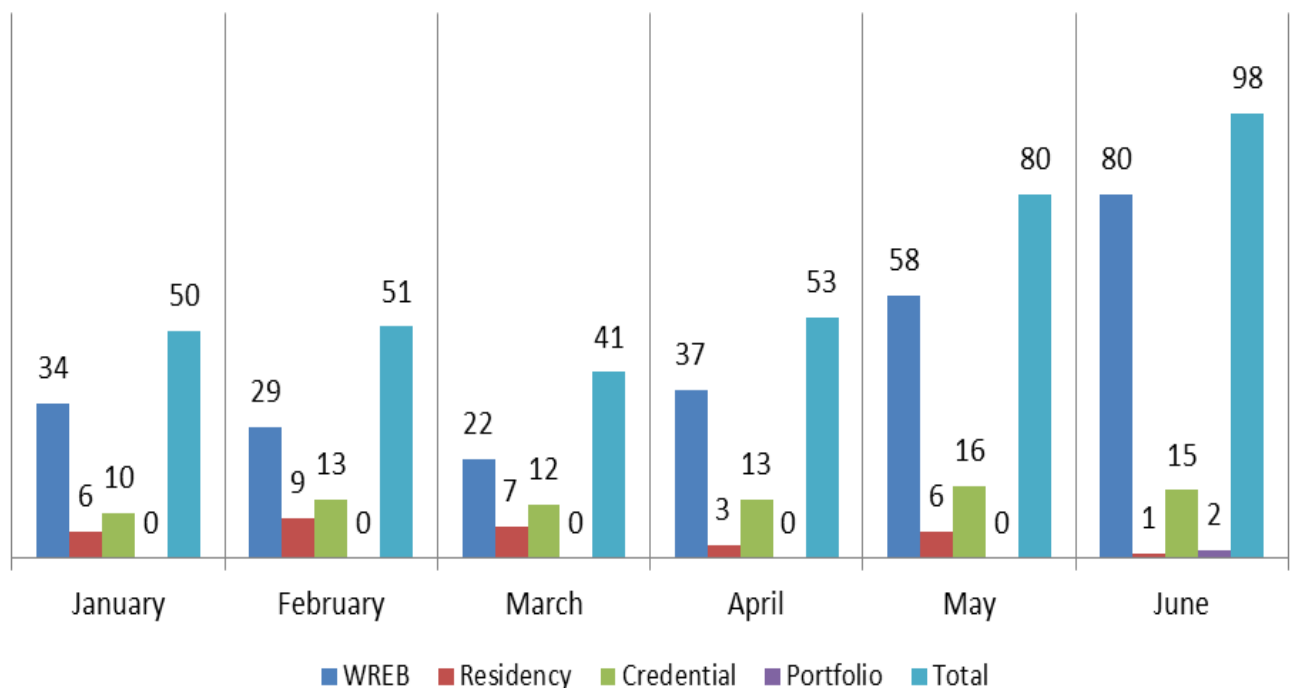
C. Following are graphs of monthly Dental statistics as of June 30, 2017



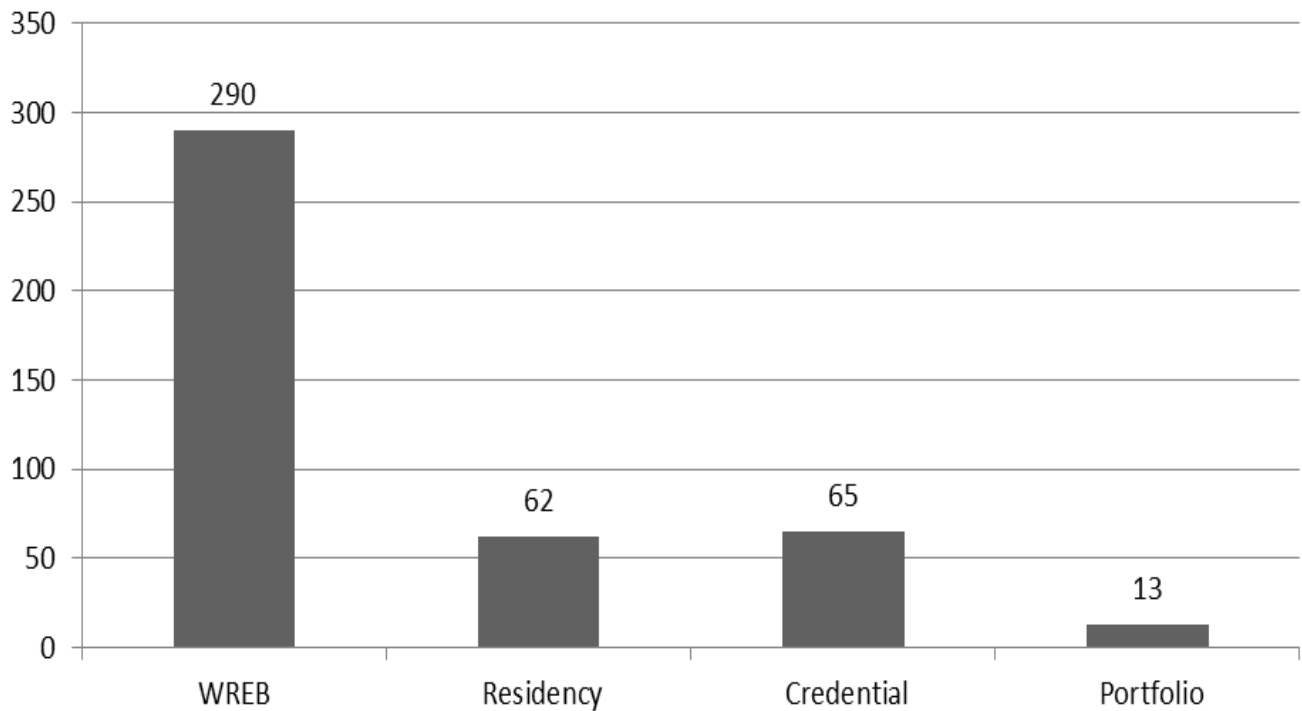
## Dental Applications Approved in 2017



## Dental Licenses Issued in 2017

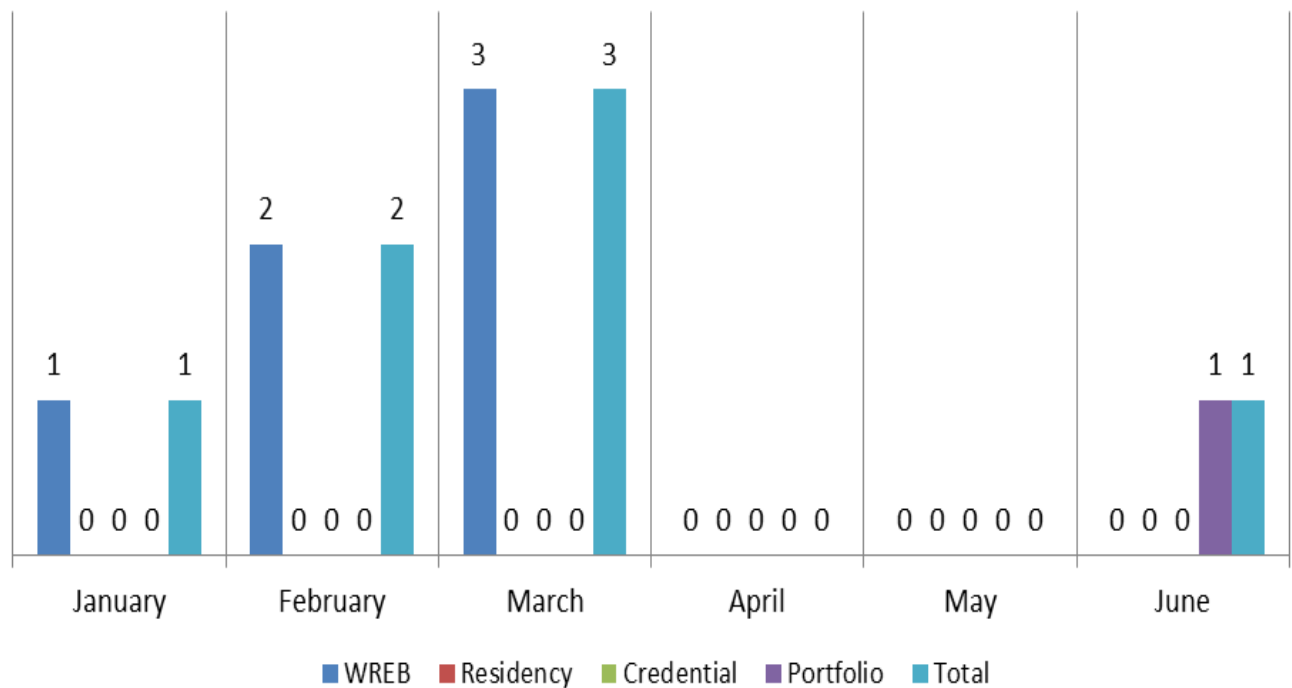


## Deficient Applications as of June 30, 2017

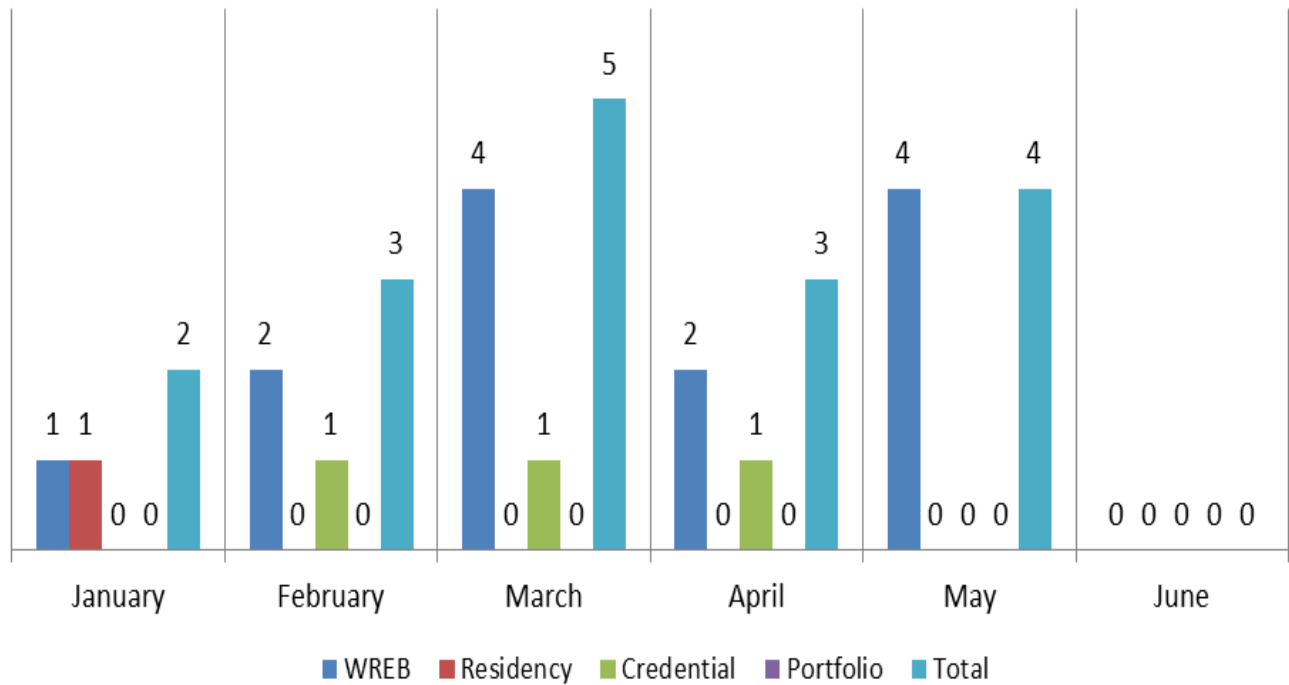


\**Deficient*: Pending with one or more requirements missing in application

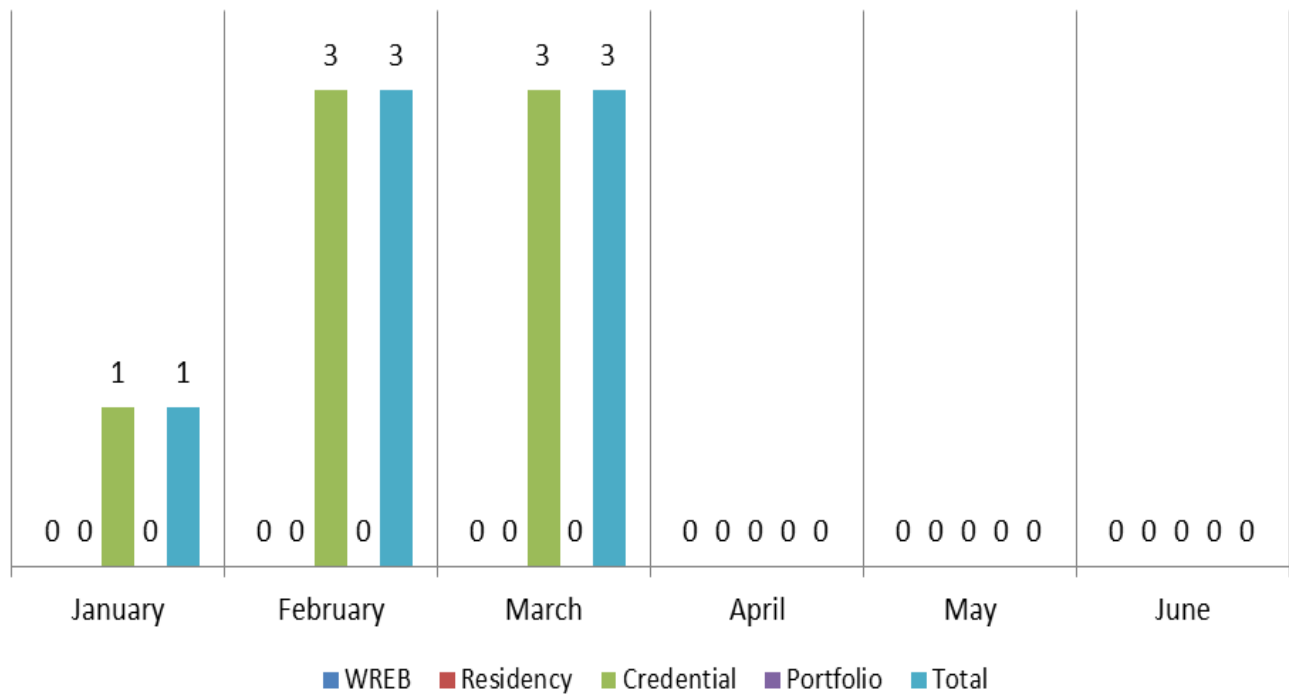
## Cancelled Dental Applications in 2017



## Withdrawn Dental Applications in 2017



## Denied Dental Applications in 2017



\*Only Credential applications received denials in 2017.



## MEMORANDUM

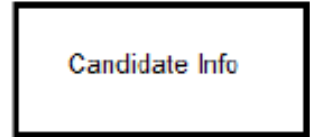
|                |  |
|----------------|--|
| <b>DATE</b>    | July 28, 2017  |
| <b>TO</b>      | Members of the Dental Board of California  |
| <b>FROM</b>    | Sarah Wallace, Assistant Executive Officer<br>Dental Board of California   |
| <b>SUBJECT</b> | <b>Agenda Item 15:</b> Western Regional Examination Board (WREB) Report<br>– Discussion and Possible Action Regarding the 2018 Dental Exam<br>Format Changes |

**Background:**

Dr. Huong Le, DDS, MA will provide a verbal report.

**Action Requested:**

No action requested.



Successful completion of the WREB core examination requires passing the Operative, Endodontics and Comprehensive Treatment Planning sections. Individual state licensing bodies may also require passing performance on the Periodontal and/or Prosthodontic examinations.

Core Examination

| OPERATIVE                                   |
|---|
| Univ of Missouri, Kansas City<br>04/03/2016 |
| <b>PASS</b>                                 |

| ENDODONTICS                                 |
|---|
| Univ of Missouri, Kansas City<br>04/03/2016 |
| <b>PASS</b>                                 |

| COMPREHENSIVE TREATMENT PLANNING            |
|---|
| Univ of Missouri, Kansas City<br>04/03/2016 |
| <b>PASS</b>                                 |

Elective Sections\*

| PERIODONTAL                                 |
|---|
| Univ of Missouri, Kansas City<br>04/03/2016 |
| <b>FAIL</b>                                 |

| PROSTHODONTICS |
|----------------|
| <b>N/A</b>     |

\*Passing performance on the Periodontal and/or Prosthodontics sections is not required for successful completion of the WREB core examination. Individual state licensing bodies may also require passing performance on one or both of these elective examinations.

Please note that WREB sends group performance reports to WREB member state boards only. If you are applying for licensure in a non-member state that requires scores be sent directly from WREB, you will need to complete a score request form found on our website at [www.wreb.org](http://www.wreb.org).

For a listing of WREB member states and states accepting WREB, visit our website at [www.wreb.org](http://www.wreb.org). For more information on licensure, visit the American Association of Dental Boards website at [www.dentalboards.org](http://www.dentalboards.org).

WREB is a testing agency only, and therefore, its employees cannot answer your questions regarding licensure.

**IMPORTANT DOCUMENT - MAINTAIN FOR YOUR RECORDS**





# WREB

A National Dental and Dental Hygiene Testing Agency

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027

Phone: (623) 209-5400 • Fax: (602) 371-8131

[www.wreb.org](http://www.wreb.org)

[dentalinfo@wreb.org](mailto:dentalinfo@wreb.org)

[hygieneinfo@wreb.org](mailto:hygieneinfo@wreb.org)

## Summary of 2018 Dental Exam Format Changes

(revised 6/27/17)

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### Overview

The Dental exam will consist of the following required sections: Operative, Endodontics, and Comprehensive Treatment Planning (CTP). The Periodontal section remains part of the exam and is included in the full exam fee, but the Candidate may opt out during registration if the state to which they are applying for initial licensure does not require this procedure. The Periodontal section is not a required section of the WREB exam, but there is no additional fee to take it. It is included in the full exam fee. An optional Prosthodontic section will also be offered, if the state to which a Candidate is applying for initial licensure requires it. The Prosthodontic section is not a required section of the WREB exam, but there is no additional fee to take it. It is included in the full exam fee.

The CTP exam is a written exam that will be taken in the fall at a Prometric Testing Center. Windows to take the exam at Prometric are approximately six weeks long and are pre-assigned based on the site where the Candidate will take the clinical exam.

### Exam Sections

**Operative:** This is a required section. The Candidate may complete up to two procedures to demonstrate competence on the Operative section. The procedures may be any of the following, in any combination:

- Direct Posterior Class II Composite
- Direct Posterior Class II Amalgam
- Indirect (cast gold inlay/onlay up to  $\frac{3}{4}$  Crown)
- A Direct Anterior Class III Composite will remain an option as the second procedure only for state boards that require it.

If the Candidate is successful, (3.00 or higher), on the first procedure, the section is Passed, with no need to complete another procedure. If the first procedure scores below a 3.00, the Candidate may proceed with a second procedure, which will be averaged with the first procedure. For states requiring two Operative procedures, Candidates will have the option to complete a second procedure, even if the first procedure scored above a 3.00. The average of the two procedures must be 3.00 or higher to pass the section. If a second procedure is completed and the average scores below 3.00, the attempt is completed and reported as failing. In this instance, the Candidate must pay to retake the full Operative exam at a different site. No onsite retakes are available for Operative.

If needed, the second procedure may be completed on Clinic Days Two or Three.

**Endodontics:** This is a required section and will be completed on simulated teeth. Teeth mounted in sextants and preoperative radiographs will be provided to Candidates by WREB upon arrival in the simulation lab. Candidates are required to place and maintain the manikin in correct patient treatment position and remain articulated in correct vertical dimension. Universal precautions and a rubber dam are required for all endodontic treatment. Candidates are allotted three (3) hours to complete their treatment and postoperative radiographs. The sextants and radiographs are then submitted for



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calibrated examiner scoring to published criteria. Candidates are allotted a thirty (30) minute set up period prior to the start of the exam. Required Endodontic procedures:

- Anterior– Graded on Access and Condensation
- Posterior– Graded on Access only

Candidates with a failing result in Endodontics will have the opportunity to retake the section at the same exam site on the third clinic day. Onsite retakes for Endodontics are not available on Clinic Days 1 or 2. Three hours will be allotted for the retake on Clinic Day 3 if the schools are willing to provide the simulation lab space. There is no additional fee for an onsite retake. If, for any reason, the section is not retaken onsite, the Candidate must pay to retake the section at a different site.

**Periodontal Treatment:** Initial Phase Treatment, S/RP subject to acceptance criteria. Candidates will have the choice to opt out of the periodontal section during registration if the state to which they are applying for initial licensure does not require this procedure. It remains part of the WREB exam and candidate results are reported to state dental boards unless the candidate removes it at application.

A retake of the Periodontal section may be taken onsite on Clinic Days Two or Three, if applicable. There is no additional fee for an onsite retake. If, for any reason, the section is not retaken onsite, the Candidate must pay to retake the section at a different site.

**Prosthodontics:** Simulated preparation of two abutments to support a posterior three-unit fixed partial denture prosthesis and preparation of an anterior tooth for a full-coverage ceramic crown. The preparations are performed on simulated teeth set in arches with simulated gingival tissue mounted in an articulator or manikin. Candidates will prepare a maxillary central incisor for an All Ceramic Crown (ACC) restoration. The posterior three-unit fixed partial denture prosthesis will replace a missing tooth in an upper quadrant. For example, if the missing tooth is #4; the tooth to be prepared as the anterior abutment for the fixed partial denture will be #5, and the tooth to be prepared as the posterior abutment for the fixed partial denture will be #3. Candidates are monitored to ensure they work independently, observe universal precautions, and work in a manner that simulates performing procedures on a patient, including that they maintain proper patient head position and normal vertical dimension. The prosthodontic preparations are completed in a single day during a time slot assigned for this purpose. Candidates are allotted three (3) hours to complete their prosthodontic preparations, and are given thirty (30) minutes prior to start of the exam to set up their unit, mount their arches and prepare to begin. Candidates can choose to opt into the prosthodontic section during registration if the state to which they are applying for initial licensure requires this procedure. The Prosthodontic section is not part of the WREB Dental Examination unless the candidate adds it at the time of application.

Candidates with a failing result in Prosthodontics will have the opportunity to retake the section at the same exam site on the third clinic day. Onsite retakes for Prosthodontics are not available on Clinic Days 1 or 2. Three hours will be allotted for the retake on Clinic Day 3 if the schools are willing to provide the simulation lab space. There is no additional fee for an onsite retake. If, for any reason, the section is not retaken onsite, the Candidate must pay to retake the Prosthodontic section at a different site.

**Comprehensive Treatment Planning (CTP):** This is a required section. The Comprehensive Treatment Planning (CTP) examination is a computer-based examination administered at Prometric test centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each



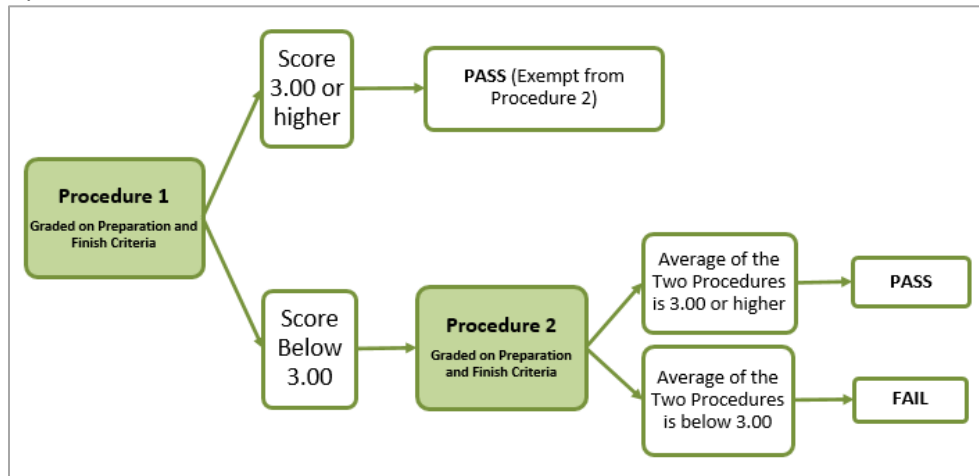
case, Candidates assess patient history, photographs, radiographs, and clinical information in order to create and submit a treatment plan. Candidates are required to answer questions with constructed responses and perform tasks related to each case such as appropriate pharmacy prescriptions and case specific dental laboratory work authorizations, when required. Candidates are allowed three (3) hours to complete the CTP exam. A 15-minute tutorial is provided prior to the beginning of the examination. Candidate scoring is completed by calibrated examiners utilizing published scoring criteria rating scales.

## Clinical Exam Schedule

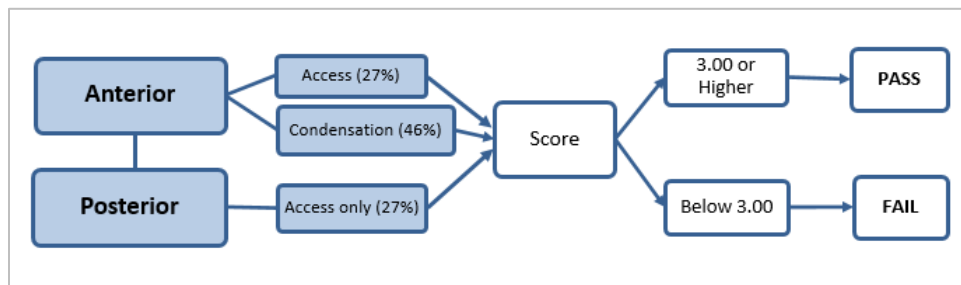
The clinical exam will consist of one Orientation Day and two clinical days starting at 8:00 am and ending at 4:00 pm, plus a third half day starting at 8:00 am and ending at 11:00 am. Provisional results will be posted at the end of each clinic day. The initial Operative and Periodontal procedures must be started on Clinic Days 1 or 2. Endodontics, (and Prosthodontics if taken), are scheduled sections and will be scheduled on Clinic Days 1 or 2. The third half day will be reserved for onsite retakes or operative second procedures only.

## Passing Requirements

### Operative

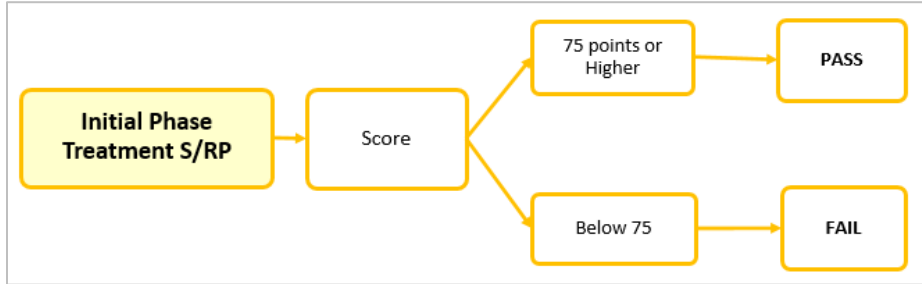


### Endodontics

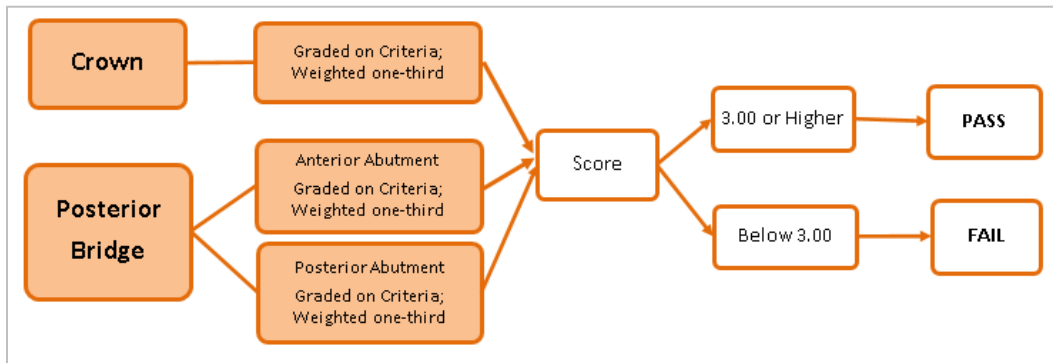




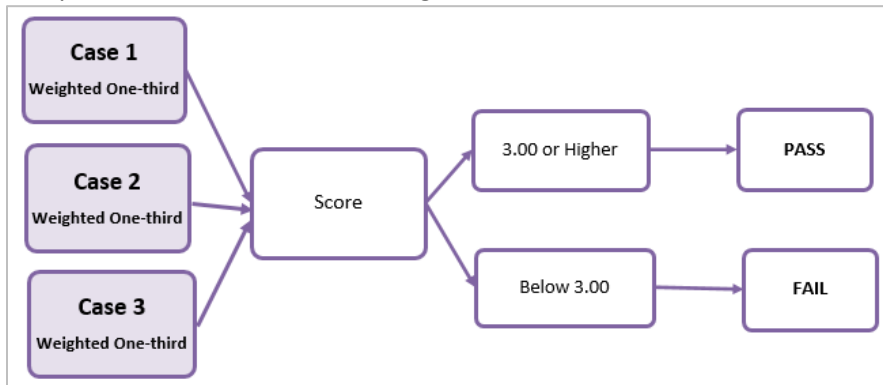
## Periodontal Treatment



## Prosthodontics



## Comprehensive Treatment Planning



Candidate results of any completed section, pass or fail, (initial or retake) are reported to state dental boards.



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | June 23, 2017  |
| <b>TO</b>      | Dental Board Members                                     |
| <b>FROM</b>    | Carlos Alvarez<br>Enforcement Chief                      |
| <b>SUBJECT</b> | <b>Agenda Item 16:</b> Enforcement Statistics and Trends |

The following are the Enforcement Division statistics for the fourth quarter (April 1, 2017 to June 23, 2017) of Fiscal Year 2016-2017. Trends over the last three fiscal years and the last three quarters are included, along with Charts 1-3 for reference.

### Complaints & Compliance

#### Complaints Received

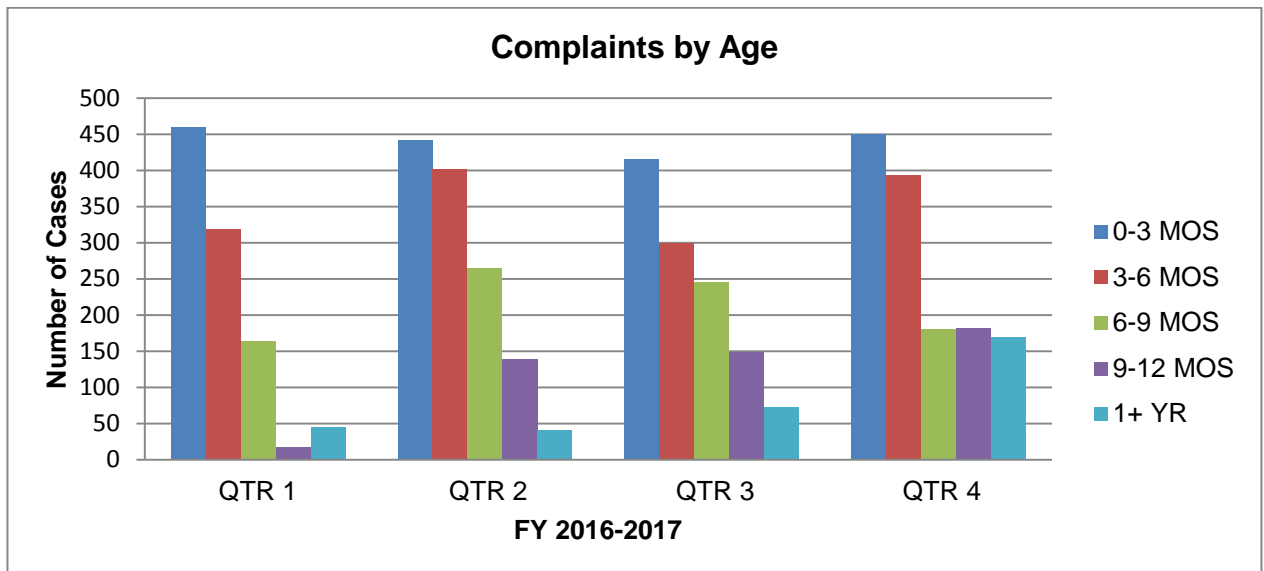
The total number of complaints received during the fourth quarter was **870** which is an increase of approximately 67 from the last quarter. The monthly average for quarter four is 290 complaints (see [Chart 2](#)).

#### Complaint Cases Open: 1,375

The average caseload per Consumer Services Analyst (CSA) during the fourth quarter was **275** complaints.

| Complaint Age | FY 2016-2017 |             |             |             |             |
|---------------|--------------|-------------|-------------|-------------|-------------|
|               | Q1 Cases     | Q2 Cases    | Q3 Cases    | Q4 Cases    | Q4 %        |
| 0 – 3 Months  | 459          | 442         | 415         | <b>450</b>  | <b>33%</b>  |
| 3 – 6 Months  | 319          | 402         | 299         | <b>393</b>  | <b>29%</b>  |
| 6 – 9 Months  | 163          | 264         | 246         | <b>181</b>  | <b>13%</b>  |
| 9 – 12 Months | 17           | 139         | 149         | <b>182</b>  | <b>13%</b>  |
| 1+ Year       | 45           | 40          | 73          | <b>169</b>  | <b>12%</b>  |
| <b>Total</b>  | <b>1003</b>  | <b>1287</b> | <b>1182</b> | <b>1375</b> | <b>100%</b> |

Agenda Item 16– Enforcement Statistics and Trends  
 August 10-11, 2017 Dental Board Meeting



### Complaint Cases Closed:

The total number of complaint cases closed during quarter four was **570**, averaging 190 per month.

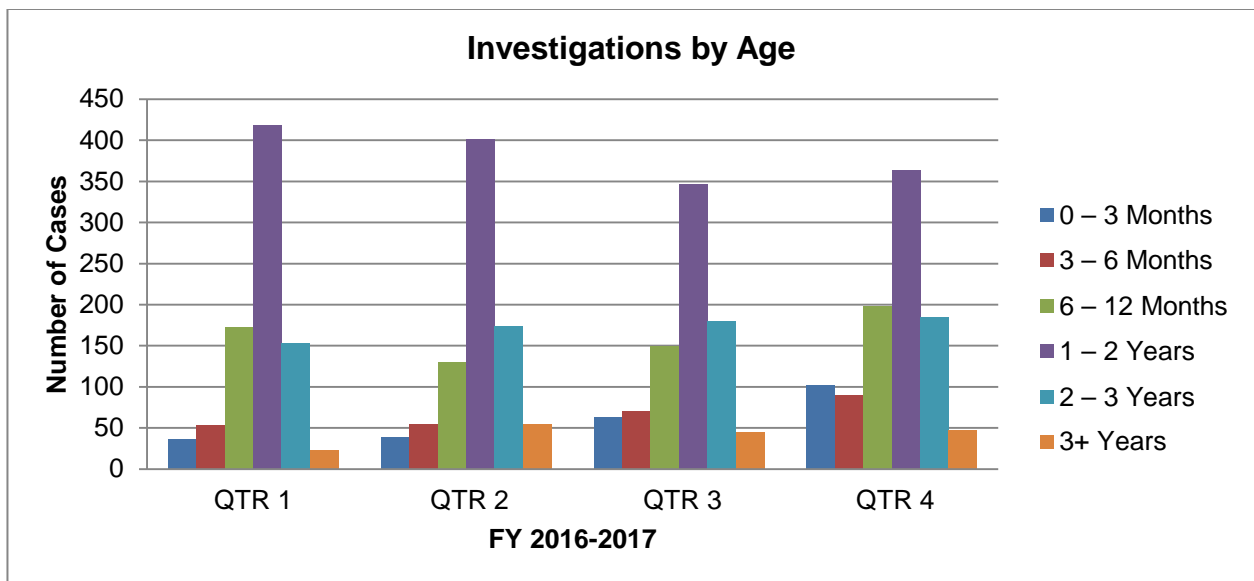
For quarter four, a complaint took an average of **125** days to close which is approximately twenty days faster than during the previous quarter. [Chart 1](#) displays the average complaint closure age over the previous three fiscal years through the current quarter.

### Investigations

**Investigation Cases Open: 985**

At the end of quarter four, there were approximately **985** open investigative cases and **46** open inspection cases.

| Investigation Age | FY 2016-2017 |            |            |            |             |
|-------------------|--------------|------------|------------|------------|-------------|
|                   | Q1 Cases     | Q2 Cases   | Q3 Cases   | Q4 Cases   | Q4 %        |
| 0 – 3 Months      | 36           | 39         | 63         | <b>102</b> | <b>10%</b>  |
| 3 – 6 Months      | 53           | 55         | 70         | <b>90</b>  | <b>9%</b>   |
| 6 – 12 Months     | 172          | 130        | 149        | <b>198</b> | <b>20%</b>  |
| 1 – 2 Years       | 418          | 401        | 346        | <b>363</b> | <b>37%</b>  |
| 2 – 3 Years       | 153          | 173        | 180        | <b>185</b> | <b>19%</b>  |
| 3+ Years          | 23           | 55         | 45         | <b>47</b>  | <b>5%</b>   |
| <b>Total</b>      | <b>855</b>   | <b>853</b> | <b>853</b> | <b>985</b> | <b>100%</b> |



Comparing this fourth quarter to the last, there has been a 62% increase in new investigation cases, aged zero to three months.

#### **Investigation Cases Closed:**

The total number of investigation cases closed, filed with the Office of the Attorney General (OAG), or filed with the District/City Attorney during the fourth quarter is **329** (an average of **110** per month).

The average number of days to complete an investigation during the fourth quarter was **532** days (see [Chart 1](#)).

#### **Administrative and Disciplinary Action:**

A total of **16 citations** were issued during the fourth quarter, an increase from the total of four that were issued in the second quarter.

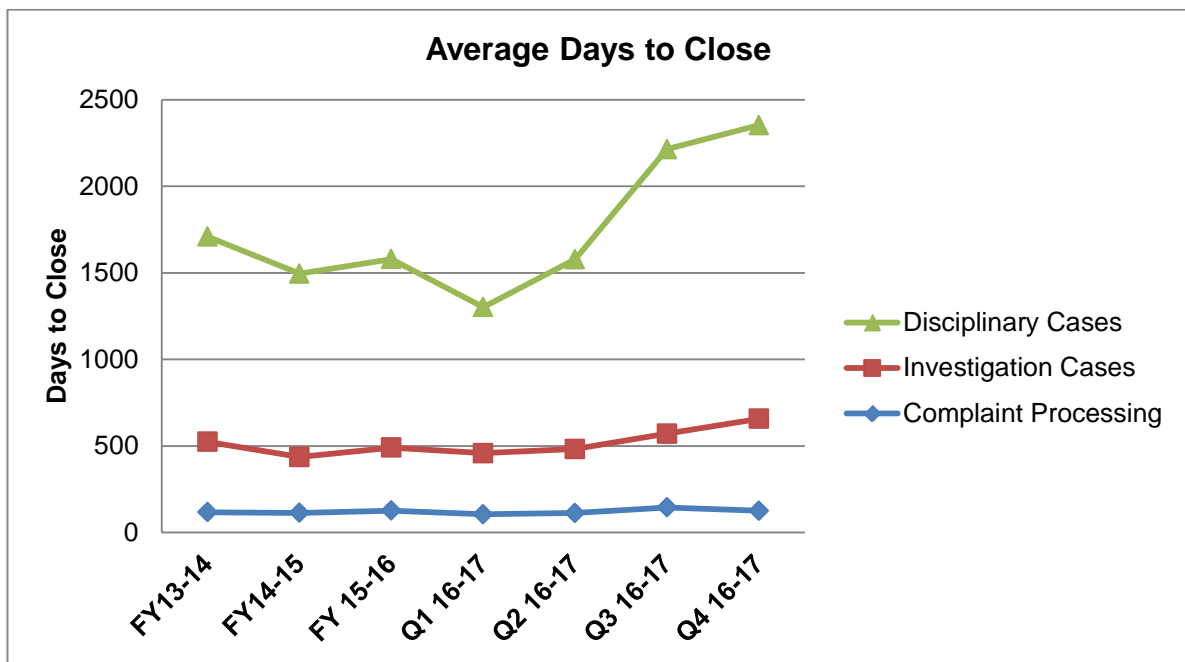
A total of **32\* accusations** were filed during the fourth quarter, an increase from the total of 25 that were filed during the second quarter.

A total of **31 cases were referred to the OAG** with a total of **152** cases pending as of June 23, 2017.

There were approximately **272 open probation cases** at the end of the fourth quarter. The three-month average for a disciplinary case to be completed was **1,696** days.

[Chart 1](#) below displays the average closure age over the last three fiscal years through the current quarter for complaint, investigation, and disciplinary cases.

**Chart 1:**



| Average Days to Close | FY 13-14 | FY 14-15 | FY 15-16 | Q1 16-17 | Q2 16-17 | Q3 16-17 | Q4 16-17 |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|
| Complaint Processing  | 117      | 113      | 126      | 105      | 112      | 145      | 125      |
| Investigation Cases   | 407      | 323      | 364      | 353      | 370      | 426      | 532      |
| Disciplinary Cases    | 1185     | 1059     | 1089     | 844      | 1096     | 1643     | 1696     |



**Chart 2:**

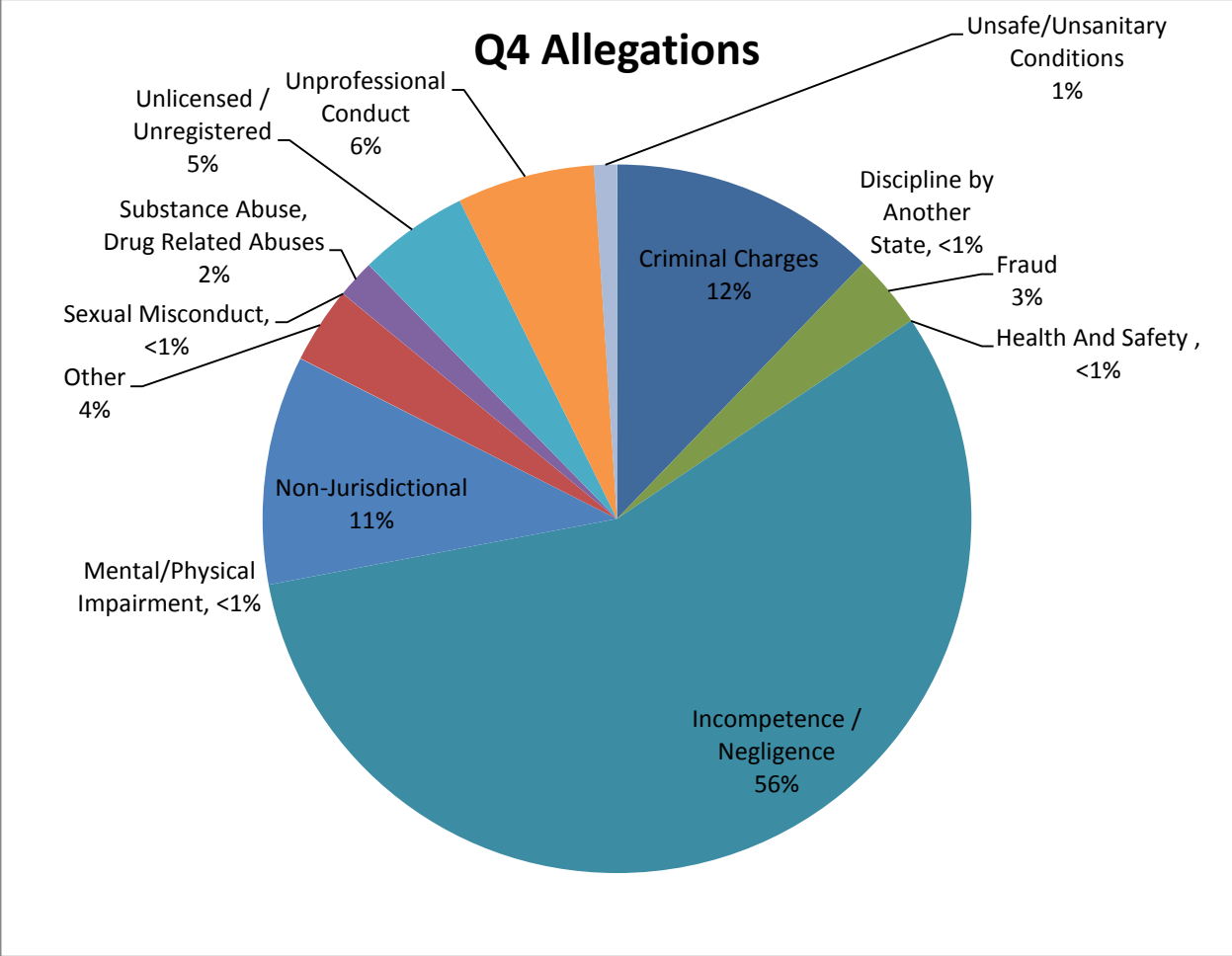
| ENFORCEMENT STATISTICS                                    | FY 13-14 | FY 14-15 | FY 15-16 | FY 16-17 |      |      |             |
|---|----------|----------|----------|----------|------|------|-------------|
|   |          |          |          | Q1       | Q2   | Q3   | Q4          |
| <b>COMPLAINTS</b>   |          |          |          |          |      |      |             |
| Total Intake Received                                     | 3671     | 4180     | 3528*    | 898      | 797  | 824  | <b>870</b>  |
| <i>Complaints Received</i>                                | 3021     | 3557     | 3078*    | 782      | 751  | 803  | <b>765</b>  |
| <i>Convictions/Arrests Received</i>                       | 650      | 623      | 450*     | 116      | 46   | 21   | <b>105</b>  |
| Total Complaints Closed                                   | 2855     | 2762     | 1981*    | 640      | 576  | 534  | <b>570</b>  |
| Pending at end of period                                  | 1022     | 989      | 804      | 1003     | 1287 | 1190 | <b>1375</b> |
| <b>INVESTIGATIONS</b>                                     |          |          |          |          |      |      |             |
| Cases Opened  | 659      | 1426     | 908*     | 170      | 211  | 233  | <b>214</b>  |
| Cases Closed  | 955      | 1195     | 1434*    | 226      | 226  | 211  | <b>290</b>  |
| Referred to AG  | 71       | 188      | 50*      | 51       | 57   | 46   | <b>31</b>   |
| Referred for Criminal                                     | 28       | 20       | 89*      | 0        | 4    | 3    | <b>8</b>    |
| Pending at end of period                                  | 809      | 1082     | 884      | 855      | 853  | 853  | <b>985</b>  |
| Citations Issued  | 83       | 48       | 46*      | 7        | 4    | 18   | <b>16</b>   |
| <b>Office of the Attorney General</b>                     |          |          |          |          |      |      |             |
| Cases Pending at AG                                       | 172      | 189      | 210      | 277      | 118  | 126  | <b>152</b>  |
| <b>Administrative Actions:</b>                            |          |          |          |          |      |      |             |
| Accusation  | 71       | 70       | 17       | 24       | 25   | 32   | <b>33</b>   |
| Statement of Issues                                       | 18       | 4        | 3        | 2        | 3    | 3    | <b>2</b>    |
| Petition to Revoke Probation                              | 8        | 3        | 1        | 1        | 1    | 1    | <b>1</b>    |
| <b>Licensee Disciplinary Actions:</b>                     |          |          |          |          |      |      |             |
| Revocation  | 33       | 21       | 3        | 6        | 6    | 4    | <b>4</b>    |
| Probation   | 54       | 38       | 11       | 19       | 18   | 16   | <b>9</b>    |
| Suspension/Probation                                      | 0        | 0        | 0        | 0        | 0    | 0    | <b>0</b>    |
| License Surrendered                                       | 15       | 9        | 2        | 6        | 8    | 6    | <b>3</b>    |
| Public Reprimand  | 12       | 11       | 3        | 9        | 6    | 8    | <b>5</b>    |
| Other Action (e.g. exam required, education course, etc.) | 3        | 11       | 1        | 5        | 1    | 1    | <b>21</b>   |
| Accusation Withdrawn                                      | 1        | 3        | 2        | 1        | 2    | 3    | <b>4</b>    |
| Accusation Declined                                       | 0        | 2        | 1        | 4        | 0    | 0    | <b>0</b>    |
| Accusation Dismissed                                      | 1        | 0        | 1        | 0        | 0    | 2    | <b>0</b>    |
| Total, Licensee Discipline                                | 119      | 95       | 24       | 50       | 70   | 40   | <b>0</b>    |
| <b>Other Legal Actions:</b>                               |          |          |          |          |      |      |             |
| Interim Suspension Order Issued                           | 0        | 0        | 0        | 0        | 1    | 1    | <b>1</b>    |
| PC 23 Order Issued  | 2        | 3        | 0        | 0        | 1    | 1    | <b>1</b>    |

\*FY15-16 Numbers updated due to previous BreEZe conversion.

**Complaint Allegations:**

Charts 3a and 3b below list the types of allegations made for all complaints received for the current quarter, along with their corresponding percentages.

**Chart 3a:**



**Chart 3b:**

| ALLEGATIONS                          | FISCAL YEAR COUNTS |             |             | FY 2016-2017 |            |            |            |             |
|--------------------------------------|--------------------|-------------|-------------|--------------|------------|------------|------------|-------------|
|                                      | 2013-14            | 2014-15     | 2015-16*    | Q1           | Q2         | Q3         | Q4         | Q4 %        |
| Criminal Charges                     | 650                | 669         | 353         | 121          | 46         | 21         | 105        | 12%         |
| Discipline by Another State          | 10                 | 11          | 10          | 2            | 0          | 0          | 1          | <1%         |
| Fraud                                | 218                | 389         | 214         | 59           | 40         | 21         | 29         | 3%          |
| Health And Safety                    | NA                 | NA          | NA          | 2            | 3          | 3          | 1          | <1%         |
| Incompetence / Negligence            | 1795               | 2218        | 1454        | 555          | 487        | 531        | 486        | 56%         |
| Mental/Physical Impairment           | NA                 | NA          | NA          | 1            | 2          | 0          | 3          | <1%         |
| Non-Jurisdictional                   | 235                | 266         | 198         | 114          | 109        | 91         | 90         | 10%         |
| Other                                | 163                | 332         | 114         | 32           | 23         | 31         | 30         | 3%          |
| Sexual Misconduct                    | 16                 | 20          | 6           | 2            | 2          | 3          | 4          | <1%         |
| Substance Abuse, Drug Related Abuses | NA                 | NA          | NA          | 5            | 4          | 16         | 15         | 2%          |
| Unlicensed / Unregistered            | 201                | 227         | 125         | 45           | 35         | 34         | 43         | 5%          |
| Unprofessional Conduct               | 244                | 250         | 143         | 41           | 38         | 48         | 54         | 6%          |
| Unsafe/Unsanitary Conditions         | 99                 | 110         | 32          | 13           | 8          | 8          | 9          | 1%          |
| <b>Total</b>                         | <b>3631</b>        | <b>4492</b> | <b>2649</b> | <b>992</b>   | <b>797</b> | <b>824</b> | <b>870</b> | <b>100%</b> |



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 3, 2017   |
| <b>TO</b>      | Dental Board Members   |
| <b>FROM</b>    | Carlos Alvarez, Enforcement Chief<br>Dental Board of California  |
| <b>SUBJECT</b> | <b>Agenda Item 17</b> : Review of Fiscal Year 2016-17 Third Quarter Performance Measures from the Department of Consumer Affairs |

Performance measures are linked directly to an agency's mission, vision and strategic objectives/initiatives. Data is collected quarterly and reported on the Department's website at: [http://www.dca.ca.gov/about\\_dca/cpei/index.shtml](http://www.dca.ca.gov/about_dca/cpei/index.shtml). DCA has not announced a date when the Second Quarter Performance Measures will be completed and or posted.

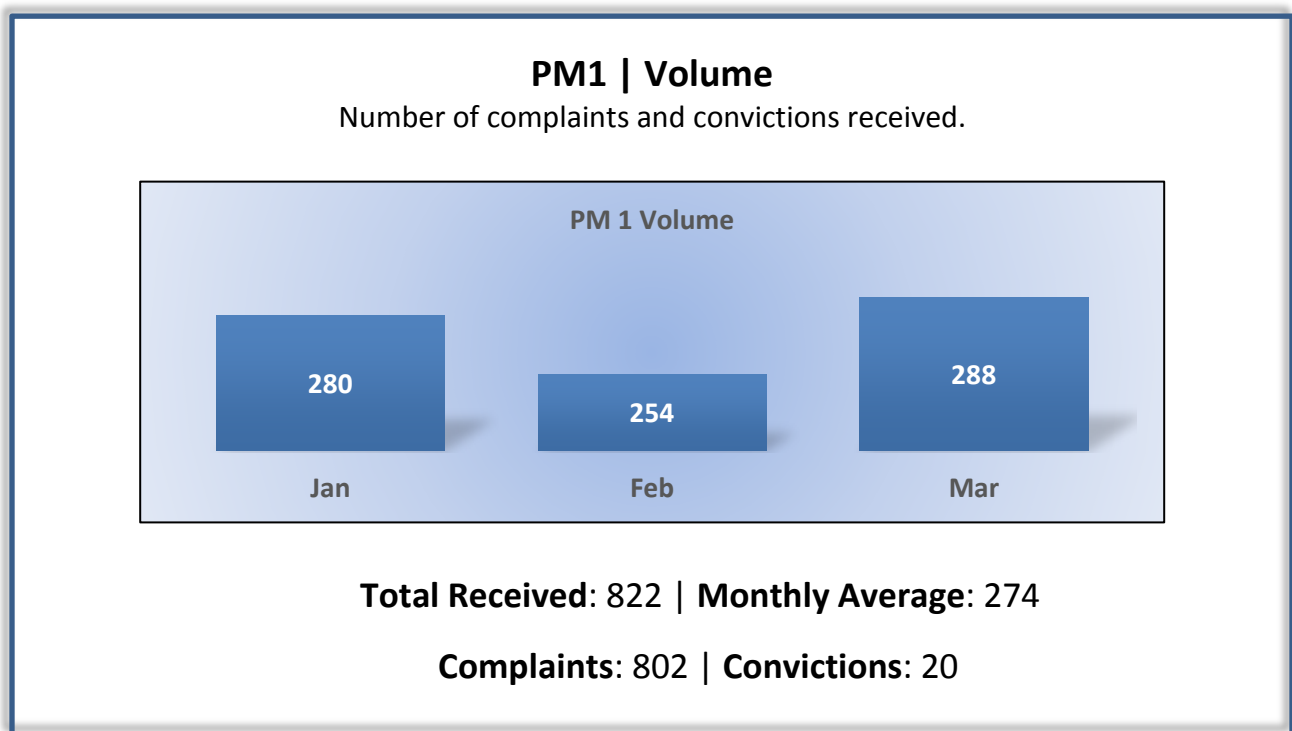
**Q3** (Jan-March 2017)

# Dental Board of California

## Enforcement Performance Measures

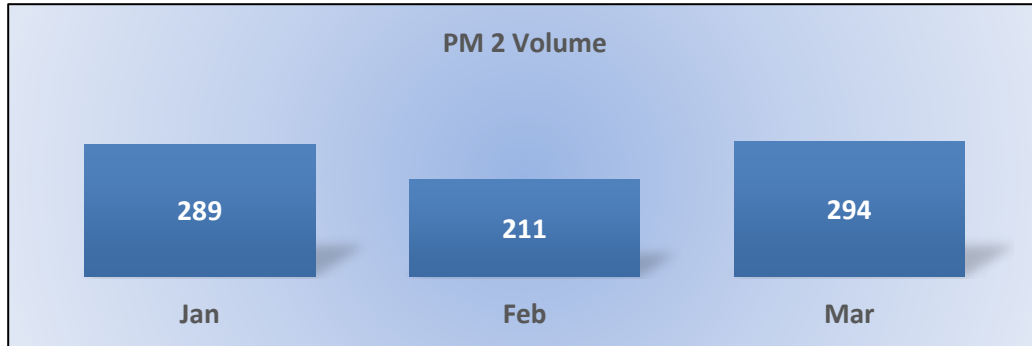
### Q3 Report (January – March 2017)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.



## PM2 | Intake – Volume

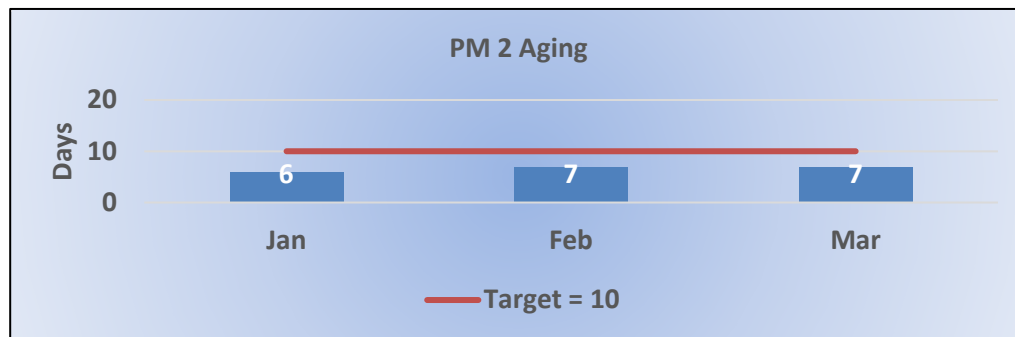
Number of complaints closed or assigned to an investigator.



**Total: 794 | Monthly Average: 265**

## PM2 | Intake – Cycle Time

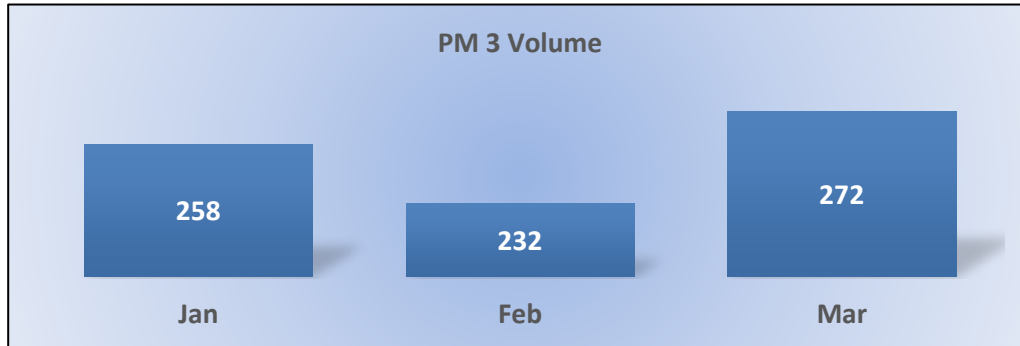
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



**Target Average: 10 Days | Actual Average: 6 Days**

### PM3 | Investigations – Volume

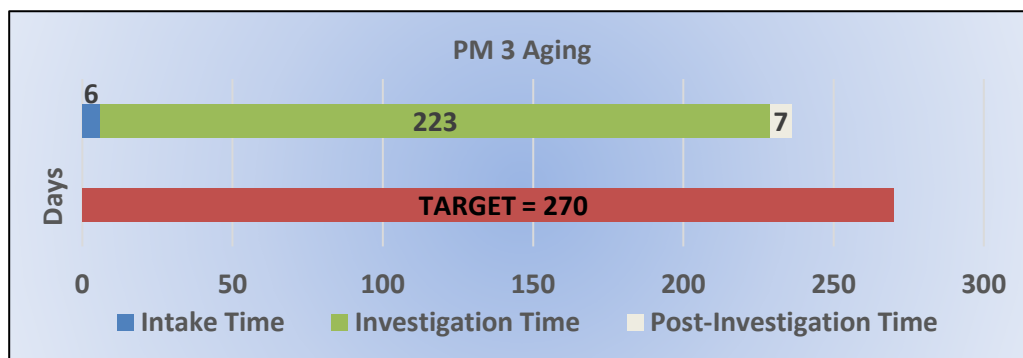
Number of investigations closed (not including cases transmitted to the Attorney General).



**Total: 762 | Monthly Average: 254**

### PM3 | Investigations – Cycle Time<sup>1</sup>

Average number of days to complete the entire enforcement process for cases not transmitted to the Attorney General. (Includes intake and investigation.)

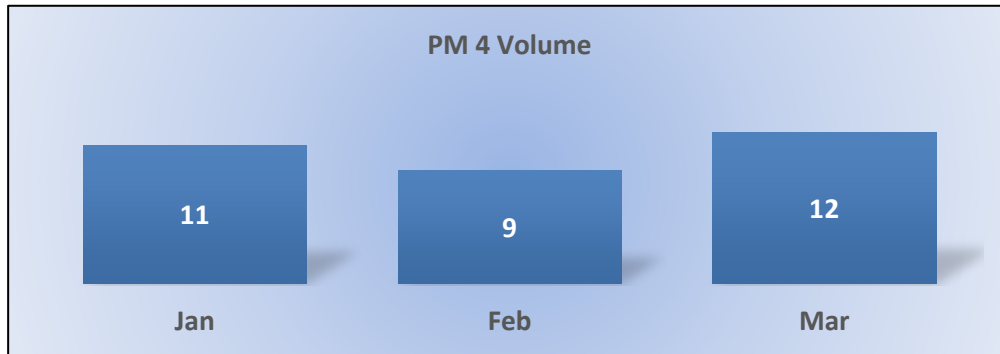


**Target Average: 270 Days | Actual Average: 234 Days**

<sup>1</sup> Due to rounding, there might be small discrepancies between the PM3 "Actual Average", and the sum of the individual case stages (i.e., Intake time + Investigation time + Post-Investigation time).

### PM4 | Formal Discipline – Volume

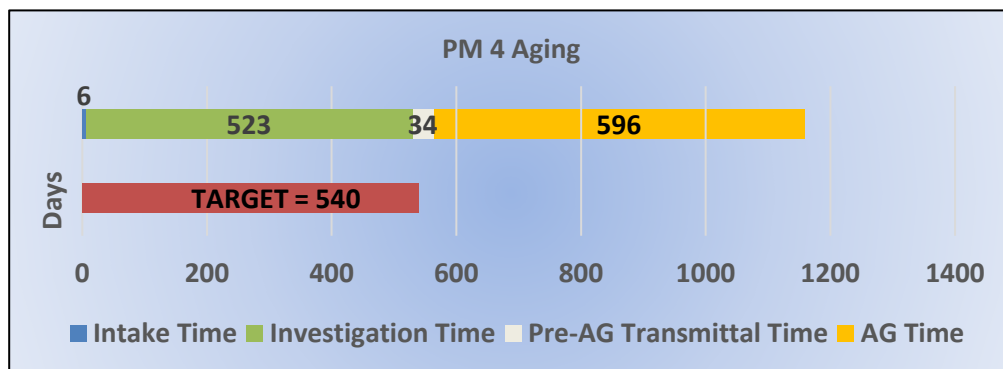
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



**Total: 32 | Monthly Average: 11**

### PM4 | Formal Discipline – Cycle Time<sup>2</sup>

Average number of days to close cases after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



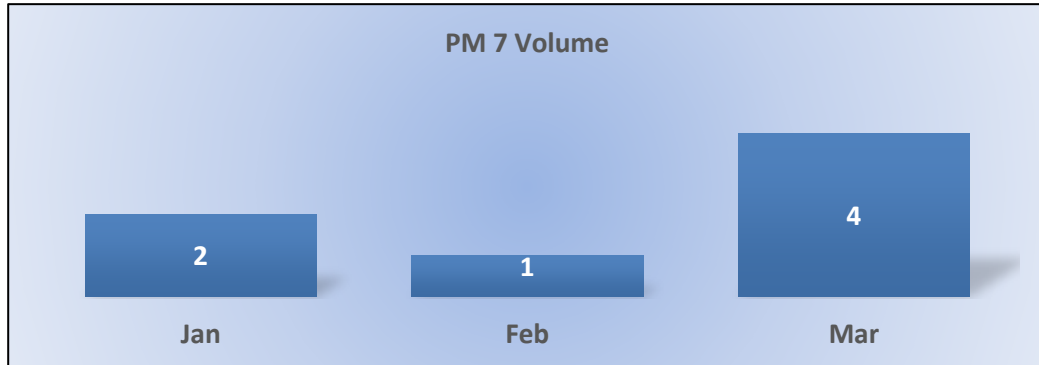
**Target Average: 540 Days | Actual Average: 1,153 Days**

<sup>2</sup> Due to rounding, there might be small discrepancies between the PM4 “Actual Average”, and the sum of the individual case stages (i.e., Intake time + Investigation time + Pre-AG Transmittal time + AG time).



### PM7 | Probation Intake – Volume

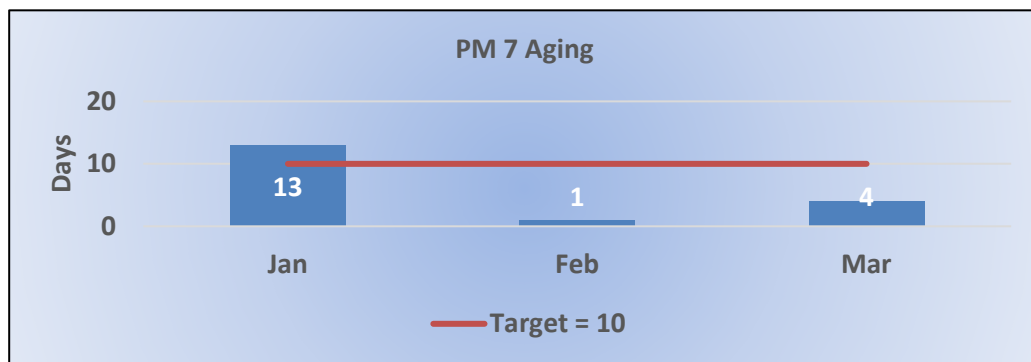
Number of new probation cases.



**Total: 7**

### PM7 | Probation Intake – Cycle Time

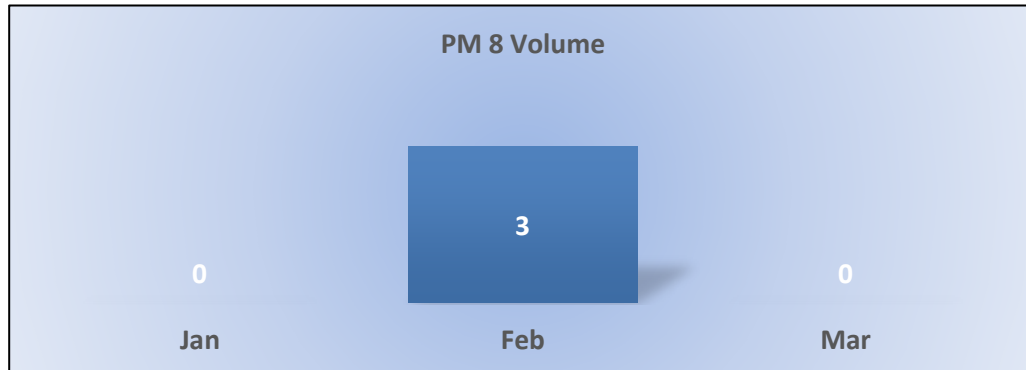
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



**Target Average: 10 Days | Actual Average: 6 Days**

## PM8 | Probation Violation Response – Volume

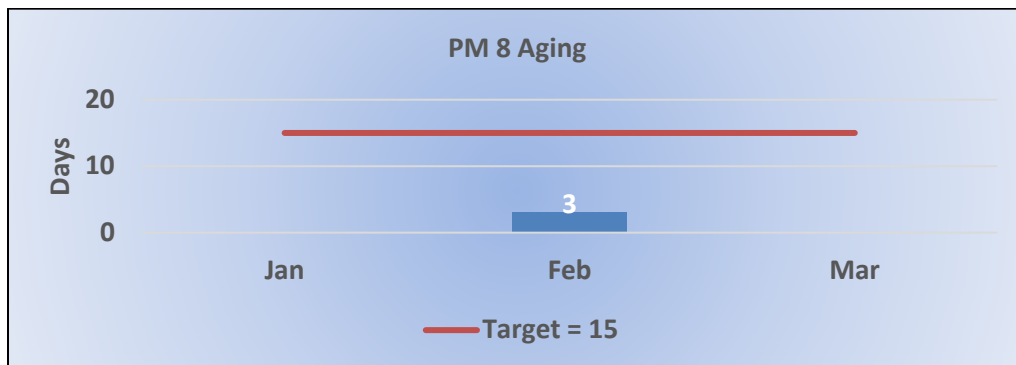
Number of probation violation cases.



**Total: 3**

## PM8 | Probation Violation Response – Cycle Time

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.



**Target Average: 10 Days | Actual Average: 3 Days**

# DENTAL BOARD OF CALIFORNIA

Presented by:  
**Ryan Blonien,**  
Supervising Investigator

Executive Officer  
Dental Board:  
**Karen Fischer**

Chief of Enforcement  
Dental Board:  
**Carlos Alvarez**



## Citation and Fine Program

# Citation and Fine Program

- Pursuant to Business and Professions Code § 125.9 and California Code of Regulations § 1023, the Dental Board of California's Executive Officer is authorized to issue a Citation to any person who holds a permit or certificate from the Board for a violation of any provision or other law enforced by the Board.
- A Citation shall be used in lieu of formal discipline when there are extenuating factors in favor of the subject, and/or if the violations are not particularly egregious.
- The Board seeks to adjudicate complaints at the lowest, most effective level.

# Fine Considerations

In accordance with California Code of Regulations § 1023.4, the Board assesses fines as follows:

- (a) The good or bad faith exhibited by the cited person.
- (b) The nature and severity of the violation.
- (c) Evidence that the violation was willful.
- (d) History of violations of the same or similar nature.
- (e) The extent to which the cited person has cooperated with the board.
- (f) The extent to which the cited person has mitigated or attempted to mitigate any damage or injury caused by his or her violation.
- (g) Such other matters as justice may require.

# Citation Order



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GOVERNOR ED MUNDG. BROWN JR.

**Dental Board of California**  
2005 Evergreen Street, Suite 1550, Sacramento, California 95815  
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



## **CITATION ORDER**

Via Certified Mail

I, Karen M. Fischer, in accordance with Business and Professions Code Section 125.9 and California Code of Regulations sections 1023, 1023.2 and 1023.5, solely in my official capacity as Executive Officer of the Dental Board of California (hereinafter referred to as the "Board") issue this Class B citation to:

Dentist Name, D.D.S.  
1234 DBC Rd  
Sacramento, CA 95815  
Dental License No. 12345

**Citation Number:** Case Number

**Fine Assessed:** \$2,000

### **License History**

Board records reflect that on October 30, 1997, the Dental Board issued license number 12345 to Dentist (Respondent); said license will expire on December 31, 2017, unless renewed.

### **STATUTORY PROVISIONS**

1. California Code of Regulations section 1023 authorizes the executive officer of the Dental Board of California (Board) to issue citations containing orders of abatement and/or administrative fines pursuant to Business and Professions Code section 125.9 against any person who holds a permit or certificate from the Board for a violation of any provision or other law enforced by the Board.
2. Section 1670 of the Business and Professions Code provides that any licentiate may have his license revoked or suspended or be reprimanded or be placed on probation by the board for unprofessional conduct, or incompetence, or gross negligence, or repeated acts of negligence in his or her profession.

### **BACKGROUND INFORMATION**

Brief summary

# Citation Order

## **FIRST CAUSE FOR CITATION**

- Respondent failed to take good quality x-ray images throughout the course of treatment for teeth #3, #4, and #30.
  - Respondent failed to retake x-ray images which would have clearly showed the definition of the teeth that were being treated, as well as the surrounding supporting tissues. A better working length x-ray image with files in place, would have given the Respondent a more precise idea as to where the files were at relative to the radiograph apex.

Respondent's failure to take good quality x-ray images throughout the course of treatment constitutes a violation of Business and Professions Code §1670.

## **SECOND CAUSE FOR CITATION**

- Respondent failed to obtain an adequate pre-treatment clinical evaluation prior to initiating treatment.
  - Respondent failed to document M. M.'s chief complaint and whether she was having any symptoms including swelling.
  - Respondent failed to document the radiograph findings of the periapical areas of each tooth.

Respondent's failure to obtain an adequate pre-treatment clinical evaluation prior to initiating treatment constitutes a violation of Business and Professions Code §1670.

## **THIRD CAUSE FOR CITATION**

- Respondent failed to document a complete verbal consent discussion with the patient.
  - Respondent did in fact provide the patient with written informed consent on two separate occasions which was signed. However, very few patients read written informed consent.

Respondent's failure to document a complete verbal consent discussion with the patient constitutes a violation of Business and Professions Code §1670.

# Citation Order

## **FORTH CAUSE FOR CITATION**

- Respondent failed to adequately clean, shape, disinfect and seal the entire root canal systems for teeth #3, #4, and #30.
  - Respondent's records indicated he treated a single canal on tooth #4. However, a subsequent treating dentist noted a second unfilled (buccal) canal.
  - Respondent's records indicated he treated a single canal and two mesial canals on tooth #30. However, a subsequent treating dentist noted a second unfilled distal canal.
  - Respondent's patient records lack information that he used any disinfectant materials when cleaning, and shaping, the canal system.

Respondent's failure to adequately clean, shape, disinfect and seal the entire root canal systems for teeth #3, #4, and #30 constitutes a violation of Business and Professions Code §1670.

### **Administrative Fine**

In compliance with Business and Professions Code section 125.9 and California Code of Regulations section 1023.2, Respondent is assessed a fine for each of the Causes for Citation, as follows:

1. Respondent is assessed a fine in the amount of \$500 for the First Cause for Citation, which is a class "B" violation.
2. Respondent is assessed a fine in the amount of \$500 for the Second Cause for Citation, which is a class "B" violation.
3. Respondent is assessed a fine in the amount of \$500 for the Third Cause for Citation, which is a class "B" violation.
4. Respondent is assessed a fine in the amount of \$500 for the Forth Cause for Citation, which is a class "B" violation.

TOTAL FINE: \$2,000



# Citation Order

## **Order of Abatement**

Respondent is ordered to correct the violations described above within 180 days. In order to correct the violations, Respondent shall enroll in, and complete a remedial education course approved by the Board in the area of root canal treatment and record keeping. Respondent must provide proof of completion of these courses to the Board within 180 days of this order.

## **Appeal Rights**

Any person issued a citation may request a hearing in accordance with Business and Professions Code section 125.9 and California Code of Regulations section 1023.5.

You may appeal the citation by filing a request for an informal conference within ten (10) days of service. You may also appeal the citation by filing, within 30 days of service, a request for administrative hearing before an administrative law judge.

A request for informal conference does not extend the 30 day time period to request a hearing before an administrative law judge. You may proceed directly to an administrative hearing without engaging in an informal conference. *The service date of the citation is the date the citation is mailed from the Board.*

Failure to request an informal conference, an administrative hearing, or both, shall cause the original citation to be considered final thirty (30) days after service and not subject to further administrative review or appeal.

Payment of the administrative penalty is due within ten (10) days after the citation becomes final. Payment of the fine is to be made payable to the Board by check or money order. Please include the citation number on the payment. DO NOT SEND CASH. Mail to:

Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
Attn: Mike Morshed

FAILURE TO COMPLY WITH THIS CITATION MAY RESULT IN DISCIPLINARY ACTION AGAINST YOUR LICENSE. If you have any questions regarding this matter, contact Mike Morshed at (916) 263-0948.

\_\_\_\_\_  
**Karen M. Fischer, MPA**  
**Executive Officer**  
**Dental Board of California**

\_\_\_\_\_  
**Date**

# Orders of Abatement

- An order of abatement is considered for the purpose of correcting the violations described in the Citation
- The order of abatement typically includes remedial education related to the type of violation
- The plan of remediation must be developed by a California Dental School and a proposal must be submitted to the Board for final approval.

# Appeal Rights

## Appeal Rights

Any person issued a citation may request a hearing in accordance with Business and Professions Code section 125.9 and California Code of Regulations section 1023.5.

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**FAILURE TO COMPLY WITH THIS CITATION MAY RESULT IN DISCIPLINARY ACTION AGAINST YOUR LICENSE.** If you have any questions regarding this matter, contact Mike Morshed at (916) 263-0948.

# Citation Recovery

Business and Professions Code section § 125.9 (b)(5) states in part, "A license shall not be renewed without payment of the renewal fee and fine."

The Board seeks to recover all citation fines as follows:

- Contact the respondent within 15 days on non-compliance
- Place an Enforcement Hold on the license renewal
- Prepare an Accusation for disciplinary action

# Applicable Statutes

## **Business and Professions Code Sections:**

§ 125.9 (a): Gives authority to the Dental Board to issue to a licensee a citation which may contain an order of abatement or an order to pay an administrative fine assessed by the board where the licensee is in violation of the Dental Practice Act or any regulation adopted pursuant thereto.

§ 125.9 (b)(3): In no event shall the administrative fine assessed by the board, bureau, or commission exceed five thousand dollars (\$5,000) for each inspection or each investigation made with respect to the violation, or five thousand dollars (\$5,000) for each violation or count if the violation involves fraudulent billing submitted to an insurance company, the Medi-Cal program, or Medicare.

§ 125.9 (b)(5): Failure of a licensee to pay a fine within 30 days of the date of assessment, unless the citation is being appealed, may result in disciplinary action being taken by the board. Where a citation is not contested and a fine is not paid, the full amount of the assessed fine shall be added to the fee for renewal of the license. A license shall not be renewed without payment of the renewal fee and fine.

# Applicable Regulations

## California Code of Regulations Sections:

16 CCR § 1023: The executive officer of the board may issue a citation to any person who holds a permit or certificate from the board for a violation of any provision or other law enforced by the board.

16 CCR § 1023.2: Where citations issued pursuant to Section 125.9 of the code include an assessment of an administrative fine, they shall be classified according to the nature of the violation and shall indicate the classification on the face thereof as follows:

(a) A class "A" violation is a violation which the executive officer has determined involves a person who has violated a statute/regulation, and either:

(1) the violation presents a substantial probability that death or serious physical harm to a patient could result therefrom; or

(2) the person has been issued three class B violations within a 24 month time period immediately preceding the act, serving as the basis for the citation, without regard to whether the actions to enforce the previous citations have become final.

A class "A" violation is subject to an administrative fine in an amount not less than \$1,000 and not exceeding \$2,500 for each violation.

(b) A class "B" violation is a violation which the executive officer has determined involves a person who has violated a statute/regulation relating to the practice of dentistry which does not present a substantial probability that either death or serious physical harm to a patient will result therefrom.

A class "B" violation is subject to an administrative fine in an amount not less than \$50 and not exceeding \$2,500 for each violation.

# For Consideration

- Franchise Tax Board Intercept Program
  - Used when licenses expire, unlicensed fines are levied, or fines are still outstanding
  - Used by the Veterinary Medical Board and the Bureau of Automotive Repair
- Collections Agency
  - Contractors' State License Board, Bureau of Automotive Repair
  - Expensive with low return
- Violation Amount
  - 16 CCR § 1023.2: Increasing maximum fine amount to \$5,000 per violation in accordance with Business and Professions Code Section § 125.9(b)(3)

# Conclusion

This concludes the Citation and Fine Presentation.

Are there any Questions?





## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 20, 2017  |
| <b>TO</b>      | Members of the Dental Board of California  |
| <b>FROM</b>    | Allison Viramontes, Legislative and Regulatory Analyst<br>Dental Board of California   |
| <b>SUBJECT</b> | <b>Agenda Item 19:</b> Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1023.2 and 1023.7 Relating to Citation and Fine |

### **Background:**

Pursuant to Business and Professions Code (B&PC) Section 125.9, the maximum fine amount for each administrative fine or citation is \$5,000.

The Board has the authority to establish the regulatory maximum. Currently, the Board has regulations under Title 16 of the California Code of Regulations (CCR) within Sections 1023.2 and 1023.7, relating to administrative fines, which states the maximum fine for each violation is \$2,500.

In order to maintain consistency, Staff recommends we amend the maximum fine amount, in CCR Sections 1023.2 and 102.37, to \$5,000. The enclosed proposed regulatory language has been drafted for the Board's consideration.

### **Action Requested:**

Consider and accept the proposed regulatory language relative to citations and fines and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Sections 1023.3 and 1023.7 as noticed in the proposed text.

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Amend Sections 1023.2 and 1023.7 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

**§ 1023.2. Administrative Fines for Citation.**

Where citations issued pursuant to Section 125.9 of the code include an assessment of an administrative fine, they shall be classified according to the nature of the violation and shall indicate the classification on the face thereof as follows:

(a) A class "A" violation is a violation which the executive officer has determined involves a person who has violated a statute/regulation, and either:

(1) the violation presents a substantial probability that death or serious physical harm to a patient could result therefrom; or

(2) the person has been issued three class B violations within a 24 month time period immediately preceding the act, serving as the basis for the citation, without regard to whether the actions to enforce the previous citations have become final. A class "A" violation is subject to an administrative fine in an amount not less than \$1,000 and not exceeding ~~\$2,500~~ \$5,000 for each violation.

(b) A class "B" violation is a violation which the executive officer has determined involves a person who has violated a statute/regulation relating to the practice of dentistry which does not present a substantial probability that either death or serious physical harm to a patient will result therefrom. A class "B" violation is subject to an administrative fine in an amount not less than \$50 and not exceeding ~~\$2,500~~ \$5,000 for each violation.

**§ 1023.7. Unlicensed Practice.**

The executive officer may issue a citation, in accordance with Section 148 of the code, against any unlicensed person who is acting in the capacity of a licensee under the jurisdiction of the board and who is not otherwise exempt from licensure. Each citation may contain an assessment of an administrative fine, or an order of abatement fixing a reasonable period of time for an abatement. Administrative fines shall range from \$50 to ~~\$2,500~~ \$5,000 for each violation. Any sanction authorized for activity under this section shall be separate from and in addition to any other civil or criminal remedies.



## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | July 13, 2017   |
| <b>TO</b>      | Members of the Dental Board of California   |
| <b>FROM</b>    | Jessica Olney, Associate Governmental Program Analyst<br>Jorrelle Abutin, Staff Services Analyst<br>Dental Board of California  |
| <b>SUBJECT</b> | <b>Agenda Item 20:</b> Discussion and Possible Action to Initiate a Rulemaking to Implement, Interpret, and Make Specific California Code of Regulation, Title 16, Section 1049 Relating to Mobile and Portable Dental Unit Registration Requirements |

### **Background:**

Senate Bill 562 (Galgiani Chapter 562, Statutes of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Dental Board of California (Board). A copy of the bill is enclosed for reference. The bill required any regulations adopted by the Board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability of follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities.

The California Dental Association (CDA) submitted an initial rough draft of proposed regulatory language to Board staff to begin the process. Staff met with a representative of the CDA to discuss the proposed provisions and additionally consulted the Board's Legal Counsel. After evaluation of the requirements of the Administrative Procedures Act (APA) and the Board's statutory authority, staff has drafted the enclosed proposed regulatory language for the Board's consideration.

Please note there are definitions highlighted in gray in the proposed language that Staff will present as possible definitions for "communication facilities", "necessary parties", and "permanently established" for the Board's discussion and consideration.

**Action Requested:**

Consider and possibly accept the proposed regulatory language relative to the registration requirements for mobile and portable dental units, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. Consider and possibly accept draft for Application for Mobile and Portable Dental Unit Permit. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1049 as noticed in the proposed text.

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Amend Section 1049 of Division 10 of Title 16 of the California Code of Regulations to read:

**§ 1049. Mobile Dental Clinics and Portable Dental Units.**

(a) Definitions. For purposes of Section 1657 of the code, a ~~“mobile dental clinic” or “mobile dental unit” means any self-contained facility in which dentistry will be practiced which may be moved, towed, or transported from one location to another.~~ the following definitions shall apply:

(1) “Communication facilities” means a place in which an operator has telephone that is accessible twenty-four (24) hours per day and has emergency medical services capabilities.

(2) “Necessary parties” [REDACTED] care facility or school staff, guardians, and designated family members.

(3) “Operator” means the person who has registered a mobile dental unit or portable dental practice with the Board pursuant to the registration requirements of this regulation.

(4) “Permanently established dentist” [REDACTED] business. A self-contained facility that cannot be moved, towed or transported.

(5) “Routinely” means a dental practice that provides dental treatment via mobile or portable means for more than thirty (30) days in any twelve (12) month time period.

(b) Application for Permit. A licensed dentist who wishes to operate a mobile dental clinic ~~or portable dental unit~~ shall apply to the board for a permit by providing evidence of compliance with the requirements of this section and paying the fee prescribed in Section 1021 for application for an additional office permit.

The board shall inform an applicant for a permit in writing within ~~seven (7)~~ thirty (30) days whether the application is complete and accepted for filing or is deficient and what specific information is required.

The board shall decide within sixty (60) days after the filing of a completed application whether the applicant meets the requirements of a permit.

(c) Requirements.

(1) The applicant ~~for the mobile or portable dental unit shall certify that~~ submit an "Application for Mobile or Portable Dental Unit Permit" Form MDC-11 (Revised 06/17), which is hereby incorporated by reference. In addition, documentation of the following shall be submitted:

(A) ~~There is a~~ are written procedures in place for emergency and follow-up care for patients treated in the mobile dental ~~clinic~~ unit and that such procedures includes arrangements for treatment in a dental facility which is permanently established in the area.

(B) ~~There is a~~ written agreement or contract with a permanently [REDACTED] or dental clinic in the area in which the mobile dental unit proposes to provide services indicating their willingness to accept patients for emergency care.

~~(B)~~(C) The mobile dental ~~clinic~~ unit has communication facilities which will enable the operator thereof to contact necessary parties in the event of a medical or dental emergency.

~~(C) The mobile dental clinic conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, flammability, construction, sanitation and zoning and the applicant possesses all applicable county and city licenses or permits to operate the unit.~~

(D) A phone number where patients are able to contact the official business, and have their non-emergency call returned, with questions, concerns, or emergency needs. If a live person is not available to answer calls, the phone line shall include a recorded message with information about who to contact in case of a dental emergency.

~~(D)~~(E) The driver of the unit possesses a valid California driver's license.

(2) Official Place of Business and Maintenance of Records. The applicant shall maintain an official business or mailing address of record which shall be filed with the board.

(A) The board shall be notified within 30 days of any change in the address of record.

(B) All written or printed documents available from or issued by the mobile dental ~~clinic~~ unit shall contain the official phone number and address of record for the mobile dental ~~clinic~~ unit.

(C) All dental and official records shall be maintained at the official place of business and available for inspection and copying upon request by representatives of the Board or other person as authorized by state or federal law.

(D) With a signed patient authorization, patient records, including radiographs and any diagnosis and proposed treatment plan, must be provided to the requesting entity within fourteen (14) business days.

(3) Each mobile dental ~~clinic~~unit shall:

(A) Have ready access to a ramp or lift if services are provided to disabled persons.

(B) Have a properly functioning sterilization system.

(C) Have ready access to an adequate supply of potable water, including hot water.

(D) Have ready access to toilet facilities.

(E) Have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste materials.

(F) Conform to all applicable federal, state and local laws, regulations and ordinances dealing with disposal of medical waste, radiographic equipment, flammability, construction, sanitation and zoning and the applicant possesses all applicable county and city licenses or permits to operate the unit.

(G) Be in compliance with the current Recommended Infection Control Practices for Dentistry as published by the federal Centers for Disease Control and Injury Prevention (CDC) and Section 1005 of Division 10 of Title 16 of the California Code of Regulations.

~~(H) Allow inspection by a representative of the Board prior to receiving approval to operate, at the Board's discretion.~~

(H) Have communication facilities which enable the operator thereof to contact emergency medical services and other necessary parties in the event of a medical or dental emergency.

(I) Have posted in a conspicuous place a notice that informs patients that the dentist are licensed and regulated by the board, as required by Section 1065 of Division 10 of Title 16 of the California Code of Regulations.

(J) Have an Automated External Defibrillator (AED).

(K) Have a schedule and log demonstrating the regular inspection of all emergency drugs and equipment for administration of anesthesia, including the date(s) and name of person who last checked drugs and equipment and the results of the checks, including that of the condition of the equipment according to the manufacturers' specifications.

(L) Conform to all applicable statutes and regulations of the California Departments of Health Care Services and Public Health.

(d) At the board's discretion, a mobile or portable dental unit may be inspected by a representative of the board prior to receiving approval to operate.

(de) Transferability. A permit to operate a mobile dental ~~clinic~~ unit is not transferable.

(f) Renewal. A permit to operate a mobile dental or portable dental ~~clinic~~ unit expires at the same time as the permit holder's dental license. The permit holder may apply for renewal and shall pay the fee set for renewal of an additional office permit.

(eg) Exemptions.

(1) Mobile or portable dental facilities units operated by or sponsored by agencies of the federal, state or local government are exempt from the requirements of this section.

(2) Federally Qualified Health Centers are exempt from the requirements of this section.

(3) Dentists, RDHAPs, and other California licensed dental radiations practicing within their scope of practice, who have not registered with the board to operate a mobile dental facility or portable dental operation may provide dental services through the use of dental instruments, materials, and equipment taken out of a dental office without notifying the Bboard if the service is provided as emergency treatment for their patients of record.

(gh) Identification of Personnel, Notification of Changes in Written Procedures, and Display of Licenses.

(1) The operator of a mobile or portable dental unit shall identify and advise the board in writing within thirty (30) days of any change of licensed personnel associated with the mobile or portable dental unit operation by providing the full name, address, telephone numbers, and license numbers.



(2) The operator shall advise the board in writing within thirty (30) days of any change in the written procedures for emergency follow-up care for patients treated in the mobile or portable dental unit, including arrangements for treatment in a dental facility which is permanently established in the area. The permanent dental facility(s) shall be identified in the written procedures.

(3) Each dentist, hygienist, registered dental assistant, and any other licensed individual providing dental services in the mobile or portable dental unit shall prominently display evidence of his or her California dental license in plain view of patients.

(hi) Identification of Location of Services.

(1) Each operator of a mobile or portable dental unit shall maintain a confidential written or electronic record detailing the following for each location where services are provided:

(A) Street address of the service location;

(B) Date of each treatment session;

(C) Names of patients served; and

(D) Types of dental services provided.

(2) The confidential written or electronic record shall be made available to a representative of the Board within ten (10) days of the Board's receipt of a request. Costs for such records shall be borne by the mobile or portable dental unit.

(ij) Licensed Dentist in Charge. A California licensed dentist or other California licensed dental professional operating within their scope of practice who is in good standing with the board shall be in charge of and responsible for all aspects of a mobile or portable dental facility unit's or portable dental operations at all times.

(jk) Information for Patients.

(1) During or at the conclusion of each patient's visit to the mobile or portable dental unit, the patient shall be provided with an information sheet. If the patient has provided consent to an institutional facility or dental office to access the patient's dental health records, the institution shall also be provided with a copy of the information sheet. A copy of the information sheet shall also be provided to the school or other institution, including, but not limited to a long term care facility with which the mobile dental facility has a contract or other agreement for care.

(A) "Institutional facility" but is not limited to, a long-term care facility or school.

(2) The information sheet as required herein shall include the following:

(A) Pertinent contact information for the mobile or portable dental unit;

(B) Name of the dentist and other licensed dental staff who provided services;

(C) A description of the treatment rendered, including CDT billed service codes and fees associated with treatment, and tooth numbers when appropriate; and

(D) A description of any dental needs observed during a screening, assessment, or other form of visual inspection, or diagnosis during an exam.

(E) If necessary, referral information to another dentist as required by this regulation.

(F) Detailed bill for services rendered, detailing the amount covered by patient's insurance and the amount due from the patient (if any)'

(G) Language, including the Bboard's contact information, notifying patients of their right to contact the Dental Bboard should the patient have a problem they are unable to resolve with the mobile or portable dental unit and/or the rendering dentist who provided the services.

(kl) Follow-up Treatment Services.

(1) "Patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

(2) A provider of dental services within a mobile or portable dental unit who collects diagnostic records, including radiographs, shall be considered to have accepted the patient as a patient of record.

(3) Providers shall meet their responsibility for ensuring care to patients of record by arranging for proper follow up care for treatment provided, and referring for care identified but not provided, to a geographically accessible location for dental services.

(4) A provider mobile dental facility that accepts a patient and provides preventive treatment, including prophylaxis, radiographs, fluoride, and/or sealants but who does not follow-up with treatment or follow-up on a referral for treatment when such treatment is clearly indicated, is shall be considered to be as abandoning the patient. Appropriate and accessible (within the patient's geographic area) arrangements must be made for treatment services on a follow up basis. Reasonable attempts to have follow up treatment in an instance where a patient does not re-appear for treatment or does not meet a scheduled appointment is not abandonment. This paragraph shall not apply to preventative dental services, such as prophylaxis.

(5) A provider shall make reasonable documented attempts to follow up with patients who fail to appear for follow up care or have been referred to another dentist or other licensed health professional for treatment. After these reasonable attempts, the provider shall be considered to have met the patient of record responsibilities.

(Im) Cessation of Operation.

(1) Upon cessation of operation by the mobile dental facility or portable dental operation, the operator shall notify the board within thirty (30) days of the last day of operation in writing of the final disposition of patient records and charts.

(2) If the mobile dental facility or portable dental operation unit is sold, a new registration application must be filed with the board.

(3) Upon choosing to discontinue practice or services in a community, the operator of a mobile or portable dental unit shall notify all patients of record and preserve all records.

(4) The operator shall make reasonable arrangements with the active patients of the mobile or portable dental unit for the transfer of the patient's records, including radiographs or copies thereof, to the succeeding practitioner or, at the written request of the patient, to the patient.

(5) As used in this section, "active patient" applies and refers to a patient of record whom the mobile or portable dental unit has examined, treated, or cared for within the two-year (2) year period prior to discontinuation of practice, or moving from or leaving the community.

(mn) Consent for Services

(1) ~~Services on a Minor.~~ No dental services including an assessment or visual exam dental examination or disease prevention services, shall be performed on a patient without consent ~~minor without a signed informed consent from the parent or legal guardian.~~ If a patient is unable to provide direct consent, such as a minor or person with special needs, a signed consent form must be obtained from the patient's parent or legal representative.

(2) A provider who offers only dental disease prevention services, shall list the services provided, clearly state that they are limited to prevention, and advise the patient to seek a comprehensive examination from a dentist.

(3) A provider whose offerings includes multiple dental services, including diagnostic, preventive, and/or restorative or surgical services shall provide a list to the patient, parent or legal representative of available procedures, the risks and benefits of each, restorative materials used, and a copy of the required dental materials fact sheet.

(4) Consent forms shall include a request for the name of the patient's dentist and date of last visit, if known.

(no) Safety. A mobile or portable dental unit must have carbon monoxide detection devices installed and in proper working order. This requirement does not apply to those entities using portable dental equipment.

(op) Failure to Comply. Failure to comply with the requirements of this section ~~state statutes or regulations regulating the practice of dentistry, dental hygiene, and regarding the operation of mobile or portable dental units may be subject the operator and all practitioners providing services through a mobile or portable dental unit to disciplinary action by the board.~~

Note: Authority cited: Sections 1614 and 1657, Business and Professions Code.  
Reference: Section 1657, Business and Professions Code.



**Dental Board of California**

2005 Evergreen Street, Suite 1550, Sacramento, California 95815  
P (916) 263-2300 | F (916) 274-5970 | www.dbc.ca.gov



# APPLICATION FOR MOBILE OR PORTABLE DENTAL UNIT PERMIT

**Business and Professions Code, Section 1657; Title 16 California Code of Regulations Section 1049**

**Non-refundable fee: \$100.00**

| OFFICE USE ONLY    |                   |
|--------------------|-------------------|
| Receipt No.: _____ | File#: _____      |
| Date Filed: _____  | Fee Paid: _____   |
| Permit No.: _____  | Issue date: _____ |
| Exp. Date _____    | Denial Date _____ |

|   |                   |
|---|-------------------|
| 1. Are you applying for a Mobile, or Portable Dental Unit? (Circle one)   |                   |
| 2. Name of Applicant:   |                   |
| 3. Social Security Number/Tax Payer Identification Number:  |                   |
| 4. Address of Record:   |                   |
| 5. Telephone Number:  | 6. Email Address: |
| 7. Is there a written procedure in place for emergency and follow-up care for patients treated by a provider using a mobile or portable dental unit? The procedures should include arrangements for treatment in a dental facility that is permanently established in the area. _____ Yes _____ No<br><i>(Documentation must be submitted with application)</i> |                   |
| 8. Is there a written agreement or contract with a permanently established dentist or dental clinic within the geographical area in which the mobile or portable dental unit proposes to provide services indicating their willingness to accept patients for emergency care? _____ Yes _____ No<br><i>(Documentation must be submitted with application)</i>   |                   |
| 9. Does the mobile or portable dental unit have communication facilities which enable the operator to contact necessary parties in the event of a medical or dental emergency? _____ Yes _____ No<br>(Provide an explanation.)  |                   |
| 10. Does the mobile or portable dental unit have a phone number where patients are able to contact the official business, and have their non-emergency call returned with questions, concerns, or emergency needs? _____ Yes _____ No   |                   |

11. Does the driver of the mobile or portable dental unit possess a valid California driver's license?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

*(Documentation must be submitted with application)*

12. Does the mobile or portable unit have ready access to a ramp or lift if services are provided to disabled persons? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Does the mobile or portable unit have access to a properly functioning sterilization system?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

14. Does the mobile or portable unit have ready access to an adequate supply of potable water, including hot water? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Does the mobile or portable dental unit have ready access to toilet facilities?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

16. Does the mobile or portable dental unit have a covered galvanized, stainless steel, or other noncorrosive metal container for deposit of refuse and waste material? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Does the mobile or portable dental unit conform to all applicable federal, state, and local laws, regulations and ordinances dealing with disposal of medical waste, radiographic equipment, flammability, construction, sanitation, and zoning? \_\_\_\_\_ Yes \_\_\_\_\_ No

18. Does the mobile or portable dental unit applicant possess all applicable county, and city licenses, or permits to operate the unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. Does the mobile or portable dental unit comply with the Minimum Standards for Infection Control as set forth in Section 1005 of the California Code of Regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. Does the mobile or portable dental unit have posted in a conspicuous place a notice that informs patients that the dentist are licensed and regulated by the board, as required by Section 1065 of Division 10 of Title 16 of the California Code of Regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. Does the mobile or portable dental unit have an Automated External Defibrillator (AED)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

22. Does the mobile or portable dental unit have a schedule and log demonstrating the regular inspection of all emergency drugs and equipment for administration of anesthesia, including the date(s) and name of person who last checked drugs and equipment and the results of the checks, including that of the condition of the equipment according to the manufacturers' specifications?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

23. Does the mobile or portable dental unit conform to all applicable policies of the California Departments of Health Care Services and Public Health? Does the mobile or portable unit have ready access to a ramp or lift if services are provided to disabled persons? \_\_\_\_\_ Yes \_\_\_\_\_ No

24. Do all dentists, registered dental assistant and any other licensed individual providing dental services in the mobile or portable unit prominently display evidence of his or her license in plain view of patients? \_\_\_\_\_ Yes \_\_\_\_\_ No

25. Does the mobile dental unit have a carbon monoxide detection device installed and in proper working order? \_\_\_\_\_ Yes \_\_\_\_\_ No

26. Does the operator of the mobile or portable dental unit maintain a confidential written or electronic record detailing the following for each location where services are provided; street address of the service location, date of each treatment session, name(s) of patient served, and type(s) of dental services provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

27. During or at the conclusion of each patients visit to the mobile or portable dental unit, is the patient, or if a minor, the minor's parent or legal representative provided with an information sheet which includes the requirements of Section 1049(i)(2) of the California Code of Regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

28. Information of licensed dentist in charge of mobile or portable Dental Unit:

Full Name \_\_\_\_\_ License Number \_\_\_\_\_

### Applicants

I am the applicant for a mobile or portable dental unit; I have carefully read the questions in the foregoing application, and have answered them truthfully, fully, and completely.

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Dentist in Charge

\_\_\_\_\_  
Date

### Property and Casualty Insurer Applicants

The company named herein is the applicant for a mobile or portable dental unit; as the authorizing official of said company, I have carefully read the questions in the foregoing application, and have answered them truthfully, fully, and completely.

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Contact Telephone Number(s) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMATION COLLECTION AND ACCESS** The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA. 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.



## MEMORANDUM

|                |  |
|----------------|--|
| <b>DATE</b>    | July 10, 2017  |
| <b>TO</b>      | Members of the Dental Board of California  |
| <b>FROM</b>    | Leslie Kihara, Licensing Analyst<br>Dental Board of California   |
| <b>SUBJECT</b> | <b>Agenda Item 21:</b> Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16, Sections 1016 and 1017 Relating to Basic Life Support Course Equivalency Requirement |

### **Background:**

Pursuant to Business and Professions Code Section 1752.1, the basic life support requirement for licensure as a registered dental assistant by the Board is completion of a course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent.

The basic life support requirement for renewal of a license pursuant to California Code of Regulations 1016 is completion of a basic life support course provided by the American Red Cross or the American Heart Association, or taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE), which includes all of the following: instruction in both adult and pediatric CPR, including 2-rescuer scenarios; instruction in foreign-body airway obstruction; instruction in relief of choking for adults, child and infant; instruction in the use of automated external defibrillation with CPR; and a live, in-person skills practice session, a skills test, and a written examination.

As the Board already accepts PACE and CERP approved providers for the purpose of renewal, Board staff recommends accepting PACE and CERP approved providers as equivalent basic life support courses for the purpose of registered dental assistant licensure.

Board staff has prepared proposed regulatory language to accept basic life support courses offered by providers who are approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General



Dentistry's Program Approval for Continuing Education (PACE) for the Board's consideration.

**Action Requested:**

Consider and possibly approve the proposed regulatory language relative to the dental auxiliaries examination and licensing requirements, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1016.2 as noticed in the proposed text.

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Adopt Section 1016.2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

Section 1016.2. Basic Life Support for Licensure of Dental Auxiliaries

(a) For the purpose of §1752.1(e)(3), the following are deemed to be equivalent to basic life support (BLS) to American Heart Association (AHA) or American Red Cross (ARC):

(1) A BLS course taught by a provider approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE).

(b) For the purposes of this section, a Basic Life Support course shall include all of the following:

(A) Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;

(B) Instruction in foreign-body airway obstruction;

(C) Instruction in relief of choking for adults, child and infant;

(D) Instruction in the use of automated external defibrillation with CPR; and;

(E) A live, in-person skills practice session, a skills test and a written examination;



## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | July 21, 2017   |
| <b>TO</b>      | Members of the Dental Board of California   |
| <b>FROM</b>    | Karen Fischer, Executive Officer<br>Dental Board of California  |
| <b>SUBJECT</b> | <b>Agenda Item 22:</b> Discussion and Possible Action Regarding Development and Implementation of a Board Required Faculty Teaching Permit for Non-California Licensed Dentists Holding Faculty Appointments in California Dental Schools |

### **Background:**

Dr. Steven Morrow requested that this matter be placed on the agenda for discussion: Should the Board develop and implement a Board required Faculty Teaching Permit for non-California licensed dentists holding faculty appointments in California dental schools that do not hold Special Permits under B&P Code §1640.

Section 1626 of the California Business and Professions Code states, in pertinent part, the following:

*“It is unlawful for any person to engage in the practice of dentistry in the state, either privately or as an employee of a governmental agency or political subdivision, unless the person has a valid, unexpired license or special permit from the board.*

*The following practices, acts and operations, however, are exempt from the operations of this chapter:*

- (a) The practice of oral surgery by a physician and surgeon licensed under the Medical Practice Act.*
- (b) The operations, in dental schools approved by the board, of bona fide students of dentistry or dental hygiene.*
- (c) The practice of dentistry by licensed dentists of other states or countries while appearing and operating as bona fide clinicians or instructors in dental colleges approved by the Dental Board of California.”*

The eligibility requirements for a “special permit” (B&P Code §1640) have been discussed at previous Dental Board meetings. Briefly, a special permit is granted to a non-California licensed dentist faculty member to provide patient care within a university based faculty practice system, with specified limitations. This special permit requires an application to the Dental Board providing specified information. Therefore, all special permit holders are known to the Dental Board.

Holders of special permits are subject to all of the provisions applicable to licensed dentists with the exception that the special permit must be renewed annually (B&P Code §1642(c)).

**ISSUE:**

The Board currently does not have a process in place for the registration of dentist faculty members that are “practicing dentistry” as clinicians or instructors in dental schools in the state. Since California currently has six dental schools, more than any other state, and there is an increasing demand for dental educators, we have an unknown number of dentist faculty members holding faculty appointments in the State’s dental schools that do not have a California license.

At the present time, United States trained non-California licensed dentists and foreign trained dentists who hold a license to practice dentistry in another state or in a foreign country, are exempt from California licensure under BPC §1626.1(c) while practicing dentistry as faculty of a California dental school. As such, the dentists or the dental schools are not required to submit an application or register with the Dental Board. Therefore, the Dental Board has no knowledge of these individuals, the state or country by which they are licensed, their continuing education requirements for license renewal, or any information regarding their background.

A number of State Dental Boards have in place a required Faculty/Teaching Permit to monitor the “practice of dentistry” by non-state licensed dentists that hold faculty teaching positions in their State dental schools. While the Commission on Dental Accreditation (CODA) has requirements for dentist faculty to be involved in dental education at CODA accredited dental schools, these requirements do not necessarily meet the State’s requirements for dental licensure and/or licensure renewal.

**Action Requested:**

Additional questions may arise from the discussion which will require further research. Therefore, the Board may direct staff to conduct further research on this topic. The development and implementation of a Faculty Teaching Permit would require Legislative and Regulatory changes. The Board could determine if this is an issue that should be included in the upcoming sunset review process.



## MEMORANDUM

|                |   |
|----------------|---|
| <b>DATE</b>    | July 28, 2017   |
| <b>TO</b>      | Members of the Dental Board of California   |
| <b>FROM</b>    | Allison Viramontes, Legislative and Regulatory Analyst<br>Dental Board of California  |
| <b>SUBJECT</b> | <b>Agenda Item 23:</b> Discussion and Possible Action to Initiate a Rulemaking to Adopt California Code of Regulations, Title 16, Section 1071.1 Relating to the Implementation of Additional Duties of Registered Dental Assistant in Extended Function (RDAEF) as Specified in Business and Professions Code Section 1753.55 (Determination of Radiographs and Placement of Interim Therapeutic Restorations) |

### **Background:**

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. This bill required the Dental Board of California (Board) to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists (RDH) and registered dental hygienists in alternative practice (RDHAP).

Board staff has developed the attached draft regulatory language and application form as a starting point to implement the provisions of AB 1174. The Dental Hygiene Committee of California (DHCC) is also required to develop regulatory language relative to the duties for RDHs and RDHAPs.

Preliminary draft regulatory language was presented at the Dental Board Meeting in December 2016. Therefore, Staff recommend proceeding with the proposed language to initiate as a rulemaking package.

### **Action Requested:**

Consider and possibly accept the proposed regulatory language relative the implementation of Additional Duties of Registered Dental Assistant in Extended Function and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make

any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendment to California Code of Regulations, Title 16, Section 1071.1 as noticed in the proposed text.

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Adopt Section 1071.1 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

**§ 1071.1. Radiographic Decision-Making and Interim Therapeutic Restoration Permit Course for the RDAEF – Approval; Curriculum Requirements; Issuance of Permit**

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course in Radiographic Decision-Making and Interim Therapeutic Restorations to secure and maintain approval by the Board.

(a) In accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010, is authorized to 1) determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist, following the protocols established by the dentist and, 2) place protective restorations, herein referred to as Interim Therapeutic Restorations (ITR), consisting of removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material. The functions described herein may only be performed by a Registered Dental Assistant in Extended Functions upon completion of a program that includes didactic, lab and clinical education in the performance of these functions, or after having provided evidence, satisfactory to the board, of having completed a board-approved course in radiographic decision-making and ITR. At the time of course registration, participants shall provide evidence of the following requirements:

(1) Possess a current, active license as a Registered Dental Assistant in Extended Functions issued on or after January 1, 2010; and

(2) Possess current certification in Basic Life Support (CPR) from the American Heart Association or the American Red Cross.

(b) With respect to radiographic decision-making, the course shall be sufficient in length for the students to develop competency in making decisions about which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences. As it relates to ITR, the course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, 16 hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training. Such course content may be incorporated into a current RDAEF program. New or existing programs seeking to

Radiographic Decision-Making & Interim  
Therapeutic Restoration Permit Course for the RDAEF  
Proposed Language

incorporate or offer a stand-alone permit course in radiographic decision-making and ITR shall submit an application and all related fees to the Board prior to instruction.

(c) In addition to the instructional components described in this subdivision, a program or course shall be established at the postsecondary educational level. The program or course director shall:

(1) ensure all faculty involved in clinical evaluation of students maintain currency in evaluation protocols for radiographic decision-making and ITR placement, and,

(2) shall ensure that all faculty responsible for clinical evaluation have completed a one-hour methodology course in clinical evaluation for radiographic decision-making and ITR placement prior to instruction.

(d) With respect to radiographic decision-making, didactic instruction shall include:

(1)CAMBRA “Caries Management by Risk Assessment” concept;

(2)Guidelines for Radiographic decision-making to include but not limited to the following concepts of;

i. The American Dental Association’s Dental Radiographic Examinations: Recommendations for patient selection and limiting radiation (revised 2012); and

ii. The American Academy of Pediatric Dentistry’s Guidelines on Prescribing Dental Radiographs.

(3)The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for HWPP #172 including:

i. instruction on specific decision making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and

ii. instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.

(e) With respect to radiographic decision-making, laboratory instruction shall include case-based examination with various clinical situations where trainees make decisions



about which radiographs to expose and demonstrate competency to faculty based on these case studies.

(f) With respect to radiographic decision-making, simulated-clinical instruction shall consist of a review of various clinical cases with instructor-led discussion about radiographic decision-making in these clinical situations.

(g) With respect to ITR placement, didactic instruction shall include:

(1) Review of pulpal anatomy;

(2) Protocols for adverse outcomes after ITR placement including, but not limited to; exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface;

(3) Theory of protocols to deal with adverse outcomes used in the placement of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques;

(4) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations;

(5) Criteria for evaluating successful completion of adhesive protective restorations;

(6) Protocols for handling sensitivity, complications, or unsuccessful completion of adhesive protective restorations including situations requiring immediate referral to a dentist; and

(7) Protocols for follow-up of adhesive protective restorations.

(h) With respect to ITR placement, laboratory instruction shall include placement of adhesive protective restorations where trainees demonstrate competency in this technique on typodont teeth.

(i) With respect to for ITR placement, clinical instruction shall include experiences where students demonstrate, at a minimum, the placement of four (4) interim therapeutic restorations that shall be evaluated by the program faculty to criteria-referenced standards.

Satisfactory completion of a course in radiographic decision-making and interim therapeutic restoration placement is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards, but trainees take varying amounts of time to achieve competency. Any student who does not achieve competency in this duty in the specified

period of instruction could receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they would be discontinued from the program.

**Dental Board of California**

2005 Evergreen Street, Suite 1550, Sacramento, California 95815  
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



**APPLICATION FOR COURSE APPROVAL  
RADIOGRAPHIC DECISION-MAKING AND PLACEMENT OF INTERIM THERAPEUTIC  
RESTORATIONS FOR THE RDAEF**

Date of Application: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Program:  Community College  Vocational Program  Dental School  Private

Other – Specify: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner (if other than Program Director): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I certify under penalty of perjury under the laws of the State of California that the data contained in this application and all associated attachments are true and correct.*

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

*I certify that I will be responsible for the compliance of the program director who shall act in accordance with the laws governing Registered Dental Assistant in Extended Functions programs. I certify under penalty of perjury under the laws of the State of California that this application and all associated attachments are true and correct.*

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Educational Setting/Student Prerequisite**

*CCR 1070 (a)(5) and B&P Code 1753.55: All programs and courses shall be established at the post-secondary educational level or deemed equivalent thereto by the Board. In order to be admitted into the program, each student shall possess a valid, active, and current license as a Registered Dental Assistant in Extended Functions, issued by the Board on or after January 1, 2010.*

**1. Is the program established at the post-secondary educational level?**

Yes       No

**2. In order to be admitted into the program, will each student be required to possess a valid, active and current license as a RDAEF issued on or after January 1, 2010?**

Yes       No

**3. As a provider, identify how the permit course will be offered through your institution:**

A stand-alone permit course       Integrated into an Existing RDAEF program       Both

**(b) Program Director**

*CCR 1070 (b)(1-3): The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:*

*(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.*

*(2) Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.*

*(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.*

**4. Does the program director possess a valid, active, and current dentist or RDAEF license issued by the Board?**

Yes       No

Attach as **Question 4 Attachment** the name and license number of the proposed program director.

**5. Will the program director actively participate in and be responsible for the administration of the program?**

Yes       No

**(c) Faculty**

*CCR 1070 (c - d): (c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided. (d) No faculty or instructional staff member*

*shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching.*

*B&P Code 1753.55 (4)(B) and 1910.5 (c)(4)(B): All faculty responsible for clinical evaluation shall have completed a one-hour methodology course in clinical evaluation or have a faculty appointment at an accredited dental education program prior to conducting evaluations of students.*

**6. Has each faculty member been licensed by the Board as a dentist or RDAEF or by the Dental Hygiene Committee of California as a RDH for at least two years, and possess experience in the subject matter he or she is teaching?**

Yes       No

Attach as **Question 6 Attachment** a table containing the name(s) and license number(s) of each faculty member.

**7. Has each faculty member responsible for clinical evaluation completed a one-hour methodology course in clinical evaluation?**

Yes       No

Attach as **Question 7 Attachment** a copy of the certificate of completion of a one-hour methodology course in clinical evaluation for each faculty member.

**8. Is each faculty and staff member certified in basic life support?**

Yes       No

Attach as **Question 8 Attachment** a copy of each faculty and staff member's current CPR card.

### **(e) Student Certificate of Completion**

*CCR 1070 (e): A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.*

**9. Will a certificate or other evidence of completion be issued to each student who successfully completes the program as specified above?**

Yes       No

Attach as **Question 9 Attachment** a copy of the certificate of completion.

### **(f) Emergency Management**

*CCR 1070 (h): A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff.*

**10. Does the program have a written policy on managing emergency situations, and will it be made available to all students, faculty, and staff?**

Yes       No

Attach as **Question 10a Attachment** a copy of the written policy.

Attach as **Question 10b Attachment** a document describing the location of the eye wash station(s), oxygen tank, and the contents of the first aid kit.

**(g) Infection Control and Hazardous Waste Disposal Protocols**

*CCR 1070 (g): The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.*

**11. Will OSHA-required attire and protective eyewear be required for each student to wear?**

Yes       No

**12. Does the course have written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, that comply with the Board's regulations and other Federal, State, and local requirements, and will such protocols be provided to all students, faculty and appropriate staff?**

Yes       No

Attach as **Question 12 Attachment** a copy of such protocols.

**13. Is adequate space provided for preparing and sterilizing all armamentarium?**

Yes       No

Attach as **Question 13 Attachment** a description of how reusable instruments are properly sterilized before use on patients.

**(h) Length of Program**

*In addition to the requirements of CCR 1070 and 1070.1, the following criteria shall be met by a course provider in the subject area to secure and maintain approval by the Board:*

*As it relates to radiographic decision-making, the course shall be sufficient in length for the students to develop competency in making decisions about which radiographs to take to facilitate diagnosis and treatment planning by a dentist but shall be, **at a minimum, four hours in length and include didactic, laboratory and simulated-clinical experiences.** As it relates to Interim Therapeutic Restorations (ITR), the course shall be sufficient in length for the students to develop competency in ITR placement and shall be, **at a minimum 16 hours in length, including four hours of didactic training, four hours of laboratory training, and eight hours of clinical training.***

**14. Will the course, as it relates to radiographic decision-making, be sufficient in length for the students to develop competency in making decisions about which radiographs to take to facilitate diagnosis and**

**treatment planning by a dentist but be, at a minimum, four hours in length and include didactic, laboratory and simulated-clinical experiences?**

Yes       No

**15. Will the course, as it relates to Interim Therapeutic Restorations (ITR), be sufficient in length for the students to develop competency in ITR placement and be, at a minimum, 16 hours in length, including four hours of didactic training, four hours of laboratory training, and eight hours of clinical training?**

Yes       No

### **(i) Faculty/Student Ratios**

*Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct (CCR 1070 (f)).*

*All laboratory and simulated-clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c) - (Excerpt CCR 1071(e)).*

*(CCR 1070.1(a)) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.*

*(CCR 1070.1(b)) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.*

*(CCR 1070.1(c)) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.*

*(CCR 1070.1(d)) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.*

*(CCR 1070.1(e)) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients, which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.*

*(CCR 1070.1(f)) "Simulated-clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.*

**16. Will all instruction be provided under the direct supervision of program faculty?**

Yes       No

**17. Will there be at least the following number of instructors per student who are simultaneously engaged in the following instruction: 1:14 students in laboratory instruction, 1:6 students in preclinical instruction, 1:6 students engaged in clinical instruction and 1:2 engaged in simulated-clinical instruction?**

Yes       No

Attach as **Question 17 Attachment** the following information in a table or chart in the following format for those sessions applicable to the program (do not complete these charts):

|  |           |                        |           |
|--|-----------|------------------------|-----------|
| Maximum students enrolled per session: |           | Number of operatories: |           |
| Faculty/Student Ratios                 | Didactic: | Laboratory:            | Clinical: |

| Class Session * | Hours ** | Total # of Students | Total # of Faculty Providing Instruction (include program director) | Names of Faculty providing instruction (include program director) |
|-----------------|----------|---------------------|---|---|
|                 |          |                     |   |   |

\*Class Session – describe the day or days the class(es) meet(s) – (ex: Monday and Wednesday evenings).

\*\*Hours – provide the hours per day for each session

**(j) Facilities and Resources**

*CCR 1070 (f)(1): The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them.*

*The following requirements are in addition to the requirements of Sections 1070 and 1070.1:*

*(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.*

*(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory.*

*(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.*

*(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.*

**18. Do the facilities and class scheduling provide each student with sufficient opportunity, with instructor supervision, to develop minimal competency in all duties that RDAEFs are authorized to perform pertaining to this permit?**

Yes       No



Attach as **Question 18 Attachment** a description of the entire facility, identifying the location of the following major areas of instruction: lecture areas, laboratory, dental operatories, and sterilization area.

**19. Do the location and number of general use equipment and armamentaria ensure that each student has the access necessary to develop minimal competency in all of the duties for which the program is approved to instruct?**

Yes  No

Attach as **Question 19 Attachment** a list of the types, location and number of the required equipment and armamentarium.

**20. Will protective eyewear, masks, and gloves be required or provided for each student and faculty member, and will appropriate eye protection be provided for each piece of equipment?**

Yes  No

### **(k) Operatories**

*Excerpt CCR 1070.1(f): Operatories shall be sufficient in number to allow a ratio of at least one operatory for every two students who are simultaneously engaged in simulated clinical instruction ()).*

*Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.*

*Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink. Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner (CCR 1070 (f)(2)(A-B)).*

**21. Are operatories sufficient in number to allow for a ratio of at least one operatory for every two students who are simultaneously engaged in simulated-clinical instruction? Are they of sufficient size to simultaneously accommodate one student, one instructor, and one patient? Do they contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink?**

Yes  No

Attach as **Question 21 Attachment** a description of the operatories, their number, and a list of the equipment and supplies that are housed in the operatory area.

### **(l) Program Content**

*CCR 1070(i)(1-3): A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:*

*(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.*

*(2) Standards of performance that state the minimum number of satisfactory performances that are required for*

each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.

(CCR 1070(f)(2)(c): Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

In accordance with proposed regulations and the statutory provisions of B&P Code 1753.55 and 1910.5:

(a) General areas of instruction shall include, at a minimum, the topics specified herein:

(1) Restorative treatment review; charting; patient education; legal requirements; indications and contraindications; consent; problem solving techniques; laboratory, simulated-clinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, caries process, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to Placement of Interim Therapeutic Restorations.

(4) Armamentaria for Placement of Interim Therapeutic Restorations.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation review.

(b) General laboratory instruction shall include reviewing cases with various situations with instructor-led discussion about radiographic decision-making in these situations.

(c) With respect to Radiographic Decision Making, didactic instruction shall include the following:

(1) CAMBRA "Caries Management by Risk Assessment" concept

(2) Guidelines for Radiographic decision-making to include but not limited to the following concepts of;

i. The American Dental Association's Dental Radiographic Examinations: Recommendations for patient selection and limiting radiation (revised 2012); and

ii. The American Academy of Pediatric Dentistry's Guidelines on Prescribing Dental Radiographs.

(3) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A. Dugoni School of Dentistry (Pacific) for use in training for HWPP #172 including:

i. instruction on specific decision making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and

ii. instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.

(d) Laboratory instruction shall include a review of cases with various clinical situations with instructor-led discussion about radiographic decision-making in these situations.

(e) Simulated-Clinical instruction shall include case-based examination with various clinical situations where trainees

make decisions about which radiographs to take and demonstrate competency to faculty based on these case studies.

(f) With respect to Placement of Interim Therapeutic Restorations, didactic instruction shall include, but not limited to:

(1) Pulpal anatomy.

(2) Theory of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques.

(3) Criteria that dentists use to make decisions about placement of adhesive protective restorations

(4) Criteria for evaluating successful completion of adhesive protective restorations.

(5) Protocols for handling sensitivity, complications, or unsuccessful completion of adhesive protective restorations including situations requiring immediate referral to a dentist.

(6) Protocols for follow-up of adhesive protective restorations.

(g) Laboratory instruction shall include the following:

(1) Placement of a minimum of four (4) adhesive protective restorations where students demonstrate competency in this technique on typodont teeth that shall be evaluated by the program faculty to criteria-referenced standards.

(h) Clinical instruction shall include the following:

(1) The placement of five (5) ITRS on patients that shall be evaluated by the program faculty to criteria-referenced standards.

(i) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

**22. Will clinical instruction only be performed by students upon the successful demonstration and evaluation of their preclinical skills?**

Yes  No

**23. Will instruction include all content described in Business and Professions Code 1753.55 (above) governing the approval of a permit course in Radiographic Decision-Making and Placement of Interim Therapeutic Restorations?**

Yes  No

Attach as **Question 23 Attachment** the following course documentation:

- Detailed program outline including subsections that clearly state curricula subject areas and specifies instructional hours for each topic in the individual areas of didactic, lab, and clinical instruction (externship).
- General program objectives
- Specific didactic and performance-based learning objectives
- Criteria for all performance evaluations
- Minimum number of satisfactory performances for all (evaluated) skills
- Practical and clinical evaluation sheets

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## Regulations and Statutes Pertaining to Radiographic Decision-Making and the Placement of Interim Therapeutic Restorations for the RDAEF and the Approval of a Permit Course

### *CCR Section 1070 - General Provisions Governing All Dental Assistant Educational Programs and Courses*

(a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the Board as provided in this Article.

(2) The Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.

(3) Program and course records shall be subject to inspection by the Board at any time.

(4) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.

(6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.

(b) The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

(c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided.

(d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or

permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010, shall not be required to have held such a permit for two years in order to instruct in the subject area.

(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.

(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.

(2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.

(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural dental facility and evaluating student competence before and after the clinical assignment.

(3) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

*CCR Section 1070.1 – Educational Program and Course Definitions and Instructor Ratios*

As used in this article, the following definitions shall apply:

(a) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(b) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(c) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.

(d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(e) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are

simultaneously engaged in instruction.

(f) “Simulated clinical instruction” means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

CCR Section 1071.1 - Radiographic Decision-Making and Interim Therapeutic Restoration Permit Course for the RDAEF - Approval; Curriculum Requirements; Issuance of Permit

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course in Radiographic Decision-Making and Interim Therapeutic Restorations to secure and maintain approval by the Board.

- (a) In accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010, is authorized to 1) determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist, following the protocols established by the dentist and, 2) place protective restorations, herein referred to as Interim Therapeutic Restorations (ITR), consisting of removal of soft material from the tooth using only hand instrumentation and subsequent placement of an adhesive restorative material. The functions described herein may only be performed by a Registered Dental Assistant in Extended Functions upon completion of a program that includes didactic, lab and clinical education in the performance of these functions, or after having provided evidence, satisfactory to the board, of having completed a board-approved course in radiographic decision-making and ITR. At the time of course registration, participants shall provide evidence of the following requirements:
  - 1) Possess a current, active license as a Registered Dental Assistant in Extended Functions issued on or after January 1, 2010; and
  - 2) Possess current certification in Basic Life Support (CPR) from the American Heart Association or the American Red Cross.
- (b) With respect to radiographic decision-making, the course shall be sufficient in length for the students to develop competency in making decisions about which radiographs to expose to facilitate diagnosis and treatment planning by a dentist but shall be, at a minimum, four (4) hours in length and include didactic, laboratory and simulated clinical experiences. As it relates to ITR, the course shall be sufficient in length for the students to develop competency in placement of protective restorations but shall be, at a minimum, 16 hours in length, including four (4) hours of didactic training, four (4) hours of laboratory training, and eight (8) hours of clinical training. Such course content may be incorporated into a current RDAEF program. New or existing programs seeking to incorporate or offer a stand-alone permit course in radiographic decision-making and ITR shall submit an application and all related fees to the Board prior to instruction.
- (c) In addition to the instructional components described in this subdivision, a program or course shall be established at the postsecondary educational level. The program or course director shall:
  - 1) ensure all faculty involved in clinical evaluation of students maintain currency in evaluation protocols for radiographic decision-making and ITR placement, and,
  - 2) shall ensure that all faculty responsible for clinical evaluation have completed a one-hour methodology course in clinical evaluation for radiographic decision-making and ITR placement prior to instruction.
- (d) With respect to radiographic decision-making, didactic instruction shall include:
  - 1) CAMBRA “Caries Management by Risk Assessment” concept;
  - 2) Guidelines for Radiographic decision-making to include but not limited to the following concepts of;
    - i. The American Dental Association’s Dental Radiographic Examinations: Recommendations for patient selection and limiting radiation (revised 2012); and
    - ii. The American Academy of Pediatric Dentistry’s Guidelines on Prescribing Dental Radiographs.
  - 3) The guidelines developed by Pacific Center for Special Care at the University of the Pacific Arthur A.

Dugoni School of Dentistry (Pacific) for use in training for HWPP #172 including:

- i. instruction on specific decision making guidelines that incorporate information about the patient's health, radiographic history, time span since previous radiographs were taken, and availability of previous radiographs; and
  - ii. instruction pertaining to the general condition of the mouth including extent of dental restorations present, visible signs of abnormalities, including broken teeth, dark areas, holes in teeth, demineralization, visible carious lesions, and remineralization.
- (e) With respect to radiographic decision-making, laboratory instruction shall include case-based examination with various clinical situations where trainees make decisions about which radiographs to expose and demonstrate competency to faculty based on these case studies.
- (f) With respect to radiographic decision-making, simulated-clinical instruction shall consist of a review of various clinical cases with instructor-led discussion about radiographic decision-making in these clinical situations.
- (g) With respect to ITR placement, didactic instruction shall include:
- 1) Review of pulpal anatomy;
  - 2) Protocols for adverse outcomes after ITR placement including, but not limited to; exposed pulp, tooth fracture, gingival tissue injury, high occlusion, open margins, tooth sensitivity, rough surface;
  - 3) Theory of protocols to deal with adverse outcomes used in the placement of adhesive protective restorations including mechanisms of bonding to tooth structure, handling characteristics of the materials, preparation of the tooth prior to material placement, and placement techniques;
  - 4) Criteria used in clinical dentistry pertaining to the use and placement of adhesive protective restorations;
  - 5) Criteria for evaluating successful completion of adhesive protective restorations;
  - 6) Protocols for handling sensitivity, complications, or unsuccessful completion of adhesive protective restorations including situations requiring immediate referral to a dentist; and
  - 7) Protocols for follow-up of adhesive protective restorations.
- (h) With respect to ITR placement, laboratory instruction shall include placement of adhesive protective restorations where trainees demonstrate competency in this technique on typodont teeth.
- (i) With respect to for ITR placement, clinical instruction shall include experiences where students demonstrate, at a minimum, the placement of four (4) interim therapeutic restorations that shall be evaluated by the program faculty to criteria-referenced standards.

Satisfactory completion of a course in radiographic decision-making and interim therapeutic restoration placement is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards, but trainees take varying amounts of time to achieve competency. Any student who does not achieve competency in this duty in the specified period of instruction could receive additional training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate progress, they would be discontinued from the program.



