



**DENTAL BOARD OF CALIFORNIA
MEETING AGENDA**

February 27-28, 2020

DoubleTree by Hilton Hotel San Diego
1646 Front Street
San Diego, CA, 92101

(619) 239-6800 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

Members of the Board:

Thomas Stewart, DDS, President

Steven Chan, DDS, Vice President

Joanne Pacheco, RDH, Secretary

Fran Burton, MSW, Public Member

Alan Felsenfeld, DDS

Ross Lai, DDS

Lilia Larin, DDS

Meredith McKenzie, Public Member

Abigail Medina, Public Member

Rosalinda Olague, RDA, BA

Steven Morrow, DDS, MS,

James Yu, 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. Items may be taken out of order, tabled or held over to a subsequent meeting; items scheduled to be heard on Thursday may be held over to Friday, and items scheduled to be heard on Friday may be moved up to Thursday, for convenience, to accommodate speakers, or to maintain a quorum. 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.

In the event a quorum of the Board is unable to attend the meeting, or the Board is unable to maintain a quorum once the meeting is called to order, the president may, at his/her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting (Government Code section 11125(c)).

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. 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. 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. Adjournment, if it is the only item that occurs after a closed session, may not be webcast. A committee opening and roll call, if the only item preceding a closed session, may not be webcast. To view the Webcast, please visit <https://thedcapage.blog/>

Thursday, February 27, 2020

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

1. Call to Order/Roll Call/Establishment of a Quorum
2. Approval of November 14-15, 2019, Board Meeting Minutes [7 - 19]
3. Board President Welcome and Report [20]
4. Report of the Department of Consumer Affairs (DCA) Staffing and Activities [21 - 23]
5. Budget Report [24 - 29]
6. Discussion and Possible Action Regarding Appointment of New Registered Dental Assistant in Extended Functions (RDAEF) Examiners [30 - 31]
7. Update Regarding Dental Assisting Council Member(s) [32]

CONVENE JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA AND THE DENTAL ASSISTING COUNCIL – SEE ATTACHED AGENDA

The purpose of this joint meeting is to allow the Board and the Dental Assisting Council to interact with each other, ask questions, and participate in discussions. [33 - 263]

RETURN TO FULL BOARD OPEN SESSION

8. Presentation by Carl Sonne, Senior Assistant Deputy Attorney General, Licensing Unit – Update of Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2 [264]
9. Enforcement
 - a. Review of Enforcement Statistics and Trends [265 - 267]
10. Substance Use Awareness
 - a. Diversion Program Report and Statistics [268]

- b. Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report [269 - 275]

RECESS TO CLOSED SESSION

CLOSED SESSION – FULL BOARD

A. 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, it will also meet in closed session on February 28, 2020.

B. Discussion Regarding *Sulitzer v. Tippins*, US District Court, Central District of CA, Case No. 2:19-CV-08902

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

RETURN TO FULL BOARD OPEN SESSION

Recess Until Friday, February 28, 2020.

LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING

OPEN SESSION

A. Call to Order/Roll Call/Establishment of a Quorum

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

B. Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

C. Grant, Deny or Request Further Evaluation for General Anesthesia Permit

Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a General Anesthesia Permit as it Relates to an Onsite Inspection and Evaluation Failure.

D. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit

Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6.

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on 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.

RETURN TO COMMITTEE OPEN SESSION

Committee Adjournment

FRIDAY, February 28, 2020

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

Deliberate and Take Action on Disciplinary Matters

If the Board was unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, February 27, 2020, it will also meet in closed session on Friday, February 28, 2020 as authorized by Government Code §11126(c)(3).

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

11. Call to Order/Roll Call/Establishment of a Quorum

12. Executive Officer's Report [276 - 278]

- a. Administrative Summary including Personnel and Technology Updates
- b. Update Regarding Application for Dental Board Approval from Qingdao University School of Stomatology, China

13. Report of the Dental Hygiene Board of California (DHBC) Activities [279]

14. Presentation by Dr. Steven Friedrichsen – Update on the American Dental Education Association (ADEA) Compendium of Clinical Competency Assessment. [280]

15. Examinations

- a. Update on the Portfolio Pathway to Licensure [281]
- b. Western Regional Examination Board Report [282]
- c. Update Regarding Implementation of the American Board of Dental Examiners (ADEX) [283 - 284]

16. Licensing, Certifications, and Permits

- a. Review of Dental Licensure and Permit Statistics [285 - 293]
- b. General Anesthesia and Conscious Sedation Permit Evaluation Statistics [294 - 297]

17. Update of the Dental Board of California 2017-2020 Strategic Plan [298 - 299]

18. Legislation

- a. 2020 Tentative Legislative Calendar – Information Only [300 - 302]

b. Discussion and Possible Action on Tracking Legislation [303 - 337]

- i. Assembly Bill 1263 (Low) Contracts: Consumer Services: Consumer Complaints
- ii. Assembly Bill 1998 (Low) Dental Practice Act: unprofessional conduct: patient of record
- iii. Senate Bill 653 (Chang) Dental hygienists: registered dental hygienist in alternative practice: scope of practice
- iv. Senate Bill 776 (Skinner) College admissions: criminal history inquiry: prohibition
- v. Senate Bill 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times

19. Regulations [338 - 342]

a. Update on Pending Regulatory Packages

- i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2)
- ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)
- iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
- iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
- v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1)
- vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Section 1020.4)
- vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
- viii. Dentistry Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Section 1031)
- ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
- x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)
- xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Section 1019 and 1020)

20. Licensing, Certifications, and Permits Committee Report on Closed Session [343]

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.

21. 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)).

22. 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)).

23. Adjournment

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



November 14-15, 2019
Sacramento Marriott Rancho Cordova
11211 Point East Drive
Rancho Cordova, CA, 95742

Members Present:

Fran Burton, MSW, Public Member, President
Steven Morrow, DDS, MS, Vice President
Steven Chan, DDS, Secretary
Yvette Chappell-Ingram, MPA, Public Member
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH, MAOB
Thomas Stewart, DDS
Bruce Whitcher, DDS
James Yu, DDS, MS

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Tina Vallery, Dental Assisting Manager
Wilbert Rumbaoa, Administrative Services Manager
Gabriel Nevin, Legislative and Regulatory Analyst
Pahoua Thao, Associate Governmental Program Analyst
Daniel Yoon, Licensing Analyst (Present: November 15, 2019)
Jessica Olney, Licensing Analyst
Michael Kanotz, Legal Counsel

THURSDAY, November 14, 2019

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The meeting was called to order by President Fran Burton at 9:00 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

President Burton recognized the newly appointed Director of Department of Consumer Affairs, Kimberly Kirchmeyer.

President Burton acknowledged the arrival of Board Member Abigail Medina. (9:30 a.m.)

Agenda Item 2: Approval of August 15-16, 2019, Board Meeting Minutes

M/S/C (Morrow/Medina) to approve the August 15-16, 2019 meeting minutes with the following changes: first paragraph on page 12, replace the state CA with CO.

Ayes: Burton, Chan, Lai, Larin, Le, McKenzie, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions: Chappell-Ingram, Medina

Absent:

Recusals:

The motion passed and the minutes are approved with changes. There was no public comment.

Agenda Item 3: Board President Welcome and Report

President Burton welcomed all attendees. Ms. Burton provided an overview of the Sunset review process which resulted in Governor Newsom signing the legislation to extend the Board until January 1, 2024. Ms. Burton recognized and thanked co-chairs, Assembly Member Evan Low, Senator Steven Glazer, Robert Sumner, and Chief Consultant of Assembly Business and Professions Committee and staff of the Senate Business, Professions and Economic Development Committee. She reported that she will be attending the Dental Hygiene Board of California's meeting on November 22-23, 2019 in Glendale, CA. President Burton hopes that the Board will continue to work on the challenges of access to care and prescription drug abuse.

President Burton congratulated and recognized the Board members whose terms were ending: Dr. Huong Le, Dr. Bruce Whitcher, and Yvette Chappell Ingram. Ms. Burton acknowledged Executive Officer, Assistant Executive Officer, Enforcement Officer, Board staff and legal counsel. There was no public comment.

Agenda Item 4: Report of the Department of Consumer Affairs Staffing and Activities Director of Department of Consumer Affairs, Kimberly Kirchmeyer, provided a report which is available in the meeting materials published on the Board's website. There was no public comment.

Agenda Item 5: Budget Report:

Bikram Dhaliwal, Budget Analyst, and Brian Skewis, Manager, provided a report on two separate funds that the Board manages: State Dentistry Fund and Dental Assisting Fund. An Expenditures Report was provided for July 1, 2019 to August 31, 2019. The board spent approximately \$2.1 million dollars or 14% of its total Dentistry Fund appropriation for fiscal year 19/20. The Dental Assisting Fund spent approximately \$284

thousand dollars or 11% of its total dental assisting fund appropriation for fiscal year 19/20. There was no public comment.

RECESSED TO CONVENE THE DENTAL ASSISTING COUNCIL (DAC) MEETING – SEE DAC Meeting Minutes.

RETURNED TO FULL BOARD OPEN SESSION

Agenda Item 6: Dental Assisting Council (DAC) Meeting Report

Rosalinda Olague, Vice Chair, provided a verbal report of the meeting. Ms. Olague introduced the new dental assisting council member, Melinda Cazares, RDA. She reported on the: approval of the July 26, 2019 and August 15, 2019 meeting minutes with amended changes; the RDA Program Re-Evaluation and Overview of Re-Evaluation Process; Dental Assisting Examination Statistics, A presentation by Office of Professional Examination Services Regarding the Registered Dental Assistant General and Law and Ethics Combined Written Examination Passing Scores; the Dental Assisting Licensing Statistics, the election of Dental Assisting Council Chair: Cindy Ovard and Vice Chair: Rosalinda Olague; and the discussion of the proposed Dental Assisting Comprehensive Rulemaking. The DAC directed staff to prepare the proposed language in final format and include all forms to be incorporated by reference, delegate authority to the Executive Officer to make any technical or non-substantive change to the proposed language, and recommend the proposal be forwarded to the Board to consider initiation of the rulemaking at its February meeting. There was no public comment.

M/S/C: (Whitcher/Chappell-Ingram) to accept the Dental Assisting Council Meeting report.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

The motion passed. There was no public comment.

Agenda Item 7: Discussion and Possible Action Regarding Appointment of Dental Assisting Council (DAC) Member

Karen Fischer, Executive Officer, introduced this item. Ms. Rosalinda Olague, RDA reported that after a thorough review of the applicants, three candidates were interviewed by telephone: Lori Thomas, RDAEF, Martha Garcia, RDAEF, Stacy Welch, RDAEF. The subcommittee recommends Stacy Welch, RDAEF to serve as a member of the DAC.

M/S/C: (Whitcher/Morrow) to accept the Subcommittees recommendation to appoint Stacey Welch, RDAEF to the Dental Assisting Council.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

The motion passed. There was no public comment.

Agenda Item 8: Report on the October 9, 2019 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits

Dr. Whitcher, Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee Liaison, provided a verbal report and recommendation to the Board.

Applicant Jee Hoon Ha May, DDS, requested unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation). The EFCS Permit Credentialing Committee recommends the Board issue Jee Hoon Ha May, DDS, an EFCS Permit for unlimited Category I privileges contingent upon receiving proof of acceptance for candidacy by the American Board of Oral and Maxillofacial Surgery.

M/S/C: (Morrow/Larin) to accept the recommendation to issue Jee Hoon Ha May, DDS, an EFCS Permit for unlimited Category I privileges contingent upon receiving proof of acceptance for candidacy by the American Board of Oral and Maxillofacial Surgery.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

The motion passed. There was no public comment.

Agenda Item 9(a): Discussion and Possible Action Regarding Implementation of Assembly Bill 1519 (Chapter 865, Statutes of 2019)

Gabriel Nevin, Legislative and Regulations Analyst, provided an overview of AB 1519 (Low, Chapter 865, Statutes of 2019) signed by Governor Gavin Newsom on October 13, 2019 for extending the operations of the Dental Board of California until January 1, 2024. This information is available in the meeting materials published on the Board's web site.

Dr. Morrow questioned if a completed live scan will be a requirement for Sec. 30 of AB 1519 (Section 1629 of the Business and Professions Code.) Assistant Executive Officer, Sarah Wallace, responded that the live scan is an existing requirement and committee

staff felt it was necessary to make changes to the existing law to specify the live scan versus the fingerprint card. Dr. Morrow asked for clarification on Sec. 35 of AB 1519 (Section 1636.4 of the of the Business and Professions Code) for approval of foreign dental schools. Ms. Wallace responded that it only applies to new foreign dental schools who wish to apply for approval on or after January 1, 2024. Dr. Lai questioned if American Board of Dental Examiners (ADEX) was implemented since it is specified in section Sec. 31 of AB 1519 (Section 1630 of the of the Business and Professions Code) and Sec. 32 of AB 1519 (Section 1632 of the of the Business and Professions Code.) Ms. Wallace responded that ADEX will be discussed on November 15, 2019 and the code does reference ADEX if the Board does vote to accept ADEX. Dr. Larin questioned if the Board will still be able to track expenditure and revenue for combined funds from Sec. 2 through Sec. 4 (Section 205 and 205.4 of the Business and Professions Code.) Ms. Wallace responded that the Board is working with Department of Consumer Affairs Budget and Accounting Offices to extract data for the Board's expenditure and revenue.

Public comment: Carolyn Hunter, requested clarification of sections requiring promulgation of regulations in AB 1519. Ms. Wallace responded that the Board will be able to implement most of the provisions in AB 1519 except for Sec. 30 (Section 1629 of the Business and Professions Code)

BREAK

Agenda Item 10(a): Review of Enforcement Statistics and Trends

Carlos Alvarez, Enforcement Chief, provided a report of the enforcement statistics and trends. There was no public comment.

President Burton questioned the term probationer "tolling". Chief Alvarez clarified that probationers tolling are dentists on probation out of state and are not practicing in the state of California. Ms. Fischer commented that Board staff is working on verbiage for stipulated settlements and proposed decisions on probation orders for probationers who have been on tolling probation for longer than five years. She mentioned that that data can be brought to the board at a future meeting. Dr. Chan questioned the process of the district attorney cases since some cases referred to the Office of Attorney General (OAG) eventually get processed to the administrative law judge. Chief Alvarez responded that once a case goes to the district attorney's office, they work together with OAG to track and monitor the cases. Criminal cases get sent to the district attorney's office at the same time the cases get sent to OAG. Dr. Witcher questioned the fluctuation in *average days to close* cases which displays an increase in Q1 compared to Q4 of 2018. Carlos responded that there is a process that involves a subject matter expert and dental consultant to analyze the cases before sending it of to OAG and district attorney office. Ms. Fischer commented that there have been improvements in the complaint and compliance unit and is looking at ways to improve the investigative and sworn units to make reports clearer. Ms. Fischer commented that the data will show a shorter timeframe after improving the process. There was no public comment.

Agenda Item 11(a): Diversion Program Report and Statistics

Chief Alvarez provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Ms. Fischer commented that the contract with Maximus expires at the end of the year. The Request for Proposals are pending and the Board will review the proposals sometime at the end of the week and will report back at a future meeting. There was no public comment.

Agenda Item 11(b): Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report

Chief Alvarez provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Dr. Lai questioned why members are required to change password every 3 months. Chief Alvarez responded that it's for security measures. There was no public comments.

Agenda Item 11(c): Update Regarding the August 27, 2019 and November 5, 2019, Statewide Opioid Safety Workgroup Meeting

Chief Alvarez provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Agenda Item 12: Report on the October 19-21, 2019, American Association of Dental Boards (AADB) Meeting in Las Vegas, Nevada

Dr. Morrow provided a verbal report on the AADB held on October 19-21, 2019 in Las Vegas, NV. Dr. Morrow recognized and thanked President Burton and Ms. Fischer for the opportunity to represent the Board. He reported that there were 250 attendees representing 23 of 53 licensing boards and the 5 regional clinical testing agencies at the meeting. Update was given on American Dental Education Association's (ADEA) Compendium of Clinical Competency Assessments, which was patterned after the California Portfolio Examination. The Compendium is expected to be implemented on a trial basis by late 2019 or early 2020. Dental Boards were encouraged to consider the implementation of increased methods of licensure portability. Additional updates included regulation of denturist in the United States, multi-district litigation update for the opioid epidemic and a discussion of California Dental Board Assembly Bill 1519. There was no public comment.

Agenda Item 13: Discussion and Possible Action Regarding Requiring Licensees to Complete Renewals Online in the Future

Jessica Olney, Licensing Analyst, provided an overview which is available in the meeting materials published on the Board's website.

Ms. Olney reported the online renewal would accommodate all license types renewals, reduce the renewal deficiency rates, cut costs all around, and instantaneously renew a license.

Staff is working with the Breeze unit to make the renewal process easier. Dr. Le expressed her excitement and support for the online renewal process. Ms. Chappell-Ingram questioned if there was a reason some licensees would prefer paper renewals vs. online renewals. Olney commented that it might be because they do not want to transition to the electronic format. Ms. Chappell-Ingram questioned if there can be a fee/incentive for paper vs. online. Dr. Morrow expressed his support for the online renewals process and moving in the direction of sending renewal notices with read receipt required via e-mail communication. Dr. Yu questioned if it is possible for the system to automatically send renewal notices to save time in the future. Ms. Wallace commented that it is something that staff will work on in the future since the Dental Board has to be compliant with the information technology unit of Department of Consumer Affairs. Outreach efforts will be made with postcards similar to what is currently displayed in the meeting materials. Dr. Chan questioned if he can renew his license online even if he received paper renewal notice. Ms. Wallace confirmed that it is an option. President Burton commented that there were no issues and with the online renewal process and directed staff to implement online only renewals for licenses and permits for the purposes of increasing efficiency, reducing the number of deficient renewals, and cost savings beginning January 2021. There was no public comment.

RECESS TO CLOSED SESSION

Recess Until Friday, November 15, 2019

Friday, November 15, 2019

Agenda Item 14: Call to Order/Roll Call/Establishment of a Quorum

The meeting was called to order by President Fran Burton at 9:07 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

President Burton recognized Dr. Kevin Keating – the new dean at California Northstate University College of Dental Medicine.

Agenda Item 15: Executive Officer's Report

Executive Officer, Karen Fischer, recognized and thanked the Board for nominating her for honorary fellowship at the American College of Dentistry, she recognized and thanked the two (2) sponsors: Dr. Stewart and Dr. Morrow. Ms. Fischer provided an update on Sunset Review and recognized Assemblymember Evan Low and staff. She recognized and provided certificates of appreciation for serving with the Dental Board of California to Yvette Chappell Ingram, Dr. Huong Le, Dr. Bruce Witcher, and provided a plaque to the President of the Board and recognized her successful leadership in the Sunset Review.

Yvette Chappell-Ingram recognized and thanked the Board.

Dr. Huong Le recognized and thanked the Board. She is proud of the Board's accomplishments.

Dr. Bruce Witcher recognized and thanked all board members and staff.

Agenda Item 16(a): Update on the Portfolio Pathway to Licensure

Daniel Yoon, Licensing Analyst, provided this report. Refer to the board meeting materials on the Board's website. Mr. Yoon reported on the informational workshops for 1st, 2nd year, and any interested dental student about the Portfolio pathway to licensure at Loma Linda University in Loma Linda, Ca, the University of Southern California in Los Angeles, CA, and the University of the Pacific in San Francisco, CA in October 2019.

Dr. Morrow recognized Dr. Casagrande, a former Board member who was instrumental in the development of the portfolio pathway to licensure. Dr. Morrow stated that the absence of an outside third party assessment was a concern. Dr. Morrow stated the importance of outreach to other states. Dr. Morrow questioned if staff has reached out to complete an assessment to see how many states accept dental providers who completed portfolio pathway to licensure. Mr. Yoon responded that there were sixteen (16) states that do accept it. However, staff will reach out to get updated numbers. There was no public comment.

Agenda Item 16(b): Western Regional Examination Board Report

Huong Le, DDS, MA, and Ross Lai, DDS, provided a report regarding the Dental Examination Review Board (DERB) on November 8, 2019 in Denver, CO.

Dr. Lai commented that he now understands how WREB works. He learned about how tests were given, exam teams, training systems, and consistency in results.

Dr. Norm Magnuson, former president of WREB, thanked Dr. Le for being a part of the WREB and welcomed Dr. Lai. Dr. Magnuson provided an update on the exam. There was no public comment.

Agenda Item 16(c): Discussion and Possible Action Regarding Implementation of the ADEX Examination

Sarah Wallace, Assistant Executive Officer, provided an overview of the background information on this issue which is available in the meeting materials published on the Board's website. The ADEX examination formats have been condensed into one comprehensive exam titled the Patient Centered, Curriculum Integrated Format (PC-CIF). At this time, staff is requesting the board vote to accept the ADEX examination in its current format, provided all outstanding costs for the occupational analysis and the OPES study of the ADEX examination for compliance with state standards have been paid in full. The board is currently working with the Department of General Services to execute the final components of the contract between ADEX and the Board. Should the Board vote to accept the ADEX examination in its current format for licensure in California, staff believes it can begin working on Breeze implementation and acceptance of the ADEX examination prior to regulations being promulgated.

Dr. Morrow asked which format the Board will be approving. Ms. Wallace stated that staff recommends approving both formats as it is the same examination and tests the

same competencies. Ms. Fischer clarified that students will be taking the PC-CIF and dentists licensed in other states will be taking the traditional format. Dr. Morrow asked for clarification of Business and Professions Code Section 1632.55(e). Ms. Fischer reminded members that the ADEX's primary administration is the PC-CIF method; and regulations could be implemented now or sometime in the future.

M/S: (Morrow/McKenzie) to approve the ADEX examination for licensure in California in its current format PC-CIF; and to direct staff to work on the regulations to implement the process. Discussion followed.

Michael Kanotz, Board Legal Counsel interjected that BPC Section 1632.55 is self-implementing. However, there are provisions of the board's regulations that will need to be amended, such as the application section. This is not a barrier to implementation of the examination at this time.

Ms. Wallace asked for clarification of Dr. Morrow's motion which specifically mentions accepting the ADEX PC-CIF. Does the motion include the traditional format? Dr. Le also requested clarification of the motion indicating that she believes that the ADEX exam results will not specify the format. She also requested clarification of when the exam will be accepted – if taken after the date on which the Board accepted the exam or at some other time? Ms. Wallace responded that staff would request that the motion include language indicating the Board would accept exam results for candidates who took the exam after the Board's decision to adopt the ADEX exam (today); and the applications would not be accepted until Breeze is functional – perhaps by March 2020. While statute grants authority to the Board to determine the format of the examination, if the Board approves only the PC-CIF, a regulation would need to be promulgated, which specifically refers to the format, before implementation of this examination. If the Board chooses this option, it could take two years before the ADEX examination would be implemented.

After a short break, Ms. Burton asked for representatives from ADEX (Dr. Shampaine and Dr. Pappas) and the Office of Professional Examinations Services (OPES) - Dr. Heidi Lincer to come to the table to answer questions about the examination.

Dr. Shampaine stated that there is only one ADEX examination. ADEX tests in 57 of the 69 dental schools in the United States. Every one of the dental schools uses the PC-CI format and utilizes the menu of options for the examination in accordance with the items provided in the meeting packet. Practicing dentists utilize their own patients and complete the "traditional" examination within one day. However, the examinations are identical. Dr. Lincer reported that OPES reviewed the procedures for the administration and the rating of the ADEX examination and found it to be valid and legally defensible.

Michael Kanotz commented that if the Board exercises its authority to determine the format for administration of the ADEX examination, then regulations will need to be promulgated and the acceptance of that pathway to licensure would not be implemented until the regulations were complete.

Ms. Burton called for the question. Secretary called the roll for the vote.

Ayes: Lai, Medina, Morrow

Nays: Burton, Chan, Larin, Le, Olague, Pacheco, Stewart, Whitcher, Yu

Abstentions: Chappell-Ingram, McKenzie.

Absent:

Recusals:

The motion fails. There was no public comment.

M/S/C: (Whitcher/Yu) to accept staff's recommendation to accept the ADEX examination and to begin to implement this pathway in Breeze. There was no public comment.

The Secretary called the roll for the vote.

Ayes: Burton, Chan, Chappell-Ingram, Larin, Le, McKenzie, Olague, Pacheco, Stewart, Whitcher, Yu.

Nays: Lai, Medina, Morrow

Abstentions:

Absent:

Recusal:

The motion passed.

Agenda Item 17(a) Review of Dental Licensure and Permit Statistics

Jessica Olney, Licensing Analyst, provided this report which is available in the meeting materials published on the Board's website.

Dr. Lai asked if there was a special permit for Botox. Ms. Olney responded that it is covered under the Elective Facial Cosmetic Surgery (EFCS) Permit. Dr. Lai questioned how many permits the Board approved. Ms. Olney responded that there were twenty-nine (29) permits. There was no public comment.

Agenda Item 17(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

Ms. Olney provided this report which is available in the meeting materials published on the Board's website. There was no public comment.

Agenda Item 17(c): Discussion and Possible Action Regarding Application for Board Approval from University of Qingdao School of Stomatology - China

Executive Officer, Karen Fischer, provided the report which is available in the meeting materials published on the Board's website.

Dr. Morrow reported that the submission was organized; however, there were a number of deficiencies for compliance with the twelve (12) standards required for the Board. This is the second time the school has submitted the application. Ms. Pacheco

commented that she learned a lot throughout the process and agreed with Dr. Morrow's statement about the missing documentation. There was no public comment.

Agenda Item 18(a): 2020 Tentative Legislative Calendar – Information Only

There was no public comment.

Agenda Item 18(b): 2019 End of Year Legislative Summary Report

Gabriel Nevin, Legislative and Regulatory Analyst, provided this report which is available in the meeting materials.

Dr. Lai questioned how AB 1519 will affect the consideration of the application of the Qingdao School of Stomatology in China. Ms. Fischer responded that if the application is not deemed complete by the Board by December 31, 2019, then it will not be considered. President Burton recognized Sarah Wallace for implementing the end of year legislative summary report as an agenda item for the Board.

M/S/C: (Burton/Le) to accept the End of Year Legislative Summary Report.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Le, McKenzie, Morrow, Olague, Pacheco, Stewart, Witcher, Yu

Nays:

Abstentions: Medina

Absent: Larin

Recusals:

The motion passed. There was no public comment.

Agenda Item 18(c): Discussion of Prospective Legislative Proposals for 2020

i. Healing Arts Omnibus Bill

Gabriel Nevin, Legislative and Regulatory Analyst, provided this report which is available in the meeting materials. There was no public comment.

Agenda Item 18(d): Discussion of Prospective Legislative Proposals

Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting. There was no public comment.

Agenda Item 19(a): Update on Pending Regulatory Packages

Gabriel provided overview which is available in the meeting materials. There was no public comment.

Ms. Fischer and President Burton acknowledged and thanked Mr. Nevin and Mr. Kanotz for their work on the regulatory packages. Dr. Witcher also acknowledged Mr. Nevin's work on the comprehensive dental assisting rulemaking package.

Agenda Item 20: Licensing, Certifications, and Permits Committee Report on Closed Session

Dr. Lai, Chair of the LCP Committee, reported that the Committee met in closed session regarding applications for issuance of new license(s) to replace cancelled license(s). Dr. Lai and Ms. Olague request that the Board accept the recommendations of the LCP Committee.

Ms. Olague reported the LCP committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing of the California Dentistry Law and Ethics Examination for the following candidates:

1. CC
2. TN

Ms. Olague reported the LCP committee recommends issuance of a new RDA license to replace a cancelled RDA license with the condition of successfully passing of the Combined California Registered Dental Assistant Law and Ethics/ Written Examination for the following candidates:

1. SA
2. LC
3. SC
4. JD
5. WD
6. BE
7. AG
8. LM
9. CM
10. LM
11. RSR
12. JS
13. KS

M/S/C: (Chappell-Ingram/Whitcher) to accept issuance of a new dental license to replace a cancelled dental license for CC, TN; issuance of a new RDA license to replace a cancelled RDA license for SA, LC, SC, JD, WD, BE, AG, LM, CM, LM, RSR, JS, and KS.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

The motion passed. There was no public comment.

Agenda Item 21: Election of 2020 Dental Board of California Officers

Ms. Karen Fischer, Executive Officer, facilitated the election. She opened the floor for nominations for the position of Secretary.

Dr. Steven Chan nominated Joanne Pacheco. Joanne Pacheco accepted the nomination. There were no additional nominations.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

Joanne Pacheco was elected Secretary.

Ms. Fischer opened the floor for nominations for the position of Vice President. Yvette Chappell-Ingram nominated Dr. Steven Chan. Dr. Steven Chan accepted the nomination. There were no additional nominations.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

Dr. Steven Chan was elected Vice President.

Ms. Fischer opened the floor for nominations for the position of President. Dr. James Yu nominated Dr. Thomas Stewart. Dr. Thomas Stewart accepted the nomination. There were no additional nominations.

Ayes: Burton, Chan, Chappell-Ingram, Lai, Larin, Le, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Whitcher, Yu

Nays:

Abstentions:

Absent:

Recusals:

Dr. Thomas Stewart was elected President.

Agenda Item 22: Public Comment on Items Not on the Agenda

None.

Agenda Item 23: Board Member Comments on Items Not on the Agenda

Dr. Larin asked to bring back and review Senator Pan's conflict of interest for continuing education providers at a future meeting. Dr. Yu acknowledged and thanked President Burton for leadership in the Sunset Review for the Board.

Agenda Item 24: Adjournment

The meeting adjourned at 12:20 p.m.



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 3: Board President and Welcome Report

Background:

Dr. Tom Stewart, President of the Dental Board of California will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	February 18, 2020
TO	Karen Fischer, Executive Officer Dental Board of California
FROM	Department of Consumer Affairs Office of Board and Bureau Services
SUBJECT	Agenda Item 4: Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Thank you for this opportunity to submit a written update from the Department of Consumer Affairs (DCA) to the Dental Board of California. You will find below an update on recent Department activities.

DIRECTOR’S QUARTERLY MEETING AND INDIVIDUAL PROGRAM MEETINGS

Director Kimberly Kirchmeyer held her first Director’s Quarterly meeting with leadership from DCA’s boards and bureaus on December 16, 2019. This meeting had a great turnout and robust discussions that included: an overview of some current DCA initiatives; a presentation from Business, Consumer Services and Housing Agency Deputy Secretary Lila Mirrashidi on board appointments; and a presentation on AB 2138 implementation provided by the Senior Assistant Attorneys General from the Department of Justice. Director Kirchmeyer will continue to hold these quarterly meetings as it remains her priority to promote Department-wide collaboration and communication.

Director Kirchmeyer also endeavors to hold one-on-one meetings with all of DCA’s boards and bureaus to learn more about goals and issues each is facing. With consideration to the current vacancies in some deputy director positions – including the chief deputy director position – Director Kirchmeyer seeks to schedule these meetings once the Department’s executive team is staffed.

REGULATIONS UNIT

As has been previously reported, DCA’s Legal Office recently created a Regulations Unit to directly assist in the processing of departmental rulemaking proposals. To date, the Regulations Unit is fully staffed and all DCA programs have been assigned a regulations attorney who will act as an assigned reviewer of proposed rulemaking packages.

Agenda Item 4: Report of the DCA Staffing and Activities
 Dental Board of California Meeting
 February 27-28, 2020

A large priority of the Regulations Unit is the processing of regulations to implement AB 2138. DCA, with the assistance of the Regulations Unit, is proactively tracking the execution of boards' and bureaus' rulemakings with the goal of achieving full compliance by July 1, 2020.

Finally, another step DCA is taking to improve transparency and efficiency in the processing of regulations will be the use of Cherwell, a data system that will track regulation submissions and review progress so that programs can monitor the status of their regulation packages. The Department is currently working on the development of this system.

Fi\$Cal REPORTS

DCA's Budget Office and the Office of Information Services are in the testing phase of a project that will allow programs access to budget expenditure reports on a similar schedule and to a similar level of detail as the previous CalStars reports. Staff are utilizing data that is extracted from Fi\$Cal and combined with budget information in the QBIRT system to create a monthly view of program expenditures compared against budgets. The plan is to release the new expenditure reports in early 2020 for Fiscal Year 2019-2020. Eventually, these reports will be able to be run 'on-demand' through the QBIRT system.

Revenue reporting efforts have just commenced, and we anticipate release a month after expenditure reports are released.

BOARD MEMBER ORIENTATION TRAINING AND FORM 700

Dates have been identified for the 2020 Board Member Orientation Trainings. The first training will take place on March 25, 2020 in Sacramento; thereafter, trainings will be held in June in Southern California and October in Sacramento. As a reminder, newly appointed and reappointed board members are required to take this training within a year of their appointment date. However, this training is also open to members seeking an opportunity for a refresher course. To register and for more details about this training, please visit the DCA Board Member Resource Center located on the Department's Website, www.dca.ca.gov.

Form 700 filings are due by April 1, 2020. Under the Conflict of Interest Regulations, board members are designated appointees and are, therefore, required to complete a Statement of Economic Interests Form 700.

Members may use the NetFile system to electronically file the Form 700. To create a NetFile account, or if you have any questions about how to file, you may speak to the Department's Conflict of Interest Filing Officer, Jill Johnson, in DCA's Office of Human Resources at (916) 574-8300; and, if you have specific questions about filing requirements, you may reach out to the Department's Legal Affairs Office at (916) 574-8220.

ABOUT THE ORGANIZATIONAL IMPROVEMENT OFFICE

The Organizational Improvement Office (OIO) provides DCA programs change management services, business process mapping, and information technology system requirement documentation. In addition, OIO provides collaborative consulting on process reengineering that maximizes utilization of existing resources, improves productivity, and increases quality.

Current projects being worked on by OIO include:

- Review of DCA's Centralized Services – OIO is conducting legislatively mandated reviews of DCA services to identify opportunities to achieve efficiencies. These include: Legal Affairs Division, Division of Investigation, Office of Information Services' Service Desk, and, soon, the Office of Human Resources.
- Business Analytics -- OIO is currently working with 9 boards and bureaus to document and analyze their processes (including your own). This work streamlines procedures, produces artifacts to help develop future I.T. systems, and creates new training tools.

Thank you again for your valued partnership. Please let us know if the Department can be of service to your Board. If you have any questions, feel free to contact DCA Member Relations at MemberRelations@dca.ca.gov.



MEMORANDUM

DATE	January 24, 2020
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 5: Budget Report

Background:

The Board manages two separate funds: 1) the State Dentistry Fund, and 2) the State Dental Assistant Fund. The funds are not comingled. The following is intended to provide a summary of expenses from July 1, 2019 to November 30, 2019 of Fiscal Year (FY) 2019-20 for both funds.

A. State Dentistry Fund

Summary of Expenditures from July 1, 2019 to November 30, 2019:

The State Dentistry Fund's appropriation is consistent with the recently released 2020-21 Governor's Budget. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in December 2019. This report reflects actual expenditures from July 1, 2019 to November 30, 2019. The Board spent roughly \$5.6 million or 36% of its total Dentistry Fund appropriation for FY 2019-20. Of that amount, approximately \$3 million of the expenditures were for Personnel Services and \$2.6 million were for Operating Expense & Equipment (OE&E) for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2019-November 30, 2019
Dentistry Fund	\$15,514,000	\$5,620,058

Expenditure Projection:

Attachment 1 displays year-to-date expenditures for the State Dentistry Fund.

Analysis of Fund Condition:

Attachment 1A displays an analysis of the State Dentistry Fund's condition.

B. State Dental Assistant Fund

Summary of Expenditures from July 1, 2019 to November 30, 2019:

The State Dental Assistant Fund’s appropriation is consistent with the recently released 2020-21 Governor’s Budget. The expenditures in this report are based upon the budget report released by the DCA in December 2019. This report reflects actual expenditures from July 1, 2019 to November 30, 2019. The Board spent roughly \$671,000 or 26% of its total Dental Assistant Fund appropriation for this time period. Of that amount, approximately \$294,000 of the expenditures were for Personnel Services and \$377,000 were for OE&E for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2019-November 30, 2019
Dental Assistant Fund	\$2,599,000	\$671,201

Expenditure Projection:

Attachment 2 displays year-to-date expenditures for the State Dental Assistant Fund.

Analysis of Fund Condition:

Attachment 2A displays the State Dental Assistant Fund’s condition.

Action Requested:

None.

Attachment 1

Dental Board-Fund 0741
 Budget Report
 FY 2019-20 Expenditure Projection FM 5
 Based on 12/23 Activity Log

Object Description	FY 2016-17 Actual Expenditures (Month 13)	FY 2017-18 Actual Expenditures (Prelim 12)	FY 2018-19 Actual Expenditures (Prelim 12)	FY 2019-20 CY Revised Budget 2019-20	FY 2019-20 Current Year Expenditures (12/23 Activity Log)	FY 2019-20 Percent Spent	FY 2019-20 Projections to Year End	FY 2019-20 Unencumbered Balance
Personnel Services								
Salary & Wages (Staff)	3,508,370	3,973,427	4,066,554	5,453,000	1,696,813	31%	4,115,093	1,337,907
Temp Help	91,423	115,694	95,938	284,000	26,510	9%	79,530	204,470
Statutory Exempt (EO)	114,087	119,520	124,296	96,000	53,605	56%	128,652	(32,652)
Board Member Per Diem	19,800	14,500	16,400	105,000	6,300	6%	18,900	86,100
Overtime/Retirement Payout	14,859	12,839	147,705	25,000	49,532	198%	148,596	(123,596)
Staff Benefits	1,992,049	2,343,757	2,419,987	3,311,000	1,123,055	34%	2,733,000	578,000
Totals, Personnel SVC	5,740,588	6,579,737	6,870,880	9,274,000	2,955,815	32%	7,223,771	2,050,229
Operating Expense and Equipment								
General Expense	106,010	137,574	155,124	129,000	44,040	34%	132,120	(3,120)
Printing	80,185	84,508	143,296	58,000	45,823	79%	149,211	(91,211)
Communication	29,473	32,672	33,602	39,000	14,327	37%	42,981	(3,981)
Postage	62,527	39,697	40,903	54,000	461	1%	47,709	6,291
Insurance	8,056	11,115	33,535	2,000	8,606	430%	25,818	(23,818)
Travel In State	153,609	133,870	54,291	110,000	31,980	29%	114,000	(4,000)
Travel, Out-of-State	263	1,922	0	0	0	0%	0	0
Training	6,594	4,216	3,472	7,000	5,845	84%	17,535	(10,535)
Facilities Operations	413,542	419,804	447,096	430,000	265,031	62%	795,093	(365,093)
C & P Services - Interdepartmental	7,886	12,835	5,693	23,000	0	0%	23,000	0
Attorney General	1,056,537	1,090,876	1,074,111	1,778,000	432,921	24%	1,298,763	479,237
Office of Administrative Hearings	227,114	284,403	298,970	407,000	104,975	26%	314,925	92,075
C & P Services - External	839,236	867,055	807,794	804,000	487,960	61%	1,463,880	(659,880)
DCA Pro Rata	1,949,563	2,167,414	2,330,000	2,547,000	1,061,250	42%	2,547,000	0
Interagency Services	0	0	18,654	1,000	6,291	629%	18,873	(17,873)
IA w/ OPES	61,551	0	50,798	0	6,147	0%	121,000	(121,000)
Consolidated Data Center	32,856	19,362	14,494	21,000	5,468	26%	22,000	(1,000)
Information Technology	21,802	12,211	4,018	31,000	151	0%	31,000	0
Equipment	3,699	49,949	34,011	61,000	19,152	31%	61,000	0
Other Items of Expense	7,707	12,154	7,252	0	440	0%	10,000	(10,000)
Vehicle Operations	51,529	48,556	48,816	5,000	123,375	2468%	370,125	(365,125)
Totals, OE&E	5,726,933	5,430,193	5,605,930	6,507,000	2,664,243	41%	7,606,033	(1,099,033)
Total Expense	11,467,521	12,009,930	12,476,810	15,781,000	5,620,058	36%	14,829,804	951,196
Scheduled Reimbursement Fingerprints	(15,365)	(16,366)	(15,541)	(53,000)	(5,047)	10%	(53,000)	0
Unscheduled Prob Monitor	(8,000)	(7,756)	(5,875)	(214,000)	(44,021)	21%	(214,000)	0
Unscheduled Reimbursement Other	(503,376)	(599,852)	(539,503)	0	(254,650)	0%	0	0
Net Appropriation	10,940,780	11,385,956	11,915,891	15,514,000	5,316,340	34%	14,562,804	951,196
							Surplus/ (Deficit):	6.1%

0741-State Dentistry Fund
Analysis of Fund Condition
(Dollars in Thousands)

Prepared 12.23.2019

Governor's Budget 2021-21

	PY 2018-19*	CY 2019-20	Governor's Budget BY 2020-21
Beginning Balance	\$5,106	\$11,358	\$10,957
Prior Year Adjustment	\$3,174	\$ -	\$ -
Adjusted Beginning Balance	\$8,280	\$11,358	\$10,957
Revenues and Transfers			
Revenues:			
4121200 Delinquent fees	\$198	\$205	\$207
4127400 Renewal fees	\$12,959	\$13,177	\$13,308
4129200 Other regulatory fees	\$157	\$162	\$164
4129400 Other regulatory licenses and permits	\$2,401	\$2,511	\$2,537
4143500 Miscellaneous services to the public	\$37	\$47	\$47
4163000 Income from surplus money investments	\$161	\$160	\$161
4171400 Escheat of unclaimed checks and warrants	\$10	\$4	\$4
4172500 Miscellaneous revenues	\$8	\$5	\$5
Total Revenues	\$15,931	\$16,271	\$16,433
Total Revenues, Transfers, and Other Adjustments	\$15,931	\$16,271	\$16,433
Total Resources	\$24,211	\$27,629	\$27,390
Expenditures			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$11,877	\$15,514	\$15,720
8880 Financial Information System of California (State Operations)	\$1	\$-2	\$-
9892 Supplemental Pension Payments (State Operations)	\$161	\$318	\$318
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$814	\$842	\$783
Total Expenditures and Expenditure Adjustments	\$12,853	\$16,672	\$16,821
Fund Balance			
Reserve for economic uncertainties	\$11,358	\$10,957	\$10,569
Months in Reserve	8.2	7.8	7.3
Notes: *PY 2018-19 based on preliminary FM 12 reports			

Attachment 2

Dental Assistant Program-Fund 3142
 Budget Report
 FY 2019-20 Expenditure Projection FM 5
 Based on 12/23 Activity Log

	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2019-20	FY 2019-20	FY 2019-20	FY 2019-20
Object Description	Actual Expenditures (Month 13)	Actual Expenditures (Prelim 12)	Actual Expenditures (Prelim 12)	CY Revised Budget 2019-20	Current Year Expenditures (12/23 Activity Log)	Percent Spent	Projections to Year End	Unencumbered Balance
Personnel Services								
Salary & Wages (Staff)	404,432	429,537	389,649	690,000	155,260	23%	465,780	224,220
Temp Help	33,448	38,903	80,613	0	0	0%	81,000	(81,000)
Board Member Per Diem	2,600	600	1,400	0	600		2,000	(2,000)
Overtime/Retirement Payout	12,255	9,508	1,912	0	5,531		16,593	(16,593)
Staff Benefits	292,318	311,350	328,075	459,000	133,067	29%	469,000	(10,000)
Totals, Personnel SVC					294,458	26%	1,034,373	114,627
Operating Expense and Equipment								
General Expense					45	0%	9,000	29,000
Printing					4,598	24%	13,794	5,206
Communication					909	11%	2,727	5,273
Postage					0	0%	100	16,900
Insurance					0	0%	4,000	(4,000)
Travel In State			17,428	46,000	156	0%	23,000	23,000
Travel, Out-of-State			0	0	0		0	0
Training	36		0	4,000	0	0%	0	4,000
Facilities Operations	45,737	72,335	108,418	133,000	10,501	8%	112,000	21,000
Utilities			0	1,000	0	0%	0	1,000
C & P Services - Interdepartmental			47	128,000	0	0%	500	127,500
Attorney General	137,406	144,981	108,493	216,000	22,556	10%	118,000	98,000
Office of Administrative Hearings	-	-	0	3,000		0%	0	3,000
C & P Services - External	268,372	151,925	169,401	110,000	36,863	34%	160,000	(50,000)
DCA Pro Rata	813,569	745,694	729,000	666,000	277,500	42%	666,000	0
Interagency Services					965	1%	44,000	29,000
IA w/ OPES					22,650	0%	38,552	(38,552)
Consolidated Data Center						0%	0	3,000
Information Technology						0%	0	1,000
Equipment					0	0%	8,000	(8,000)
Other Items of Expense					0	0%	9,000	(9,000)
Vehicle Operations					0	0%	0	0
Totals, OE&E	1,353,804	1,206,858	1,191,804	1,466,000	376,743	26%	1,208,673	257,327
Total Expense	2,098,857	1,996,756	1,993,452	2,615,000	671,201	26%	2,243,046	371,954
Scheduled Reimbursement Fingerprints	(1,323)	(622)	(296)	(13,000)	(296)	2%	(13,000)	0
Unscheduled Prob Monitor	(705)	0	(470)	(3,000)	(470)	16%	(3,000)	0
Unscheduled Reimbursement Other	0	0	0	0	0	0%	0	0
Net Appropriation	2,096,829	1,996,134	1,992,686	2,599,000	670,435	26%	2,227,046	371,954
							Surplus/ (Deficit):	14.3%

3142-State Dental Assistant Fund
Analysis of Fund Condition
(Dollars in Thousands)

Prepared 12.23.2019

Governor's Budget 2021-21

	PY 2018-19*	CY 2019-20	Governor's Budget BY 2020-21
Beginning Balance	\$1,413	\$2,267	\$2,022
Prior Year Adjustment	\$535	\$ -	\$ -
Adjusted Beginning Balance	\$1,948	\$2,267	\$2,022
Revenues and Transfers			
Revenues:			
4121200 Delinquent fees	\$95	\$97	\$98
4127400 Renewal fees	\$1,827	\$1,842	\$1,860
4129200 Other regulatory fees	\$36	\$32	\$32
4129400 Other regulatory licenses and permits	\$511	\$531	\$536
4143500 Miscellaneous services to the public	\$43	\$1	\$1
4163000 Income from surplus money investments	\$32	\$31	\$28
4171400 Escheat of unclaimed checks and warrants	\$ -	\$ -	\$ -
4172500 Miscellaneous revenues	\$4	\$1	\$1
Total Revenues	\$2,548	\$2,535	\$2,556
Total Revenues, Transfers, and Other Adjustments	\$2,548	\$2,535	\$2,556
Total Resources	\$4,496	\$4,802	\$4,578
Expenditures			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$2,010	\$2,599	\$2,655
8880 Financial Information System of California (State Operations)	\$ -	\$ -	\$ -
9892 Supplemental Pension Payments (State Operations)	\$17	\$33	\$33
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$202	\$148	\$123
Total Expenditures and Expenditure Adjustments	\$2,229	\$2,780	\$2,811
Fund Balance			
Reserve for economic uncertainties	\$2,267	\$2,022	\$1,767
Months in Reserve	9.8	8.6	7.3
Notes: *PY 2018-19 based on preliminary FM 12 reports			



MEMORANDUM

DATE	January 21, 2020
TO	Members of the Dental Board of California
FROM	Daniel Yoon, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 6: Discussion and Possible Action Regarding Appointment of New Registered Dental Assistant in Extended Functions (RDAEF) Examiners

Background:

The Board administers practical and clinical examinations pursuant to Business and Professions Code Section 1753.4 to applicants seeking licensure as a registered dental assistant in extended functions (RDAEF). These examinations are graded by examiners appointed by the Board.

The Board has received an application from Dr. Frank Liu who is interested in serving as an RDAEF examiner. His qualifications have been reviewed by Board staff and Dr. Richard Frieden, the Board's Chief RDAEF Examiner. Dr. Liu's Curriculum Vitae (CV) is included for the Board's review.

The candidate for appointment as RDAEF examiner is:

1. Frank Liu, DDS

Action Requested:

Staff recommends that the candidate be appointed as examiner for the RDAEF clinical and practical examinations.

FRANK LIU, DDS

PROFESSIONAL & WORK EXPERIENCE

Tri-City Health Center

January 2019 - present

Dentist ▪ *Fremont, CA*

- Provide comprehensive dentistry in diagnosis, preventative, pedodontics, removable and fixed prosthodontics, endodontics, oral surgery
- Identify, develop, and implement comprehensive clinical services including the coordination of credentialing and privileging of dental clinical staff
- Mentor rotating 3rd/4th year dental students from Western University of Health Sciences

Clinica de Salud Del Valle De Salinas

March 2013 - January 2019

Dentist ▪ *Salinas, CA*

- Provided comprehensive dental care to adult and pediatric patients including: root canal treatment (anterior and molar), crown and bridge, third molar extractions, surgical extractions, comprehensive restorative, removable prosth, treatment of various levels of trauma injuries, emergency dental services
- Supervised dental staff, implementation of policies and protocols for maintaining dental records, participation in utilization review, quality assurance, cost control activities

Clinica Sierra Vista- Elm Dental Center

August 2012 - March 2013

Dentist ▪ *Fresno, CA*

- Provided comprehensive dental care to adult and pediatric patients including: root canal treatment (anterior and molar), crown and bridge, third molar extractions, surgical extractions, comprehensive restorative, removable prosth, treatment of various levels of trauma injuries, emergency dental services

Community Regional Medical Centers- General Practice Residency

June 2011 – July 2012

Resident ▪ *Fresno, CA*

- Provided comprehensive dental care to adult and pediatric patients including: managing and treating special needs patients and young children in the operating room under general anesthesia, root canal treatment (molars, retreatment), crown and bridge, comprehensive restorative, CAD/CAM crowns, implant restorations, surgical extractions, treated various levels of trauma injuries, emergency dental services, Invisalign certified

COMMUNITY

Team S.M.I.L.E./Sealant Day

2011 – 2012

Volunteer Dentist ▪ *Fresno, CA*

- Provided free dental care for children in Fresno including: exams, cleanings, restorations, extractions, pulpotomies

EDUCATION

University of California at San Francisco School of Dentistry

2007 – 2011

Doctor of Dental Surgery DDS

University of California, Berkeley

2001 – 2005

Bachelor of Arts in Molecular Cellular Biology with emphasis in Cell & Developmental Biology

ORGANIZATIONS

America Dental Association
California Dental Association
Fresno-Madera Dental Society

LANGUAGES

- Mandarin (Conversational)
- Spanish (Basic)



MEMORANDUM

DATE	January 24, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 7: Update Regarding Dental Assisting Council (DAC) Member(s)

Background:

The Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The Council is composed of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, two members who are employed as faculty members of a RDA educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions (RDAEF), who shall be employed clinically in private dental practice or public safety net or dental health care clinics. Council members are appointed by the Board and serve at the Board's pleasure.

At the November 2019 Board meeting Stacy Welch, RDAEF, was appointed to fill the vacancy for a RDAEF employed clinically in private dental practice or public safety net or dental health care clinics. In December 2019, Stacy Welch notified the Board that she will not continue with the appointment to fill the vacancy. In January 2019, Pamela Peacock, RDA, notified the Board of her resignation from the Council. Based on this information, a recruitment notice has been posted on the Board's website to accept applications to fill the following: one (1) RDA member who shall be employed clinically in private dental practice or public safety net or dental health care clinics and one (1) RDAEF member who shall be employed clinically in private dental practice or public safety net or dental health care clinics. The application deadline to fill both vacancies is March 31, 2020. Below are the following members currently on the Council:

Faculty:

Anne Contreras, RDA
 Cindy Friel Ovard, RDA

Clinical:

Melinda Cazares, RDA
 (Vacant, RDA)
 (Vacant RDAEF)

Board Representatives:

Rosalinda Olague, RDA
 Joanne Pacheco, RDH

Action Requested:

No action requested



**DENTAL BOARD OF CALIFORNIA
NOTICE OF JOINT MEETING OF THE DENTAL BOARD OF CALIFORNIA AND THE
DENTAL ASSISTING COUNCIL AGENDA**

February 27-28, 2020

DoubleTree by Hilton Hotel San Diego
1646 Front Street
San Diego, CA, 92101

(619) 239-6800 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

Members of the Board:

Thomas Stewart, DDS, President
Steven Chan, DDS, Vice President
Joanne Pacheco, RDH, Secretary

Fran Burton, MSW, Public Member
Alan Felsenfeld, DDS
Ross Lai, DDS
Lilia Larin, DDS
Meredith McKenzie, Public Member

Abigail Medina, Public Member
Rosalinda Olague, RDA, BA
Steven Morrow, DDS, MS,
James Yu, DDS, MS

Members of the Dental Assisting Council:

Cindy Ovard, RDA, Chair
Rosalinda Olague, RDA, BA, Vice Chair

Anne Contreras, RDA
Melinda Cazares, RDA

Joanne Pacheco, RDH

Public comments will be taken on agenda items at the time the specific item is raised. The Council may take action on any item listed on the agenda, unless listed as informational only. 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 Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at <https://www.dbc.ca.gov/>. This Committee 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. To view the Webcast, please visit

Joint Meeting of the Dental Board of California and
The Dental Assisting Council Agenda
February 27, 2020

Page 1 of 3

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. Items may be taken out of order, tabled or held over to a subsequent meeting; items scheduled to be heard on Thursday may be held over to Friday, and items scheduled to be heard on Friday may be moved up to Thursday, for convenience, to accommodate speakers, or to maintain a quorum. 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.

In the event a quorum of the Board is unable to attend the meeting, or the Board is unable to maintain a quorum once the meeting is called to order, the president may, at his/her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting (Government Code section 11125(c)).

Public comments will be taken on agenda items at the time the specific item is raised. All times are approximate and subject to change. 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. 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. Adjournment, if it is the only item that occurs after a closed session, may not be webcast. A committee opening and roll call, if the only item preceding a closed session, may not be webcast. To view the Webcast, please visit <https://thedcapage.blog/>

1. Approval of the November 14, 2019, Dental Assisting Council Meeting Minutes [36 - 42]
2. Discussion and Possible Action to Initiate the Dental Assisting Comprehensive Rulemaking Proposal [43 - 210]
3. Update on New Dental Assisting Program and Course Applications [211 - 213]
4. Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process [214 - 218]
5. Update on Dental Assisting Examination Statistics [219 - 255]
 - a. Registered Dental Assistant (RDA) General Written and Law and Ethics Examination
 - b. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations

- c. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
 - d. Orthodontic Assistant (OA) Written Examination
 - e. Dental Sedation Assistant (DSA) Written Examination
6. Update on Dental Assisting Licensing Statistics [256 - 263]
- a. Registered Dental Assistant (RDA)
 - b. Registered Dental Assistant in Extended Functions (RDAEF)
 - c. Orthodontic Assistant (OA)
 - d. Dental Sedation Assistant (DSA)
7. Public Comment on Items Not on the Agenda
The Board and Council 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)).
8. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
9. Board and Council Member Comments on Items Not on the Agenda
The Board and Council 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)).
10. Adjournment



**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL MEETING MINUTES**

November 14, 2019

Sacramento Marriott Rancho Cordova
11211 Point East Drive
Rancho Cordova, CA, 95742

Members Present:

Melinda Cazares, RDA
Cindy Ovard, RDA
Rosalinda Olague, RDA
Bruce Whitcher, DDS

Members Absent:

Pamela Peacock, RDA
Anne Contreras, RDA

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

The meeting of the Dental Assisting Council was called to order by Dental Assisting Council Vice Chair Rosalinda Olague. Roll was called and a quorum established.

Agenda Item 2: Introduction of New Dental Assisting Council Members

Ms. Melinda Cazares gave a brief summary of her personal/career experience.

Agenda Item 3: Approval of the July 26, 2019 and August 15, 2019, Dental Assisting Council Meeting Minutes

M/S/C (Whitcher/Ovard) to approve the minutes with the following changes for July 26, 2019: agenda item 1 of page 39 to replace Ovard with Rodriguez, page 42 to replace CDAAN with CDA. There was no public comment.

Aye: Cazares, Olague, Ovard, Whitcher

Nay:

Abstain:

Absent: Contreras, Peacock

Recusal:

The motion passed, and the minutes are approved as amended with the changes.

M/S/C (Ovard /Whitcher) to approve the minutes with the August 15, 2019 with no changes

Aye: Cazares, Olague, Ovard, Witcher

Nay:

Abstain:

Absent: Contreras, Peacock

Recusal:

The motion passed, and the minutes are approved with no changes.

Agenda Item 4: Update on New Dental Assisting Program and Course Applications

Tina Vallery, Dental Assisting Licensing Manager, provided a report on the new dental assisting program and course applications. Refer to the board meeting materials on the Board's website. There was no public comment.

Ms. Ovard asked if the programs were new or reapproved. Ms. Vallery responded that the programs are new.

Agenda Item 5: Update on RDA Program Re-Evaluation and Overview of Re-Evaluation Process

Ms. Vallery provided a report of the RDA program re-evaluation and an overview of the re-evaluation process. Refer to the board meeting materials on the Board's website. There was no public comment.

Dr. Witcher commented that a lot of the programs struggled in the past and acknowledged Ms. Vallery's work with the programs. Ms. Vallery commented that it is a learning process and she is working on accommodations and extensions with the other programs.

Agenda Item 6: Update on Dental Assisting Examination Statistics

Ms. Vallery provided the dental assisting examination statistics report. Refer to the board meeting materials on the Board's website. There was no public comment.

Agenda Item 7: Presentation by Office of Professional Examination Services Regarding the Registered Dental Assistant General and Law and Ethics Combined Written Examination Passing Scores

Drs. Heidi Lincer and Tracy Montez from Office of Professional Examination Services (OPES) provided an overview of the passing score for the registered dental assistant general and law and ethics combined written examination.

Ms. Ovard questioned how and where the candidates can find sample questions for the examination. Dr. Lincer responded that the sample questions can be found in the candidate's information bulletin. Dr. Witcher questioned if the reference list will be provided. Dr. Lincer confirmed that the reference list can be found in the candidate's information bulletin. Ms. Olague questioned the target date of when updated bulletin will be provided to dental assistants. Dr. Lincer responded that it is still in her office right now and

plans to send it to the Board on the week of November 18, 2019 for approval and distribution. Ms. Olague questioned when test target dates will be available. Dr. Lincer responded that the test dates will be announced in either March or April of 2020.

Public Comment:

Claudia Pohl, CDAA, commented it is hard to guide students on infection control since it is only 24% of the exam with only three (3) knowledge statements which is broad regarding the exam plan outline. Ms. Pohl suggested more task or knowledge statements would be very helpful. Ms. Pohl also stated that the dental procedures preventative is 5% of the exam which means that there are seven (7) questions with only one (1) knowledge statement. She believes that developing those questions for that knowledge statement would be hard for students to answer. Dr. Lincer stated that there are task questions that will need to be developed for the knowledge statement. Dr. Montez commented that as a dental assistant it is important to focus on the task.

Agenda Item 8: Update on Dental Assisting Licensing Statistics

Ms. Vallery provided the dental assisting licensing statistics report. Refer to the board meeting materials on the Board's website. There was no public comment.

Agenda Item 9: Election of Dental Assisting Council Chair and Vice Chair

Ms. Karen Fischer, Executive Officer, facilitated the election. She opened the floor for nominations for the position of Chair of the Dental Assisting Council.

Rosalinda Olague nominated Cindy Ovard. Cindy Ovard accepted the nomination. There were no additional nominations.

Aye: Cazares, Olague, Ovard, Witcher

Nay:

Abstain:

Absent: Contreras, Peacock

Recusal:

Cindy Ovard was elected for Chair of the Dental Assisting Council.

Ms. Fischer opened the floor for nominations for the position of Vice Chair of the Dental Assisting Council.

Cindy Ovard nominated Rosalinda Olague. Rosalinda Olague accepted the nomination. There were no additional nominations.

Aye: Cazares, Olague, Ovard, Witcher

Nay:

Abstain:

Absent: Contreras, Peacock

Recusal:

Rosalinda Olague was elected for Vice Chair of the Dental Assisting Council.

Agenda Item 10: Discussion and Possible Action Regarding the Dental Assisting Comprehensive Rulemaking Proposal

Gabriel Nevin, Legislative and Regulations Analyst, gave a brief background of the proposed comprehensive rulemaking for Dental Assisting. The proposed rulemaking is based on workshops and public input beginning almost a decade ago. The proposed rulemaking is a second draft of this comprehensive regulatory framework. The Council then considered each section in the proposed rulemaking in turn.

Section 1067:

Dr. Whitcher commented that the term, on page 2, line 17, “basic supportive dental procedure” is not consistent with the statutory language. It should read reversible and unlikely to precipitate not reversible and inability to precipitate.

Section 1070:

Mr. Nevin asked the Council if a consensus was reached on the thirty (30) hour requirement of educational mythology on page 7, line 34. Councilmember Ovard commented that two years is too long and the thirty (30) hour requirement should be required and the language also included six (6) months – which is more consistent. Councilmember Ovard questioned where the curriculum is coming from. Sarah Wallace, Assistant Executive Officer, clarified that the Board will not be approving the curriculum but only the education methodology. Ms. Wallace asked if page 7, line 35-42, will need to reflect within six (6) months of initial hire. Councilmember Ovard confirmed. Dr. Whitcher commented that it applies to both program and course faculty. The RDA faculty and instructional staff were required to complete thirty (30) hours in the past – which the stand-alone courses do not require. The stand-alone courses only require two (2) hours of methodology course which are more task focused for technique processes. Dr. Whitcher suggested: thirty (30) hours for programs, two (2) hours for stand-alone, and six (6) hours for RDAEF. Councilmember Ovard stated that the thirty (30) hours will cover how to teach, building a rubric, syllabus, and how to teach a program. The two (2) hours is how to teach a clinical class. Dr. Whitcher responded that increasing the stand-alone courses from two (2) to thirty (30) for the stand-alone course providers will result in losing providers in the workforce. Councilmember Olague agreed with Dr. Whitcher’s suggestions on adjusting the language. Mr. Nevin asked if the Council would like to have RDH licensees serve as faculty for RDA programs. Dr. Whitcher commented that RDH were approved to serve as faculty with some provisions. Dr. Whitcher commented that the language states “a RDH licensee can teach what they are licensed to perform in their scope of practice.” Councilmember Ovard questioned if the Board will show the policy and procedure for remediation or if that is something the program will have to provide from page 14, line 18. Ms. Wallace confirmed that the course or program will have to provide the policy.

Councilmember Ovard questioned the interpretation of the word after for extramural assignments on clinical assignments for on page 14, line 33-35. Dr. Whitcher clarified that it would be an assessment of what they learned from rotations. Councilmember Ovard questioned the specifications of set instruments for procedures from page 25, line 25-26. Ms. Wallace confirmed that it is specified to current duties and functions of dental assisting and registered dental assisting duties as stated beginning on line 10 of page 25. Dr. Whitcher commented that section F on page 25, line 10 would be sufficient by itself. Councilmember Ovard pointed out the changes from 260 hours to 265 hours for clinical externship in an extramural or onsite dental facility on page 26, line 21. Councilmember Ovard questioned if the 100 hours is a prerequisite for infection control before working on patients. Ms. Wallace confirmed that public protection's concern was that students were not receiving enough infection control before enrolling into the curriculum. Mr. Nevin asked if the radiation safety course content description is sufficient in 1070.9 on page 109 for the Radiology portion of page 28, line 22. Dr. Whitcher commented that he does not think it is important for that section because it is referenced elsewhere. Ms. Wallace confirmed that it will be removed. Mr. Nevin asked for clarification on the specifications of the instructions on laboratory and clinical instruction on page 33, line 38-40 and page 34, line 1-4. Dr. Whitcher commented that there was a testimony that there shouldn't be a restriction on laboratory instructions on extramural sites because it is not necessary. Mr. Nevin asked if Councilmember Ovard prefers one or two externship shall be required on page 34, line 11. Councilmember Ovard confirms that one should be sufficient. The Council agreed. Dr. Whitcher pointed out that the old language for infection control should not require a license from Section 1070.2(d)(8)(B).

Section 1070.3:

Councilmember Ovard commented it is not necessary to have a provider for onsite oversight during clinical instruction on page 44, line 6. The Council agreed. Councilmember Ovard did not recall why a written permission letter or was removed from page 44, line 9. The Council agreed to restore the language. The Council agreed to change the language on page 44, line 14-20, to reflect: no less than four (4) teeth, no less than one patient, at least one application in each quadrant using a typodont or simulation device, and at least four (4) applications on posterior teeth in each of the one required live patient.

Section 1070.6:

Dr. Whitcher commented that the language to file a certificate of compliance is for ultra-sonic scaling and not orthodontic assistants on page 87, line 33-36.

Section 1070.9:

Mr. Nevin asked for clarification from the Council whether to accept on the job training on page 109 line 28-33. Dr. Whitcher commented that the language will not be necessary and relevant because it appears to be within a board approved RDA program already. The Council agreed. Councilmember Ovard commented to remove per operator from page 110, line 28. The Council agreed. Councilmember Ovard suggested a

preexposure exam about radiology and then the final written and competency exam on page 111. Dr. Whitcher referred to course curriculum content on page 111, line 35-37. Ms. Wallace commented that staff can add language on radiology preexposure if it has not been addressed in another section. Mr. Nevin pointed out that a consensus was not reached regarding for dental supervision on page 114, line 17-23. Dr. Whitcher stated that the statutory requirement came from the health and safety code that is referenced from 1014.1 – which the Council confirmed the language should include dental supervision.

Section 1071:

Councilmember Ovard questioned the language of 100 restorations on page 120, line 34 and 900 restorations on page 120, line 41. Dr. Whitcher suggested to revert back to the original language. The Council confirmed. Dr. Whitcher pointed out that page 121, line 24-25, is missing the laboratory instruction for number two (2). Mr. Nevin questioned if the Council would like to lay out admission criteria for the CODA requirements for admission on page 252-253. The Council confirms that it is sufficient and will not be necessary.

Public Comment:

Melody Randolph, CADAT and Dagers representative, thanked the Council for their work and stated that she objects to move forward with the rulemaking proposal as there were issues that were not addressed that would directly impact the programs and courses. Ms. Randolph stated that the conversation of one sealant per patient was not what was agreed in conjunction with eight hours of clinical instruction for one patient upon at the July 26, 2019 meeting. Ms. Randolph commented that the requirements of 12 hours for clinical instruction for X-rays does not make sense. She stated that time will be wasted if the rulemaking proposal gets initiated. Claudia Pohl, CDAA representative, stated that there was only a week for stakeholders to review.

Dr. Whitcher encouraged stakeholders to submit timely comments and revisions at workshops. Ms. Fischer discussed the formal process to address the current and future dental assisting regulation comments.

M/S/C: (Whitcher/Cazares) to direct staff to prepare the proposed language in the final format and include all forms to be incorporated by reference, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed language, and recommended the proposal be forwarded to the Board to consider initiation of the rulemaking at its February Board meeting.

Aye: Cazares, Olague, Ovard

Nay: Whitcher

Abstain:

Absent: Contreras, Peacock

Recusal:

The motion passed.

Agenda Item 11: Public Comment on Items Not on the Agenda

None.

Agenda Item 12: Future Agenda Items

None.

Agenda Item 13: Council Member Comments on Items Not on the Agenda

None.

Agenda Item 14: Adjournment

Meeting adjourned.



MEMORANDUM

DATE	February 12, 2020
TO	Members of the Dental Board of California and the Dental Assisting Council
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 2: Discussion and Possible Action to Initiate the Dental Assisting Comprehensive Rulemaking Proposal

During the November 14, 2019 meeting, the Dental Assisting Council (Council) considered the draft language of the dental assisting comprehensive rulemaking proposal. After review and discussion, the Council voted to direct staff to prepare the proposed language in the final format and include all forms to be incorporated by reference, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed language, and recommended the proposal be forwarded to the Board to consider initiation of the rulemaking at its February Board meeting.

Since the November 14th meeting, staff has received feedback from the California Association of Dental Assisting Teachers (CADAT), the California Dental Association (CDA), the Foundation for Allied Dental Education (FADE), the California Dental Assisting Association (CDAA), DAGGERS, and individual licensees regarding the proposed language. Staff’s recommendations based on a review of the proposed language and stakeholder feedback follows:

1. 1070(d)(3)(B) requires that faculty in RDAEF programs possess 2 years of experience in clinical chairside dental assisting involving 4 handed dentistry. Stakeholders have pointed out, and similar sections have been reconfigured to reflect that the point of the experience requirements is that faculty have experience working in the capacity which they will be teaching students in. Therefore staff recommends changing this requirement to: “2 years of experience working as an RDAEF in a clinical setting.”

2. 1070(h)(1) provides for health and safety standards and requires written protocols for emergencies be provided to students. In addition to these written materials, stakeholders have requested the addition of the following language related to standard Safety Data Sheets, which staff agrees would be a valuable addition: “All students and faculty shall have access to a resource notebook to include the Safety Data Sheets for all materials and chemicals used in the program or course.”

3. 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

4. Subsection 1070(j)(1) refers to “qualified faculty” which could be confuse people into believing that there is a difference between “faculty” and “qualified faculty” The qualifications for faculty are enumerated elsewhere, and all faculty must be qualified, or they may not serve as faculty. Therefore to remove confusion, staff recommends changing “qualified faculty” to “faculty”.

5. Proposed section 1070.2(h)(5)(D) Requires program curriculum to provide, “[i]nstruction in basic life support (BLS) for healthcare professionals to include use of AED as required by 16 CCR 1016(b)(1)(C) prior to the beginning of the pre-clinical or clinical experiences, wherein recertification intervals may not exceed two years.”

However Stakeholders (MR) have pointed out that programs are currently allowed to accept a student’s certification in BLS from another education provider. Therefore this will require that many programs add new certifications to their curricula, and additionally could affect course sequencing.

The current language at Section 1070.2(d)(9)(D) adds to the requirement for BLS certification: “The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.” Staff Recommends that this caveat be added back to the proposed language to allow programs flexibility in course offerings and sequencing, unless the Council’s intention is to require programs to offer BLS courses.

6. 1070.2(h)(6) States that programs “shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the Board’s Minimum Standards for Infection Control (16 CCR 1005). Students shall be enrolled in or have a program-approved plan to enroll in courses culminating in a comprehensive written final examination prior to the student's performance of procedures on patients.” Stakeholders have pointed out that many linear dental assisting programs enroll students in IC/OSHA courses simultaneously with other chairside, x-ray, and patient assessment type courses and therefore Requiring those programs to ensure that students have completed a comprehensive written final IC/OSHA exam prior to performance of procedures on patients will require dramatic and expensive revisions to their program sequencing and curriculum design, and does not yield substantial safety increases, because students are overseen by faculty who ensure that all IC protocols and OSHA regulations are observed.

Staff recommends a reversion to the current language of 1070.2(d)(8)(B) which requires that programs provide instruction in IC and OSHA but does not require the completion of a written exam prior to performing procedures on patients, and add language

requiring that faculty maintain all IC protocols and OSHA regulations. Staff suggests the new (6) read:

“All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the Board’s Minimum Standards for Infection Control (16 CCR 1005) prior to the student's performance of procedures on patients. Faculty will be responsible for ensuring that all proper Infection Control and Cal/OSHA regulations and requirements are maintained whenever students perform procedures on patients.”

7. 1070.3(f) Describes the hours required for pit and fissure courses. The proposed language currently requires, “no less than 16 clockhours in length consisting of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least four hours of laboratory training, and at least eight hours of clinical training.”

This formulation does not include a specific requirement of hours for simulated clinical training, and a course could under this formulation include only nominal simulated clinical training. However simulated clinical training is now included on the examination requirements at 1070.3(g)(5). Therefore staff requests that the Council establish a required number of hours of simulated clinical training. Staff suggests dividing the required laboratory training in half and using the following formulation:

“no less than 16 clockhours in length consisting of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least two hours of laboratory training, two hours simulated clinical training, and at least eight hours of clinical training.”

8. The Board has received substantial feedback regarding the changes to 1070.3(g)(5) which were made during the November 2019 DAC meeting. Staff recommends a further change to the section which is based on stakeholder comments and will bring it in line with the CODA standards:

(i) no less than 16 teeth total;

(ii) no less than four (4) laboratory applications;

(iii) no less than four (4) applications on simulation devices;

(iv) no less than eight (8) clinical applications on live patients;

(v) no less than two live patients;

(vi) no more than four applications on any of the required live patients

9. Section 1070.3(i)(3)(B) details the clinical experiences that students in pit and fissure sealant courses must be evaluated on after completing their didactic instruction. The requirements listed here have been the same as the examination requirements listed at

subsection (g)(5), however they are listed in one sentence instead of broken out across multiple sections. As a result subsection (i)(3)(B) is confusingly worded and difficult to decipher. Staff recommends changing subsection (1)(3)(B) to reference subsection (g)(5) rather than repeating the formulation provided by that subsection:

“(B) Sufficient time shall be available for students to demonstrate competency in performing the applications required under Section 1070.3(g)(5).”

10. There are some inconsistencies in the proposed language for ultrasonic course at 16 CCR 1070.5 - the course is described as consisting of didactic and laboratory instruction in subsection (f) but paragraph (i) refers “laboratory, pre-clinical and clinical” instruction

The existing and proposed language does not appear to require clinical instruction or examination. The existing 16 CCR 1070.5 does not replicate proposed subsection (f), and it does only require that courses provide didactic and laboratory instruction and examination. The existing section spells out requirements for optional extramural (clinical) instruction. It is optional because the current requirements for examination do not require extramural evaluation. The existing language merely provides guidance for courses that choose to offer extramural training.

The proposed language does not mention extramural instruction or facilities. It is possible “Clinical instruction” was added by mistake, since it is not otherwise addressed. The same construction of a subsection header reading “Laboratory, Simulated-Clinical and Clinical Instruction:” appears in other parts of the document so this could be unintentional reproduction of that language.

The draft section appears incomplete because it does not fully lay out the requirements for lab or clinical instruction, and the subsections which do reference laboratory and clinical instruction are not specific to this section or laboratory oratory and clinical instruction. The existing 1070.5 language has limited rules for the laboratory component of instruction other than requiring 2 hours of it (a requirement that is missing from the proposed language).

Staff recommends adding the language from existing 1070.5(h) in to replace the proposed 1070.5(i), and that the requirement for two hours of laboratory instruction be added back to proposed subsection 1070.5(f) course duration. This will maintain the existing regulatory structure, without requiring a more substantial re-writing of the proposed language. In the alternative subsection (i) could be removed entirely as it currently duplicates other language found in the section.

11. 1070.9(d)(2) was restructured to allow students who are taking courses as part of a dental assisting program to enroll in classes which they have not completed the prerequisite instruction if the course plans to provide that instruction concurrently. This exception to the prerequisites should have extended to IC and BLS certification required by this section. Therefore staff recommends changing this section from

(2) When instruction is incorporated in a registered dental assisting program, students shall have completed, enrolled in, or have a program program-approved plan to be enrolled in, instruction in, basic chairside skills, anatomy, tooth morphology, infection

control and basic life support, as defined herein, prior to the start of instruction in radiation safety.

12. 1070.9(l) states that, "Extramural dental facilities may be utilized by a course for the purposes of radiographic clinical experiences, but may not be used for final clinical competency."

Stakeholders have pointed out that this prohibition is inconsistent with the coronal polish and pit and fissure course requirements. Furthermore, clinical competency must be evaluated by faculty, and it should not matter where this is done. Therefore staff recommends removing this burden on courses.

In addition 1070.9(l) states that, "Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances and shall not be provided in an extramural dental facility." Staff recommends that the prohibition against providing didactic instruction in an extramural dental facility be removed so that the section reads: "Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances."
"

Instruction must be given by course faculty and therefore it should not make a difference where the instruction is provided. If students require instruction in an extramural facility, faculty should be able to provide that instruction on the spot.

13. Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program (1070(k)(5) and 1070.9(d)(2)). Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in subsection (5) be changed from "Such documentation shall be maintained by the clinical facility and copies of the consent acknowledging the procedure is being performed by a student of the course or program shall be transferred to the educational program upon completion of the student's clinical instruction to be maintained in the student's records", to "Such documentation shall be maintained by the clinical facility."

Staff recommend not removing the requirement to receive written consent and acknowledgment from patients before allowing students to perform clinical duties. This is basic informed consent, and it is an issue of liability and ethics. Receiving consent will protect schools, doctors and students from liability and lawsuits by patients. Informed consent is also basic medical ethics and is found in Section 1 of the American Dental Association Principles of Ethics and Code of Professional Conduct. This does not need to be derailing to operations of dental clinics though. Dental facilities already ask all new patients to provide health histories and sign forms consenting to treatment. To comply with this subsection, facilities will merely have to add language to their consent forms informing patients that students work in the facility and may perform procedures on patients under proper supervision.

14. At 1070(d)(1)(B); 1070(d)(2)(C); and 1070(d)(3)(C) there is a requirement that faculty “demonstrate expertise” in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from “possessing experience”. Staff recommends reverting to “possessing experience” or make a change tracking the CODA language.

CODA 3-5 requires that “[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.” Therefore staff recommend changing, “shall be able to demonstrate expertise in each subject area for which they are teaching”, to “have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment.”

15. The requirements for program and course facilities have been updated to require either lecture classrooms or equipment for broadcasting lectures online. Stakeholders have pointed out the terms “broadcasting” and “online” are unnecessarily prescriptive.

Staff recommends terminology that is less technology specific and more directed at the desired outcome of providing students the ability to receive instruction in a different place and or time than the instructor. Therefore staff recommends that these various sections be updated to read: “lecture classrooms or the capability to facilitate distance learning modalities.”

16. The proposed language related to courses reference the requirement that a “single standard of care” is maintained by courses. The term “single standard of care” is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards they must maintain. Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it. However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

17. The proposed language references “patient selection criteria” without providing criteria or further guidance. It appears that patient selection is a reference to determining when a particular treatment is appropriate and when it is not for a particular patient. However this is adequately covered by “indications and contraindications”. Staff recommend removing references to patient selection criteria.

Action Requested:

Consider and possibly approve the proposed regulatory language relative to the dental assisting comprehensive rulemaking, 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 the California Code of Regulations, Title 16, Division 10, Chapter 3 as noticed in the proposed text.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

PROPOSED LANGUAGE

**Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California
Chapter 3. Dental Auxiliaries
Article 1. General Provisions**

§ 1067. Definitions.

As used in this subchapter:

(a) "Dental auxiliary" means a person who may perform dental supportive procedures authorized by the provisions of these regulations under the specified supervision of a licensed dentist.

(b) "Dental assistant" means an unlicensed person who may perform basic supportive dental procedures specified by these regulations under the supervision of a licensed dentist.

(c) "Registered dental assistant" or "RDA" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

(d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and registered dental assistant, under the designated supervision of a licensed dentist.

(e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental assistant in extended function applicants.

(f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a registered dental hygienist who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental hygienist in extended functions applicants.

(g) "Oral prophylaxis" means the preventive dental procedures including complete removal of explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from
3 exposed tooth surfaces, utilizing an appropriate rotary instrument with ~~rubber~~ cup or brush and
4 a polishing agent.

5
6 (i) "Direct supervision" means supervision of dental procedures based on instructions given by a
7 licensed dentist who shall be physically present in the treatment facility during performance of
8 those procedures.

9
10 (j) "General supervision" means supervision of dental procedures based on instructions given
11 by a licensed dentist, but not requiring the
12 physical presence of the supervising dentist during the performance of those procedures.

13
14 ~~(k) "Satisfactory educational qualification" means theory, laboratory and/or clinical experience
15 approved by the board.~~

16
17 (l) "Basic supportive dental procedures" means ~~fundamental~~ duties or functions which may be
18 performed by an unlicensed dental assistant under the supervision of a licensed dentist
19 ~~because and are of their~~ technically elementary characteristics, completely reversible
20 ~~reversibility and inability~~ unlikely to precipitate potentially hazardous conditions for the patient
21 being treated.

22
23 (m) "Root planing" means the process of instrumentation by which the unattached surfaces of
24 the root are made smooth by the removal of calculus and/or cementum.

25
26 (n) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal
27 pocket, not involving the reflection of a flap.

28
29 (o) "Gingival" means pertaining to the gingivae, the mucous membrane with the supporting
30 fibrous tissue.

31
32
33 Note: Authority cited: Sections 1614, ~~1750, 1750.1, 1750.3, and 1752.4, 1762~~, Business and
34 Professions Code. Reference: Sections 1741~~(d)~~, ~~1752.1 1754, 1759, 1760 and 1762~~, Business
35 and Professions Code.

36
37 **§ 1068. Posting of Dental Auxiliary Duties.**

38 All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the
39 office which delineates duties and functions deemed by the board as delegable within
40 stipulated settings and/or circumstances. Such notice shall be readily accessible to all
41 individuals under supervision of the dentist.

42
43 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1751,
44 ~~1754~~1752.1, ~~1757, 1759 and 1762~~, Business and Professions Code.

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**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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§ 1069. Permit Reform Act

Permit” as defined by the Permit Reform Act of 1981 means any license, certificate, registration, permit, or any other form of authorization required by a state agency to engage in a particular activity or act. Processing times for the committee's programs are set forth below. The actual processing times apply to those persons who take and pass the first available examination.

Name of Program	Maximum period of time in which the Board will notify applicant that application is complete or deficient and what specific information is required	Maximum period of time after the filing of a complete application in which the Board will notify applicant of a permit decision	Actual Processing Times Based On Prior Two Years		
			Minimum	Median	Maximum
RDA Licensure		180 days	75 days	114 days	358 days
RDAEF Licensure	75 days	120 days	28 days	35 days	55 days
RDH Licensure	90 days	120 days	32 days	113 days	270 days
RDHEF Licensure	75 days	120 days	32 days	113 days	270 days
Review and Approval					
RDA Educational Programs	120 days	150 days	64 days	219 days	370 days
RDA Coronal Polish and/or Ultrasonic Scaler Course	90 days	120 days	67 days	102 days	191 days
RDAEF Educational Programs	90 days	120 days	60 days	90 days	150 days
RDHEF Educational Programs	90 days	120 days	60 days	90 days	150 days
Auxiliary Licensure Renewal	30 days	90 days	20 days	39 days	60 days

10

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 15375
2 and 15376, Government Code; and Section 1614, Business and Professions Code.
3
4

Article 2. Educational Programs

5
6
7 **§ 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.**
8

9 (a) The criteria herein shall be met by all registered dental assisting (RDA) programs, registered
10 dental assistant in extended functions (RDAEF) programs, orthodontic assisting permit courses,
11 dental sedation assistant permit courses, pit and fissure sealant courses, coronal polishing
12 courses, ultrasonic scaling courses, infection control courses, and radiation safety courses to
13 secure and maintain approval by the Board as provided in this Article.
14

15 (1) All Board-approved programs and courses shall be reevaluated by the Board
16 approximately every seven years but may be subject to reevaluation and inspection by
17 the Board at any time to review and investigate compliance with this Article and the
18 Dental Practice Act (Act). Reevaluation may include a site visit or written documentation
19 that ensures compliance with all regulations. Results of reevaluation shall be reported to
20 the Board or its designee for final consideration and continuance of program or course
21 approval, provisional approval, or denial of approval.
22

23 (2) Program and course records shall be subject to inspection by the Board at any time.
24

25 (3) The Board may withdraw approval at any time that it determines that a program or
26 course does not meet the requirements of this Article or any other requirement in the
27 Act.
28

29 (4) All programs and courses shall be established at the postsecondary educational level
30 or deemed equivalent thereto by the Board.
31

32 (5) The Board or its designee may approve, provisionally approve, or deny approval to
33 any such program. Provisional approval shall not be granted for a period which exceeds
34 the length of the program. When the Board provisionally approves a program, it shall
35 state the reasons therefor in writing. Provisional approval shall be limited to those
36 programs which substantially comply with all existing standards for full approval. A
37 program given provisional approval shall immediately notify each student of such status.
38 If the Board denies approval of a program, the specific reasons therefor shall be
39 provided to the program by the Board in writing within 90 days after such action.
40

41 (b) Requirements to Obtain and Maintain Board Approval. A new program or course provider
42 shall submit an application for approval to the Board accompanied by a non-refundable
43 application fee as specified in Section 1022.
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (1) The Board may approve only those educational programs and courses that
2 continuously meet all requirements as set forth in this Article.

3
4 (2) For the application process for approval of registered dental assistant (RDA)
5 programs and registered dental assistant in extended functions (RDAEF) programs:

6
7 (A) The Board may approve, provisionally approve, or deny approval of an
8 application.

9
10 (B) If the Board provisionally approves a program, the Board shall state the
11 reasons for such provisional approval in writing within 90 days of such finding.

12
13 (i) Provisional approval shall be limited to those programs that
14 substantially comply with all existing requirements for full approval.

15
16 (ii) A program applying for Board approval shall receive a finding of
17 provisional approval from the Board prior to enrollment and instruction
18 of students.

19
20 (iii) A program granted provisional approval shall immediately inform all
21 applicants and enrolling student of its provisional status and again prior
22 to the beginning of instruction. In addition, students shall be informed of
23 the potential for graduation while still under provisional status.

24
25 (iii) Within one year of granting provisional approval, the Board shall
26 conduct a final program site visit to ensure adherence to regulations and
27 shall be granted "full approval" status upon successful reporting of the
28 final site visit team to the Board.

29
30 (3) For the application process for approval of stand-alone certification courses in
31 radiation safety, infection control, coronal polishing, pit and fissure sealants,
32 orthodontic assistant permit, and the dental sedation assistant permit:

33
34 (A) The Board may approve or deny approval of an application.

35
36 (B) A stand-alone certification course provider shall receive approval from the
37 Board prior to enrollment and instruction of students.

38
39 (C) All stand-alone certification course providers shall sequence curriculum in
40 such a manner so as to ensure that students become certified in basic life
41 support (BLS) for healthcare professionals to include use of Automated External
42 Defibrillator (AED) as required by ~~16 CCR 1016(b)(2)(C) Title 16, Division 10,~~
43 ~~Chapter 1, Article 4, Section 1016 (b)(1)(C)~~ of the California Code of Regulations
44 prior to the beginning of the pre-clinical or clinical experiences.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (D) Recertification intervals may not exceed two years.
3

4 (4) In the event a course or program application is found to be deficient, such deficiency
5 shall be sufficiently addressed and cleared by the applicant provider within 30 days from
6 the date of the deficiency notification. Otherwise, the application may be withdrawn
7 from consideration and a new application filing with fee may be required at the
8 discretion of the Board.
9

10 (A) In the event a subsequent deficiency is issued, the applicant provider shall
11 have 30 days to clear the deficiency or the Board will withdraw such application
12 from consideration.
13

14 (B) In the event application requirements are not met upon issuance of a
15 subsequent deficiency, the Board shall issue a denial of approval, and the
16 applicant shall be subject to all application and fee requirements as a new
17 applicant.
18

19 (5) Each approved course or program shall be subject to audit of records or site
20 evaluation and review by the Board at any time.

21 (6) A course or program shall provide the resources necessary to accomplish education as
22 specified in this Article.

23 (7) Course and program providers shall be responsible for informing the Board, in
24 writing, of any changes to the course or program content, physical facilities, increased
25 total enrollment capacity, or change in Program Director personnel within 10 days of
26 such changes.

27 (8) At no time shall a program or course provider advertise or represent itself to
28 communities of interest as “pending approval” nor shall registration or enrollment of
29 students begin until “provisional” status has been achieved and noticed in writing by the
30 Board.

31 (9) The program or course provider shall evaluate all course and program faculty
32 periodically utilizing student, administration, and peer evaluation to help identify areas
33 of strengths and weaknesses for each instructor. The program or course provider shall
34 communicate the evaluations to each faculty member.

35 (c) **Additional Board Actions.** Board-approved registered dental assisting programs evaluated
36 and found to be non-compliant with these regulations shall be placed on “probationary status”
37 following notification of the evaluation findings. ~~Consistent with CCR Section 1068, †~~The
38 program shall have 120 days to respond to the findings, demonstrate compliance, and take
39 corrective action.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (1) In the event the program remains on “probationary status” for more than 120 days
3 without taking corrective action, or if the program is unable to satisfactorily address the
4 required corrective action within the specified timeframe, the Board shall notify the
5 program or institution of its intent to withdrawal approved status. Student enrollment
6 shall be discontinued. The Board shall monitor the program until all students enrolled
7 prior to the effective date of the withdrawal of approval are no longer enrolled.

8
9 (2) Programs or courses who seek to voluntarily cancel their approved status due to a
10 planned discontinuance, business closure, or program closure shall notify the Board no
11 less than 90 days prior to such action. The Board shall monitor the program or course
12 provider until all students enrolled prior to the effective date of the withdrawal of
13 approval are no longer enrolled. Students completing the program shall be considered
14 graduates of an approved program during this time.

15
16 **(d) Qualifications for Program and Course Faculty and Instructional Staff.**

17
18 (1) For stand-alone certificate courses, ~~both stand-alone and those incorporated into~~
19 ~~the curriculum of a dental assisting program,~~ all faculty and instructional staff providing
20 didactic, laboratory, pre-clinical, and clinical instruction shall meet and maintain, at
21 minimum, the following qualifications:

22
23 (A) Possess a valid, active California license to practice dentistry or registered
24 dental assisting, -registered dental assisting in extended functions, dental
25 sedation assisting, or orthodontic assisting for at least two years ~~immediately~~
26 ~~preceding prior to~~ any provision of course instruction; or possess a valid, active
27 California license to practice as a registered dental hygienist, registered dental
28 hygienist in alternative practice, or registered dental hygienist in extended
29 functions which was issued on or before December 31, 2005;

30
31 (B) Provide pre-clinical and clinical instruction only in procedures within the
32 scope of practice of their respective license or permit and shall ~~be able to~~
33 ~~demonstrate expertise~~ have a background in and current knowledge of the
34 ~~subjects they are teaching and the educational theory and methodology~~
35 ~~consistent with their teaching assignment in each subject area for which they are~~
36 ~~teaching;~~

37
38 (C) Prior to instruction, or within six months of initial hire, complete ~~30~~ two
39 hours of educational methodology or its equivalent as determined by the Board
40 unless he or she holds any one of the following: a degree in education, a valid
41 Ryan Designated Subjects Vocational Education Teaching Credential, a valid
42 Standard Designated Subjects Teaching Credential, or a valid Community College
43 Teaching Credential;

Commented [NG1]: The proposed language adds a requirement that faculty “demonstrate expertise” in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from “possessing experience”. Staff recommends reverting to “possessing experience” or make a change tracking the CODA language.

CODA 3-5 requires that “[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.”

Therefore staff recommend changing, “shall be able to demonstrate expertise in each subject area for which they are teaching”, to “have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment.” This change will track the CODA language and does not require further definition.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (D) Certification in basic life support (BLS) for healthcare professionals to include
2 use of AED as required by section 1016 (b)(1)(C) (recertification intervals may not
3 exceed two years); and

4
5 (E) Be calibrated in instruction and grading at least once per semester, quarter,
6 or other regular interval instruction period used by the program annually.

7
8 (2) For dental assisting and registered dental assisting programs and registered dental
9 assisting programs with stand-alone certificate courses, all faculty and instructional staff
10 providing didactic, laboratory, pre-clinical, and clinical instruction, except those serving
11 as a clinical supervising dentist, shall meet and maintain, at minimum, the following
12 qualifications:

13
14 (A) Possess a valid, active California license to practice dentistry or registered
15 dental assisting, registered dental assisting in extended functions, dental sedation
16 assisting or orthodontic assisting for at least two years immediately preceding any
17 provision of course instruction; or possess a valid, active California license to
18 practice as a registered dental hygienist, registered dental hygienist in alternative
19 practice, or registered dental hygienist in extended functions which was issued on
20 or before December 31, 2005;

21
22 (B) Shall possess at least two years of experience in the application of clinical
23 chairside dental assisting;

24
25 (C) Provide laboratory, pre-clinical, and clinical instruction only in procedures
26 within the scope of practice of their respective license or permit and demonstrate
27 to the program expertise in each subject area for which they are teaching;

28
29 (D) Prior to instruction, or within six months of initial hire, complete 30 hours of
30 educational methodology unless he or she holds any one of the following: a
31 degree in education, a valid Ryan Designated Subjects Vocational Education
32 Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or,
33 a valid Community College Teaching Credential; and

34
35 (E) Be calibrated in instruction and grading at least once per semester, quarter, or
36 other regular interval instruction period used by the program annually.

37
38 (3) For registered dental assisting in extended functions programs, all faculty and
39 instructional staff providing didactic, laboratory, pre-clinical and clinical instruction,
40 except those serving as a clinical supervising dentist, shall meet and maintain, at
41 minimum, the following qualifications:

Commented [NG2]: 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

Commented [NG3]: 1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (A) Possess a valid, active California license to practice dentistry or registered
2 dental assisting in extended functions for at least two years immediately
3 preceding any provision of course instruction;

4
5 (B) Shall possess at least two years of experience ~~working as an RDAEF in a clinical~~
6 ~~setting in the application of clinical chairside dental assisting involving four-~~
7 ~~handed dentistry;~~

8
9 (C) Provide laboratory, pre-clinical and clinical instruction only in procedures
10 within the scope of practice of their respective license or permit and shall ~~have a~~
11 ~~background in each subject area for which they are teaching;~~
12
13 ~~demonstrate expertise in each subject area for which they are teaching;~~

14
15 (D) Prior to instruction, or within six months of initial hire, complete six hours of
16 educational methodology unless he or she holds any one of the following: a
17 degree in education, a ~~valid~~ Ryan Designated Subjects Vocational Education
18 Teaching Credential, a ~~valid~~ Standard Designated Subjects Teaching Credential, or,
19 a ~~valid~~ Community College Teaching Credential; and

20
21 (E) Be calibrated in instruction and grading by the program director at least ~~once~~
22 ~~per semester, quarter, or other regular interval instruction period used by the~~
23 ~~program annually.~~

24
25 (4) In accordance with Business and Professions Code section 1907(b), a registered
26 dental hygienist shall be deemed qualified to teach in a course or program only if
27 licensure as a registered dental hygienist was obtained prior to January 1, 2006.
28 Otherwise, licensure as a registered dental assistant shall be required prior to instruction
29 in the program.

30
31 **(e) Qualifications and Responsibilities of Stand-Alone Course Directors.**

32
33 (1) On or after [the effective date of these regulations – OAL to insert date], the course
34 director of a stand-alone certificate course shall possess, at minimum, the following
35 qualifications:

36
37 (A) Possess a valid, active California license to practice dentistry or registered
38 dental assisting or registered dental assisting in extended functions for at least
39 two years immediately preceding any provision of course instruction; or possess
40 a valid, active California license to practice as a registered dental hygienist,
41 registered dental hygienist in alternative practice, or registered dental hygienist
42 in extended functions which was issued on or before December 31, 2005;

Commented [NG4]: Staff recommendation:
1070(d)(3)(B) requires that faculty in RDAEF programs possess 2 years of experience in clinical chairside dental assisting involving 4 handed dentistry. Stakeholders have pointed out, and similar sections have been reconfigured to reflect that the point of the experience requirements is that faculty have experience working in the capacity which they will be teaching students in.

Therefore staff recommends changing this requirement to: "2 years of experience working as an RDAEF in a clinical setting."

Commented [NG5]: Staff recommendation:
The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

Commented [NG6]: Staff recommendation:
1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (B) Provide pre-clinical and clinical instruction only in procedures within the
2 scope of practice of their respective license or permit and shall have a
3 background in and current knowledge of the subjects they are teaching and the
4 educational theory and methodology consistent with their teaching assignment
5 demonstrate expertise in each subject area for which they are teaching;

6
7 (C) Prior to instruction, or within six months of initial hire, complete two hours
8 of educational methodology unless he or she holds any one of the following: a
9 degree in education, a valid Ryan Designated Subjects Vocational Education
10 Teaching Credential, a valid Standard Designated Subjects Teaching Credential,
11 or, a valid Community College Teaching Credential.

12
13 (2) A course director shall actively participate in and be responsible for the following
14 responsibilities:

15
16 (A) The implementation and maintenance of all applicable statutory and
17 regulatory requirements;

18
19 (B) Ensuring all faculty and instructional staff complete or show evidence of
20 completion of educational methodology courses equaling two hours of training
21 prior to instruction, or within six months of initial hire unless he or she holds any
22 one of the following: a degree in education, a valid Ryan Designated Subjects
23 Vocational Education Teaching Credential, a valid Standard Designated Subjects
24 Teaching Credential, or, a valid Community College Teaching Credential;

25
26 (C) Maintaining for a period of not less than five years copies of curricula,
27 program outlines, course goals and objectives, grading criteria, copies of
28 faculty/staff credentials, licenses, and certificates, and individual student
29 records, including those necessary to establish satisfactory completion of the
30 course;

31
32 (D) Informing the Board of any major change to the course including without
33 limitation, changes to course content, physical facilities including the use of
34 extramural facilities, faculty or instructional staff, ownership, or intent to
35 conclude business operations within 10 days of the change; and

36
37 (E) Ensuring all faculty and staff are calibrated in curriculum, instructional
38 methods and grading criteria at least once per semester, quarter, or other
39 regular interval instruction period used by the program, annually.

40
41 **(f) Qualifications and Responsibilities of Program Directors.**

42
43 (1) On or after the effective date of these regulations (insert date), the program director
44 of a dental assisting, registered dental assisting program, registered dental assisting

Commented [NG7]: Staff recommendation:
The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

Commented [NG8]: Staff recommendation:
1070(l)(3) Was modified to require faculty calibration meetings be held every instructional period, instead of annually. This would prevent a faculty member being hired in the middle of the year and not attending a calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E), (f)(2)(E), all still reference the annually calibration frequency. Staff recommends updating these sections to ensure all faculty are calibrated every instructional period.

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1 programs offering stand-alone certificate courses or registered dental assisting in
2 extended functions program shall possess, at minimum, the following qualifications:

3
4 (A) Possess a valid, active California license to practice dentistry or registered
5 dental assisting or registered dental assisting in extended functions for at least
6 two years immediately preceding any provision of program instruction;

7
8 (B) Provide pre-clinical and clinical instruction only in procedures within the
9 scope of practice of their respective license or permit and shall have a
10 background in and current knowledge of the subjects they are teaching and the
11 educational theory and methodology consistent with their teaching assignment
12 demonstrate expertise in each subject area for which they are teaching;

13
14 (C) Possess at least three years of experience in the application of clinical
15 chairside dental assisting involving four-handed dentistry; and

16
17 (D) Complete and show evidence of completion of educational methodology
18 coursework ~~equal to 30 hours as required by subsections i-ii below~~ prior to
19 instruction, or within six (6) months of initial hire unless he or she holds any one
20 of the following: a degree in education, a valid Ryan Designated Subjects
21 Vocational Education Teaching Credential, a valid Standard Designated Subjects
22 Teaching Credential, or, a valid Community College Teaching Credential.

23
24 i. 30 hours for dental assisting programs, registered dental assisting
25 programs, and registered dental assisting programs with stand-alone
26 certificate courses; or

27
28 ii. ~~30~~ Six hours for registered dental assisting programs in extended
29 functions programs.

30
31 (2) The program director shall actively participate in and be responsible for the
32 following:

33
34 (A) Implementing and complying with all applicable statutory and regulatory
35 requirements;

36
37 (B) Ensuring that all faculty and instructional staff complete or show evidence of
38 completion of educational methodology courses as defined herein immediately
39 preceding provision of course instruction and maintaining evidence of
40 compliance;

41
42 (C) Maintaining for a period of not less than five years after the course is offered,
43 copies of curricula, program outlines, objectives, grading criteria, copies of
44 faculty/staff credentials, licenses, and certifications, and individual student

Commented [NG9]: The proposed language adds a requirement that faculty "demonstrate expertise" in subjects they are teaching. However no criteria for demonstrating expertise are provided. This was modified from "possessing experience". Staff recommends reverting to "possessing experience" or make a change tracking the CODA language.

CODA 3-5 requires that "[d]ental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation."

Therefore staff recommend changing, "shall be able to demonstrate expertise in each subject area for which they are teaching", to "have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment." This change will track the CODA language and does not require further definition.

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1 records, including those necessary to establish satisfactory completion of the
2 program;

3
4 (D) Informing the Board of any major change to the program including without
5 limitation, changes to theoretical content, physical facilities including the use of
6 extramural facilities, faculty or instructional staff, ownership, or intent to
7 conclude business operations within 10 days of the change;

8
9 (E) Ensuring all faculty and staff are calibrated in curriculum, instructional
10 methods, and grading criteria at least ~~once per semester, quarter, or other~~
11 regular interval instruction period used by the program, ~~annually,~~ and

12
13 (F) Ensuring opportunities have been provided by the institution or program for
14 faculty and instructional staff of a program to continue their professional
15 development in order to stay current with advancing technologies and
16 educational theory. The program director shall ensure that time and budget
17 allocations are provided by the institution or program for professional
18 association activities, continuing education, or practical experiences related to
19 dental assisting education.

Commented [NG10]: Staff recommendation:
1070(l)(3) Was modified to require faculty calibration
meetings be held every instructional period, instead of
annually. This would prevent a faculty member being
hired in the middle of the year and not attending a
calibration meeting until the beginning of the next year.

However 1070(d)(1)(E), (2)(E), (3)(E), (e)(2)(E),
(f)(2)(E), all still reference the annually calibration
frequency. Staff recommends updating these sections
to ensure all faculty are calibrated every instructional
period.

20
21 (g) Facilities and Equipment. The facilities of all programs and courses shall provide each student
22 with sufficient opportunity, with instructor supervision, to develop minimum competency in all
23 duties for which the program or course is approved to instruct. ~~All laboratory and pre-clinical~~
24 instruction shall be held at the physical facility by qualified instructors.

25
26 (1) Facilities and equipment shall be maintained and updated to ensure instruction using
27 contemporary equipment occurs.

28
29 (2) All radiographic equipment and facilities shall follow the ~~California Department of~~
30 Public Health, California Code of Regulations, Title 17, CCR 30100 et seq. and 17 CCR 30400
31 et seq. regarding requirements for radiologic equipment and facilities.

32
33 (3) In addition, a facility shall have all of the following:

34
35 (A) A lecture classroom ~~or the capability to facilitate distance learning modalities or~~
36 equipment for broadcasting lectures online, a lab area, a clinical area, a central
37 sterilization area, and a radiology area for use by the students.

38
39 (B) Operatories shall be sufficient in number to allow a ratio of at least one
40 operator for every six students who are simultaneously engaged in clinical
41 instruction.

Commented [NG11]: Staff recommendation:
The requirements for program and course facilities
have been updated to require either lecture classrooms
or equipment for broadcasting lectures online.
Stakeholders have pointed out the terms
"broadcasting" and "online" are unnecessarily
prescriptive.

Staff recommends terminology that is less technology
specific and more directed at the desired outcome of
providing students the ability to receive instruction in a
different place and or time than the instructor.

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1 (C) Each operatory shall contain functional equipment, including a power-operated
2 chair for patient or simulation-based instruction in a supine position, dental units
3 and mobile stools for the operator and the assistant which are designed for the
4 application of current principles of dental assistant utilization, air-water syringe,
5 adjustable overhead patient light, oral evacuation equipment, work surface,
6 handpiece connection, and hand hygiene area.

7
8 (D) Each operatory shall be of sufficient size to simultaneously accommodate one
9 student, one instructor, and one patient or student partner.

10
11 (E) Access by all students to equipment necessary to develop dental assisting skills
12 in each designated duty.

13
14 (F) Infection control equipment shall be provided according to the requirements of
15 section 1005.

16
17 (h) Minimum Standards for Health and Safety. All programs and courses shall establish written
18 laboratory, preclinical, and clinical protocols including mechanisms to ensure the health and
19 safety of faculty and students and the management of emergencies.

20
21 (1) Written protocols for handling emergencies shall be provided to all students, faculty,
22 and appropriate staff. All students and faculty shall have access to a resource notebook
23 to include the Safety Data Sheets for all materials and chemicals used in the program or
24 course.

25
26 (2) Emergency equipment shall include an oxygen delivery system and first aid kits readily
27 accessible and fully functional within the area(s) of instruction. Additional emergency
28 equipment may be onsite as deemed appropriate and in compliance with individual
29 institutional guidelines, where applicable.

30
31 (3) Students, faculty and appropriate support staff shall be encouraged to be immunized
32 against and/or tested for infectious diseases in accordance with current Centers for
33 Disease Control and Prevention guidelines for Dental Healthcare Professionals, prior to
34 contact with patients and/or infectious objects or materials, to minimize the risk to
35 patients and personnel.

36
37 (i) Curriculum Organization, Competency and Learning Resources. The organization of the
38 curriculum for all courses and programs shall be flexible, creating opportunities for adjustments
39 to and research of advancements and emerging technologies in the profession of dental assisting
40 as provided in this Article. The dental assisting program must have a formal written curriculum
41 management plan which includes:

42
43 (1) An ongoing curriculum review and evaluation process with input from faculty,
44 students, administration and other appropriate sources;

Commented [NG12]: Staff: Recommendation: 1070(h)(1) provides for health and safety standards and requires written protocols for emergencies be provided to students.

In addition to these written materials, stakeholders have requested the addition of the following language related to standard Safety Data Sheets, which staff agrees would be a valuable addition: "All students and faculty shall have access to a resource notebook to include the Safety Data Sheets for all materials and chemicals used in the program or course."

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1 (2) Evaluation of the effectiveness of all courses as they support the program's goals and
2 competencies;

3 (3). A defined mechanism for coordinating instruction among dental assisting program
4 faculty;

5
6 (4) Curriculum that provides students with an understanding of all procedures as provided
7 in each Section of this Article and an ability to perform each procedure with competence;

8
9 (5) The sequencing of curriculum in such a manner s to ensure that students become
10 certified in basic life support (BLS) for healthcare professionals to include use of AED as
11 required by section 1016(b)(1)(C) prior to pre-clinical or clinical experiences, wherein
12 recertification intervals may not exceed two years;

13
14 (6) Remediation procedures and a policy outlining guidelines for students who fail to
15 successfully complete the course or program.

16
17 (7) A course syllabus provided to students that contains:

18
19 (A) A course title, course number or identifier, course description, course hours,
20 assignments, all faculty names, and contact information;

21
22 (B) Course content outline including topics to be presented;

23
24 (C) Specific instructional objectives including competency statement for each topic
25 presented;

26
27 (D) Learning experiences with associated assessment mechanisms;

28
29 (E) Course or program schedule including time allocated for didactic, laboratory or
30 preclinical, and clinical learning experiences;

31
32 (F) Specific evaluation criteria for final course-grade calculating which includes
33 competency evaluations and rubrics, and

34
35 (G) A remediation policy and procedures.

36
37 (8) A course outline provided to students that contains:

38
39 (A) Specific performance objectives and the evaluation criteria used for all
40 assessments of laboratory, pre-clinical, and clinical experiences;

41
42 (B) The minimum number of satisfactory performances in each evaluated area
43 necessary for program or course success; and

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1
2 (C) The minimum standards for performance in each evaluated area, the grading
3 criteria, and the protocols or procedures that may cause the student to fail the task
4 or procedure.

5
6 ~~(96) Reasonable~~ Access by students to dental and medical reference textbooks,
7 electronic and internet resources, current scientific journals, audiovisual materials and
8 other relevant resources.

9
10 **(j) Didactic Instruction.** All didactic instruction shall meet the content and hours requirements of
11 each Section within this Article.

12
13 (1) The total required didactic hours of a program or course may be delivered through in-
14 person, hybrid, or online instruction. Online learning shall be overseen by _____ faculty
15 with experience and education in online learning formats and electronic delivery of
16 curriculum content.

17
18 (A) All students shall have access to the course's hazardous waste management
19 plan for the disposal of needles, cartridges, and medical waste.

20
21 (B) All students shall have access to the course's clinic and radiation hazardous
22 communication plan.

23
24 (C) All students shall receive a copy of the course's bloodborne and infectious
25 diseases exposure control plan, which shall include emergency exposure
26 information.

27
28 (D) All instructional staff and faculty of programs and courses shall review
29 emergency management protocols at least annually during staff calibration
30 meetings to ensure consistency and compliance and such meetings shall be
31 documented and maintained by the course or program director for a period for no
32 less than five years after review occurs.

33
34 **(k) Clinical Instruction.** Unless otherwise stated herein, clinical instruction shall be of sufficient
35 duration to allow the procedures to be performed to minimum clinical competency.

36
37 (1) Prior to demonstrating clinical competencies, patient-based assignments, and
38 externships, students shall demonstrate minimum competence in laboratory or preclinical
39 performance of each procedure they will be expected to perform in their clinical
40 experiences.

41
42 (2) Each program or course provider utilizing a dental clinic or dental practice as an
43 extramural dental facility for the purposes of clinical training shall have a contract of

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1 affiliation completed and retained for a period of at least five years ~~from the date the~~
2 ~~contract is entered into~~ and made available upon site evaluation by the Board. Such
3 written contract shall include a description of the settings in which the clinical training
4 may be received and shall provide for direct supervision of such training by qualified
5 course faculty and the supervising licensed dentist of the facility.

6
7 (3) The program or course director, or a designated faculty member, shall be responsible
8 for selecting extramural clinical facilities and evaluating student competence before,
9 during, and after the clinical assignment.

10
11 (4) Prior to student assignment in an extramural clinical facility, the program or course
12 director, or a designated faculty or instructional staff member, shall make available to all
13 extramural staff information that shall include, at a minimum, the objectives of the
14 program or course, the student's preparation for the clinical assignment, and a review of
15 procedures and criteria to be used by the dentist or the licensed personnel in the
16 extramural dental facility in evaluating the student during the assignment.

17
18 (5) Prior to clinical experiences on any subject, including student partners, the patient
19 shall complete a health history and consent acknowledging the procedure is being
20 performed by a student of the course or program. Such documentation shall be
21 maintained by the clinical facility ~~and copies of the consent acknowledging the procedure~~
22 ~~is being performed by a student of the course or program shall be transferred to the~~
23 ~~educational program upon completion of the student's clinical instruction to be~~
24 ~~maintained in the student's records.~~

25
26 (6) In accordance with Business and Professions Code Section 1626.1, the operations by
27 bona fide students enrolled in a Board-approved course or educational program in
28 registered dental assisting or registered dental assisting in extended functions, whereby
29 the performance of clinical procedures are a required element and that are under the
30 general programmatic and academic supervision of that educational program or course,
31 are exempt from the laws prohibiting the unlicensed practice of dentistry until such time
32 as all clinical requirements of the program or course have been completed or upon
33 graduation. This provision shall be clearly stated in all contracts of affiliation issued to
34 extramural facilities and to all supervising dentists prior to the utilization of enrolled
35 students in a clinical setting.

36
37 (l) Recordkeeping. All course and program directors shall be responsible to obtain and maintain
38 the following records for a period of not less than five years:

39
40 (1) A copy of each approved curriculum including a course/program syllabus and
41 course/program outline(s);

42
43 (2) A copy of ~~written examinations~~ ~~institutional grading policies,~~ ~~records of student~~

Commented [NG14]: Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program. Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in subsection (5) be changed from "Such documentation shall be maintained by the clinical facility and copies of the consent acknowledging the procedure is being performed by a student of the course or program shall be transferred to the educational program upon completion of the student's clinical instruction to be maintained in the student's records", to "Such documentation shall be maintained by the clinical facility."

Staff recommend not removing the requirement to receive written consent and acknowledgment from patients before allowing students to perform clinical duties.

This is a matter of informed consent, and it is an issue of liability and ethics. Receiving consent will protect schools, doctors and students from liability and lawsuits by patients.

Informed consent is also basic medical ethics and is found in Section 1 of the American Dental Association Principles of Ethics and Code of Professional Conduct.

This does not need to be derailing to operations of dental clinics. Dental facilities already ask all new patients to provide health histories and sign forms consenting to treatment. To comply with this subsection, facilities will merely have to add language to their consent forms informing patients that students work in the facility and may perform procedures on patients under proper supervision.

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1 ~~evaluation using rubrics used for student evaluation, and completed procedures for~~
2 ~~evaluating competency evaluations;~~

3
4 (3) Evidence of department meetings and faculty calibration meetings to be held at least
5 once per semester, quarter, or other regular interval instruction period used by the
6 program, and evidence of faculty credentials, licenses, and certificates;

7
8 (4) Minutes of all advisory board meetings, to include the recording of attendance at the
9 meeting;

10
11 (5) Individual student records, including those necessary to establish satisfactory
12 completion of the course or program; and

13
14 (6) A copy of all certificates issued at the time of completion of the course or program.

15
16 **(m) Certificate of Completion as Prescribed by the Board.** All course providers and programs shall
17 issue an original certificate of completion which shall have been approved by the Board at the
18 time of course and program application for approval. ~~In accordance with 16 CC 1070(l) providers~~
19 ~~shall retain hard copy or electronic copy of records of course or program completion for five years~~
20 ~~from the date of completion and provide records upon written request by the Board within 30~~
21 ~~days. Only after a student has demonstrated successful completion of all course educational~~
22 ~~requirements and final examinations in accordance with each Section of this Article shall a~~
23 ~~program or course issue a certificate of completion, which shall contain the following:~~

24
25 (1) The student's name, the provider name, the provider's location, the provider's approval
26 number issued by the board, the course or program name, the number of course hours
27 completed, and the date of course completion,

28
29 (2) An authorizing signature of the provider or the providing entity and a statement that
30 reads: "All of the information contained on this certificate is truthful and accurate."

31
32 (3) A statement on each certification that reads: "This Certificate of Completion does
33 not constitute authorization for the attendee to perform any services that the attendee
34 is not legally authorized to perform based on the attendee's license or permit type."
35 ~~"Completion of this course does not constitute authorization for the attendee to~~
36 ~~perform any services that he or she is not legally authorized to perform based on his or~~
37 ~~her license or permit type."~~

38
39 (4) The Board shall issue an individual provider number to all approved dental assisting
40 stand-alone courses and programs.~~(A)~~

41
42 (5) For coursework in radiation safety, infection control coronal polish, pit and fissure
43 sealant, and the Act completed by students of a registered dental assisting program who,

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1 with or without graduation, successfully completes the educational requirements for each
2 subject as part of the program curriculum, the program shall issue such certificates of
3 completion. The Board shall recognize certificates of completion issued by the program as
4 equivalent to having completed a stand-alone course.

5
6
7 ~~(6) Providers shall retain hard copy or electronic copy of records of course or program~~
8 ~~completion for five (5) years from the date of completion and provide records upon written~~
9 ~~request by the Board within 30 days.~~

10
11 **(n) Appeal Process for a Denied Application for Approval.** The Board may deny or withdraw its
12 approval of a course or program. If the Board denies or withdraws approval, the reasons for
13 withdrawal or denial will be provided in writing to the provider within ninety (90) days.

14
15 (1) Any course or program provider for whom approval is denied or withdrawn shall be
16 granted an informal conference before the Executive Officer or his or her designee, prior
17 to the effective date of such action. The course provider shall be given at least ten (10)
18 days' notice of the time and place of such informal conference and the specific grounds
19 for the proposed action.

20
21 (2) The course provider may appeal the denial or withdrawal of approval by either:

22
23 (A) Appearing at the informal conference. The Executive Officer shall notify the
24 course or program provider of the final decision of the Board within ten days of
25 the informal conference. Based on the outcome of the informal conference, the
26 provider may then request a hearing to contest the Board's final decision. A
27 provider shall request a hearing by written notice to the Board within thirty (30)
28 calendar days of the postmark date of the letter of the Board's final decision after
29 informal conference. Hearings shall be held pursuant to the provisions of Chapter
30 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the
31 Government Code; or

32
33 (B) Notifying the Board, in writing, of the program or course provider's election
34 to forego the informal conference and to proceed with a hearing pursuant to the
35 provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3
36 of Title 2 of the Government Code. Such notification shall be made to the
37 Committee Board before the date of the informal conference.

38
39 ~~(a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting~~
40 ~~program or course and all orthodontic assisting and dental sedation assisting permit~~
41 ~~programs or courses to secure and maintain approval by the Board as provided in this~~
42 ~~Article.~~

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1
2 ~~(2) The Board may approve, provisionally approve, or deny approval of any program or~~
3 ~~course for which an application to the Board for approval is required. All Registered~~
4 ~~Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF)~~
5 ~~programs and dental assisting educational courses shall be re-evaluated approximately~~
6 ~~every seven years, but may be subject to re-evaluation and inspection by the Board at~~
7 ~~any time to review and investigate compliance with this Article and the Dental Practice~~
8 ~~Act (Act). Re-evaluation may include a site visit or written documentation that ensures~~
9 ~~compliance with all regulations. Results of re-evaluation shall be reported to the Board~~
10 ~~or its designee for final consideration and continuance of program or course approval,~~
11 ~~provisional approval or denial of approval.~~

12
13 ~~(3) Program and course records shall be subject to inspection by the Board at any time.~~

14
15 ~~(4) The Board may withdraw approval at any time that it determines that a program or~~
16 ~~course does not meet the requirements of this Article or any other requirement in the~~
17 ~~Act.~~

18
19 ~~(5) All programs and courses shall be established at the postsecondary educational level~~
20 ~~or deemed equivalent thereto by the Board.~~

21
22 ~~(6) The Board or its designee may approve, provisionally approve, or deny approval to~~
23 ~~any such program. Provisional approval shall not be granted for a period which exceeds~~
24 ~~the length of the program. When the Board provisionally approves a program, it shall~~
25 ~~state the reasons therefore. Provisional approval shall be limited to those programs~~
26 ~~which substantially comply with all existing standards for full approval. A program given~~
27 ~~provisional approval shall immediately notify each student of such status. If the Board~~
28 ~~denies approval of a program, the specific reasons therefore shall be provided to the~~
29 ~~program by the Board in writing within 90 days after such action.~~

30
31 ~~(b) The program or course director shall possess a valid, active, and current license issued by~~
32 ~~the Board or the dental hygiene committee. The program or course director shall actively~~
33 ~~participate in and be responsible for the administration of the program or course. Specifically,~~
34 ~~the program or course director shall be responsible for the following requirements:~~

35
36 ~~(1) Maintaining for a period of not less than five years copies of curricula, program~~
37 ~~outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and~~
38 ~~certifications, and individual student records, including those necessary to establish~~
39 ~~satisfactory completion of the program or course.~~

40
41 ~~(2) Informing the Board of any major change to the program or course content, physical~~
42 ~~facilities, or faculty, within 10 days of the change.~~

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

3
4 ~~(c) Course faculty and instructional staff shall be authorized to provide instruction by the~~
5 ~~program or course director at the educational facility in which instruction is provided.~~

6
7 ~~(d) No faculty or instructional staff member shall instruct in any procedure that he or she does~~
8 ~~not hold a license or permit in California to perform. Each faculty or instructional staff member~~
9 ~~shall possess a valid, active, and current license issued by the Board or the Dental Hygiene~~
10 ~~Committee of California, shall have been licensed or permitted for a minimum of two years, and~~
11 ~~possess experience in the subject matter he or she is teaching. An instructor who has held a~~
12 ~~license as a registered dental assistant or registered dental assistant in extended functions for~~
13 ~~at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after~~
14 ~~January 1, 2010, shall not be required to have held such a permit for two years in order to~~
15 ~~instruct in the subject area.~~

16
17 ~~(e) A certificate, diploma, or other evidence of completion shall be issued to each student who~~
18 ~~successfully completes the program or course and shall include the following: the student's~~
19 ~~name, the name of the program or course, the date of completion, and the signature of the~~
20 ~~program or course director or his or her designee.~~

21
22 ~~(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with~~
23 ~~instructor supervision, to develop minimum competency in all duties for which the program or~~
24 ~~course is approved to instruct.~~

25
26 ~~(1) The location and number of general use equipment and armamentaria shall ensure~~
27 ~~that each student has the access necessary to develop minimum competency in all of~~
28 ~~the duties for which the program or course is approved to instruct. The program or~~
29 ~~course provider may either provide the specified equipment and supplies or require that~~
30 ~~the student provide them. Nothing in this Section shall preclude a dental office that~~
31 ~~contains the equipment required by this Section from serving as a location for~~
32 ~~laboratory instruction.~~

33
34 ~~(2) Clinical instruction shall be of sufficient duration to allow the procedures to be~~
35 ~~performed to clinical proficiency. Operatories shall be sufficient in number to allow a~~
36 ~~ratio of at least one operatory for every five students who are simultaneously engaged~~
37 ~~in clinical instruction.~~

38
39 ~~(A) Each operatory shall contain functional equipment, including a power-~~
40 ~~operated chair for patient or simulation-based instruction in a supine position,~~
41 ~~operator and assistant stools, air-water syringe, adjustable light, oral evacuation~~
42 ~~equipment, work surface, handpiece connection, and adjacent hand-washing~~
43 ~~sink.~~

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

3
4 ~~(C) Prior to clinical assignments, students shall demonstrate minimum~~
5 ~~competence in laboratory or preclinical performance of the procedures they will~~
6 ~~be expected to perform in their clinical experiences.~~

7
8 ~~(g) The program or course shall establish written clinical and laboratory protocols that comply~~
9 ~~with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section~~
10 ~~1005) and other federal, state, and local requirements governing infection control. The program~~
11 ~~or course shall provide these protocols to all students, faculty, and instructional staff to ensure~~
12 ~~compliance. Adequate space shall be provided for handling, processing, and sterilizing all~~
13 ~~armamentarium.~~

14
15 ~~(h) A written policy on managing emergency situations shall be made available to all students,~~
16 ~~faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient~~
17 ~~care activities shall be certified in basic life support procedures, including cardiopulmonary~~
18 ~~resuscitation. Recertification intervals may not exceed two years. The program or course~~
19 ~~director shall ensure and document compliance by faculty and instructional staff. A program or~~
20 ~~course shall sequence curriculum in such a manner so as to ensure that students complete~~
21 ~~instruction in basic life support prior to performing procedures on patients used for clinical~~
22 ~~instruction and evaluation.~~

23
24 ~~(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject~~
25 ~~matter, hours of didactic, laboratory, and clinical instruction, general program or course~~
26 ~~objectives, instructional objectives, theoretical content of each subject, and, where applicable,~~
27 ~~the use of practical application. Objective evaluation criteria shall be used for measuring~~
28 ~~student progress toward attainment of specific program or course objectives. Students shall be~~
29 ~~provided with all of the following:~~

30
31 ~~(1) Specific performance objectives and the evaluation criteria used for measuring levels~~
32 ~~of competence for each component of a given procedure including those used for~~
33 ~~examinations.~~

34
35 ~~(2) Standards of performance that state the minimum number of satisfactory~~
36 ~~performances that are required for each performance-evaluated procedure.~~

37
38 ~~(3) Standards of performance for laboratory, preclinical, and clinical functions, those~~
39 ~~steps that would cause the student to fail the task being evaluated, and a description of~~
40 ~~each of the grades that may be assigned during evaluation procedures.~~

41
42 ~~(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural~~
43 ~~organized program of instruction, be provided with planned, supervised clinical~~
44 ~~instruction. Laboratory and preclinical instruction shall be performed under the direct~~

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1 ~~supervision of program or course faculty or instructional staff and shall not be provided~~
2 ~~in an extramural dental facility.~~

3
4 ~~(2) The program or course director, or a designated faculty member, shall be responsible~~
5 ~~for selecting extramural dental facility and evaluating student competence before and~~
6 ~~after the clinical assignment.~~

7
8 ~~(3) Prior to student assignment in an extramural dental facility, the program or course~~
9 ~~director, or a designated faculty or instructional staff member, shall orient dentists and~~
10 ~~all licensed dental healthcare workers who may provide instruction, evaluation, and~~
11 ~~oversight of the student in the clinical setting. Orientation shall include, at a minimum,~~
12 ~~the objectives of the program or course, the student's preparation for the clinical~~
13 ~~assignment, and a review of procedures and criteria to be used by the dentist or the~~
14 ~~licensed personnel in the extramural dental facility in evaluating the student during the~~
15 ~~assignment, which shall be the same as the evaluation criteria used within the program~~
16 ~~or course.~~

17
18 ~~(4) There shall be a written contract of affiliation between the program and each~~
19 ~~extramural dental facility that includes written affirmation of compliance with the~~
20 ~~regulations of this Article.~~

21
22 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
23 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

24
25 **§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.**

26 As used in this Article, the following definitions shall apply:

27
28 (a) "Clinical instruction" means instruction in which students receive supervised
29 experience in performing procedures in a clinical setting on patients. Clinical procedures
30 shall only be allowed upon successful demonstration and evaluation of laboratory and
31 preclinical skills. There shall be at least one instructor for every six students who are
32 simultaneously engaged in clinical instruction.

33
34 (b) "Didactic instruction" means lectures, demonstrations, and other instruction
35 involving theory that may or may not involve active participation by students. The
36 faculty or instructional staff of an educational institution or approved provider may
37 provide didactic instruction via electronic media, home study materials, or live lecture
38 modality.

39
40 (c) "Extramural dental facility" means any clinical facility utilized by a Board-approved
41 dental assisting educational program or course for instruction in dental assisting that
42 exists outside or beyond the walls, boundaries or precincts of the primary location of
43 the Board-approved program or course and in which dental treatment is rendered.
44

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1 (d) "Laboratory instruction" means instruction in which students receive supervised
2 experience performing procedures using study models, ~~mannequin~~ manikins, or other
3 simulation methods. There shall be at least one instructor for every ~~14~~12 students who
4 are simultaneously engaged in laboratory instruction.

5
6 (e) "Pre-clinical instruction" means instruction in which students receive supervised
7 experience within the educational facilities performing procedures on ~~simulation~~ patient
8 replica devices or patients which are limited to students ~~partners~~, faculty, or
9 instructional staff members. There shall be at least one instructor for every six students
10 who are simultaneously engaged in pre-clinical instruction.

11
12 (f) "Simulated clinical instruction" means instruction in which students receive
13 supervised experience performing procedures using ~~simulated~~ replica patient heads
14 mounted in appropriate position and accommodating an articulated typodont in an
15 enclosed intraoral environment, or mounted on a dental chair in a dental operatory.
16 Clinical simulation spaces shall be sufficient to permit one ~~simulation~~ work space for
17 each two (2) students at any one time.

18
19 (g) "Instructional staff" refers non-faculty qualified employees of a program or course
20 who provide instruction in dental assisting course or program content consistent with
21 the course or program regulations.

22
23 (h) "Educational methodology" refers to various courses of study that include, but are
24 not limited to, the principles and methods used for instruction, assessment and
25 evaluation.

26
27
28 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
29 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

30
31 **§ 1070.2. Approval of Board-Approved Registered Dental Assistant Educational Programs**
32 **Requirements.**

33
34 (a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive, at
35 minimum, provisional approval prior to operation and in compliance with Sections 1070 and
36 1070.1.

37
38 (b) A registered dental assistant program provider applying for approval shall submit to the Board
39 a completed "Application for ~~Approval of~~ Registered Dental Assistant Program Provider" (New
40 ~~INSERT DATE 02/2020~~), which is hereby incorporated by reference, accompanied by the
41 designated, non-refundable fee as defined in Section 1022.

42
43 (c) New programs approved by the American Dental Association, Commission on Dental
44 Accreditation (Commission) prior to submission of an application for approval by the Board may

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1 submit proof of **approved** status by the Commission, an electronic copy of the institutional self-
2 study in addition to the application requirements set forth in this Section.

3
4 (d) **General Provisions.** In order for a registered dental assistant program to secure and maintain
5 approval by the Board, it shall establish and continually adhere to the requirements of Sections
6 1070 and 1070.1. In addition:

7
8 (1) A program shall notify the Board, in writing, if it wishes to increase the maximum
9 student enrollment for which it is approved and shall provide documentation to the Board
10 to reapprove the program for the increased enrollment prior to accepting additional
11 students.

12
13 (2) The program shall establish goals and objectives that measure instructional
14 effectiveness through ongoing planning and outcome assessments that are documented
15 and annually reviewed. Findings and conclusions of the assessments are used by the
16 program for program improvement and revisions to the overall planning and outcomes
17 assessment.

18
19 (3) Programs shall establish and maintain an advisory committee comprised of practicing
20 dentists and clinical dental assistants, all currently licensed by the Board. In addition,
21 consideration shall be given to appointing a student, a recent graduate, or a public
22 representative to serve on the advisory committee.

23
24 (A) The advisory committee shall meet at least once each academic year with the
25 program director, faculty, and appropriate institutional personnel to monitor the
26 ongoing quality and performance of the program.

27
28 (B) The advisory committee shall review the program's goals, objectives, and
29 overall effectiveness.

30
31 (4) The program director and faculty shall ensure a form of governance that allows
32 participation in the program and institution's decision-making process by the advisory
33 committee. The program director shall be consulted by the committee when matters
34 directly related to the program are considered by a committee that does not include
35 program faculty.

36
37 (5) The program shall have sufficient financial resources available to support the program
38 and to comply with this Section.

39
40 (6) If the program or institution requires approval by any other governmental agency, that
41 approval shall be obtained prior to application to the Board for approval and shall be
42 maintained at all times. The failure to maintain that approval may result in the automatic
43 withdrawal of Board approval of the program.

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1 **(e) Program Directors of Registered Dental Assisting Programs.**
2

3 (1) The Program Director shall have a full time commitment to no more than one
4 institution as a director. The Program Director shall not have full time instructor or
5 administrator responsibilities. The program director's teaching contact hours and
6 program responsibilities shall be less than a full-time instructor who does not have
7 administrative responsibilities and he or she shall be given time to fulfill assigned
8 administrative responsibilities. In addition to the requirements of 16 CCR 1070,
9 regarding the qualification and responsibilities of the program director, the program
10 director shall have the authority and responsibilities for:

11 (A) Budget preparation

12 (B) Fiscal administration

13 (C) Curriculum development and coordination

14 (D) Selection and recommendation of individuals for faculty appointment and
15 promotion

16 (E) Supervision and evaluation of faculty

17 (F) Determining faculty teaching assignments and schedules

18 (G) Determining admissions criteria and procedures

19 (H) Scheduling use of program facilities

20 (I) Development and responsibilities to maintain compliance and documentation
21

22 **(f) Facilities, Equipment and Resources.** The program shall provide all necessary equipment
23 specific to the current duties and functions of dental assisting and registered dental assistant
24 duties (with the exception of duties pertaining to patient monitoring) and shall be able to
25 demonstrate how the equipment shall be utilized during laboratory, preclinical, and clinical
26 instruction as appropriate to each type of session.
27

28 (1) The following are minimum requirements for equipment and armamentaria during
29 laboratory, preclinical, and clinical sessions as appropriate to each type of session:
30 amalgamator, model trimmers in the ratio of one for every seven students, dental rotary
31 equipment in the ratio of one for every three students, vibrators in the ratio of one for
32 every three students, light curing devices in the ratio of one for every operatory, functional
33 typodonts and bench mounts in the ratio of one for every two students, functional
34 orthodontically banded typodonts in the ratio of one for every four students, facebows in
35 the ratio of one for every ten students, automated blood pressure device,
36

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1 electrocardiogram (EKG) machine, pulse oximeters in the ratio of one for every ten
2 students, capnograph or simulated device, one set of hand instruments in the ratio of one
3 set for every two students for each procedure, respiration device, camera for intraoral use,
4 camera for extraoral use, **computer aided drafting (CAD)** machine or simulated device,
5 caries detection device in the ratio of one for every ten students, and all other equipment
6 and armamentaria required to teach dental assistant and registered dental assistant
7 duties. With the exception of a CAD machine and patient monitoring equipment specific
8 to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary
9 equipment and have it readily available upon inspection. Patient monitoring equipment
10 owned by the institution and utilized by more than one program within the institution
11 premises is acceptable and may be used by the RDA program as needed for instruction.
12 Instruction by a licensed healthcare provider is acceptable. In the event instruction in
13 patient monitoring procedures and use of the CAD machine is provided by an outside
14 provider, the RDA program shall not be required to have available or own patient
15 monitoring equipment or CAD machine.

16
17 (2) The program shall demonstrate how the equipment and armamentaria ratios
18 established successfully support the total number of enrolled students of each class.

19
20 (3) Instruments shall be provided to accommodate students' needs in learning to identify,
21 exchange, prepare procedural trays and assist in procedures as they relate to general and
22 specialty dentistry.

23
24 (4) Provision shall be made for reasonable access to current and diverse dental assisting
25 and multidisciplinary literature including reference texts, current journals, audiovisual
26 materials, and other resources necessary to support teaching, student learning needs,
27 services and research. Library holdings, which may include access through the Internet,
28 shall include materials relating to all subject areas of the program curriculum.

29
30 (5) Consistent with Section 1070, all necessary emergency and first aid equipment shall be
31 maintained in good operating order.

32
33 **(g) Length of Program.**

34
35 (1) The program shall be of sufficient duration for the student to develop minimum
36 competence in performing dental assistant and registered dental assistant duties, but in
37 no event less than 800 hours, which shall be comprised of at least 275 hours of didactic
38 instruction, at least 260 hours of combined laboratory or pre-clinical instruction
39 conducted under the direct supervision of program faculty or instructional staff, and at
40 least 265 hours in in a clinical externship in an extramural or onsite dental facility
41 providing direct patient care and performing chairside assisting functions.
42

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1 (2) As part of the program’s curriculum, no more than 40 hours of didactic and laboratory
2 instruction shall be devoted to clerical, administrative, dental practice management
3 specific to curriculum content as described in Section 1070(i) defined herein.
4

5 (h) Program Curriculum – General Guidelines. Didactic, laboratory, preclinical, and clinical
6 performance evaluations are integral parts of the program’s curriculum.
7

8 (1) In addition to the requirements of Sections 1070 and 1070.1, curriculum content and
9 instruction in all registered dental assisting programs shall include theoretical content,
10 laboratory, and clinical experiences in a well-defined sequence that ensures each
11 student’s level of learning is consistent with the program’s stated learning outcomes in
12 each content area described herein.
13

14 (2) Where regulations exist specific to areas of study resulting in an independent
15 certificate, such as, but not limited to, Radiation Health and Safety, Infection Control, Pit
16 and Fissure Sealant and Coronal Polishing, instruction in each subject shall be consistent
17 with related regulations.
18

19 (3) Curriculum documentation shall be reviewed annually and revised, as needed, to
20 reflect new concepts and techniques. Program content shall be integrated with continued
21 curriculum advancement elevation throughout. Curriculum must demonstrate sufficient
22 depth, scope, sequence of instruction, quality, and emphasis to ensure achievement of
23 all of the curriculum’s defined competencies.
24

25 (4) Programs that admit students in phases, including modular, wheel, or open-entry
26 programs, shall provide at minimum, basic prerequisite instruction in tooth dental
27 anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection
28 control, Occupational Health and Safety Administration (OSHA) and sterilization protocols
29 prior to instruction in any other area of the program’s curriculum. Such prerequisite
30 instruction shall consist of no less than 100 hours of direct, live, interactive didactic
31 instruction, and shall occur prior to performances or activities involving patients including
32 student partners.
33

34 (5) In addition to the requirements of section 1070 and 1070.1 and, programs shall include
35 the following content:
36

37 (A) Instruction in radiation safety that meets all of the requirements of 16 CCR
38 1014 and 1014.1.
39

40 (B) Instruction in coronal polishing that meets all of the requirements of 16 CCR
41 1070.4.
42

43 (C) Instruction in the application of Pit and Fissure Sealants that meets all of the

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requirements of 16 CCR 1070.3.

(D) Instruction in basic life support (BLS) for healthcare professionals to include use of AED as required by 16 CCR 1016(b)(1)(C) prior to the beginning of the pre-clinical or clinical experiences, wherein recertification intervals may not exceed two years. ~~The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.~~

(E) Instruction in the Act that includes the content specified in 16 CCR 1016 governing the Act continuing education courses.

~~(6) All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005) prior to the student's performance of procedures on patients. Faculty will be responsible for ensuring that all proper Infection Control and Cal/OSHA regulations and requirements are maintained whenever students perform procedures on patients. All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005). Students shall be enrolled in or have a program approved plan to enroll in courses culminating in a comprehensive written final examination prior to the student's performance of procedures on patients.~~

(7) Ongoing instruction and utilization of safety procedures, infection control protocols, and equipment care shall be adhered to at all times. Students shall meet a minimum level of satisfactory competency as defined by the program.

(i) **Didactic Laboratory, Preclinical and Clinical Instruction.** The content categories of this instruction include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Instruments and Equipment, Chairside Assisting, ~~Dental Practice Management,~~ Health and Safety, ~~Dental Practice Management,~~ and Emergencies, Dental Office Communication, New and Emerging Technologies, and Basic Life Support. Laboratory, preclinical and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistants and registered dental assistants are authorized to perform.

(1) In the area of Biomedical Sciences, the program shall integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:

(A) Bloodborne pathogens and related diseases

Commented [NG15]: Staff recommendation: Stakeholders have pointed out that programs are currently allowed to accept a student's certification in BLS from another education provider. Therefore this will require that many programs add new certifications to their curricula, and additionally could affect course sequencing.

The current language at Section 1070.2(d)(9)(D) adds to the requirement for BLS certification: "The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider." Staff Recommends that this caveat be added back to the proposed language to allow programs flexibility in course offerings and sequencing, unless the Council's intention is to require programs to offer BLS courses.

Commented [NG16]: Stakeholders have pointed out that many linear dental assisting programs enroll students in IC/OSHA courses simultaneously with other chairside, x-ray, and patient assessment type courses and therefore Requiring those programs to ensure that students have completed a comprehensive written final IC/OSHA exam prior to performance of procedures on patients will require dramatic and expensive revisions to their program sequencing and curriculum design, and does not yield substantial safety increases, because students are overseen by faculty who ensure that all IC protocols and OSHA regulations are observed.

Staff recommends a reversion to the current language of 1070.2(d)(8)(B) which requires that programs provide instruction in IC and OSHA, but does not require the completion of a written exam prior to performing procedures on patients, and add language requiring that faculty maintain all IC protocols and OSHA regulations.

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1 (B) Hazard Communication Standards

2
3 (C) Infection Control

4
5 (D) Radiology

6
7 (2) In the area of Dental Sciences, the program shall provide instruction in and didactic
8 evaluation of the following areas:

9
10 (A) Dental and medical terminology

11
12 (B) General anatomy and physiology

13
14 (C) Head and neck anatomy

15
16 (D) Microbiology

17
18 (E) Nutrition

19
20 (E) Oral anatomy, histology and embryology

21
22 (F) Oral pathology

23
24 (G) Pharmacology related to dentistry and the patient shall include:

25 (i) Drug requirements, agencies and regulations

26 (ii) Common drugs and prescriptions used in dentistry

27 (iv) Anesthetics and topical agents used in dentistry

28 (vi) Administration of nitrous oxide-oxygen

29 (vii) Drugs and agents used for treating dental-related infections

30 (viii) Drug addiction including Opioids and other substances.

31
32 (H) Patients with special needs including patients whose medical, physical,
33 psychological, or social conditions make it necessary to modify normal dental
34 routines.

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43 (3) In the area of Dental Materials, the program shall provide instruction in and laboratory
44 and performance evaluation in the properties, use, and manipulation of:

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(A) Gypsum

(B) Restorative materials

(C) Bases, liners and bonding agents

(D) Matrix retainers, bands and wedges

(E) Impression materials

(F) Acrylics and or thermoplastics

(G) Waxes

(H) Abrasive agents

(I) Dental laboratory procedures

(i) Study casts

(ii) Fabrication of custom trays

(iii) Temporary crowns and bridges

(J) Preventive materials: polishing agents, fluorides, sealants, varnish

(4) In the areas of Ethics and Professional Responsibilities, the program shall provide instruction in and didactic performance evaluation of the following:

(A) The Act, including information regarding:

(1) The laws and regulations pertaining to the profession of dental assisting

(2) The duties and supervision levels of all licensed and unlicensed dental assistants

(3) The legal responsibilities of all dental assisting licensee and permit holders as defined in statute

(4) Applicable sState and federal laws and regulations

(B) Malpractice, liability, negligence, abandonment, and fraud

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1 (F) Health Insurance Portability and Accountability Act (HIPAA)

2
3 (G) Express, implied, and informed consent

4
5 (H) Legal and ethical issues in dentistry

6
7 (I) Reports of abuse and domestic violence and neglect; mandatory reporter
8 requirements for all dental healthcare workers

9
10 (J) Risk management

11
12 (K) Code of ethics applicable to the dental assisting profession

13
14 (L) Laws governing harassment, and labor and employment

15
16 (M) Licensing, certification, and permit requirements to obtain and maintain such
17 certificates

18
19 (5) In the areas of Dental Instruments and Equipment, the program shall provide
20 instruction in and didactic, preclinical, clinical and laboratory performance evaluation of
21 the following:

22
23 (A) Identification, types, functions, and operations of dental operator and
24 laboratory equipment;

25
26 (B) Identification, types, functions, and tray set-up of dental instruments used in
27 dental procedures;

28
29 (C) Operator set-up and equipment maintenance

30
31 (D) Anesthetic syringe set-up and handling

32
33 (E) Clean removable appliances

34
35 (6) In the area of Chairside Assisting, the program shall provide instruction in and didactic,
36 preclinical, clinical performance evaluation of the following:

37
38 (A) Assistance in four-handed dentistry procedures

39
40 (B) Patient education to include pre- and post-operative instructions

41
42 (C) Oral hygiene Instructions

43
44 (D) Isolation techniques

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1
2 (E) Basic supportive procedures

3
4 (F) All dental assisting and Registered Dental Assistant duties prescribed by statute

5
6 (G) Record patient information and treatment documentation

7
8 (H) Aseptic techniques

9
10 (I) Chairside assistant ergonomics

11
12 (7) In the area of Dental Practice Management, the program shall provide instruction in
13 and didactic and laboratory performance evaluation of the following:

14 (A) Appointment control

15
16 (B) Financial records and fees

17
18 (C) Dental office inventory control and purchasing

19
20 (D) Computer and dental software

21
22 (E) Recall/Recare systems

23
24 (F) Management of patient records including paperless and technology-based
25 records management systems

26
27 (G) Oral and written communications

28
29 (H) Employment skills resume writing

30
31 (I) Privacy and confidentiality pertaining to patient records, [Health Insurance](#)
32 [Portability and Accountability Act \(HIPAA\)/Health Information Technology for](#)
33 [Economic and Clinical Health Act \(HITECH\)](#) requirements

34
35 (J) Practice management systems

36
37 (K) Insurance systems claims processing and procedure coding

38
39 (L) Ethical and legal responsibilities including financial misconduct, patient billing,
40 misrepresentation of services performed, and treatment plan presentation

41
42 (8) In the areas of Dental Office Communication, instruction and didactic performance
43 evaluation of the following:
44

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1
2 (A) Psychology considerations influencing communication and behaviors

3
4 (B) Adapt skills to varied levels of understanding and cultural orientation

5
6 (C) Verbal and non-verbal communication

7
8 (D) Interpersonal skills

9
10 (E) Communicating with dental office employees

11
12 (9) In the areas of Health and Safety, and Emergencies, the program shall provide
13 instruction in and didactic and laboratory performance evaluation of the following:

14
15 (A) Respond to medical emergencies:

16
17 (1) Taking and recording of vital signs

18
19 (2) Cardiopulmonary resuscitation (CPR)

20
21 (3) Administration of oxygen

22
23 (B) Basic first aid kit and first aid procedures

24
25 (C) Common medical emergencies in a dental office

26
27 (D) Common dental emergencies

28
29 (E) Safe transport and transfer of patients

30
31 (F) Emergency procedures in response to workplace accidents:

32
33 (G) Roles and responsibilities of the dental office employer and employee

34
35 (1) The role of the injury and illness prevention program of the dental office

36
37 (2) The reporting process for workplace injuries including exposure
38 incidents

39
40 (H) Maintenance of safe and healthy work environments

41
42 (10) In the area of New and Emerging Technologies, the program shall integrate
43 throughout the didactic and laboratory performance components of the curriculum, the
44 following content:

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1
2 (A) Advancements in dental instruments and equipment

3
4 (B) Advanced and emerging dental materials and products

5
6 (C) Procedures and techniques that incorporate emerging technology used in the
7 workplace

8
9 (D) Procedures and techniques related to dental specialties including, but not
10 limited to, prosthodontics, orthodontics, and endodontics.

11
12 (11) In the area of Basic Life Support, the program shall offer courses or coursework that,
13 when successfully completed, result in certification, and which are taught by an instructor
14 approved by the American Red Cross or the American Heart Association, or any other
15 provider recognized by the Board as equivalent. The program may require that the
16 student complete certification as a prerequisite to program enrollment, or that the
17 student provide evidence of having completed certification prior to patient-based
18 competencies and clinical assignment.

19
20 ~~(12) Laboratory and clinical instruction shall be of sufficient duration and content for each~~
21 ~~student to achieve minimum competence in the performance of each procedure that~~
22 ~~dental assistants and registered dental assistants are authorized to perform.~~

23
24
25 (j) **Clinical Externship Instruction.** Assisting a dentist shall be an integral part of the educational
26 program designed to perfect students' competence in performing chairside assisting functions,
27 rather than to provide basic instruction. In addition to the requirements of Section 1070 and
28 1070.1 with regard to extramural instruction and facility use:

29
30 (1) If utilized, no more than 50 percent of the total hours of clinical externship instruction
31 shall take place in a specialty dental practice or within the program's facilities. Specialty
32 dentistry clinical experiences are optional and are not required of a registered dental
33 assisting program.

34
35 (2) Each student shall be assigned to one or more offices or clinics for clinical experience
36 and assisting in general dentistry situations is emphasized.

37
38 (3) The ~~majority~~ ~~major portion~~ of the students' time in clinical assignments shall be spent
39 assisting with or participating in patient care.

40
41 (4) A formal written agreement shall exist between the educational institution and the
42 facility providing the experience. The written agreement shall provide that ~~the dental~~

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1 assisting faculty shall plan, approve, supervise, and evaluate the student's clinical
2 experience, and the following conditions shall be met:

3
4 ~~(A) A formal written agreement exists shall exist between the educational~~
5 ~~institution and the facility providing the experience.~~

Commented [NG17]: Moved to (4) above.

6
7 (B) The program administrator must retain authority and responsibility for the
8 student.

9
10 (C) Policies and procedures for operation of the facility must be consistent with the
11 philosophy and objectives of the dental assisting program.

12
13 (D) The facility must accommodate the scheduling needs of the program.

14
15 ~~(E) Notification for Any~~ termination of the agreement ensures that instruction will
16 not be interrupted for currently assigned students.

17
18 ~~(F) The facility provides its E~~ expectations and orientation are provided ~~to all parties~~
19 prior to student assignment.

20
21 (G) Students shall maintain a record of their activities in each clinical assignment.

22
23 ~~(5H)~~ Faculty of the program or the program director shall conduct at least five site visits to
24 the facility or facilities during the course of the student's clinical assignment. The student
25 shall be present and performing clinical work at the time of the site visit and a report by
26 the visiting faculty member shall be completed and entered into the student record. At no
27 time shall a telephone communication with the extramural facility be deemed equivalent
28 to or determined to be an acceptable alternative to a physical site visit by the program
29 faculty or staff.

30
31 **(k) Optional Program Content:** A registered dental assisting program that desires to provide
32 instruction in the following areas shall apply separately for approval to incorporate curriculum on
33 an application form issued by the Board, herein incorporated by reference, (insert here):

34
35 (1) An orthodontic assistant permit course that shall meet the curriculum requirements of
36 Section 1070.7. A program shall not be required to obtain approval to teach the orthodontic
37 duties allowed for an unlicensed dental assistant which are already required areas of
38 instruction under Section 1070.7, specifically the duties of placing ligature ties and
39 archwires, removing orthodontic bands, and removing excess cement from surfaces of
40 teeth with a hand instrument. The incorporated curriculum shall be no less than 51 hours
41 of combined didactic, laboratory and pre-clinical instruction consistent with the
42 requirements of Section 1070.7 plus additional hours of instruction in ultrasonic scaling for
43 cement removal consistent with the requirements of Section 1070.5. All experiences shall

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1 be performed and evaluated up to the pre-clinical level and within the institutional facilities
2 under the supervision of the program faculty. Upon successful graduation of the program,
3 students shall not be required to complete 12 months of work experience as a dental
4 assistant and shall be considered immediately eligible to apply for Board examination and
5 obtain a permit as an orthodontic assistant which may occur before or after examination
6 and licensure as a registered dental assistant.

7
8 (2) A dental sedation assistant permit course that shall meet the curriculum requirements
9 of Section 1070.8, The incorporated curriculum shall be no less than 110 hours of combined
10 didactic, laboratory, pre-clinical, and clinical instruction consistent with the requirements
11 of Section 1070.8. All experiences shall be performed and evaluated up to the pre-clinical
12 level and within the institutional facilities under the supervision of the program faculty.
13 Clinical training must be completed under supervision of qualified staff as specified in
14 1070.8(a)(3). Thirty-eight of the required 110 hours must be devoted to clinical instruction
15 in the extramural facility under the supervision of sedation or anesthesia permit holder.
16 Upon successful graduation of the program, students shall not be required to complete 12
17 months of work experience as a dental assistant and shall be considered immediately
18 eligible to apply for Board examination and obtain a permit as a dental sedation assistant
19 which may occur before or after examination and licensure as a registered dental assistant.

20
21 (3) A registered dental assisting program that includes instructional content for either the
22 orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a
23 certificate or certificates of completion to the program graduate specific to the subject area
24 and in addition to the RDA program certificate of completion. Certificates shall be used for
25 demonstration of compliance with education requirements for the permit subject as part
26 of a total program for registered dental assisting and shall include the institutional name,
27 Board-approved provider number for the program, total hours of instruction completed in
28 the subject area consistent with the requirements of this Section, a disclosure statement to
29 both the graduate and any employer indicating that the recipient of the certificate is not
30 allowed to perform the duties of a permit holder until such time as a Board-issued permit
31 has been obtained, and certification signature indicating successful completion of approved
32 curriculum. The certificate holder shall utilize the certificate as proof of candidate eligibility
33 at the time of application submission and shall be deemed an eligible candidate for
34 examination and permit issuance as having met all educational requirements.

35
36 **(l) Certificates of Completion.**

37
38 (1) Upon successful completion of the program, students shall receive certificates
39 consistent with the requirements defined in Section 1070(m).

40
41 (D) In the event a student does not complete the program, but has met all the educational
42 requirements consistent with an eight hour infection control course, a two hour **Dental**
43 **Practice Act (DPA)** course or a 32 hour radiation health and safety course, the program shall
44 provide certificates to the student verifying that the minimum educational requirements

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1 for employment as an unlicensed dental assistant have been met and shall include the
2 program's Board-approved provider number for each subject area as defined in this Article.
3

4 (m) **Notice of Compliance.** To maintain approval, the programs approved prior to the effective
5 date of these regulations shall submit to the Board a completed "Notice of Compliance with New
6 Requirements for ~~Registered Dental Assistant Orthodontic Assistant and Dental Sedation Assistant~~
7 ~~Educational Programs~~" (insert date New 02/2020)², hereby incorporated by reference, within
8 ninety (90) days of the effective date of these regulations.
9

10 ~~(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board~~
11 ~~approval prior to operation.~~

12
13 ~~(b) The Board may, in lieu of conducting its own investigation, accept the findings of any~~
14 ~~commission or accreditation agency approved by the Board and adopt those findings as its own.~~
15 ~~All programs accredited by the American Dental Association Commission on Dental~~
16 ~~Accreditation (Commission) shall submit to the Board after each site visit a copy of the final~~
17 ~~report of the Commission's findings within 30 days of the final report issuance. New programs~~
18 ~~approved by the Commission shall apply to the Board and shall submit proof of Provisional~~
19 ~~Approval status by the Commission, a copy of the institutional self study, and applications for~~
20 ~~Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an~~
21 ~~RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings~~
22 ~~is at the discretion of the Board and does not prohibit the Board from exercising its right to site-~~
23 ~~evaluate a program.~~
24

25 ~~(c) If the program is granted the status of "Approved with Reporting Requirements" from the~~
26 ~~Commission, the program shall submit to the Board copies of any and all correspondence~~
27 ~~received from or submitted to the Commission until such time as the status of "Approval~~
28 ~~without Reporting Requirements" is granted. Additionally, if the program withdraws from~~
29 ~~accredited status by the Commission, the program shall notify the Board, in writing, of such~~
30 ~~status within 30 days.~~
31

32 ~~(d) In order for a registered dental assistant program to secure and maintain approval by the~~
33 ~~Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements~~
34 ~~contained in this Section.~~
35

36 ~~(1) A program shall notify the Board in writing if it wishes to increase the maximum~~
37 ~~student enrollment for which it is approved and shall provide documentation to the~~
38 ~~Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove~~
39 ~~the program for the increased enrollment prior to accepting additional students.~~
40

41 ~~(2) Programs shall establish and maintain an advisory committee whose membership~~
42 ~~provides for equal representation of dentists and dental assistants, all currently licensed~~
43 ~~by the Board. In addition, consideration shall be given to a student, a recent graduate or~~
44 ~~a public representative to serve on the advisory committee. The advisory committee~~

Commented [HH18]: Is everything really being deleted or is some of this staying the same? Will need to spell this out in the iSR....if any requirements are unchanged, it will be very important to say so. Remember that all deletions must be justified the same as additions are.

Commented [NG19R18]: The alternative is to weave ALL of this material into the existing regulations, and that seems far more complicated than the way we are proposing to do this.

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1 shall meet at least once each academic year with the program director, faculty, and
2 appropriate institutional personnel to monitor the ongoing quality and performance of
3 the program and to receive advice and assistance from the committee.
4

5 (3) Adequate provision for the supervision and operation of the program shall be made.
6 In addition to the requirements of Sections 1070 and 1070.1, the following
7 requirements shall be met:
8

9 (A) By January 1, 2012, each faculty member shall have completed a course or
10 certification program in educational methodology of at least 30 hours, unless he
11 or she holds any one of the following: a postgraduate degree in education, a
12 Ryan Designated Subjects Vocational Education Teaching Credential, a Standard
13 Designated Subjects Teaching Credential, or a Community College Teaching
14 Credential. Each faculty member employed after January 1, 2012, shall complete
15 a course or certification program in educational methodology within six months
16 of employment. The program director or designated administrator shall be
17 responsible to obtain and maintain records of each faculty member showing
18 evidence of having met this requirement.
19

20 (B) The program director shall have teaching responsibilities that are less than
21 those of a full-time faculty member. He or she shall actively participate in and be
22 responsible for the administration of the program including the following:
23

24 (i) Participating in budget preparation and fiscal administration,
25 curriculum development and coordination, determination of teaching
26 assignments, supervision and evaluation of faculty, establishment of
27 criteria and procedures, design and operation of program facilities, and
28 selection of extramural facilities and coordination of instruction in those
29 facilities.
30

31 (ii) Holding periodic staff meetings to provide for subject matter review,
32 instructional calibration, curriculum evaluation, and coordinating
33 activities of full-time, part-time, and volunteer faculty or instructional
34 staff.
35

36 (iii) Maintaining copies of minutes of all advisory committee and staff
37 meetings for not less than five years.
38

39 (C) The owner or school administrator shall be responsible for the compliance of
40 the program director with the provisions of this Section and Sections 1070 and
41 1070.1.
42

43 (4) The program shall have sufficient financial resources available to support the
44 program and to comply with this Section. If the program or school requires approval by

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1 ~~any other governmental agency, that approval shall be obtained prior to application to~~
2 ~~the Board for approval and shall be maintained at all times. The failure to maintain that~~
3 ~~approval shall result in the automatic withdrawal of Board approval of the program.~~
4

5 (5) ~~The program shall be of sufficient duration for the student to develop minimum~~
6 ~~competence in performing dental assistant and registered dental assistant duties, but in~~
7 ~~no event less than 800 hours, including at least 275 hours of didactic instruction, at least~~
8 ~~260 hours of combined laboratory or preclinical instruction conducted in the program's~~
9 ~~facilities under the direct supervision of program faculty or instructional staff, and the~~
10 ~~remaining hours utilized in clinical instruction in extramural dental facilities. No more~~
11 ~~than 20 hours of instruction shall be devoted to clerical, administrative, practice~~
12 ~~management, or similar duties. Programs whose demonstrated total hours exceed 800~~
13 ~~and who meet all the instructional requirements in this Section, may utilize the~~
14 ~~additional instructional hours as deemed appropriate for program success. To maintain~~
15 ~~approval, programs approved prior to the effective date of these regulations shall~~
16 ~~submit to the Board a completed "Notice of Compliance with New Requirements for~~
17 ~~Registered Dental Assistant Educational Programs (New 9/10)", hereby incorporated by~~
18 ~~reference, within ninety (90) days of the effective date of these regulations.~~
19

20 (6) ~~In addition to the requirements of Section 1070 with regard to extramural~~
21 ~~instruction:~~
22

23 (A) ~~No more than 25 percent of extramural clinical instruction shall take place in~~
24 ~~a specialty dental practice.~~
25

26 (B) ~~Program faculty shall visit each extramural dental facility at least once every~~
27 ~~ten clinical days.~~
28

29 (7) ~~Facilities and class scheduling shall provide each student with sufficient opportunity,~~
30 ~~with instructor supervision, to develop minimum competency in all duties that~~
31 ~~registered dental assistants are authorized to perform. The following requirements are~~
32 ~~in addition to those contained in Sections 1070 and 1070.1:~~
33

34 (A) ~~The following are minimum requirements for equipment and armamentaria~~
35 ~~during laboratory, preclinical, and clinical sessions as appropriate to each type of~~
36 ~~session: amalgamator, model trimmers in the ratio of one for every seven~~
37 ~~students, dental rotary equipment in the ratio of one for every three students,~~
38 ~~vibrators in the ratio of one for every three students, light curing devices in the~~
39 ~~ratio of one for every operator, functional typodonts and bench mounts in the~~
40 ~~ratio of one for every two students, functional orthodontically banded typodonts~~
41 ~~in the ratio of one for every four students, facebows in the ratio of one for every~~
42 ~~ten students, automated blood pressure device, EKG machine, pulse oximeters in~~
43 ~~the ratio of one for every ten students, capnograph or simulated device, one set~~
44 ~~of hand instruments in the ratio of one set for every two students for each~~

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1 procedure, respiration device, camera for intraoral use, camera for extraoral use,
2 CAD machine or simulated device, caries detection device in the ratio of one for
3 every ten students, and all other equipment and armamentaria required to teach
4 dental assistant and registered dental assistant duties. With the exception of a
5 CAD machine and patient monitoring equipment specific to EKG machine, pulse
6 oximeter, and capnograph, the program shall own the necessary equipment and
7 have it readily available upon inspection. Patient monitoring equipment owned
8 by the institution and utilized by more than one program within the institution
9 premises is acceptable and may be used by the RDA program as needed for
10 instruction. Instruction by a licensed healthcare provider is acceptable. In the
11 event instruction in patient monitoring procedures and use of the CAD machine
12 is provided by an outside provider, the RDA program shall not be required to
13 have available or own patient monitoring equipment or CAD machine.

14
15 (B) Instruments shall be provided to accommodate students needs in learning to
16 identify, exchange, and prepare procedural trays and assist in procedures as they
17 relate to general and specialty dentistry.

18
19 (C) Provision shall be made for reasonable access to current and diverse dental
20 and medical reference texts, current journals, audiovisual materials, and other
21 necessary resources. Library holdings, which may include, in total or in part,
22 access through the Internet, shall include materials relating to all subject areas of
23 the program curriculum.

24
25 (D) Emergency materials shall include, at a minimum, an oxygen tank that is
26 readily available and functional. Medical materials for treating patients with life-
27 threatening conditions shall be available for instruction and accessible to the
28 operatories. Facilities that do not treat patients shall maintain a working model
29 of a kit of such emergency materials for instructional purposes.

30
31 (8) Curriculum documentation shall be reviewed annually and revised, as needed, to
32 reflect new concepts and techniques. This content shall be integrated and of sufficient
33 depth, scope, sequence of instruction, quality and emphasis to ensure achievement of
34 the curriculum's defined competencies.

35
36 (A) Programs that admit students in phases, including modular or open-entry
37 programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth
38 numbering, general program guidelines, basic chairside skills, emergency and
39 safety precautions, infection control, and sterilization protocols associated with
40 and required for patient treatment. Such instruction shall occur prior to any
41 other program content and prior to
42 performances or activities involving patients.

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1 ~~(B) All programs shall provide students with additional instruction in the~~
2 ~~California Division of Occupational Safety and Health (Cal/OSHA) Regulations~~
3 ~~(Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum~~
4 ~~Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to~~
5 ~~the student's performance of procedures on patients.~~

6
7 ~~(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11)~~
8 ~~and (b)(12) of this Section, programs shall include the following content:~~

9
10 ~~(A) Instruction in radiation safety that meets all of the requirements of Cal. Code~~
11 ~~Regs., Title 16, Sections 1014 and 1014.1.~~

12
13 ~~(B) Instruction in coronal polishing that meets all of the requirements of Cal.~~
14 ~~Code Regs., Title 16, Section 1070.4.~~

15
16 ~~(C) Instruction in the application of Pit and Fissure Sealants that meets all of the~~
17 ~~requirements of Cal. Code Regs., Title 16, Section 1070.3.~~

18
19 ~~(D) A course in basic life support provided by an instructor approved by the~~
20 ~~American Red Cross or the American Heart Association, or any other course~~
21 ~~approved by the Board as equivalent. The program may require that the student~~
22 ~~complete this course as a prerequisite to program enrollment, or that the~~
23 ~~student provide evidence of having completed the course from another~~
24 ~~provider.~~

25
26 ~~(E) Instruction in infection control that meets all of the requirements of Cal. Code~~
27 ~~Regs., Title 16, Section 1070.6.~~

28
29 ~~(F) Instruction in the Dental Practice Act that includes the content specified in~~
30 ~~Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing~~
31 ~~education courses.~~

32
33 ~~(10) A program that desires to provide instruction in the following areas shall apply~~
34 ~~separately for approval to provide the following courses:~~

35
36 ~~(A) A course in the removal of excess cement with an ultrasonic scaler, that shall~~
37 ~~meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.~~

38
39 ~~(B) An orthodontic assistant permit course that shall meet the requirements of~~
40 ~~Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be~~
41 ~~required to obtain separate approval to teach the duties of placing ligature ties~~
42 ~~and archwires, removing orthodontic bands, and removing excess cement from~~
43 ~~surfaces of teeth with a hand instrument, and shall be no less than 51 hours,~~

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1 including at least 9 hours of didactic instruction, at least 22 hours of laboratory
2 instruction, and at least 20 hours of clinical instruction.

3
4 ~~(C) A dental sedation assistant permit course that shall meet the requirements of~~
5 ~~Cal. Code Regs., Title 16, Section 1070.8.~~

6
7 ~~(D) A Registered Dental Assisting educational program that includes instructional~~
8 ~~content for either the orthodontic assistant permit or dental sedation assistant~~
9 ~~permit, or both, shall provide a certificate or certificates of completion to the~~
10 ~~graduate. The certificate holder shall be deemed an eligible candidate for the~~
11 ~~permit examination process as having met all educational requirements for the~~
12 ~~permit examination.~~

13
14 ~~(11) General didactic instruction shall include, at a minimum, the following:~~

15
16 ~~(A) Principles of general anatomy, physiology, oral embryology, tooth histology,~~
17 ~~and head-neck anatomy.~~

18
19 ~~(B) Principles of conditions related to and including oral pathology, orthodontics,~~
20 ~~periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and~~
21 ~~esthetic dentistry.~~

22
23 ~~(C) Instruction in the Dental Practice Act that includes the content specified~~
24 ~~in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health~~
25 ~~Insurance Portability and Accountability Act (HIPAA) privacy and security~~
26 ~~standards, risk management, and professional codes of ethical behavior.~~

27
28 ~~(D) Principles of infection control, waste management, and hazardous~~
29 ~~communication requirements in compliance with the Board's Minimum~~
30 ~~Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and~~
31 ~~other federal, state, and local requirements governing infection control.~~
32 ~~Instruction in infection control shall meet the education requirements set forth~~
33 ~~in Section 1070.6(e).~~

34
35 ~~(E) Principles related to pharmacology and biomedical sciences including~~
36 ~~nutrition and microbiology.~~

37
38 ~~(F) Principles of medical-dental emergencies and first aid management.~~

39
40 ~~(G) Principles of the treatment planning process including medical health history~~
41 ~~data collection, patient and staff confidentiality, and charting.~~

42

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1 ~~(H) Principles of record classifications including management, storage, and~~
2 ~~retention protocol for all dental records including legal and ethical issues~~
3 ~~involving patient records.~~

4
5 ~~(I) Principles and protocols of special needs patient management, the psychology~~
6 ~~and management of dental patients, and overall interpersonal relationships.~~

7
8 ~~(J) Principles, protocols, and armamentaria associated with all dental assisting~~
9 ~~chairside procedures.~~

10
11 ~~(K) Principles, protocols, manipulation, use, and armamentaria for contemporary~~
12 ~~dental materials used in general and specialty dentistry.~~

13
14 ~~(L) Principles and protocols for oral hygiene preventative methods including,~~
15 ~~plaque identification, toothbrushing and flossing techniques, and nutrition.~~

16
17 ~~(M) Principles, protocols, armamentaria, and procedures associated with~~
18 ~~operative and specialty dentistry.~~

19
20 ~~(N) Principles, protocols, armamentaria, and procedures for each duty that~~
21 ~~dental assistants and registered dental assistants are allowed to perform.~~

22
23 ~~(O) All content for instruction in radiation safety as set forth in Cal. Code Regs.,~~
24 ~~Title 16, Section 1014.1.~~

25
26 ~~(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs.,~~
27 ~~Title 16, Section 1070.4.~~

28
29 ~~(Q) All content for instruction in the application of Pit and Fissure Sealants as set~~
30 ~~forth in Cal. Code Regs., Title 16, Section 1070.3.~~

31
32 ~~(12) Laboratory and clinical instruction shall be of sufficient duration and content~~
33 ~~for each student to achieve minimum competence in the performance of each~~
34 ~~procedure that dental assistant and registered dental assistant is authorized to~~
35 ~~perform.~~

36
37 ~~(13) Each student shall pass a written examination that reflects the curriculum~~
38 ~~content, which may be administered at intervals throughout the course as~~
39 ~~determined by the course director.~~

40
41 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1,
42 1752.4 and 1752.6, Business and Professions Code.

43
44 **§ 1070.3. Approval of Pit and Fissure Sealant Courses.**

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1
2 (a) A course in the application of pit and fissure sealants shall have the primary purpose of
3 providing theory and clinical application in preventative sealant techniques. ~~A single standard of~~
4 ~~care shall be maintained, and t~~he Board shall approve and continue to approve only courses
5 which continuously adhere to the standards in this section.
6

7 (b) A pit and fissure sealant course provider applying for initial approval shall submit ~~an~~
8 ~~application for approval a completed~~ "Application for Pit and Fissure Sealant Course Provider
9 Approval" (New 02/2020), hereby incorporated by reference ~~(insert date)~~, accompanied by the
10 designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the
11 Board may approve or deny approval after it evaluates all components of the course.
12

13 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
14 1070.1 and all requirements set forth herein.
15

16 (d) **General Provisions:** The program shall make adequate provisions for the course's supervision
17 and operation in compliance with this Article and the following:
18

19 (1) Unless otherwise incorporated in a Board-approved registered dental assisting
20 program, providers shall require evidence from students that they have met all course
21 prerequisites prior to their acceptance in the course. Prerequisites include current
22 certification in basic life support, completion of an eight (8) hour Board-approved course
23 in infection control, and a two hour Board-approved course in the Act.
24

25 (2) When instruction is incorporated in a registered dental assisting program, students
26 shall have completed instruction in infection control, basic chairside skills, anatomy, tooth
27 morphology and dental materials and have obtained certification in basic life support prior
28 to the start of instruction in pit and fissure sealants.
29

30 (3) Providers shall adhere to the requirements for the quantity, qualifications, and
31 responsibilities of the course director and all faculty or instructional staff as defined in
32 sections 1070 and 1070.1 at all times.
33

34 (4) Providers shall not be required to employ a dentist for the purposes of onsite oversight
35 and mitigation during clinical instruction.
36

37 (5) Providers shall require a written permission letter or prescription by a licensed dentist
38 who shall diagnose and prescribe sealant placement when patient-based experiences are
39 performed.
40

41 (e) **Facilities and Equipment:**
42

Commented [NG20]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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1 (1) Adequate supplies, materials, and provisions for instruction in the application of pit
2 and fissure sealants shall be provided in compliance with the requirements of Section
3 1070.

4
5 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
6 lecture classrooms, online instruction equipment, and operatories in compliance with
7 the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing
8 facilities shall be provided.

9
10 (3) All disinfection and sterilization procedures specified in Section 1005 shall be
11 incorporated in course content and followed during all laboratory, simulated clinical,
12 and clinical experiences.

13
14 (f) **Course Duration:** As part of a course of instruction, sufficient time shall be available for all
15 students to achieve minimum competence in the various protocols used in the application of pit
16 and fissure sealants. The course shall, however, be no less than 16 clockhours in length consisting
17 of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for
18 the student to develop minimum competency in all aspects of the subject area, including at least
19 four hours of didactic training, at least ~~four-two~~ hours of laboratory training, at least two hours of
20 simulated clinical training, and at least eight hours of clinical training.

21
22 (g) **Course Curriculum and Examination:**

23
24 (1) A detailed course outline shall be established and maintained consistent with the
25 requirements of Section 1070 and shall be provided to students prior to the start of
26 instruction.

27
28 (2) General course objectives and specific instructional unit objectives shall be stated in
29 writing and shall include theoretical aspects of each subject as well as practical
30 application. The theoretical aspects of the course shall provide the content necessary for
31 students to make judgments regarding the application of pit and fissure sealants.

32
33 (3) Objective evaluation criteria shall be used for measuring student progress toward
34 attainment of specific course objectives. Students shall be provided with specific
35 performance objectives and the evaluation criteria that will be used for all aspects of the
36 curriculum.

37
38 (4) Each student shall pass a written examination which reflects the curriculum content.

39
40 (5) Each student shall pass a practical examination in which the student successfully
41 completes the application of pit and fissure sealants on:

42
43 (i) ~~no less than four (4) teeth;~~
44

Commented [NG21]: Staff Recommendation: 1070.3(f) Describes the hours required for pit and fissure courses. The proposed language currently requires, "no less than 16 clockhours in length consisting of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least four hours of laboratory training, and at least eight hours of clinical training."

This formulation does not include a specific requirement of hours for simulated clinical training, and a course could under this formulation include only nominal simulated clinical training.

However simulated clinical skills is now included on the examination requirements at 1070.3(g)(5). Therefore staff requests that the Council establish a required number of hours of simulated clinical training. Staff suggests dividing the required laboratory training in half and using the following formulation:

"no less than 16 clockhours in length consisting of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for the student to develop minimum competency in all aspects of the subject area, including at least four hours of didactic training, at least two hours of laboratory training, two hours simulated clinical training, and at least eight hours of clinical training."

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1 ~~(ii) no less than one (1) live patient;~~

2
3 ~~(iii) at least one (1) application in each quadrant using a typodont or simulation device;~~
4 ~~and~~

5
6 ~~(iv) at least four (4) applications on the posterior teeth of the required live patient;~~

7
8 (i) no less than 16 teeth total;

9
10 (ii) no less than four (4) laboratory applications;

11
12 (iii) no less than four (4) applications on simulation devices;

13
14 (iv) no less than eight (8) clinical applications on live patients;

15
16 (v) no less than two live patients;

17
18 (vi) no more than four applications on any of the required live patients.

19
20 **(h) Didactic Instruction:** Areas of instruction shall include the following as they relate to Dental
21 Science, Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal
22 Anatomical and Physiological Tooth Descriptions

23
24 (1) Morphology

25
26 (2) Dental Materials

27
28 (3) Sealant Basics:

29
30 (i) Legal requirements

31
32 (ii) Description and goals of sealants

33
34 (iii) Indications and contraindications

35
36 (iv) Role in preventive programs

37
38 (v) Use of caries identification devices and materials

39
40 (4) Sealant Materials and Caries Identification Devices:

41
42 (i) Etchant and/or etchant/bond combination material composition, process,
43 storage, and handling
44

Commented [NG22]: Staff recommendation:
The Board has received substantial feedback regarding the changes to 1070.3(g)(5) which were made during the November 2019 DAC meeting. Staff recommends a further change to the section which is based on stakeholder comments and will bring it in line with the CODA standards

**WORKING DOCUMENT:
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1 (ii) Sealant material composition, polymerization type, process, storage, and
2 handling

3
4 (iii) Armamentaria for etching and sealant application

5
6 (iv) Problem solving for etchant and sealant material placement/manipulation

7
8 (v) Armamentaria for caries identification

9
10 (5) Sealant Criteria:

11 (i) Areas of application

12
13
14 (ii) Patient ~~selection~~ indications and contraindications factors

15
16 (iii) Caries identification protocols

17
18 (6) Preparation Factors:

19 (i) Moisture control protocol

20
21
22 (ii) Tooth/teeth preparation procedures prior to etching or etchant/bond

23
24 (iii) Recording of caries identification devices or materials

25
26 (7) Acid Etching or Etchant/Bond Combination:

27 (i) Material preparation

28
29 (ii) Application areas

30
31 (iii) Application time factors

32
33
34 (iv) Armamentaria

35
36 (v) Procedure

37
38 (vi) Etchant or etchant/bond evaluation criteria

39
40 (8) Sealant Application:

41 (i) Application areas

42
43
44 (ii) Application time factors

Commented [NG23]: Staff Recommendation:
It appears that patient selection is a reference to determining when a particular treatment is appropriate and when it is not for a particular patient. However this is adequately covered by "indications and contraindications". Staff recommend removing these references to patient selection criteria.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (iii) Armamentaria

3
4 (iv) Procedure for chemical cure and light cure techniques

5
6 (v) Sealant evaluation criteria

7
8 (vi) Sealant adjustment technique

9
10 (9) Infection control protocols

11
12 (10) Clinical re-call re-evaluation protocols

13
14 **(i) Laboratory, Simulated-Clinical, and Clinical Instruction:**

15
16 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
17 times during laboratory, simulated clinical, and clinical instruction.

18
19 (2) Students shall be provided with established written competencies identifying specific
20 objective evaluation criteria and performance objectives for all evaluated experiences.
21 An experience has been successfully completed only if each sealant placed meets or
22 exceeds all stated performance criteria.

23
24 (3) Upon completion of all didactic instruction, students shall complete the following
25 competency evaluated experiences:

26
27 (A) Laboratory experiences may be conducted on a typodont and/or mounted
28 extracted teeth. Sufficient time shall be available for students to demonstrate
29 minimum competency on both posterior and anterior teeth.

30
31 (B) Sufficient time shall be available for students to demonstrate competency in
32 performing the applications required under Section 1070.3(g)(5). ~~on a minimum~~
33 ~~of four (4) teeth, of which four (4) shall be conducted on posterior teeth of at~~
34 ~~least one clinical patient. ; in addition, at least one application must be~~
35 ~~performed on all four mouth quadrants but may be performed on simulation~~
36 ~~devices.~~

37
38 (4) Each patient shall undergo a caries identification procedure performed by the
39 student as part of the evaluated experience. Each tooth selected for clinical experience
40 shall be sufficiently erupted to maintain a dry field for application of sealant materials.

41
42 **(j) Course Completion:** Upon completion of the course, each student shall be able to:
43

Commented [NG24]: Section 1070.3(i)(3)(B) details the clinical experiences that students in pit and fissure sealant courses must be evaluated on after completing their didactic instruction.

The requirements listed here have been the same as the examination requirements listed at subsection (g)(5), however they are listed in one sentence instead of broken out across multiple sections.

As a result subsection (i)(3)(B) is confusingly worded and difficult to decipher. Staff recommends changing subsection (1)(3)(B) to reference subsection (g)(5) rather than repeating the formulation provided by that subsection:

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (1) Identify the major characteristics of oral anatomy, histology, physiology, oral
2 pathology, normal/abnormal anatomical and physiological tooth descriptions,
3 morphology and microbiology as they relate to pit and fissure application.

4
5 (2) Explain the procedure to patients.

6
7 (3) Recognize decalcification, caries, and fracture lines.

8
9 (4) Identify the indications and contraindications for sealants.

10
11 (5) Identify the characteristics of a caries identification device, light curing devices,
12 isolation devices, and self-curing and light-cured sealant materials.

13
14 (6) Define the appropriate patient ~~indication and contraindication selection factors and~~
15 ~~indication~~ factors for sealant application.

16
17 (7) Utilize proper armamentaria in an organized sequence.

18
19 (8) Maintain appropriate moisture control protocol before and during application of
20 etchant and sealant material.

21
22 (9) Demonstrate the proper technique for teeth preparation prior to etching.

23
24 (10) Select and dispense the proper amount of etchant and sealant material when using
25 materials requiring etchant; and the proper use of etchless sealant materials including
26 bondable materials.

27
28 (11) Demonstrate the proper techniques for application of the etchant and sealant
29 material.

30
31 (12) Implement problem solving techniques associated with pit and fissure sealants.

32
33 (13) Evaluate the etchant and sealant placement techniques according to appropriate
34 criteria.

35
36 (14) Check the occlusion and proximal contact for appropriate placement techniques.

37
38 (15) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.

39
40 (16) Maintain aseptic techniques including disposal of contaminated material.

41
42 (k) **Certificate of Completion.** Upon successful completion of the course, students shall receive a
43 certificate consistent with the requirements defined in Section 1070(m).

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (l) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of
2 these regulations shall submit to the Board a completed “Notice of Compliance with New
3 Requirements for Pit and Fissure Sealant ~~Certificate~~ Courses” (insert date New 02/2020), hereby
4 incorporated by reference, within ninety (90) days of the effective date of these regulations.

5
6 ~~The following minimum criteria shall be met for a course in the application of pit and fissure~~
7 ~~sealants to secure and maintain approval by the Board.~~

8
9 ~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

10
11 ~~(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA~~
12 ~~licensure or currently possess an RDA license. Each student shall have already completed a~~
13 ~~Board approved course in coronal polishing.~~

14
15 ~~(c) Administration/Facility. Adequate provision for the supervision and operation of the course~~
16 ~~shall be made.~~

17
18 ~~(1) The course director and each faculty member shall possess a valid, active, and~~
19 ~~current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA~~
20 ~~license issued by the Board if the person has completed Board approved courses in~~
21 ~~coronal polishing and the application of pit and fissure sealants. All faculty shall have~~
22 ~~been licensed for a minimum of two years. All faculty shall have the education,~~
23 ~~background, and occupational experience and/or teaching expertise necessary to teach,~~
24 ~~place, and evaluate the application of pit and fissure sealants. All faculty responsible for~~
25 ~~clinical evaluation shall have completed a two hour methodology course in clinical~~
26 ~~evaluation.~~

27
28 ~~(2) The course director shall have the education, background, and occupational~~
29 ~~experience necessary to understand and fulfill the course goals. He/she shall actively~~
30 ~~participate in and be responsible for the day to day administration of the course~~
31 ~~including the following:~~

32
33 ~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

34
35 ~~(B) Maintaining for a period of not less than 5 years:~~

36
37 ~~1. Copies of curricula, course outlines, objectives, and grading criteria.~~

38
39 ~~2. Copies of faculty credentials, licenses, and certifications.~~

40
41 ~~3. Individual student records, including those necessary to establish~~
42 ~~satisfactory completion of the course.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(C) Informing the Board of any changes to the course content, physical facilities,~~
2 ~~and/or faculty, within 10 days of such changes.~~

3
4 ~~(d) Length of Course. The program shall be of sufficient duration for the student to develop~~
5 ~~minimum competence in the application of pit and fissure sealants, but shall in no event be less~~
6 ~~than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory~~
7 ~~training, and at least 8 hours of clinical training.~~

8
9 ~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to~~
10 ~~each student who successfully completes the course.~~

11
12 ~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with~~
13 ~~sufficient opportunity, with instructor supervision, to develop minimum competency in~~
14 ~~applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally~~
15 ~~conducive:~~

16 ~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number~~
17 ~~of students enrolled.~~

18
19 ~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one~~
20 ~~operatory for every five students at any one time.~~

21
22 ~~(A) Each operatory shall replicate a modern dental office containing functional~~
23 ~~equipment including: a power operated chair for treating patients in a supine~~
24 ~~position; operator and assistant stools; air-water syringe; adjustable light; oral~~
25 ~~evacuation equipment; work surface; hand-washing sink; curing light, and all~~
26 ~~other armamentarium required to instruct in the application of pit and fissure~~
27 ~~sealants.~~

28 ~~(B) Each operatory shall be of sufficient size to accommodate a practitioner, a~~
29 ~~student, an instructor, and a patient at one time.~~

30
31 ~~(3) Laboratories. The location and number of general use equipment shall assure that~~
32 ~~each student has the access necessary to develop minimum competency in the~~
33 ~~application of pit and fissure sealants. Protective eyewear is required for each student.~~

34
35 ~~(4) Infection Control. The program shall establish written clinical and laboratory~~
36 ~~protocols to ensure adequate asepsis, infection and hazard control, and disposal of~~
37 ~~hazardous wastes, which shall comply with the board's regulations and other Federal,~~
38 ~~State, and local requirements. The program shall provide such protocols to all students,~~
39 ~~faculty, and appropriate staff to assure compliance with such protocols. Adequate space~~
40 ~~shall be provided for preparing and sterilizing all armamentarium.~~

41
42 ~~(5) Emergency Materials/Basic Life Support.~~
43
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (A) A written policy on managing emergency situations shall be made available
3 to all students, faculty, and staff.

4
5 (B) All students, faculty, and staff involved in the direct provision of patient care
6 shall be certified in basic life support procedures, including cardiopulmonary
7 resuscitation. Re-certification intervals may not exceed two years. The program
8 shall document, monitor, and ensure compliance by such students, faculty, and
9 staff.

10
11 (g) Program Content.

12
13 (1) Sufficient time shall be available for all students to obtain laboratory and clinical
14 experience to achieve minimum competence in the various protocols used in the
15 application of pit and fissure sealants.

16
17 (2) A detailed course outline shall be provided to the board which clearly states
18 curriculum subject matter and specific instruction hours in the individual areas of
19 didactic, laboratory, and clinical instruction.

20
21 (3) General program objectives and specific instructional unit objectives shall be stated
22 in writing, and shall include theoretical aspects of each subject as well as practical
23 application. The theoretical aspects of the program shall provide the content necessary
24 for students to make judgments regarding the application of pit and fissure sealants.
25 The course shall assure that students who successfully complete the course can apply
26 pit and fissure sealants with minimum competence.

27
28 (4) Objective evaluation criteria shall be used for measuring student progress toward
29 attainment of specific course objectives. Students shall be provided with specific unit
30 objectives and evaluation criteria that will be used for all aspects of the curriculum
31 including written and practical examinations. The program shall establish a standard of
32 performance that states the minimum number of satisfactory performances that are
33 required for each procedure.

34
35 (5) Areas of instruction shall include at least the following as they relate to pit and
36 fissure sealants:

37
38 (A) Dental Science – Oral Anatomy, Histology, Physiology, Oral Pathology,
39 Normal/Abnormal Anatomical and Physiological Tooth Descriptions

40
41 (B) Morphology and Microbiology

42
43 (C) Dental Materials and Pharmacology

44

**WORKING DOCUMENT:
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1 (D) Sealant Basics

- 2 1. Legal requirements
- 3 2. Description and goals of sealants
- 4 3. Indications and contraindications
- 5 4. Role in preventive programs

6
7 (E) Sealant Materials

- 8 1. Etchant and/or etchant/bond combination material composition,
9 process, storage and handling
- 10 2. Sealant material composition, polymerization type, process, storage
11 and handling
- 12 3. Armamentaria for etching and sealant application
- 13 4. Problem solving for etchant and sealant material
14 placement/manipulation

15
16
17 (F) Sealant Criteria

- 18 1. Areas of application
- 19 2. Patient selection factors
- 20 3. Other indication factors

21
22
23 (G) Preparation Factors

- 24 1. Moisture control protocol
- 25 2. Tooth/teeth preparation procedures prior to etching or etchant/bond

26
27
28 (H) Acid Etching or Etchant/Bond Combination

- 29 1. Material preparation
- 30 2. Application areas
- 31 3. Application time factors
- 32 4. Armamentaria
- 33 5. Procedure
- 34 6. Etchant or etchant/bond evaluation criteria

35
36
37 (I) Sealant Application

- 38 1. Application areas
- 39 2. Application time factors
- 40 3. Armamentaria
- 41 4. Procedure for chemical cure and light cure techniques
- 42 5. Sealant evaluation criteria
- 43 6. Sealant adjustment techniques

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(J) Infection control protocol~~

3
4 ~~(K) Clinical re-call re-evaluation protocols~~

5
6 ~~(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.~~

7
8
9
10
11
12 ~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient shall have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant materials. Such clinical instruction shall include teeth in all four quadrants for each patient.~~

13
14
15
16
17
18
19
20
21 ~~(h) Externship Instruction.~~

22
23 ~~(1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.~~

24
25
26
27 ~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

28
29
30
31 ~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

32
33
34 ~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

35
36
37
38
39
40 ~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (i) Evaluation and Examination.
3

4 (1) Upon completion of the course, each student shall be able to:
5

6 (A) Identify the major characteristics of oral anatomy, histology, physiology, oral
7 pathology, normal/abnormal anatomical and physiological tooth descriptions,
8 morphology and microbiology as they relate to pit and fissure application.
9

10 (B) Explain the procedure to patients.
11

12 (C) Recognize decalcification, caries and fracture lines.
13

14 (D) Identify the indications and contraindications for sealants.
15

16 (E) Identify the characteristics of self-curing and light-cured sealant material.
17

18 (F) Define the appropriate patient selection factors and indication factors for
19 sealant application.
20

21 (G) Utilize proper armamentaria in an organized sequence.
22

23 (H) Maintain appropriate moisture control protocol before and during
24 application of etchant and sealant material.
25

26 (I) Demonstrate the proper technique for teeth preparation prior to etching.
27

28 (J) Select and dispense the proper amount of etchant and sealant material.
29

30 (K) Demonstrate the proper techniques for application of the etchant and
31 sealant material.
32

33 (L) Implement problem-solving techniques associated with pit and fissure
34 sealants.
35

36 (M) Evaluate the etchant and sealant placement techniques according to
37 appropriate criteria.
38

39 (N) Check the occlusion and proximal contact for appropriate placement
40 techniques.
41

42 (O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
43

44 (P) Maintain aseptic techniques including disposal of contaminated material.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(2) Each student shall pass a written examination which reflects the entire curriculum~~
3 ~~content.~~

4
5 ~~(3) Each student shall pass a clinical examination in which the student successfully~~
6 ~~completes the application of pit and fissure sealants on two of the four clinical patients~~
7 ~~required for clinical instruction. The examination shall include teeth in all four~~
8 ~~quadrants.~~

9
10 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1754~~
11 1752.1 and 1777, Business and Professions Code.

12
13 **§ 1070.4. Approval of Coronal Polishing Courses.**

14
15 (a) A course in the performance of coronal polishing procedures shall have the primary purpose
16 of providing theory and clinical application in plaque and stain removal techniques from
17 supragingival tooth surfaces. ~~A single standard of care shall be maintained, and t~~The Board shall
18 approve and continue to approve only programmatic curricula and stand-alone courses which
19 continuously adhere to the standards in this section.

20
21 (b) A coronal polishing course provider applying for initial approval shall submit a completed
22 “Application for Coronal Polish Course Provider Approval” (New 02/2020) ~~an application for~~
23 approval, hereby incorporated by reference (~~insert date~~), accompanied by the designated, non-
24 refundable fee as defined in section 1022. Consistent with section 1070, the Board may approve
25 or deny approval after it evaluates all components of the course.

26
27 (c) Continuation of approval will be contingent upon continued compliance with sections 1070,
28 1070.1 and all requirements set forth herein.

29
30 (d) General Provisions: The program shall make adequate provisions for the course’s supervision
31 and operation in compliance with this Article and the following:

32
33 (1) Unless otherwise incorporated in a Board-approved registered dental assisting
34 program, providers shall require evidence from students that they have met all course
35 prerequisites prior to their acceptance including current certification in basic life support,
36 completion of an eight-hour Board-approved course in infection control, and a two-hour
37 Board-approved course in the Act.

38
39 (2) When instruction is incorporated in a registered dental assisting program, students
40 shall have completed instruction in a Board-approved eight-hour infection control course,
41 basic chairside skills, anatomy, tooth morphology and dental materials and have obtained
42 certification in basic life support prior to the start of instruction in coronal polish.
43

Commented [NG25]: Staff Recommendation:
The proposed language related to courses reference the requirement that a “single standard of care” is maintained by courses. The term “single standard of care” is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (3) Providers shall adhere to the requirements for the quantity, qualifications and
2 responsibilities of the course director and all faculty or instructional staff, as defined in
3 sections 1070 and 1070.1, at all times.

4
5 (4) Dental assisting programs and stand-alone courses teaching coronal polish shall not
6 be required to employ a dentist for the purposes of oversight during pre-clinical or clinical
7 instruction. ~~Each clinical patient approved for coronal polishing shall be deemed by~~
8 faculty of the course or program to have minimal calculus sufficient to receive the
9 treatment prior to clinical performance by the student~~Each clinical patient approved for~~
10 ~~coronal polishing shall be deemed to have minimal calculus sufficient to receive the~~
11 ~~treatment by faculty of the course or program prior to clinical performances by the~~
12 ~~student.~~

13
14 (5) Additionally, all patients or their guardians shall complete a health history form with
15 consent acknowledging the procedure is being performed by a student of the course or
16 program. Such documentation shall be maintained in the ~~student's~~ clinical facility's
17 records.

18
19 (e) Facilities and Equipment: Adequate supplies, materials and provisions for instruction in
20 coronal polishing shall be provided in compliance with the requirements of Section 1070.

21
22 (f) Course Duration: A course in coronal polishing shall be of sufficient duration, but in no event
23 less than 12 hours including at least four hours of didactic instruction, at least four hours of
24 laboratory instruction, and at least four hours of supervised clinical instruction for the student to
25 obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to
26 achieve minimum competence.

27
28 (g) Course Curriculum and Examination:

29
30 (1) A detailed course outline shall be established and maintained consistent with the
31 requirements of Section 1070 and shall be provided to students prior to the start of
32 instruction.

33
34 (2) General course objectives and specific instructional unit objectives shall be stated in
35 writing and shall include theoretical aspects of each subject as well as practical
36 application. The theoretical aspects of the course shall provide the content necessary for
37 students to achieve minimum competency.

38
39 (3) Objective evaluation criteria shall be used for measuring student progress toward
40 attainment of specific course objectives. Students shall be provided with specific
41 performance objectives and the evaluation criteria that will be used for all aspects of the
42 curriculum.

43
44 (4) Each student shall pass a written examination which reflects the curriculum content.

Commented [NG26]: Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program. Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in the subsection be changed to remove the requirement to move patient records outside of the facility where the treatment occurred."

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (5) Each student shall pass a clinical examination demonstrating minimum competency.
3

4 (h) Didactic Instruction: Areas of instruction shall include the following as they relate to coronal
5 polishing:
6

7 (1) Coronal Polishing Basics:
8

9 (A) Legal requirements
10

11 (B) Description and goals of coronal polishing
12

13 (C) Indications and contraindications of coronal polishing
14

15 (D) Criteria for an acceptable coronal polish
16

17 (2) Principles of plaque and stain formation:
18

19 (A) Clinical description of plaque, intrinsic and extrinsic stains, and calculus
20

21 (B) Etiology of plaque and stain
22

23 (C) Clinical description of teeth that have been properly polished and are free of
24 stain
25

26 (D) Tooth morphology and anatomy of the oral cavity as they relate to polishing
27 techniques and to retention of plaque and stain
28

29 (3) Polishing materials:
30

31 (A) Polishing agent(s) composition, storage, and handling
32

33 (B) Abrasive material(s) composition, storage, and handling, and factors which
34 affect rate of abrasion
35

36 (C) Disclosing agent composition, storage, and handling
37

38 (D) Armamentaria for disclosing and polishing techniques
39

40 (E) Contraindications for disclosing and polishing techniques
41

42 (4) Principles of tooth polishing:
43

44 (A) Clinical application of disclosing before and after a coronal polish

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (B) Instrument grasps and fulcrum techniques

3
4 (C) Purpose and techniques of the mouth mirror for indirect vision and retraction

5
6 (D) Characteristics, manipulation and care of dental handpieces, mechanical
7 devices, and rotary devices used when performing a coronal polish procedure

8
9 (E) Introduction of advanced technologies in coronal polishing including the use of
10 air polishing devices and selective polishing procedures

11
12 (F) Use of traditional and contemporary polishing techniques, including selective
13 polishing

14
15 (G) Techniques for coronal polishing of adults and children

16
17 (H) Procedures for cleaning fixed and removable prosthesis and orthodontic
18 appliances

19
20 (I) Disclosing and polishing evaluation criteria

21
22 (J) Pre-medication requirements for the compromised patient

23
24 (5) Infection control protocols

25
26 (6) OSHA Bloodborne Pathogens Standards

27
28 (A) Successful completion of a ~~supervised~~ written examination to include all areas
29 of didactic instruction shall occur prior to pre-clinical instruction.

30
31 **(i) Laboratory, Simulated Clinical and Clinical Instruction:**

32
33 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
34 times during laboratory, simulated clinical, and clinical instruction.

35
36 (2) Students shall be provided with established written competencies identifying specific
37 objective evaluation criteria and performance objectives for all evaluated experiences.
38 An experience has been successfully completed only if each procedure meets or exceeds
39 all stated performance criteria.

40
41 (3) Upon completion of all didactic instruction, students shall complete the following
42 competency evaluated experiences:

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (A) Laboratory experiences which shall be conducted on a typodont which is
2 mounted and has a fully articulated jaw. Sufficient time shall be available for
3 students to demonstrate minimum competency performing two laboratory
4 experiences; or

5
6 (B) Simulated clinical experiences which shall be conducted on a simulator or
7 manikin device. Sufficient time shall be available for students to demonstrate
8 minimum competency performing two simulated clinical experiences.

9
10 (C) Clinical experiences shall be conducted on three patients with two of the
11 three) patients used for the clinical examination. The clinical experiences shall
12 include one performance utilizing a selective polishing technique and one
13 performance utilizing a full mouth polishing technique. Patient selection and
14 evaluation shall follow all ~~stated~~ criteria established by the course. Careful
15 consideration shall be given to utilizing selective polishing techniques on clinical
16 patients possessing implants, orthodontic bands and brackets, or removable
17 appliances.

18
19 **(j) Upon completion of the course, each student shall be able to:**

20
21 (1) Identify the major characteristics of oral anatomy, histology, physiology, oral
22 pathology, normal/abnormal anatomical and physiological tooth descriptions,
23 morphology and microbiology as they relate to coronal polishing.

24 (2) Explain the procedure to patients.

25 (3) Recognize decalcification and mottled enamel.

26 (4) Identify plaque, calculus and stain formation within the oral cavity.

27 (5) Identify the indications and contraindications for disclosing and coronal polishing.

28 (6) Recognize advanced technologies in coronal polishing including the use of air polishing
29 devices and selective polishing procedures

30 (7) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

31 (8) Perform plaque disclosure.

32 (9) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue
33 retraction.

34 (10) Utilize both full mouth and selective polishing techniques

35 (11) Demonstrate proper polishing techniques using traditional and contemporary
36 mechanical devices

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1 (12) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

2 (13) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic
3 appliances.

4 (14) Maintain aseptic techniques including disposal of contaminated material.

5 (15) Identify the pre-medications for the compromised patient.

6
7 **(k) Certificate of Completion.** Upon successful completion of the course, students shall receive a
8 certificate consistent with the requirements defined in Section 1070(m).

9
10 **(l) Notice of Compliance.** To maintain approval, courses approved prior to the effective date of
11 these regulations shall submit to the Board a completed "Notice of Compliance with New
12 Requirements for Coronal Polish ~~Certificate~~ Courses" (~~insert date~~ New 02/2020), hereby
13 incorporated by reference, within ninety (90) days of the effective date of these regulations.

14
15 The following minimum criteria shall be met for a course in coronal polishing to secure and
16 maintain approval by the Board.

17
18 ~~(a) Educational Setting.~~ The course shall be established at the post-secondary educational level.

19
20 ~~(b) Prerequisites.~~ Each student shall possess the necessary requirements for application for RDA
21 licensure or currently possess an RDA license. Each student shall satisfactorily demonstrate to
22 the instructor clinical competency in infection control requirements prior to clinical instruction
23 in coronal polishing.

24
25 ~~(c) Administration/Faculty.~~ Adequate provision for the supervision and operation of the course
26 shall be made.

27
28 ~~(1) The course director and each faculty member shall possess a valid, active, and~~
29 ~~current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA~~
30 ~~license issued by the Board if the person has completed a board-approved course in~~
31 ~~coronal polishing. All faculty shall have been licensed for a minimum of two years. All~~
32 ~~faculty shall have the education, background, and occupational experience and/or~~
33 ~~teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty~~
34 ~~responsible for clinical evaluation shall have completed a two-hour methodology course~~
35 ~~in clinical evaluation.~~

36
37 ~~(2) The course director shall have the education, background, and occupational~~
38 ~~experience necessary to understand and fulfill the course goals. He/she shall actively~~
39 ~~participate in and be responsible for the day-to-day administration of the course~~
40 ~~including the following:~~

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1 ~~(A) Providing guidance of didactic, laboratory and clinical assignments.~~

2
3 ~~(B) Maintaining for a period of not less than 5 years:~~

4 ~~i. Copies of curricula, course outlines, objectives, and grading criteria.~~

5
6 ~~ii. Copies of faculty credentials, licenses, and certifications.~~

7
8 ~~iii. Individual student records, including those necessary to establish~~
9 ~~satisfactory completion of the course.~~

10
11
12 ~~(C) Informing the board of any changes to the course content, physical facilities,~~
13 ~~and/or faculty, within 10 days of such changes.~~

14
15 ~~(d) Length of Course. The program shall be of sufficient duration for the student to develop~~
16 ~~minimum competence in coronal polishing, but shall in no event be less than 12 clock hours,~~
17 ~~including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least~~
18 ~~4 hours of clinical training.~~

19
20 ~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to~~
21 ~~each student who successfully completes the course.~~

22
23 ~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with~~
24 ~~sufficient opportunity, with instructor supervision, to develop minimum competency in coronal~~
25 ~~polishing. Such facilities shall include safe, adequate and educationally conducive:~~

26 ~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number~~
27 ~~of students enrolled.~~

28
29 ~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one~~
30 ~~operatory for every six students at any one time.~~

31
32
33 ~~(A) Each operatory shall replicate a modern dental office containing functional~~
34 ~~equipment including: a power operated chair for treating patients in a supine~~
35 ~~position; operator and assistant stools; air-water syringe; adjustable light; oral~~
36 ~~evacuation equipment; work surface; hand-washing sink; slow-speed handpiece,~~
37 ~~and all other armamentarium required to instruct in the performance of coronal~~
38 ~~polishing.~~

39
40 ~~(B) Each operatory shall be of sufficient size to accommodate a student, an~~
41 ~~instructor, and a patient at one time.~~

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1 ~~(3) Laboratories. The location and number of general use equipment shall assure that~~
2 ~~each student has the access necessary to develop minimum competency in coronal~~
3 ~~polishing. Protective eyewear is required for each student.~~

4
5 ~~(4) Infection Control. The program shall establish written clinical and laboratory~~
6 ~~protocols to ensure adequate asepsis, infection and hazard control, and disposal of~~
7 ~~hazardous wastes, which shall comply with the board's regulations and other Federal,~~
8 ~~State, and local requirements. The program shall provide such protocols to all students,~~
9 ~~faculty, and appropriate staff to assure compliance with such protocols. Adequate space~~
10 ~~shall be provided for preparing and sterilizing all armamentarium.~~

11
12 ~~(5) Emergency Materials/Basic Life Support.~~

13
14 ~~(A) A written policy on managing emergency situations shall be made available~~
15 ~~to all students, faculty, and staff.~~

16
17 ~~(B) All students, faculty, and staff involved in the direct provision of patient care~~
18 ~~shall be certified in basic life support procedures, including cardiopulmonary~~
19 ~~resuscitation. Re-certification intervals may not exceed two years. The program~~
20 ~~shall document, monitor, and ensure compliance by such students, faculty, and~~
21 ~~staff.~~

22
23 ~~(g) Program Content.~~

24
25 ~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical~~
26 ~~experience to achieve minimum competence in the various protocols used in the~~
27 ~~performance of coronal polishing.~~

28
29 ~~(2) A detailed course outline shall be provided to the board which clearly states~~
30 ~~curriculum subject matter and specific instruction hours in the individual areas of~~
31 ~~didactic, laboratory, and clinical instruction.~~

32
33 ~~(3) General program objectives and specific instructional unit objectives shall be stated~~
34 ~~in writing, and shall include theoretical aspects of each subject as well as practical~~
35 ~~application. The theoretical aspects of the program shall provide the content necessary~~
36 ~~for students to make judgments regarding the performance of coronal polishing. The~~
37 ~~course shall assure that students who successfully complete the course can perform~~
38 ~~coronal polishing with minimum competence.~~

39
40 ~~(4) Objective evaluation criteria shall be used for measuring student progress toward~~
41 ~~attainment of specific course objectives. Students shall be provided with specific unit~~
42 ~~objectives and the evaluation criteria that will be used for all aspects of the curriculum~~
43 ~~including written and practical examinations. The program shall establish a standard of~~

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performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A) Coronal Polishing Basics

- i. Legal requirements
- ii. Description and goals of coronal polishing
- iii. Indications and contraindications of coronal polishing
- iv. Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation

- i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
- ii. Etiology of plaque and stain
- iii. Clinical description of teeth that have been properly polished and are free of stain.
- iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

- i. Polishing agent composition, storage and handling
- ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iii. Disclosing agent composition, storage and handling.
- iv. Armamentaria for disclosing and polishing techniques.
- v. Contraindications for disclosing and polishing techniques.

(D) Principals of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.

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- ii. ~~Instrument grasps and fulcrum techniques~~
- iii. ~~Purpose and techniques of the mouth mirror for indirect vision and retraction.~~
- iv. ~~Characteristics, manipulation and care of dental handpieces when performing a coronal polish.~~
- v. ~~Pre-medication requirements for the compromised patient.~~
- vi. ~~Use of adjunct materials for stain removal and polishing techniques~~
- vii. ~~Techniques for coronal polishing of adults and children.~~
- viii. ~~Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.~~
- ix. ~~Disclosing and polishing evaluation criteria.~~

~~(E) Infection control protocols~~

~~(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.~~

~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.~~

~~(h) Externship Instruction.~~

~~(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

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1 ~~(3) Objective evaluation criteria shall be used by the program faculty and clinic~~
2 ~~personnel.~~

3
4 ~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the~~
5 ~~program director/coordinator or a dental faculty member prior to the student~~
6 ~~assignment. Orientation shall include the objectives of the course, the preparation the~~
7 ~~student has had for the clinical assignment, and a review of procedures and criteria to~~
8 ~~be used by the dentist in evaluating the student during the assignment.~~

9
10 ~~(5) There shall be a written contract of affiliation with each extramural clinical facility~~
11 ~~utilized by the program. Such contract shall describe the settings in which the clinical~~
12 ~~training will be received, affirm that the clinical facility has the necessary equipment and~~
13 ~~armamentarium appropriate for the procedures to be performed, and affirm that such~~
14 ~~equipment and armamentarium are in safe operating condition.~~

15
16 ~~(i) Evaluation and Examination.~~

17
18 ~~(1) Upon completion of the course, each student shall be able to:~~

19
20 ~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral~~
21 ~~pathology, normal/abnormal anatomical and physiological tooth descriptions,~~
22 ~~morphology and microbiology as they relate to coronal polishing.~~

23
24 ~~(B) Explain the procedure to patients.~~

25
26 ~~(C) Recognize decalcification and mottled enamel.~~

27
28 ~~(D) Identify plaque, calculus and stain formation within the oral cavity.~~

29
30 ~~(E) Identify the indications and contraindications for disclosing and coronal~~
31 ~~polishing.~~

32
33 ~~(F) Identify the pre-medications for the compromised patient.~~

34
35 ~~(G) Utilize proper armamentaria in an organized sequence for disclosing and~~
36 ~~polishing.~~

37
38 ~~(H) Perform plaque disclosure.~~

39
40 ~~(I) Demonstrate the proper instrument grasp, fulcrum position, and~~
41 ~~cheek/tongue retraction.~~

42
43 ~~(J) Select and dispense the proper amount of polishing agent.~~
44

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1 ~~(K) Demonstrate proper polishing techniques using appropriate cup adaptation,~~
2 ~~stroke, and handpiece use.~~

3
4 ~~(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.~~

5
6 ~~(M) Demonstrate techniques for cleaning fixed and removal prosthesis and~~
7 ~~orthodontic appliances.~~

8
9 ~~(N) Maintain aseptic techniques including disposal of contaminated material.~~

10
11 ~~(2) Each student shall pass a written examination which reflects the entire curriculum~~
12 ~~content.~~

13
14 ~~(3) Each student shall pass a clinical examination in which the student successfully~~
15 ~~completes coronal polishing on two of the three clinical patients required for clinical~~
16 ~~instruction.~~

17
18 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1
19 and 1753.5, Business and Professions Code.

20
21 **§ 1070.5. Approval of Ultrasonic Scaling Courses.**

22
23 (a) A course in the performance of ultrasonic scaling for removal of orthodontic cement shall
24 have the primary purpose of providing theory and clinical application in the mechanical removal
25 of orthodontic cement from around bands and brackets utilized in orthodontic treatment. ~~A~~
26 ~~single standard of care shall be maintained, and t~~The Board shall approve and continue to
27 ~~approve only programmatic curricula and stand-alone courses which continuously adhere to the~~
28 ~~standards in this section.~~

29
30 (b) A course provider applying for initial approval shall submit ~~an application for approval~~
31 ~~completed "Application for Orthodontic Ultrasonic Scaler Course Provider Approval" (02/2020),~~
32 ~~hereby incorporated by reference (insert date), accompanied by the designated, non-refundable~~
33 ~~fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny~~
34 ~~approval after it evaluates all components of the course.~~

35
36 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
37 1070.1 and all requirements set forth herein.

38
39 (d) **General Provisions:** The program shall make adequate provisions for the course's supervision
40 and operation in compliance with this Article and the following:

41
42 (1) Each student in a stand-alone course shall possess an active, valid and current RDA
43 license as a registered dental assistant or an Orthodontic Assistant Permit. Courses shall
44 establish and demonstrate to the Board the protocols necessary to ensure students have

Commented [NG27]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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1 met licensure as a prerequisite prior to the start of instruction. Students enrolled in a
2 Board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.

3
4 (2) Registered dental assisting programs incorporating ultrasonic scaling as a component
5 of a total program of instruction shall ensure all students have completed instruction in a
6 Board approved eight hour infection control course and basic chairside skills prior to
7 instruction in orthodontic procedures involving ultrasonic scaling for cement removal.

8
9 (3) Providers shall adhere to the requirements for the quantity, qualifications, and
10 responsibilities of the course director and all faculty or instructional staff, as defined in
11 Sections 1070 and 1070.1, at all times.

12
13 **(e) Facilities and Equipment:**

14
15 (1) Adequate supplies, materials, and provisions for instruction in ultrasonic scaling for
16 cement removal shall be provided in compliance with the requirements of Section 1070.

17
18 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
19 lecture classrooms and operatories in compliance with the requirements of Section
20 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

21
22 (3) All disinfection and sterilization procedures specified in Section 1005 shall be
23 incorporated in course content and followed during all laboratory experiences.

24
25 **(f) Course Duration:** As part of an organized course of instruction, sufficient time shall be
26 available for all students to achieve minimum competence in the various protocols used during
27 ultrasonic scaling for orthodontic cement removal. The course shall be no less than four hours in
28 length consisting of a combination of didactic and at least 2 hours of laboratory instruction
29 designed for the student to develop minimum competency in all aspects of the subject area.

30
31 **(g) Course Curriculum and Examination:**

32
33 (1) A detailed course outline shall be established and maintained consistent with the
34 requirements of Section 1070 and shall be provided to students prior to the start of
35 instruction.

36
37 (2) General course objectives and specific instructional unit objectives shall be stated in
38 writing and shall include theoretical aspects of each subject as well as practical
39 application. The theoretical aspects of the course shall provide the content necessary for
40 students to make judgments regarding ultrasonic scaling for orthodontic procedures.

41
42 (3) Objective evaluation criteria shall be used for measuring student progress toward
43 attainment of specific course objectives. Students shall be provided with specific

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1 performance objectives and the evaluation criteria that will be used for all aspects of the
2 curriculum.

3
4 (4) Each student shall pass a written examination which reflects the curriculum content.

5
6 (5) Students shall be provided with established written competencies identifying specific
7 objective evaluation criteria and performance objectives for all evaluated experiences.
8 An experience has been successfully completed only if each procedure meets or exceeds
9 all stated performance criteria.

10
11 (6) Providers shall adhere to student/teacher ratios as defined in section 1070.1 at all
12 times during laboratory, simulated clinical and clinical instruction.

Commented [NG28]: Staff recommendation:
These sections moved from subsection (i) below.

13
14 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they
15 relate to ultrasonic scaling for cement removal:

16
17 (1) Ultrasonic scaling basics:

18
19 (A) Legal requirements.

20
21 (B) Description and goals of ultrasonic scaling.

22
23 (C) Indications and contraindications of using an ultrasonic scaler as it relates to
24 methods of cement removal.

25
26 (D) Criteria for acceptable cement removal from orthodontically banded teeth.

27
28 (2) Tooth anatomy as it relates to the use and technique of an ultrasonic scaler in cement
29 removal of orthodontically banded teeth.

30
31 (3) Armamentarium and equipment use and care.

32
33 (4) Principles of cement removal from orthodontically banded teeth.

34
35 (A) Characteristics of ultrasonic scaler units and tips for cement removal.

36
37 (B) Instrument grasps and fulcrum techniques.

38
39 (C) Purpose and techniques of the mouth mirror for indirect vision and retraction.

40
41 (D) Characteristics, manipulation, and care of ultrasonic scaler unit when removing
42 excess cement from orthodontically banded teeth.

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1 (E) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel
2 damage, thermal damage, and soft tissue damage.

3
4 (F) Patient and operator safety including systemic medical complications and
5 managing patients with pacemakers.

6
7 (G) Use of adjunct material for removal of excess cement from orthodontically banded
8 teeth.

9
10 (H) Techniques for removal of excess cement from orthodontically banded teeth on a
11 banded typodont.

12
13 (I) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded
14 typodont.

15
16
17 (i) ~~Laboratory, Simulated Clinical and Clinical Instruction~~ **Extramural instruction:**

18
19 ~~(1) Providers shall adhere to student/teacher ratios as defined in section 1070.1 at all~~
20 ~~times during laboratory instruction.~~

21
22 ~~(2) Students shall be provided with established written competencies identifying specific~~
23 ~~objective evaluation criteria and performance objectives for all evaluated experiences.~~
24 ~~An experience has been successfully completed only if each procedure meets or exceeds~~
25 ~~all stated performance criteria.~~

26
27 ~~(1) If an extramural facility is utilized, students shall, as part of an organized program of~~
28 ~~instruction, be provided with planned, supervised instruction in the removal of excess~~
29 ~~cement from orthodontically banded teeth.~~

30
31 ~~(2) The program director/coordinator or a dental faculty member shall be responsible~~
32 ~~for selecting extramural sites and evaluating student competence in performing~~
33 ~~procedures both before and after the extramural assignment.~~

34
35 ~~(3) Objective evaluation criteria shall be used by the program faculty and extramural~~
36 ~~personnel.~~

37
38 ~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program~~
39 ~~director/coordinator or a dental faculty member prior to the student assignment.~~
40 ~~Orientation shall include the objectives of the course, the preparation the student has~~
41 ~~had for the clinical assignment, and a review of procedures and criteria to be used by~~
42 ~~the dentist in evaluating the student during the assignment.~~

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1 (5) There shall be a written contract of affiliation with each extramural facility utilized by
2 the program. Such contract shall describe the settings in which the instruction will be
3 received, affirm that the extramural facility has the necessary equipment and
4 armamentarium appropriate for the procedures to be performed, and affirm that such
5 equipment and armamentarium are in safe operating condition.

6
7 **(j) Course Completion:** Upon completion of the course, each student shall be able to:

8
9 (1) Identify the major characteristics of oral anatomy, histology, physiology, oral
10 pathology, normal/abnormal anatomical and physiological tooth descriptions,
11 morphology and microbiology as they relate to the use of an ultrasonic scaler in the
12 removal of cement from orthodontic bands.

13
14 (2) Describe the necessary aspects of pre-operative instructions to patients.

15
16 (3) Recognize loose appliances.

17
18 (4) Recognize decalcification and mottled enamel.

19
20 (5) Identify the indications and contraindications of using an ultrasonic scaler as it
21 relates to other methods of cement removal.

22
23 (6) Identify pre-medications for the compromised patient.

24
25 (7) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic
26 scaler in cement removal on an orthodontically banded typodont.

27
28 (8) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp,
29 fulcrum position, and cheek/tongue retraction.

30
31 (9) Demonstrate the proper techniques for removal of cement from teeth under
32 orthodontic treatment without causing damage to hard or soft tissues, removing
33 cement from underneath appliances, or loosening appliances.

34
35 (10) Maintain aseptic techniques including disposal of contaminated materials.

36
37 (11) Each student shall pass a written examination which reflects the entire curriculum
38 content.

39
40 (12) Each student shall pass a laboratory examination on two orthodontically banded
41 typodonts which represent all four quadrants which have been banded using
42 cementation product(s) easily visible to the operator.
43

Commented [NG29]: Staff recommendation:
The proposed "Laboratory, Simulated-Clinical and Clinical Instruction:" does not actually describe rules for these types of instruction.

The existing 16 CCR 1070.5 only requires that courses provide didactic and laboratory instruction and examination. The current section spells out requirements for optional extramural (clinical) instruction. It is optional because the current requirements for examination do not require extramural/clinical/live patient evaluation, but do provide guidance for courses that choose to offer extramural training.

The draft section appears incomplete because it does not fully lay out the requirements for lab or clinical instruction, and the subsections which do reference lab/clinical instruction just repeat other subsections. The existing 1070.5 language has limited rules for the lab component of instruction other than requiring 2 hours of it (a requirement that is missing from the proposed language). The existing 1070.5 does have rules related to extramural facility requirements, which are absent in the proposed language.

Staff recommends adding the language from existing 1070.5(h) in to replace the proposed 1070.5(i), and that the requirement for two hours of lab instruction be added back to proposed subsection 1070.5(f) course duration. This will maintain the existing regulatory structure, without requiring a more substantial re-writing of the proposed language. In the alternative subsection (i) could be removed entirely as it currently duplicates other language found in the section.

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1 (k) Certificate of Completion. Upon successful completion of the course, students shall receive a
2 certificate consistent with the requirements defined in Section 1070(m).

3
4 (l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
5 these regulations shall submit to the Board a completed “Notice of Compliance with New
6 Requirements for Orthodontic Ultrasonic Scaling for Cement Removal Certificate Courses” (insert
7 date02/2020), hereby incorporated by reference, within ninety (90) days of the effective date of
8 these regulations.

9
10 The following minimum criteria shall be met for a course in the removal of excess cement from
11 coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler,
12 hereinafter referred to as “ultrasonic scaling”, to secure and maintain approval by the Board.

13
14 (a) Educational Setting. The course shall be established at the post-secondary educational level.

15
16 (b) Prerequisites. Each student shall possess the necessary requirements for application for RDA
17 licensure or currently possess an RDA license.

18
19 (c) Administration/Faculty. Adequate provision for the supervision and operation of the course
20 shall be made.

21
22 (1) The course director and each faculty member shall possess a valid, active, and
23 current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA
24 license issued by the Board if the person has completed a board-approved course in
25 ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All
26 faculty shall have the education, background, and occupational experience and/or
27 teaching expertise necessary to teach and evaluate ultrasonic scaling.

28
29 (2) The course director shall have the education, background, and occupational
30 experience necessary to understand and fulfill the course goals. He/she shall actively
31 participate in and be responsible for the day to day administration of the course
32 including the following:

33
34 (A) Providing guidance of didactic and laboratory assignments.

35
36 (B) Maintaining for a period of not less than 5 years:

37
38 (i) Copies of curricula, course outlines, objectives, and grading criteria.

39
40 (ii) Copies of faculty credentials, licenses, and certifications.

41
42 (iii) Individual student records, including those necessary to establish
43 satisfactory completion of the course.

44

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1 ~~(C) Informing the board of any changes to the course content, physical facilities,~~
2 ~~and/or faculty, within 10 days of such changes.~~

3
4 ~~(d) Length of Course. The program shall be of sufficient duration for the student to develop~~
5 ~~minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours,~~
6 ~~including at least 2 hours of laboratory training.~~

7
8 ~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to~~
9 ~~each student who successfully completes the course.~~

10
11 ~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with~~
12 ~~sufficient opportunity, with instructor supervision, to develop minimum competency in~~
13 ~~ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:~~

14 ~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number~~
15 ~~of students enrolled.~~

16
17 ~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one~~
18 ~~operatory for every six students at any one time.~~

19
20 ~~(A) Each operatory shall replicate a modern dental office containing functional~~
21 ~~equipment including: a power-operated chair for treating patients in a supine~~
22 ~~position; operator and assistant stools; air-water syringe; adjustable light; oral~~
23 ~~evacuation equipment; work surface, hand-washing sink; and all other~~
24 ~~armamentarium required to instruct in the performance of ultrasonic scaling.~~

25
26 ~~(B) Each operatory shall be of sufficient size to accommodate a student and an~~
27 ~~instructor at one time.~~

28
29 ~~(3) Laboratories. The location and number of general use equipment shall assure that~~
30 ~~each student has the access necessary to develop minimum competency in ultrasonic~~
31 ~~scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont~~
32 ~~for every four students. This procedure shall be performed by an operator wearing~~
33 ~~gloves, mask, and safety glasses.~~

34
35 ~~(4) Infection Control. The program shall establish written laboratory protocols to ensure~~
36 ~~adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which~~
37 ~~shall comply with the board's regulations and other Federal, State, and local~~
38 ~~requirements. The program shall provide such protocols to all students, faculty, and~~
39 ~~appropriate staff to assure compliance with such protocols. Adequate space and~~
40 ~~equipment shall be provided for preparing and sterilizing all armamentarium.~~

41
42
43 ~~(g) Program Content.~~
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(1) Sufficient time shall be available for all students to obtain laboratory experience to~~
2 ~~achieve minimum~~
3 ~~competence in the various protocols used in the performance of ultrasonic scaling.~~
4

5 ~~(2) A detailed course outline shall be provided to the board which clearly states~~
6 ~~curriculum subject matter and specific instruction hours in the individual areas of~~
7 ~~didactic and laboratory instruction and practical examination evaluation criteria.~~
8

9 ~~(3) General program objectives and specific instructional unit objectives shall be stated~~
10 ~~in writing, and shall include theoretical aspects of each subject as well as practical~~
11 ~~application. The theoretical aspects of the program shall provide the content necessary~~
12 ~~for students to make judgments regarding the performance of ultrasonic scaling. The~~
13 ~~course shall assure that students who successfully complete the course can perform~~
14 ~~ultrasonic scaling with minimum competence.~~
15

16 ~~(4) Objective evaluation criteria shall be used for measuring student progress toward~~
17 ~~attainment of specific course objectives. Students shall be provided with specific unit~~
18 ~~objectives and the evaluation criteria that will be used for all aspects of the curriculum~~
19 ~~including written and practical examinations. The program shall establish a standard of~~
20 ~~performance that states the minimum number of satisfactory performances that are~~
21 ~~required for each procedure.~~
22

23 ~~(5) Areas of instruction shall include at least the following as they relate to ultrasonic~~
24 ~~scaling:~~

25
26 ~~(A) Ultrasonic Scaling Basics~~

27
28 ~~i. Legal requirements;~~

29
30 ~~ii. Description and goals of ultrasonic scaling;~~

31
32 ~~iii. Indications and contraindication of using an ultrasonic scaler as it~~
33 ~~relates to other methods of cement removal;~~

34
35 ~~iv. Criteria for acceptable cement removal from orthodontically banded~~
36 ~~teeth.~~

37
38 ~~(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of~~
39 ~~an ultrasonic scaler in cement removal of orthodontically banded teeth.~~

40
41 ~~(C) Armamentarium and equipment use and care.~~

42
43 ~~(D) Principles of cement removal from orthodontically banded teeth~~
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

- i. ~~Characteristics of ultrasonic scaler units and tips for cement removal;~~
- ii. ~~Instrument grasps and fulcrum techniques;~~
- iii. ~~Purpose and techniques of the mouth mirror for indirect vision and retraction;~~
- iv. ~~Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;~~
- v. ~~Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;~~
- vi. ~~Patient and operator safety including systemic medical complications and managing patients with pacemakers;~~
- vii. ~~Use of adjunct material for removal of excess cement from orthodontically banded teeth;~~
- viii. ~~Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;~~
- ix. ~~Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.~~

(E) Infection control protocols

~~(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.~~

(h) Extramural Instruction.

~~(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

~~(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.~~

~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student shall be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.~~

~~(B) Describe the necessary aspects of pre-operative instructions to patients.~~

~~(C) Recognize loose appliances.~~

~~(D) Recognize decalcification and mottled enamel.~~

~~(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.~~

~~(F) Identify pre-mediations for the compromised patient.~~

~~(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.~~

~~(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.~~

~~(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

~~(1) Maintain aseptic techniques including disposal of contaminated materials.~~

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section ~~1754~~1752.1, Business and Professions Code.

§ 1070.6. Approval of Infection Control Courses.

(a) A course in infection control for unlicensed dental assistants shall have the primary purpose of providing theory and application in a clinical setting in infection control practices and principles consistent with Section 1005, Minimum Standards for Infection Control. ~~A single standard of care shall be maintained, and t~~The Board shall approve only programmatic curricula and stand-alone courses which continuously adhere to the standards in this section.

(b) A course provider applying for initial approval shall submit ~~an application for approval a completed "Application for Infection Control Course Provider Approval" (02/2020), hereby incorporated by reference (insert date), accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.~~

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) **General Provisions:** The program shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(e) Facilities and Equipment:

(1) Adequate supplies, materials, and provisions for instruction in infection control shall be provided in compliance with the requirements of Section 1070.

Commented [NG30]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
2 lecture classrooms and operatories in compliance with the requirements of Section
3 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

4
5 (3) All disinfection and sterilization procedures specified in Section 1005 shall be
6 incorporated in the course content and followed during all laboratory experiences.

7
8 **(f) Course Duration:** The course shall be of sufficient duration for the student to develop
9 minimum competency in all aspects of Cal/OSHA regulations (8 CCR 330-344.85) and the Board's
10 Minimum Standards for Infection Control (16 CCR 1005). The course shall be no less than eight
11 hours in length consisting of four hours of didactic and four hours of laboratory instruction
12 designed for the student to develop minimum competency in all aspects of the subject area.

13
14 **(g) Course Curriculum and Examination:**

15
16 (1) A detailed course outline shall be established and maintained consistent with the
17 requirements of Section 1070 and shall be provided to students prior to the start of
18 instruction.

19
20 (2) General course objectives and specific instructional unit objectives shall be stated in
21 writing and shall include theoretical aspects of each subject as well as practical
22 application. The theoretical aspects of the course shall provide the content necessary for
23 students to make judgments regarding infection control procedures.

24
25 (3) Objective evaluation criteria shall be used for measuring student progress toward
26 attainment of minimum competency in a laboratory or preclinical setting. Students shall
27 be provided with specific performance objectives and the evaluation criteria that will be
28 used for all aspects of the curriculum.

29
30 (4) Each student shall pass a written examination which reflects the curriculum content.

31
32 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they
33 relate to infection control:

34
35 (1) Cal/OSHA regulations (8 CCR 330-344.85) and the Board's Minimum Standards for
36 Infection Control (16 CCR 1005):

37
38 (2) Basic dental science and microbiology as they relate to infection control in dentistry.

39
40 (3) Legal and ethical aspects of infection control procedures.

41
42 (4) Principles of modes of disease transmission and prevention.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment,
2 surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals
3 associated with infection control.

4
5 (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading,
6 storage, and transportation of instruments to work area.

7
8 (7) Principles and protocols associated with sharps management.

9
10 (8) Principles and protocols of infection control for laboratory areas.

11
12 (9) Principles and protocols of waterline maintenance.

13
14 (10) Principles and protocols of regulated and nonregulated waste management.

15
16 (11) Principles and protocols related to injury and illness prevention, hazard
17 communication, general office safety, exposure control, post-exposure requirements,
18 and monitoring systems for radiation safety and sterilization systems.

19
20 **(i) Laboratory and Simulated Clinical Instruction:**

21
22 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
23 times during laboratory and simulated clinical instruction.

24
25 (2) Students shall be provided with established written competencies identifying specific
26 objective evaluation criteria and performance objectives for all evaluated experiences.
27 An experience has been successfully completed only if each procedure meets or exceeds
28 all stated performance criteria.

29
30 (3) Upon completion of all didactic instruction, students shall ~~be evaluated to~~
31 demonstrate minimum competency in the following experiences in the laboratory or
32 simulated-clinical environment:

33
34 (A) Hand hygiene procedures.

35
36 (B) Proper use and disposal of personal protective equipment.

37
38 (C) Proper processing of contaminated instrumentation from precleaning to
39 sterilization.

40
41 (D) Operator asepsis procedures to include precleaning, disinfection and proper
42 use of barriers.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (E) Proper procedural steps in preparing cleaned instruments for sterilization,
2 including packaging and wrapping

3
4 (F) Knowledge of the use of biological spore testing materials

5
6 (G) Proper protocols for the safe handling and disposal of biohazardous waste
7 and sharps.

8
9 (H) Work practice controls relating to the disinfection of intraoral impressions,
10 bite registrations and prosthetic appliances when prepared for manipulation in a
11 lab.

12
13 (I) Proper protocol for required maintenance of dental unit water lines and
14 devices.

15
16 (4) Each student shall pass a written examination which reflects the curriculum content.

17
18 (j) Course Completion: Upon completion of the course, each student shall be able to:

19
20 (1) Demonstrate knowledge of Cal/OSHA regulations (8 CCR 330-344.85) and the
21 Board's Minimum Standards for Infection Control (16 CCR 1005):

22
23 (2) Demonstrate knowledge of basic dental sciences and microbiology as they relate to
24 infection control in dentistry.

25
26 (3) Demonstrate knowledge of legal and ethical aspects of infection control procedures.

27
28 (4) Demonstrate knowledge of the principles of modes of disease transmission and
29 prevention.

30
31 (5) Identify the principles, techniques, and protocols of hand hygiene, personal
32 protective equipment, surface barriers and disinfection, sterilization, sanitation, and
33 hazardous chemicals associated with infection control.

34
35 (6) Identify the principles and protocols of sterilizer monitoring and the proper loading,
36 unloading, storage, and transportation of instruments to work area.

37
38 (7) Identify the principles and protocols associated with sharps management.

39
40 (8) Discuss the principles and protocols related to injury and illness prevention, hazard
41 communication, general office safety, exposure control, post-exposure requirements,
42 and monitoring systems sterilization systems.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (k) Certificate of Completion. Upon successful completion of the course, students shall receive a
2 certificate consistent with the requirements defined in section 1070(m).

3
4 (l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
5 these regulations shall submit to the Board a completed "Notice of Compliance with New
6 Requirements for Infection Control ~~Certificate Courses~~" (insert date ~~New 02/2020~~), hereby
7 incorporated by reference, within ninety (90) days of the effective date of these regulations.

8
9 In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following
10 criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2,
11 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by
12 the Board:

13
14 (a) Adequate provisions for the supervision and operation of the course in infection control
15 shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not
16 be required to be licensed by the Board, but faculty shall have experience in the instruction of
17 California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs.,
18 Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal.
19 Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation
20 shall have completed a two-hour methodology course in clinical evaluation.

21
22 (b) A course in infection control shall be of sufficient duration for the student to develop
23 minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections
24 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16,
25 Section 1005), but in no event less than eight hours, including at least four hours of didactic
26 instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of
27 clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations
28 where contamination is simulated, without actual contamination, from bloodborne and other
29 pathogens being present.

30
31 (c) The minimum requirements for equipment and armamentaria shall include personal
32 protective equipment, sterilizer approved by the United States Food and Drug Administration
33 (FDA), ultrasonic unit or instrument processing device, sharps container, selection of
34 instruments, equipment, and armamentaria that are necessary to instruct or demonstrate
35 proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8,
36 Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required
37 to instruct or properly demonstrate the subjects described in the course content.

38
39 (d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)
40 and (f).

41
42 (e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA
43 regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards
44 for Infection Control (Cal. Code Regs., Title 16, Section 1005):

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 - 44
- (1) Basic dental science and microbiology as they relate to infection control in dentistry.
- (2) Legal and ethical aspects of infection control procedures.
- (3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.
- (4) Principles of modes of disease transmission and prevention.
- (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.
- (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.
- (7) Principles and protocols associated with sharps management.
- (8) Principles and protocols of infection control for laboratory areas.
- (9) Principles and protocols of waterline maintenance.
- (10) Principles and protocols of regulated and nonregulated waste management.
- (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.
- (f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:
- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
 - (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
 - (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly~~
2 ~~use, place, and remove surface barriers.~~

3
4 ~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and~~
5 ~~unloading, operation cycle, spore testing, and handling and disposal of sterilization~~
6 ~~chemicals.~~

7
8 ~~(6) Apply work practice controls as they relate to the following classification of sharps:~~
9 ~~anesthetic needles or syringes, orthodontic wires, and broken glass.~~

10
11 ~~(7) Apply infection control protocol for the following laboratory devices: impressions,~~
12 ~~bite registrations, and prosthetic appliances.~~

13
14 ~~(8) Perform waterline maintenance, including use of water tests and purging of~~
15 ~~waterlines.~~

16
17 ~~(g) Clinical instruction shall include two experiences in the following areas, with one used for a~~
18 ~~clinical examination:~~

19
20 ~~(1) Apply hand cleansing products and perform hand cleansing techniques and~~
21 ~~protocols.~~

22
23 ~~(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves,~~
24 ~~protective eyewear, masks, and clinical attire.~~

25
26 ~~(3) Apply the appropriate techniques and protocols for the preparation, sterilization,~~
27 ~~and storage of instruments including, at a minimum, application of personal protective~~
28 ~~equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or~~
29 ~~external process indicators, labeling, sterilization, drying, storage, and delivery to work~~
30 ~~area.~~

31
32 ~~(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly~~
33 ~~use, place, and remove surface barriers.~~

34
35 ~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and~~
36 ~~unloading, operation cycle, spore testing, and handling and disposal of sterilization~~
37 ~~chemicals.~~

38
39 ~~(6) Apply work practice controls as they relate to the following classification of sharps:~~
40 ~~anesthetic needles or syringes, orthodontic wires, and broken glass.~~

41
42 ~~(7) Apply infection control protocol for the following laboratory devices: impressions,~~
43 ~~bite registrations, and prosthetic appliances.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(8) Perform waterline maintenance, including use of water tests and purging of~~
2 ~~waterlines.~~

3
4 ~~(h) Each student shall pass a written examination that reflects the curriculum content, which~~
5 ~~may be administered at intervals throughout the course as determined by the course director.~~

6
7 ~~(i) To maintain approval, programs approved prior to the effective date of these regulations~~
8 ~~shall submit to the Board a completed "Notice of Compliance with New Requirements for~~
9 ~~Infection Control Courses (New 10/10)", hereby incorporated by reference, within ninety (90)~~
10 ~~days of the effective date of these regulations.~~

11
12 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
13 1750.2, 1750.4 and 1752.1, Business and Professions Code.

14
15 **§ 1070.7. Approval of Orthodontic Assistant Permit Courses.**

16
17 (a) An orthodontic assistant permit course shall have the primary purpose of providing
18 theory, laboratory and clinical application in orthodontic assisting techniques. ~~A single~~
19 ~~standard of care shall be maintained and t~~The Board shall approve and continue to approve only
20 courses which continuously adhere to the standards of this section.

21
22 (b) A course provider applying for initial approval shall submit ~~an application for approval~~
23 ~~completed "Application for Orthodontic Assistant Course Provider Approval" (02/2020), hereby~~
24 ~~incorporated by reference (insert date), accompanied by the designated, non-refundable fee as~~
25 ~~defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval~~
26 ~~after it evaluates all components of the course.~~

27
28 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
29 1070.1 and all requirements set forth herein.

30
31 (d) **General Provisions:** The program shall make adequate provisions for the course's supervision
32 and operation in compliance with this Article and the following:

33
34 (1) Each student shall meet the requirements for application for licensure as a registered
35 dental assistant and possess a minimum of 12 months' work experience or possess a
36 current, active license as a registered dental assistant.

37
38 (2) Prior to enrollment, each student shall have completed an eight-hour Board-approved
39 course in infection control, a two-hour Board-approved course in the Act and possess a
40 current certification in basic life support issued by the American Heart Association or
41 American Red Cross.

42
43 (3) Registered dental assisting program graduates who have completed the course
44 requirements for the orthodontic assistant permit as a component of a total program of

Commented [NG31]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 instruction, shall qualify to apply for the orthodontic assistant permit Board examination
2 immediately upon graduation from the program.

3
4 (4) Providers shall adhere to the requirements for the quantity, qualifications and
5 responsibilities of the course director and all faculty or instructional staff, as defined in
6 Sections 1070 and 1070.1, at all times.

7
8 **(e) Facilities and Equipment:**

9
10 (1) Adequate supplies, materials and provisions for instruction in the subject area shall
11 be provided in compliance with the requirements of Section 1070.

12
13 (2) The program shall provide banded or bonded orthodontic typodonts in the ratio of at
14 least one for every four students, bench mount or dental chair mounted manikin head,
15 curing light, regular typodont with full dentition and soft gingiva in the ratio of at least
16 one for every four students, and a selection of orthodontic instruments and adjunct
17 material for all of the procedures that orthodontic assistant permit holders are
18 authorized to perform under Business and Professions Code Section 1750.3.

19
20 (3) There shall be a sufficient number of safe, adequate, and educationally conducive
21 lecture classrooms and operatories in compliance with the requirements of Section
22 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

23
24 (4) All disinfection and sterilization procedures specified in Section 1005 shall be
25 incorporated in the course content and followed during all laboratory, simulated clinical,
26 and clinical experiences.

27
28 **(f) Course Duration:** The course shall be of sufficient duration for the student to develop
29 minimum competence in all of the duties that orthodontic assistant permit holders are legally
30 authorized to perform.

31
32 (1) The course hours for an unlicensed dental assistant who has met all the requirements
33 of subsections (d)(1)-(2) of this section, shall be no less than 84 hours, including at least
34 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least
35 32 hours of clinical instruction.

36
37 (2) The course hours for a student who holds a valid and current registered dental
38 assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory
39 hours, and 20 clinical hours. A registered dental assistant shall not be required to
40 complete further instruction in the duties of placing ligature ties and archwires, removing
41 orthodontic bands, and removing excess cement from tooth surfaces with a hand
42 instrument.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (3) The course hours for a student who holds a valid and current registered dental
2 assistant license and who has completed a Board-approved course in the use of an
3 ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20
4 clinical hours. A registered dental assistant who has completed a Board-approved course
5 in the use of an ultrasonic scaler shall not be required to complete further instruction in
6 that duty.

7
8 **(g) Course Curriculum and Examination:**

9
10 (1) A detailed course outline shall be established and maintained consistent with the
11 requirements of Section 1070 and shall be provided to students prior to the start of
12 instruction.

13
14 (2) General course objectives and specific instructional unit objectives shall be stated in
15 writing and shall include theoretical aspects of each subject as well as practical application.
16 The theoretical aspects of the course shall provide the content necessary for students to
17 make judgments regarding orthodontic assistant procedures.

18
19 (3) Objective evaluation criteria shall be used for measuring student progress toward
20 attainment of specific course objectives. Students shall be provided with specific
21 performance objectives and the evaluation criteria that will be used for all aspects of the
22 curriculum.

23
24 (4) Each student shall pass a written examination which reflects the curriculum content.

25
26 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they
27 relate to the orthodontic assistant permit, as well as instruction in basic background information
28 on orthodontic practice. "Basic background information on orthodontic practice" means, for the
29 purpose of this subdivision, the orthodontic treatment review, charting, patient education and
30 legal and infection control requirements as they apply to orthodontic practice:

31
32 (1) Archwire characteristics and their role in tooth movement.

33
34 (2) Introduction to orthodontic instrumentation, use and care.

35
36 (3) Procedures for placement of archwire previously adjusted by the dentist.

37
38 (4) Characteristics of contemporary ligature systems.

39
40 (5) Theory of band and bracket positioning.

41
42 (6) Characteristics of orthodontic bands; sizes, shapes, and functionality.

43

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1 (7) Techniques for orthodontic banding, bracketing and removal, which shall include all
2 of the following:

3
4 (A) Armamentaria.

5
6 (B) General principles of fitting and removing bands.

7
8 (C) General principles of bracket positioning, bonding, adhesion, curing and
9 removal including:

10
11 (i) Characteristics and methods of bonding;

12
13 (ii) Bonding materials, techniques for use and cure time factors;

14
15 (iii) Direct and indirect bracket bonding techniques; and

16
17 (iv) Removal.

18
19 (8) Characteristics of accessory devices: tubes, lingual sheaths, lingual cleats, and their
20 role in orthodontic care.

21
22 (9) Orthodontic cements and adhesive materials: classifications, armamentaria, and use.

23
24 (10) Procedure for removal of bands and brackets after adhesion.

25
26 **(i) Laboratory, Simulated Clinical, and Clinical Instruction:**

27
28 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
29 times during laboratory, simulated clinical, and clinical instruction.

30
31 (2) Students shall be provided with established written competencies identifying specific
32 objective evaluation criteria and performance objectives for all evaluated experiences.
33 An experience has been successfully completed only if each procedure meets or exceeds
34 all stated performance criteria.

35
36 (3) Upon completion of all didactic instruction, students shall ~~be evaluated to~~
37 demonstrate minimum competency in experiences in the laboratory or simulated
38 clinical environment:

39
40 (A) Laboratory experiences shall be conducted on a fully articulated and
41 mounted typodont. Sufficient time shall be available for students to
42 demonstrate minimum competency performing two laboratory experiences in
43 each of the following areas:

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(i) Sizing, fitting, cementing, and removing orthodontic bands.

(ii) Bracket positioning, bonding, curing, and removal of orthodontic brackets.

(iii) Archwire placement and ligation.

(iv) Ultrasonic scaling for removal of orthodontic cement

(B) Simulated clinical experiences which shall be conducted on a simulator or manikin device. Sufficient time shall be available for students to demonstrate minimum competency performing two simulated clinical experiences in each of the following areas:

(i) Sizing, fitting, cementing, and removing orthodontic bands.

(ii) Bracket positioning, bonding, curing, and removal of orthodontic brackets.

(iii) Archwire placement and ligation.

(iv) Ultrasonic scaling for removal of orthodontic cement

(C) Clinical experiences which shall be conducted on three patients with two of the three patient experiences used for the clinical examination. The clinical experiences shall include three performances of the following:

(i) Sizing, fitting, cementing, and removing orthodontic bands.

(ii) Bracket positioning, bonding, curing, and removal of orthodontic brackets.

(iii) Archwire placement and ligation.

(4) Patient selection and evaluation shall follow all stated criteria **established by the course.**

(j) **Course Completion:** Upon completion of the course, each student shall be able to:

(1) Identify the various orthodontic wires and their purpose.

(2) Describe the necessary aspects of pre-operative instructions to patients.

(3) Recognize loose appliances.

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1
2 (4) Recognize decalcification and mottled enamel.

3
4 (5) Identify the indications and contraindications of using an ultrasonic scaler as it
5 relates to orthodontic cement removal.

6
7 (6) Utilize proper armamentaria in an organized sequence for cement removal on an
8 orthodontically banded typodont.

9
10 (7) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp,
11 fulcrum position, and cheek/tongue retraction.

12
13 (8) Demonstrate the proper techniques for removal of cement from teeth under
14 orthodontic treatment without causing damage to hard or soft tissues, removing
15 cement from underneath appliances, or loosening appliances.

16
17 (9) Maintain aseptic techniques including disposal of contaminated materials.

18
19 (k) Certificate of Completion. Upon successful completion of the course, students shall receive a
20 certificate consistent with the requirements defined in Section 1070(m).

21
22 (l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
23 these regulations shall submit to the Board a completed "Notice of Compliance with New
24 Requirements for ~~Ultrasonic Scaling for Cement Removal Certificate~~ Orthodontic Assistant Permit
25 Courses" (~~New 02/2020~~insert date), hereby incorporated by reference, within ninety (90) days of
26 the effective date of these regulations.

27
28 ~~In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met~~
29 ~~by an orthodontic assistant permit course to secure and maintain approval by the Board.~~

30
31 ~~(a) The course shall be of sufficient duration for the student to develop minimum competence~~
32 ~~in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no~~
33 ~~event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of~~
34 ~~laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant~~
35 ~~shall not be required to complete further instruction in the duties of placing ligature ties and~~
36 ~~archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with~~
37 ~~a hand instrument. The course hours for a student who holds a valid and current registered~~
38 ~~dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory~~
39 ~~hours, and 20 clinical hours. A registered dental assistant who has completed a Board approved~~
40 ~~course in the use of an ultrasonic scaler shall not be required to complete further instruction in~~
41 ~~that duty. The course hours for a student who holds a valid and current registered dental~~
42 ~~assistant license and who has completed a Board approved course in the use of an ultrasonic~~
43 ~~scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20~~
44 ~~clinical hours.~~

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1
2 (b) The minimum requirements for equipment and armamentaria shall include bonded or
3 bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount
4 or dental chair mounted mannequin head, curing light, regular typodont with full dentition and
5 soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic
6 instruments and adjunct material for all of the procedures that orthodontic assistant
7 permitholders are authorized to perform under Business and Professions Code Section 1750.3.
8

9 (c) In addition to the requirements of Section 1070, all faculty or instructional staff members
10 responsible for clinical evaluation shall have completed a two-hour methodology course in
11 clinical evaluation prior to conducting clinical evaluations of students.
12

13 (d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)
14 to (j), inclusive, as well as instruction in basic background information on orthodontic practice.
15 "Basic background information on orthodontic practice" means, for purposes of this
16 subdivision, the orthodontic treatment review, charting, patient education, and legal and
17 infection control requirements as they apply to orthodontic practice.
18

19 (e) The following requirements shall be met for sizing, fitting, cementing, and removing
20 orthodontic bands:

21
22 (1) Didactic instruction shall contain the following:

23
24 (A) Theory of band positioning and tooth movement.

25
26 (B) Characteristics of band material: malleability, stiffness, ductility, and work
27 hardening.

28
29 (C) Techniques for orthodontic banding and removal, which shall include all of
30 the following:

31
32 (i) Armamentaria.

33
34 (ii) General principles of fitting and removing bands.

35
36 (iii) Normal placement requirements of brackets, tubes, lingual sheaths,
37 lingual cleats, and buttons onto bands.

38
39 (iv) Orthodontic cements and adhesive materials: classifications,
40 armamentaria, and mixing technique.

41
42 (v) Cementing bands: armamentaria, mixing technique, and band
43 cementation procedures.
44

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~~(vi) Procedure for removal of bands after cementation.~~

~~(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.~~

~~(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.~~

~~(f) The following requirements shall be met for preparing teeth for bonding:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Chemistry of etching materials and tooth surface preparation~~

~~(B) Application and time factors~~

~~(C) Armamentaria~~

~~(D) Techniques for tooth etching.~~

~~(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.~~

~~(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.~~

~~(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.~~

~~(1) Didactic instruction shall include the following elements:~~

~~(A) Characteristics and methods of orthodontic bonding.~~

~~(B) Armamentaria.~~

~~(C) Types of bracket bonding surfaces.~~

~~(D) Bonding material characteristics, application techniques, and curing time factors.~~

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1 ~~(E) Procedure for direct and indirect bracket bonding.~~

2
3 ~~(F) Procedures for bracket or tube removal.~~

4
5 ~~(2) Laboratory instruction shall contain tyodont experience with selecting,~~
6 ~~prepositioning, tooth etching, positioning, curing, and removing of four anterior and~~
7 ~~four posterior brackets a minimum of four times each, with one each of the four times~~
8 ~~used for a practical examination.~~

9
10 ~~(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing,~~
11 ~~and removal of anterior and posterior brackets on at least two patients.~~

12
13 ~~(h) The following requirements shall be met for archwire placement and ligation:~~

14
15 ~~(1) Didactic instruction shall contain the following:~~

16 ~~(A) Archwire characteristics.~~

17 ~~(B) Armamentaria.~~

18 ~~(C) Procedures for placement of archwire previously adjusted by the dentist.~~

19 ~~(D) Ligature systems, purpose, and types, including elastic, wire, and self-ligating.~~

20
21 ~~(2) Laboratory instruction shall contain tyodont experience on the following:~~

22 ~~(A) The insertion of a preformed maxillary and mandibular archwire a minimum~~
23 ~~of four times per arch, with one of each of the four times used for a practical~~
24 ~~examination.~~

25 ~~(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures~~
26 ~~or self-ligating brackets a minimum of four times per arch, with one of each of~~
27 ~~the four times used for a practical examination.~~

28
29 ~~(3) Clinical instruction shall contain the following:~~

30 ~~(A) Insertion of a preformed maxillary and mandibular archwire on at least two~~
31 ~~patients.~~

32 ~~(B) Ligating both preformed maxillary and mandibular archwires using a~~
33 ~~combination of elastic and metal ligatures or self-ligating brackets on at least~~
34 ~~two patients for each.~~

35
36
37
38
39
40
41
42
43
44 ~~(i) The following requirements shall be met for cement removal with a hand instrument:~~

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(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

(k) 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.

(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2 and 1752.4, Business and Professions Code.

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

(a) A dental sedation assistant permit course shall have the primary purpose of providing theory, laboratory, and clinical instruction and application in dental sedation assisting duties and functions. ~~A single standard of care shall be maintained, and~~ The Board shall approve and continue to approve only courses which continuously adhere to the standards of this section.

(b) A course provider applying for initial approval shall submit ~~a completed "Application for Dental Sedation Course Provider Approval" (02/2020) an application for approval,~~ hereby incorporated by reference ~~(insert date),~~ accompanied by the designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(1) In addition to the requirements of Sections 1070 and 1070.1, the course director, designated faculty member, or instructional staff member of a dental sedation assistant

Commented [NG32]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

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1 course may, in lieu of a license issued by the Board, possess a valid, active, and current
2 license issued in California as a physician and surgeon.

3
4 (2) Consistent with the requirements of Section 1070, as it relates to instructional
5 methodology, the course director, designated faculty member, or instructional staff
6 member(s) responsible for clinical evaluation shall complete a course in clinical evaluation
7 prior to conducting clinical evaluations of students.

8
9 (3) In addition to the requirements of Sections 1070 and 1070.1, clinical instruction in a
10 dental sedation assistant course shall be given under direct supervision of the course
11 director, designated faculty member, or instructional staff member who shall be the
12 holder of a valid, active, and current general anesthesia or conscious sedation permit
13 issued by the Board. Evaluation of the condition of a sedated patient shall remain the
14 responsibility of the director, designated faculty member, or instructional staff member
15 authorized to administer conscious sedation or general anesthesia, who shall be at the
16 patient's chairside while conscious sedation or general anesthesia is being administered.

17
18 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
19 1070.1 and all requirements set forth herein.

20
21 (d) General Provisions: The program shall make adequate provisions for the course's supervision
22 and operation in compliance with this Article and the following:

23
24 (1) Each student shall meet the requirements for application for licensure as a registered
25 dental assistant and a minimum of 12months' work experience or possess a current,
26 active license as a registered dental assistant.

27
28 (2) Prior to enrollment, each student shall have completed an eight-hour Board-approved
29 course in infection control, a two-hour Board-approved course in the Act, and possess
30 current certification in basic life support issued by the American Heart Association or
31 American Red Cross.

32
33 (3) The provider shall adhere to the requirements for the quantity, qualifications and
34 responsibilities of the course director and all faculty or instructional staff, as defined in
35 Sections 1070 and 1070.1, at all times.

36
37 (e) Facilities and Equipment:

38
39 (1) Adequate supplies, materials and provisions for instruction in the subject area shall
40 be provided in compliance with the requirements of Section 1070.

41
42 (2) The program shall provide one pulse oximeter for each six students; one AED or AED
43 trainer; one capnograph or teaching device for monitoring of end tidal carbon dioxide
44 (CO²); blood pressure cuff and stethoscope for each six students; one pretracheal

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1 stethoscope for each six students; one electrocardiogram machine, one automatic blood
2 pressure/pulse measuring system/machine, and one oxygen delivery system including
3 oxygen tank; one IV start kit for each student; one venous access device kit for each
4 student; IV equipment and supplies for IV infusions including hanging device infusion
5 containers and tubing for each six students; one sharps container for each six students;
6 packaged syringes, needles, needleless devices, practice fluid ampules and vials for each
7 student; one stopwatch or timer with second hand for each six students; one heart/lung
8 sounds manikin or teaching device; one tonsillar or pharyngeal suction tip, endotracheal
9 tube forceps, endotracheal tube and appropriate connectors, suction equipment for
10 aspiration of oral and pharyngeal cavities, and laryngoscope for each six students; any
11 other monitoring or emergency equipment required by Section 1043 for the
12 administration of general anesthesia or conscious sedation; and a selection of
13 instruments and supplemental armamentaria for all of the procedures that dental
14 sedation assistant permitholders are authorized to perform according to Business and
15 Professions Code Section 1750.5.

16
17 (3) Each operatory used for preclinical or clinical training shall contain either a surgery
18 table or a power-operated chair for treating patients in a supine position, an irrigation
19 system or sterile water delivery system as they pertain to the specific practice, and all
20 other equipment and armamentarium required to instruct in the duties that dental
21 sedation assistant permitholders are authorized to perform according to Business and
22 Professions Code Section 1750.5.

23
24 (4) All students, faculty, and staff involved in the direct provision of patient care shall be
25 certified in basic life support procedures, including the use of an AED.

26
27 (5) There shall be a sufficient number of safe, adequate, and educationally conducive
28 lecture classrooms and operatories in compliance with the requirements of Section
29 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

30
31 (6) All disinfection and sterilization procedures specified in Section 1005 shall be
32 incorporated in the course content and followed during all laboratory, simulated-clinical
33 and clinical experiences.

34
35 **(f) Course Duration:** The course shall be of a sufficient duration for the student to develop
36 minimum competence in all of the duties that dental sedation assistant permitholders are
37 authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic
38 instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38
39 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks
40 described in this Section during no less than 20 supervised cases utilizing conscious sedation or
41 general anesthesia.

42
43 **(g) Course Curriculum and Examination:**

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1 (1) A detailed course outline shall be established and maintained consistent with the
2 requirements of Section 1070 and shall be provided to students prior to the start of
3 instruction.

4
5 (2) General course objectives and specific instructional unit objectives shall be stated in
6 writing and shall include theoretical aspects of each subject as well as practical
7 application. The theoretical aspects of the course shall provide the content necessary for
8 students to make judgments regarding dental sedation assistant procedures.

9
10 (3) Objective evaluation criteria shall be used for measuring student progress toward
11 attainment of specific course objectives. Students shall be provided with specific
12 performance objectives and the evaluation criteria that will be used for all aspects of the
13 curriculum.

14 (4) Each student shall pass a written examination which reflects the curriculum content.

15
16
17 (h) Didactic Instruction: Areas of instruction shall relate to the duties that dental sedation
18 assistant permitholders are authorized to perform. General didactic instruction shall contain:

19
20 (1) Patient evaluation and selection factors through review of medical history, physical
21 assessment, and patient evaluation and medical consultation.

22
23 (2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and
24 respiratory systems, and the central and peripheral nervous systems.

25
26 (3) Characteristics of anxiety management related to the surgical patient, relatives, and
27 escorts, and characteristics of anxiety and pain reduction techniques.

28
29 (4) Overview of the classification of drugs used by patients for cardiac disease,
30 respiratory disease, hypertension, diabetes, neurological disorders, and infectious
31 diseases.

32
33 (5) Overview of techniques and specific drug groups utilized for sedation and general
34 anesthesia.

35
36 (6) Definitions and characteristics of levels of sedation achieved with general anesthesia
37 and sedative agents, including the distinctions between conscious sedation, deep
38 sedation, and general anesthesia.

39
40 (7) Overview of patient monitoring during conscious sedation and general anesthesia.

41
42 (8) Prevention, recognition, and management of complications.

43
44 (9) Obtaining informed consent.

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1
2 (i) With respect to medical emergencies, didactic instruction shall contain:

3
4 (1) An overview of medical emergencies, including, but not limited to, airway
5 obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope,
6 cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia,
7 drug overdose, hyperventilation, acute coronary syndrome including angina and
8 myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and
9 congestive heart failure.

10
11 (2) ~~Laboratory instruction shall include~~ The simulation and response to at least the
12 following medical emergencies: airway obstruction, bronchospasm, emesis and
13 aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction,
14 hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia,
15 syncope, and respiratory depression. Both training manikins and other students or staff
16 may be used for simulation. The student shall demonstrate minimum competency in all
17 simulated emergencies during training and shall then be eligible to complete a practical
18 examination on this Section.

19
20 (j) With respect to sedation and the pediatric patient, didactic instruction shall contain the
21 following:

22
23 (1) Psychological considerations.

24
25 (2) Patient evaluation and selection factors through review of medical history, physical
26 assessment, and medical consultation.

27
28 (3) Definitions and characteristics of levels of sedation achieved with general anesthesia
29 and sedative agents, with special emphasis on the distinctions between conscious
30 sedation, deep sedation, and general anesthesia.

31
32 (4) Review of respiratory and circulatory physiology and related anatomy, with special
33 emphasis on establishing and maintaining a patient airway.

34
35 (5) Overview of pharmacology agents used in contemporary sedation and general
36 anesthesia.

37
38 (6) Patient monitoring.

39
40 (7) Obtaining informed consent.

41
42 (8) Prevention, recognition, and management of complications, including principles of
43 basic life support.

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1 (k) With respect to physically, mentally, and neurologically compromised patients, didactic
2 instruction shall contain the following: an overview of characteristics of Alzheimer's disease,
3 autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular
4 dystrophy, Parkinson's disease, schizophrenia, and stroke.

5
6 (l) With respect to health history and patient assessment, didactic instruction shall include, at a
7 minimum, the recording of the following:

8
9 (1) Age, sex, weight, physical status as defined by the American Society of
10 Anesthesiologists Physical Status Classification System, medication use, general health,
11 any known or suspected medically compromising conditions, rationale for anesthesia or
12 sedation of the patient, visual examination of the airway, and auscultation of the heart
13 and lungs as medically required.

14
15 (2) General anesthesia or conscious sedation records that contain a time-oriented
16 record with preoperative, multiple intraoperative, and postoperative pulse oximetry and
17 blood pressure and pulse readings, frequency and dose of drug administration, length of
18 procedure, complications of anesthesia or sedation, and a statement of the patient's
19 condition at time of discharge.

20
21 (m) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG
22 and use of AED:

23
24 (1) Didactic instruction shall contain the following:

25
26 (A) Characteristics of pretracheal/precordial stethoscope.

27
28 (B) Review of anatomy and physiology of circulatory system: heart, blood
29 vessels, and cardiac cycle as it relates to EKG.

30
31 (C) Characteristics of rhythm interpretation and waveform analysis basics.

32
33 (D) Characteristics of manual intermittent and automatic blood pressure and
34 pulse assessment.

35
36 (E) Characteristics and use of an AED.

37
38 (F) Procedure for using a pretracheal/precordial stethoscope for monitoring of
39 heart sounds.

40
41 (G) Procedure for use and monitoring of the heart with an EKG machine,
42 including electrode placement, and the adjustment of such equipment.

43

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1 (H) Procedure for using manual and automatic blood pressure/pulse/respiration
2 measuring system.

3
4 (2) Preclinical instruction: Utilizing another student or staff person, the student shall
5 demonstrate minimum competency in each of the following tasks during training and
6 shall then be eligible to complete an examination on this Section.

7
8 (A) Assessment of blood pressure and pulse both manually and utilizing an
9 automatic system.

10
11 (B) Placement and assessment of an EKG. Instruction shall include the
12 adjustment of such equipment.

13
14 (C) Monitoring and assessment of heart sounds with a pretracheal/precordial
15 stethoscope.

16
17 (D) Use of an AED or AED trainer.

18
19 (3) Clinical instruction: Utilizing patients, the student shall demonstrate minimum
20 competency in each of the following tasks, under supervision of faculty or instructional
21 staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an
22 examination on this Section.

23
24 (A) Assessment of blood pressure and pulse both manually and utilizing an
25 automatic system.

26
27 (B) Placement and assessment of an EKG. Instruction shall include the
28 adjustment of such equipment.

29
30 (C) Monitoring and assessment of heart sounds with a pretracheal/precordial
31 stethoscope.

32
33 (n) With respect to monitoring lung/respiratory sounds with pretracheal/precordial
34 stethoscope and monitoring oxygen saturation end tidal CO² with pulse oximeter and
35 capnograph:

36
37 (1) Didactic instruction shall contain the following:

38
39 (A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter, and
40 capnograph for respiration monitoring.

41
42 (B) Review of anatomy and physiology of respiratory system to include the nose,
43 mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
44

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1 (C) Characteristics of respiratory monitoring/lung sounds: mechanism of
2 respiration, composition of respiratory gases, and oxygen saturation.

3
4 (D) Characteristics of manual and automatic respiration assessment.

5
6 (E) Procedure for using a pretracheal/precordial stethoscope for respiration
7 monitoring.

8
9 (F) Procedure for using and maintaining pulse oximeter for monitoring oxygen
10 saturation.

11
12 (G) Procedure for use and maintenance of capnograph.

13
14 (H) Characteristics for monitoring blood and skin color and other related factors.

15
16 (I) Procedures and use of an oxygen delivery system.

17
18 (J) Characteristics of airway management to include armamentaria and use.

19
20 (2) Preclinical instruction: Utilizing another student or staff person, the student shall
21 demonstrate minimum competency in each of the following tasks during training and
22 shall then be eligible to complete an examination on this Section.

23
24 (A) Assessment of respiration rates.

25
26 (B) Monitoring and assessment of lung sounds and ventilation with a
27 pretracheal/precordial stethoscope.

28
29 (C) Monitoring oxygen saturation with a pulse oximeter.

30
31 (D) Use of an oxygen delivery system.

32
33 (3) Clinical instruction: Utilizing patients, the student shall demonstrate minimum
34 competency in each of the following tasks, under supervision by faculty or instructional
35 staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an
36 examination on this Section.

37
38 (A) Assessment of respiration rates.

39
40 (B) Monitoring and assessment of lung sounds and ventilation with a
41 pretracheal/precordial stethoscope.

42
43 (C) Monitoring oxygen saturation with a pulse oximeter.

44

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1 (D) Use of an oxygen delivery system.

2
3 (o) With respect to drug identification and draw:

4
5 (1) Didactic instruction shall contain:

6
7 (A) Characteristics of syringes and needles: use, types, gauges, lengths, and
8 components.

9
10 (B) Characteristics of drug, medication, and fluid storage units: use, type,
11 components, identification of label including generic and brand names, strength,
12 potential adverse reactions, expiration date, and contraindications.

13
14 (C) Characteristics of drug draw: armamentaria, label verification, ampule and
15 vial preparation, and drug withdrawal techniques.

16
17 (2) Laboratory instruction: The student shall demonstrate minimum competency in the
18 withdrawal of fluids from a vial or ampule in the amount specified by faculty or
19 instructional staff and shall then be eligible to complete a practical examination.

20
21 (3) Clinical instruction: The student shall demonstrate minimum competency in the
22 evaluation of vial or container labels for identification of content, dosage, and strength
23 and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty
24 or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to
25 complete an examination on this Section.

26
27 (p) With respect to adding drugs, medications, and fluids to IV lines:

28
29 (1) Didactic instruction shall contain:

30
31 (A) Characteristics of adding drugs, medications, and fluids to IV lines in the
32 presence of a licensed dentist.

33
34 (B) Armamentaria.

35
36 (C) Procedures for adding drugs, medications, and fluids, including dosage and
37 frequency.

38
39 (D) Procedures for adding drugs, medications, and fluids by IV bolus.

40
41 (E) Characteristics of patient observation for signs and symptoms of drug
42 response.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (2) Laboratory instruction: The student shall demonstrate minimum competency in
2 adding fluids to an existing intravenous (IV) line on a venipuncture training arm or in a
3 simulated environment and shall then be eligible to complete a practical examination on
4 this Section.

5
6 (3) Clinical instruction: The student shall demonstrate minimum competency in adding
7 fluids to existing IV lines in the presence of course faculty or instructional staff as
8 described in Section 1070.8(a)(3) and shall then be eligible to complete an examination
9 on this Section.

10
11 (q) With respect to the removal of IV lines:

12
13 (1) Didactic instruction shall include overview and procedures for the removal of an IV
14 line.

15
16 (2) Laboratory instruction: The student shall demonstrate minimum competency on a
17 venipuncture training arm or in a simulated environment for IV removal and shall then
18 be eligible for a practical examination.

19
20 (3) Clinical instruction: The student shall demonstrate minimum competency in
21 removing IV lines in the presence of course faculty or instructional staff as described in
22 Section 1070.8(a)(3) and shall then be eligible to complete an examination on this
23 Section.

24
25 (r) Each student shall pass a written examination that reflects the curriculum content, which
26 may be administered at intervals throughout the course as determined by the course director.

27
28 (s) **Certificate of Completion.** Upon successful completion of the course, students shall receive a
29 certificate consistent with the requirements defined in CCR Section 1070(m).

30
31 (t) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of
32 these regulations shall submit to the Board a completed "Notice of Compliance with New
33 Requirements for Dental Sedation Assistant ~~Certificate-Permit~~ Courses" (insert_date02/2020),
34 hereby incorporated by reference, within ninety (90) days of the effective date of these
35 regulations.

36
37 In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met
38 by a dental sedation assistant permit course to secure and maintain approval by the Board. As
39 used in this Section, the following definitions apply: "IV" means intravenous, "AED" means
40 automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and "EKG" both
41 mean electrocardiogram.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (a) (1) The course director, designated faculty member, or instructional staff member may,
2 in lieu of a license issued by the Board, possess a valid, active, and current license issued
3 in California as a physician and surgeon.

4
5 (2) The course director, designated faculty member, or instructional staff member
6 responsible for clinical evaluation shall have completed a two-hour methodology course
7 in clinical evaluation prior to conducting clinical evaluations of students.

8
9 (3) Clinical instruction shall be given under direct supervision of the course director,
10 designated faculty member, or instructional staff member who shall be the holder of a
11 valid, active, and current general anesthesia or conscious sedation permit issued by the
12 Board. Evaluation of the condition of a sedated patient shall remain the responsibility of
13 the director, designated faculty member, or instructional staff member authorized to
14 administer conscious sedation or general anesthesia, who shall be at the patient's
15 chairside while conscious sedation or general anesthesia is being administered.

16
17 (b) The course shall be of a sufficient duration for the student to develop minimum competence
18 in all of the duties that dental sedation assistant permitholders are authorized to perform, but
19 in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32
20 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical
21 instruction. Clinical instruction shall require completion of all of the tasks described in
22 subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised
23 cases utilizing conscious sedation or general anesthesia.

24
25 (c) The following are minimum requirements for equipment and armamentaria:

26
27 (1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph
28 or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope
29 for each six students; one pretracheal stethoscope for each six students; one
30 electrocardiogram machine, one automatic blood pressure/pulse measuring
31 system/machine, and one oxygen delivery system including oxygen tank; one IV start kit
32 for each student; one venous access device kit for each student; IV equipment and
33 supplies for IV infusions including hanging device infusion containers and tubing for each
34 six students; one sharps container for each six students; packaged syringes, needles,
35 needleless devices, practice fluid ampules and vials for each student; stopwatch or timer
36 with second hand for each six students; one heart/lung sounds mannequin or teaching
37 device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube
38 and appropriate connectors, suction equipment for aspiration of oral and pharyngeal
39 cavities, and laryngoscope in the ratio of at least one for each six students; any other
40 monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043
41 for the administration of general anesthesia or conscious sedation; and a selection of
42 instruments and supplemental armamentaria for all of the procedures that dental
43 sedation assistant permitholders are authorized to perform according to Business and
44 Professions Code Section 1750.5.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(2) Each operatory used for preclinical or clinical training shall contain either a surgery~~
3 ~~table or a power-operated chair for treating patients in a supine position, an irrigation~~
4 ~~system or sterile water delivery system as they pertain to the specific practice, and all~~
5 ~~other equipment and armamentarium required to instruct in the duties that dental~~
6 ~~sedation assistant permitholders are authorized to perform according to Business and~~
7 ~~Professions Code Section 1750.5.~~

8
9 ~~(3) All students, faculty, and staff involved in the direct provision of patient care shall be~~
10 ~~certified in basic life support procedures, including the use of an automatic electronic~~
11 ~~defibrillator.~~

12
13 ~~(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)~~
14 ~~to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are~~
15 ~~authorized to perform.~~

16
17 ~~(e) General didactic instruction shall contain:~~

18 ~~(1) Patient evaluation and selection factors through review of medical history, physical~~
19 ~~assessment, and medical consultation.~~

20
21 ~~(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and~~
22 ~~respiratory systems, and the central and peripheral nervous system.~~

23
24 ~~(3) Characteristics of anxiety management related to the surgical patient, relatives, and~~
25 ~~escorts, and characteristics of anxiety and pain reduction techniques.~~

26
27 ~~(4) Overview of the classification of drugs used by patients for cardiac disease,~~
28 ~~respiratory disease, hypertension, diabetes, neurological disorders, and infectious~~
29 ~~diseases.~~

30
31 ~~(5) Overview of techniques and specific drug groups utilized for sedation and general~~
32 ~~anesthesia.~~

33
34 ~~(6) Definitions and characteristics of levels of sedation achieved with general anesthesia~~
35 ~~and sedative agents, including the distinctions between conscious sedation, deep~~
36 ~~sedation, and general anesthesia.~~

37
38 ~~(7) Overview of patient monitoring during conscious sedation and general anesthesia.~~

39 ~~(8) Prevention, recognition, and management of complications.~~

40
41 ~~(9) Obtaining informed consent.~~
42
43
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(f) With respect to medical emergencies, didactic instruction shall contain:~~
2

3 ~~(1) An overview of medical emergencies, including, but not limited to, airway~~
4 ~~obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope,~~
5 ~~cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia,~~
6 ~~drug overdose, hyperventilation, acute coronary syndrome including angina and~~
7 ~~myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and~~
8 ~~congestive heart failure.~~
9

10 ~~(2) Laboratory instruction shall include the simulation and response to at least the~~
11 ~~following medical emergencies: airway obstruction, bronchospasm, emesis and~~
12 ~~aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction,~~
13 ~~hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia,~~
14 ~~syncope, and respiratory depression. Both training mannequins and other students or~~
15 ~~staff may be used for simulation. The student shall demonstrate proficiency in all~~
16 ~~simulated emergencies during training and shall then be eligible to complete a practical~~
17 ~~examination on this Section.~~
18

19 ~~(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the~~
20 ~~following:~~
21

22 ~~(1) Psychological considerations.~~
23

24 ~~(2) Patient evaluation and selection factors through review of medical history, physical~~
25 ~~assessment, and medical consultation.~~
26

27 ~~(3) Definitions and characteristics of levels of sedation achieved with general anesthesia~~
28 ~~and sedative agents, with special emphasis on the distinctions between conscious~~
29 ~~sedation, deep sedation, and general anesthesia.~~
30

31 ~~(4) Review of respiratory and circulatory physiology and related anatomy, with special~~
32 ~~emphasis on establishing and maintaining a patient airway.~~
33

34 ~~(5) Overview of pharmacology agents used in contemporary sedation and general~~
35 ~~anesthesia.~~
36

37 ~~(6) Patient monitoring.~~
38

39 ~~(7) Obtaining informed consent.~~
40

41 ~~(8) Prevention, recognition, and management of complications, including principles of~~
42 ~~basic life support.~~
43

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(h) With respect to physically, mentally, and neurologically compromised patients, didactic~~
2 ~~instruction shall contain the following: an overview of characteristics of Alzheimer's disease,~~
3 ~~autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular~~
4 ~~dystrophy, Parkinson's disease, schizophrenia, and stroke.~~

5
6 ~~(i) With respect to health history and patient assessment, didactic instruction shall include, at a~~
7 ~~minimum, the recording of the following:~~

8
9 ~~(1) Age, sex, weight, physical status as defined by the American Society of~~
10 ~~Anesthesiologists Physical Status Classification System, medication use, general health,~~
11 ~~any known or suspected medically compromising conditions, rationale for anesthesia or~~
12 ~~sedation of the patient, visual examination of the airway, and auscultation of the heart~~
13 ~~and lungs as medically required.~~

14
15 ~~(2) General anesthesia or conscious sedation records that contain a time-oriented~~
16 ~~record with preoperative, multiple intraoperative, and postoperative pulse oximetry and~~
17 ~~blood pressure and pulse readings, frequency and dose of drug administration, length of~~
18 ~~procedure, complications of anesthesia or sedation, and a statement of the patient's~~
19 ~~condition at time of discharge.~~

20
21 ~~(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG~~
22 ~~and use of AED:~~

23
24 ~~(1) Didactic instruction shall contain the following:~~

25
26 ~~(A) Characteristics of pretracheal/precordial stethoscope.~~

27
28 ~~(B) Review of anatomy and physiology of circulatory system: heart, blood~~
29 ~~vessels, and cardiac cycle as it relates to EKG.~~

30
31 ~~(C) Characteristics of rhythm interpretation and waveform analysis basics.~~

32
33 ~~(D) Characteristics of manual intermittent and automatic blood pressure and~~
34 ~~pulse assessment.~~

35
36 ~~(E) Characteristics and use of an AED.~~

37
38 ~~(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of~~
39 ~~heart sounds.~~

40
41 ~~(G) Procedure for use and monitoring of the heart with an EKG machine,~~
42 ~~including electrode placement, and the adjustment of such equipment.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(H) Procedure for using manual and automatic blood pressure/pulse/respiration~~
2 ~~measuring system.~~

3
4 ~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall~~
5 ~~demonstrate proficiency in each of the following tasks during training and shall then be~~
6 ~~eligible to complete an examination on this Section.~~

7
8 ~~(A) Assessment of blood pressure and pulse both manually and utilizing an~~
9 ~~automatic system.~~

10
11 ~~(B) Placement and assessment of an EKG. Instruction shall include the~~
12 ~~adjustment of such equipment.~~

13
14 ~~(C) Monitoring and assessment of heart sounds with a pretracheal/precordial~~
15 ~~stethoscope.~~

16
17 ~~(D) Use of an AED or AED trainer.~~

18
19 ~~(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in~~
20 ~~each of the following tasks, under supervision of faculty or instructional staff as~~
21 ~~described in Section 1070.8(a)(3), and shall then be eligible to complete an examination~~
22 ~~on this Section.~~

23
24 ~~(A) Assessment of blood pressure and pulse both manually and utilizing an~~
25 ~~automatic system.~~

26
27 ~~(B) Placement and assessment of an EKG. Instruction shall include the~~
28 ~~adjustment of such equipment.~~

29
30 ~~(C) Monitoring and assessment of heart sounds with a pretracheal/precordial~~
31 ~~stethoscope.~~

32
33 ~~(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope~~
34 ~~and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:~~

35
36 ~~(1) Didactic instruction shall contain the following:~~

37
38 ~~(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and~~
39 ~~capnograph for respiration monitoring.~~

40
41 ~~(B) Review of anatomy and physiology of respiratory system to include the nose,~~
42 ~~mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (C) Characteristics of respiratory monitoring/lung sounds: mechanism of
2 respiration, composition of respiratory gases, oxygen saturation.
3

4 (D) Characteristics of manual and automatic respiration assessment.
5

6 (E) Procedure for using a pretracheal/precordial stethoscope for respiration
7 monitoring.
8

9 (F) Procedure for using and maintaining pulse oximeter for monitoring oxygen
10 saturation.
11

12 (G) Procedure for use and maintenance of capnograph.
13

14 (H) Characteristics for monitoring blood and skin color and other related factors.
15

16 (I) Procedures and use of an oxygen delivery system.
17

18 (J) Characteristics of airway management to include armamentaria and use.
19

20 (2) Preclinical instruction: Utilizing another student or staff person, the student shall
21 demonstrate proficiency in each of the following tasks during training and shall then be
22 eligible to complete an examination on this Section.
23

24 (A) Assessment of respiration rates.
25

26 (B) Monitoring and assessment of lung sounds and ventilation with a
27 pretracheal/precordial stethoscope.
28

29 (C) Monitoring oxygen saturation with a pulse oximeter.
30

31 (D) Use of an oxygen delivery system.
32

33 (3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in
34 each of the following tasks, under supervision by faculty or instructional staff as
35 described in Section 1070.8(a)(3), and shall then be eligible to complete an examination
36 on this Section.
37

38 (A) Assessment of respiration rates.
39

40 (B) Monitoring and assessment of lung sounds and ventilation with a
41 pretracheal/precordial stethoscope.
42

43 (C) Monitoring oxygen saturation with a pulse oximeter.
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(D) Use of an oxygen delivery system.~~

2
3 ~~(l) With respect to drug identification and draw:~~

4
5 ~~(1) Didactic instruction shall contain:~~

6
7 ~~(A) Characteristics of syringes and needles: use, types, gauges, lengths, and~~
8 ~~components.~~

9
10 ~~(B) Characteristics of drug, medication, and fluid storage units: use, type,~~
11 ~~components, identification of label including generic and brand names, strength,~~
12 ~~potential adverse reactions, expiration date, and contraindications.~~

13
14 ~~(C) Characteristics of drug draw: armamentaria, label verification, ampule and~~
15 ~~vial preparation, and drug withdrawal techniques.~~

16
17 ~~(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal~~
18 ~~of fluids from a vial or ampule in the amount specified by faculty or instructional staff~~
19 ~~and shall then be eligible to complete a practical examination.~~

20
21 ~~(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of~~
22 ~~vial or container labels for identification of content, dosage, and strength and in the~~
23 ~~withdrawal of fluids from a vial or ampule in the amount specified by faculty or~~
24 ~~instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to~~
25 ~~complete an examination on this Section.~~

26
27 ~~(m) With respect to adding drugs, medications, and fluids to IV lines:~~

28
29 ~~(1) Didactic instruction shall contain:~~

30
31 ~~(A) Characteristics of adding drugs, medications, and fluids to IV lines in the~~
32 ~~presence of a licensed dentist.~~

33
34 ~~(B) Armamentaria.~~

35
36 ~~(C) Procedures for adding drugs, medications, and fluids, including dosage and~~
37 ~~frequency.~~

38
39 ~~(D) Procedures for adding drugs, medications, and fluids by IV bolus.~~

40
41 ~~(E) Characteristics of patient observation for signs and symptoms of drug~~
42 ~~response.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to~~
2 ~~an existing IV line on a venipuncture training arm or in a simulated environment, and~~
3 ~~shall then be eligible to complete a practical examination on this Section.~~

4
5 ~~(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to~~
6 ~~existing IV lines in the presence of course faculty or instructional staff as described in~~
7 ~~Section 1070.8(a)(3), and shall then be eligible to complete an examination on this~~
8 ~~Section.~~

9
10 ~~(a) With respect to the removal of IV lines:~~

11
12 ~~(1) Didactic instruction shall include overview and procedures for the removal of an IV~~
13 ~~line.~~

14
15 ~~(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture~~
16 ~~training arm or in a simulated environment for IV removal, and shall then be eligible for~~
17 ~~a practical examination.~~

18
19 ~~(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in~~
20 ~~the presence of course faculty or instructional staff as described in Section 1070.8(a)(3),~~
21 ~~and shall then be eligible to complete an examination on this Section.~~

22
23 ~~(e) Each student shall pass a written examination that reflects the curriculum content, which~~
24 ~~may be administered at intervals throughout the course as determined by the course director.~~

25
26 ~~(p) To maintain approval, programs approved prior to the effective date of these regulations~~
27 ~~shall submit to the Board a completed "Notice of Compliance with New Requirements for~~
28 ~~Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference,~~
29 ~~within ninety (90) days of the effective date of these regulations.~~

30
31 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections
32 1750.4, 1750.5 and 1752.4, Business and Professions Code.

33
34 **CCR §1070.9: Radiation Safety Course**

35
36 (a) A radiation safety course shall have the primary purpose of providing theory,
37 laboratory, and clinical application in radiographic techniques. ~~A single standard of care~~
38 ~~shall be maintained and~~ The Board shall approve only those courses which continuously
39 adhere to the standards of this section.

40
41 (b) A course provider applying for initial approval shall submit ~~an application for approval~~
42 completed "Application for Radiation Safety Course Provider Approval" (02/2020), hereby
43 incorporated by reference ~~(insert date)~~, accompanied by the designated, non-refundable fee as

Commented [NG33]: Staff Recommendation:
The proposed language related to courses reference the requirement that a "single standard of care" is maintained by courses. The term "single standard of care" is not defined. Furthermore the sections which reference this language are detailed requirements for how courses should operate and the standards of care that they must maintain.

Because this term does not have a definition and does not clarify any other requirement staff recommends removing this term and the language around it.

However if the Board/Council decides to keep the term, staff requests that the Board/Council provide staff with a definition or guidance in defining the term.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval
2 after it evaluates all components of the course.

4 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
5 1070.1 and all requirements set forth herein.

7 (d) General Provisions: Providers shall make adequate provisions for the course's supervision
8 and operation in compliance with this Article and the following:

10 (1) Unless otherwise incorporated in a Board-approved registered dental assisting
11 program, providers shall require evidence from students that they have met all course
12 prerequisites prior to their acceptance including current certification in basic life
13 support, completion of an eight-hour Board-approved course in infection control, and a
14 two-hour Board-approved course in the Act.

16 (2) When instruction is incorporated in a registered dental assisting program, students
17 shall have completed, enrolled in, or have a program program-approved plan to be
18 enrolled in, instruction in, basic chairside skills, anatomy, tooth morphology, infection
19 control and basic life support, as defined herein, prior to the start of instruction in
20 radiation safety. When instruction is incorporated in a registered dental assisting
21 program, students shall have completed, enrolled in, or have a program-approved plan
22 to be enrolled in, basic chairside skills, anatomy, tooth morphology and shall have
23 obtained certification in infection control and basic life support prior to the start of
24 instruction in radiation safety.

26 (32) Providers shall adhere to the requirements for the quantity, qualifications and
27 responsibilities of the course director and all faculty or instructional staff, as defined in
28 Sections 1070 and 1070.1, at all times.

30 (43) Additionally, all patients or their guardians shall complete a health history form
31 with consent acknowledging the procedure is being performed by a student of the
32 course or program. Such documentation shall be maintained in the student clinical
33 facility's records. When a health history form is completed as a condition of the course
34 requirements in an extramural facility, such form shall be transferred to the program or
35 course by the supervising licensed dentist prior to completion of the extramural
36 externship.

38 **(e) Facilities and Equipment:**

40 (1) Adequate supplies, materials and provisions for instruction in radiation safety shall
41 be provided in compliance with the requirements of Section 1070.

43 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
44 lecture classrooms or the capability to facilitate distance learning modalities or

Commented [NG34]: Staff recommendation: 1070.9(d)(2) was restructured to allow students who are taking courses as part of a dental assisting program to enroll in classes which they have not completed the prerequisite instruction if the course plans to provide that instruction concurrently. This exception to the prerequisites should have extended to IC and BLS certification required by this section. Therefore staff recommends changing this section to allow course sequencing as is currently permitted.

Commented [NG35]: Staff recommendation: Staff have received extensive feedback regarding the new requirement that patients of students complete a health history and consent acknowledging that a student is performing procedures on the students and requiring that the health history and consents be transferred back to the course or program. Commenters have argued that these requirements are unnecessarily burdensome, and that transferring records to the courses or programs could violate patient recordkeeping laws.

Staff agree that directing clinical facilities to violate recordkeeping laws is problematic and recommend that the second sentence in the subsection be changed to remove the requirement to move patient records outside of the facility where the treatment occurred."

Commented [NG36]: Staff recommendation: The requirements for program and course facilities have been updated to require either lecture classrooms or equipment for broadcasting lectures online. Stakeholders have pointed out the terms "broadcasting" and "online" are unnecessarily prescriptive.

Staff recommends terminology that is less technology specific and more directed at the desired outcome of providing students the ability to receive instruction in a different place and or time than the instructor.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 equipment for broadcasting lectures online, and operatories in compliance with the
2 requirements of Section 1070.

3
4 (3) In addition to the facility requirements defined in Section 1070, the facility used for
5 laboratory/pre-clinical instruction shall be deemed adequate if it is properly equipped
6 with supplies and equipment for practical work and includes, for every six students, at
7 least the following:

8
9 (A) One functioning radiography (X-ray) machine which is adequately filtered and
10 collimated, that is equipped with the appropriate position-indicating devices for
11 each technique being taught, and is properly registered and permitted in
12 compliance with the Department of Health Services and the California Radiation
13 Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section
14 30100);

15
16 (B) One (1) X-ray training manikin head designed for instruction in radiographic
17 techniques per X-ray unit;

18
19 (C) One (1) film view box, or screen for viewing digital images; and

20
21 (D) One (1) lead shielding adult-size protective apron with cervical (thyroid)
22 collar, either attached or detached from the apron, per X-ray unit.

23
24 (4) The facility shall be deemed adequate if it is of sufficient size to accommodate
25 students' needs in learning and is properly equipped with supplies and equipment for
26 practical work which may include processing and viewing equipment or any combination
27 thereof. Such facility requirements may be deemed met if computer-based equipment
28 for digital radiographic procedures is solely or in part utilized within the program or
29 course facility. Such equipment may be located in the operatory area where exposures
30 will occur.

31
32 (5) The choice of image receptor for laboratory, pre-clinical, and clinical experiences
33 may be either traditional film or digital sensor or any combination thereof as
34 determined by the program and course provider.

35
36 (6) X-ray exposure areas shall provide protection to patients, students, faculty and
37 observers in full compliance with applicable statutes and regulations.

38
39 (7) All disinfection and sterilization procedures specified in Section 1005 shall be
40 incorporated in the course content and followed during all laboratory, simulated-clinical
41 and clinical experiences. Adequate cleaning, disinfecting, and sterilizing facilities shall be
42 provided.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (f) Course Duration: A course in radiation safety shall be of sufficient duration, but in no event
2 less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory
3 instruction, and at least 12 hours of supervised clinical instruction for the student to obtain
4 applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve
5 minimum competence in the various protocols and procedures used in the application of dental
6 radiographic techniques and radiation safety.

7
8 (g) Course Curriculum and Examination:

9
10 (1) A detailed course outline shall be established and maintained consistent with the
11 requirements of Section 1070 and shall be provided to students prior to the start of
12 instruction.

13
14 (2) General course objectives and specific instructional unit objectives shall be stated in
15 writing and shall include theoretical aspects of each subject as well as practical
16 application. The theoretical aspects of the course shall provide the content necessary for
17 students to make judgments regarding radiation safety.

18
19 (3) Objective evaluation criteria shall be used for measuring student progress toward
20 attainment of specific course objectives. Students shall be provided with specific
21 performance objectives and the evaluation criteria that will be used for all aspects of the
22 curriculum.

23
24 (4) Prior to clinical instruction in radiation techniques, each student shall pass a pre
25 exposure radiation exam.

26
27 (5) Each student shall pass a written examination which reflects the curriculum content.

28
29 (6) Each student shall pass a clinical examination demonstrating minimum competency.

30
31 (h) Didactic Instruction. Areas of didactic instruction shall include, at a minimum, the following
32 as they relate to exposure, processing and evaluation of dental radiographs:

33
34 (1) Radiation physics and biology;

35
36 (2) Radiation protection and safety;

37
38 (3) Recognition of normal anatomical landmarks, structures, hard and soft tissues,
39 normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

40
41 (4) Radiograph exposure and processing techniques;

42

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1 (5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of
2 the oral cavity;

3
4 (6) Intraoral techniques and dental radiograph armamentaria, including holding devices
5 and image receptors;

6
7 (7) Intraoral and extraoral examination including principles of exposure, methods of
8 retention and evaluation;

9
10 (8) Proper use of patient protection devices and personal protective equipment for
11 operator use;

12
13 (9) Identification and correction of faulty radiographs;

14
15 (10) Introduction to contemporary exposure techniques including the use of
16 computerized digital radiography and extraoral imaging that may include panographs or
17 cone-beam imaging;

18
19 (11) Infection control procedures in compliance with the Board's Minimum Standards
20 for Infection Control (16 CCR 1005);

21
22 (12) Radiographic records management;

23
24 (13) Identification and recognition of common errors in techniques and processing for
25 intra and extra oral exposures;

26
27 (14) Identification of various extra oral techniques, machine types, and uses; and

28
29 (15) Introduction to techniques and exposure guidelines for special exposures to include,
30 but not limited to pediatric, edentulous, partially edentulous, endodontic and patients
31 with special needs.

32
33 (i) **Laboratory Instruction.** All laboratory instruction and performances shall only occur in
34 accordance with Sections 1070 and 1070.1. Sufficient hours of laboratory instruction and
35 experiences shall ensure that a student successfully completes, on an x-ray training manikin head
36 only, at least the procedures set forth below utilizing an image receptor deemed appropriate by
37 the course director:

38
39 (1) Two full mouth periapical series, consisting of at least 18 radiographs each, four of
40 which shall be bitewings;

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1
2 (2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;

3
4 (3) Developing, digitizing or processing, and mounting or sequencing of exposed
5 radiographs; and

6
7 (4) Completion of student and instructor written evaluation of radiographs identifying
8 errors, causes of errors, corrections and, if applicable, the number of re-exposures
9 necessary for successful completion of a series to minimum competency.

10
11 (A) A laboratory procedure has been successfully completed only if each series of
12 radiographs is evaluated and deemed to be of diagnostic quality.

13
14 (B) Successful completion of all laboratory competencies shall occur prior to
15 clinical instruction and experiences.

16
17 **(j) Clinical Instruction and Evaluation.** As part of an organized program of instruction clinical
18 instruction shall include clinical performances on human subjects as set forth herein.

19
20 (1) Successful completion of a minimum of four full mouth periapical series, consisting of
21 at least 18 radiographs each, four of which shall be bitewings. All exposures made on
22 human subjects shall only be made using diagnostic criteria established during the
23 clinical instructional period and shall in no event exceed three re-exposures per subject
24 per series.

25
26 (2) Successful developing or processing, and mounting or sequencing of exposed human
27 subject radiographs;

28
29 (3) Completion of student and instructor written evaluations of each radiographic series
30 identifying errors, causes of error, and correction and, if applicable, the number of re-
31 exposures necessary for successful completion of a series to clinical competency.

32
33 (4) One full-mouth clinical series shall serve a final clinical examination.

34
35 **(k) Written Examinations.** Prior to certification and completion of the course, the student shall
36 successfully complete a comprehensive final exam prior to the completion of the radiation
37 safety course. The written examinations shall include questions specific to items addressed in
38 California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4
39 (Section 30305 et seq.) relative to the special requirements for the use of x-ray in the healing
40 arts.

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1 (l) Extramural Dental Facilities Used for Radiographic Performances. Extramural dental facilities
2 may be utilized by a course for the purposes of radiographic clinical experiences, ~~but may not be~~
3 ~~used for final clinical competency.~~ Clinical instruction and oversight shall be performed under the
4 general supervision of a licensed dentist who shall deem the radiographs necessary by written
5 prescription. Didactic and laboratory instruction shall be provided only by course faculty or
6 instructional staff prior to clinical performances ~~and shall not be provided in an extramural dental~~
7 ~~facility.~~

8
9 (1) The course director, or a designated faculty member, shall be responsible for
10 selecting a extramural dental facility and evaluating student competence before the
11 clinical assignment.

12
13 (2) Prior to student assignment in an extramural dental facility, the course director, or a
14 designated faculty or instructional staff member, shall orient all supervising dentists who
15 provide basic technical assistance, evaluation, and oversight of the student in the clinical
16 setting. Orientation shall include, at a minimum, the objectives of the course, the
17 student's preparation for the clinical assignment, and a review of procedures and criteria
18 to be used by the licensed dentist in the extramural dental facility in evaluating the
19 student during the assignment.

20
21 (3) Programs and courses using extramural dental faculty for dental radiographic clinical
22 experiences shall provide to the Board, upon request or renewal of provider status,
23 copies of all contracts of affiliation and documentation demonstrating compliance with
24 this Section.

25
26 (4) There shall be a written contract of affiliation with each extramural dental facility
27 utilized by a course. Such contract shall describe the settings in which the facility will be
28 used, cancellation terms and conditions, and shall provide that the facility has the
29 necessary equipment and armamentaria appropriate for the procedures to be
30 performed and that such equipment and armamentaria are in safe operating condition.

31
32 (m) Certificate of Completion. Upon successful completion of the course, students shall receive
33 a certificate consistent with the requirements defined in Section 1070(m).

34
35 (n) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
36 these regulations shall submit to the Board a completed "Notice of Compliance with New
37 Requirements for Radiation Safety ~~Certification—Courses~~" (~~insert date~~02/2020), hereby
38 incorporated by reference, within ninety (90) days of the effective date of these regulations.

39
40 Note: Authority cited: Section 1614, Business and Professions Code.

41
42 **§ 1071. Approval of Registered Dental Assistant in Extended Functions (RDAEF) Educational**
43 **Programs.**

Commented [NG37]: 1070.9(l) states that, "Extramural dental facilities may be utilized by a course for the purposes of radiographic clinical experiences, but may not be used for final clinical competency."

Stakeholders have pointed out that this prohibition is inconsistent with the coronal polish and pit and fissure course requirements. Furthermore, clinical competency must be evaluated by faculty, and it should not matter where this is done. Therefore staff recommends removing this burden on courses.

In addition 1070.9(l) states that, "Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances and shall not be provided in an extramural dental facility." Staff recommends that the prohibition against providing didactic instruction in an extramural dental facility be removed so that the section reads: "Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances."

Instruction must be given by course faculty and therefore it should not make a difference where the instruction is provided. If students require instruction in an extramural facility, faculty should be able to provide that instruction on the spot.

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1
2 In addition to the requirements of California Code of Regulations (Cal. Code Regs.), Title 16,
3 Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program
4 to secure and maintain approval by the Board.

5
6 (a) RDAEF educational programs in California shall apply for and receive Board approval prior to
7 operation. The Board may approve, provisionally approve, or deny approval of any such
8 program.

9
10 (1) A program applying for approval to teach all of the duties specified in Business and
11 Professions Code, Section 1753.5 shall comply with all of the requirements of this
12 Section.

13
14 (2) A program applying for approval to teach RDAEFs licensed on or before January 1,
15 2010 the additional duties specified in Business and Professions Code Section 1753.6
16 shall comply with all of the requirements of this Section, except as follows:

17
18 (A) The program shall be no less than 318 hours, including at least 76 hours of
19 didactic instruction, at least 186 hours of laboratory instruction, and at least 56
20 hours of clinical instruction.

21
22 (B) Students shall not be required to complete instruction related to the
23 placement of gingival retraction cord, the taking of final impressions for
24 permanent indirect restorations, or the fitting of endodontic master points and
25 accessory points.

26
27 (3) A RDAEF program provider applying for approval shall submit to the Board a
28 completed "Application for ~~Approval of Registered Dental Assistant in Extended~~
29 Functions Program Approval" (New ~~INSERT DATE 02/2020~~)," which is hereby
30 incorporated by reference, accompanied by a non-refundable processing fee of \$ ____.

31
32 (4) The Board may withdraw its approval of a program at any time, after giving the
33 program provider written notice setting forth its reason(s) for withdrawal and after
34 affording the program a reasonable opportunity to respond within 30 calendar days.
35 Approval may be withdrawn for failure to comply with the provisions of the Act or the
36 Board's regulations.

37
38 (b) Prerequisites. In order to be admitted to the program, each student shall possess a valid,
39 active, and current license as a registered dental assistant issued by the Board and shall submit
40 documentary evidence of successful completion of a Board-approved pit and fissure sealant
41 course prior to graduation from an RDAEF program.

42
43 (c) Program Faculty. In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070
44 and 1070.1, all faculty members shall have completed a course or certification program in

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1 educational methodology of at least 30 hours unless he or she holds any one of the following: a
2 degree in education, a valid Ryan Designated Subjects Vocational Education Teaching
3 Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community
4 College Teaching Credential. Each faculty member shall complete a course or certification
5 program in educational methodology within six (6) months of employment. The program
6 director or designated administrator shall be responsible to obtain and maintain records of
7 each faculty member showing evidence of having met this requirement.

8
9 (d) Program Director. The program director, who may also be an instructor, shall possess a
10 valid, active, and current license issued by the Board or the Dental Hygiene Committee of
11 California, shall have been licensed for a minimum of two years, and possess the experience in
12 the subject matter he or she is teaching. The course director shall provide guidance and be
13 responsible for the administration of the course. Specifically, the course director shall be
14 responsible for fulfilling all the requirements listed in Cal. Code Regs., Title 16, Section 1070(b).

15
16 (e) Length of Program.

17
18 (1) The program shall be of sufficient duration for the student to develop minimum
19 competence in all of the duties that RDAEFs are authorized to perform, but in no event
20 less than 410 hours, including at least 100 hours of didactic instruction, at least 206
21 hours of laboratory instruction, and at least 104 hours of clinical instruction. All
22 laboratory and simulated clinical instruction shall be provided under the direct
23 supervision of program staff. Clinical instruction shall be provided under the direct
24 supervision of a licensed dentist and may be completed in an extramural dental facility
25 as defined in Cal. Code Regs., Title 16, Section 1070.1(c).

26
27 (2) In the event a program has obtained approval to instruct the content for Interim
28 Therapeutic Restoration Certification, the program shall incorporate such training into
29 the RDAEF program curriculum and increase the total hours in accordance with
30 applicable regulations.

31
32 (f) The following requirements are in addition to the requirements of Cal. Code Regs., Title 16,
33 Sections 1070 and 1070.1:

34
35 (1) Minimum requirements for equipment and armamentaria:

36
37 (A) Laboratory facilities with individual seating stations for each student and
38 equipped with air/water syringe, hand piece connections, suction or electric
39 driven rotary instrumentation capability. Each station or operatory shall allow an
40 articulated typodont to be mounted in a simulated head position.

41
42 (B) Clinical simulation facilities that provide simulated patient heads mounted in
43 appropriate position and accommodating an articulated typodont in an enclosed
44 intraoral environment, or mounted on a dental chair in a dental operatory.

Commented [RD38]: Can we be more specific about the hours increased for clarity?

Commented [NG39R38]: The "applicable regulations" have not been enacted.
The proposed language for ITR is:
16 total
4 didactic
4 Lab
8 clinical

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

(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.

(E) Notwithstanding Section 1070, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

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

(6) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

(1) Application of tooth isolation methods in both maxillary and mandibular arches and with four experiences on both deciduous and permanent dentitions.

(2) Matrix placement for amalgam, and adhesive-based restorative material restorations with three experiences for each material.

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1
2 (3) Base, liner, and etchant placement on three teeth.

3
4 (3) Base, liner, and etchant placement on three teeth.

5
6 (i) With respect to preliminary evaluation of the patient's oral health, including charting of
7 existing conditions excluding periodontal assessment as it relates to RDAEF functions, intraoral
8 and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

9
10 (1) Didactic instruction shall contain the following:

11
12 (A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

13
14 (B) Deviations from normal to hard tissue abnormalities to soft tissue
15 abnormalities.

16
17 (C) Overview of classifications of occlusion and myofunction.

18
19 (D) Sequence of oral inspection: armamentaria, general patient assessment,
20 review of medical history form, review of dental history form, oral cavity mouth-
21 mirror inspection, and charting existing conditions.

22
23 (2) Preclinical instruction shall include performing an oral inspection on at least two
24 other students.

25
26 (3) Clinical instruction shall include performing an oral inspection on at least two
27 patients.

28
29 (j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

30
31 (1) Didactic instruction shall include the following:

32
33 (A) Review of objectives, canal preparation, filling of root canal space, including
34 the role of the RDAEF as preparatory to condensation which is to be performed
35 by the licensed dentist.

36
37 (B) Description and goals of filling technique using lateral condensation
38 techniques.

39
40 (C) Principles and techniques of fitting and cementing master points and
41 accessory points.

42
43 (2) Laboratory instruction shall include fitting and cementing master points and
44 accessory points on extracted teeth or simulated teeth with canals with a minimum of

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1 two experiences.-This instruction shall not include obturator-based techniques or other
2 techniques that employ condensation.

3
4 (3) Simulated clinical instruction shall include fitting and cementing master points and
5 accessory points with extracted or simulated teeth. Simulated clinical instruction shall
6 include fitting and cementing master points and accessory points in at least four teeth.

7
8 k) With respect to gingival retraction, general instruction shall include:

9
10 (1) Review of characteristics of tissue management techniques as they relate to
11 prosthodontic procedures.

12
13 (2) Description, principles and goals of tissue management as it relates to prosthodontic
14 procedures.

15
16 (l) With respect to final impressions for permanent indirect and toothborne restorations:

17
18 (1) Didactic instruction shall contain the following:

19
20 (A) Review of characteristics of impression material and tray placement.

21
22 (B) Description and goals of impression taking for permanent indirect
23 restorations and toothborne prosthesis.

24
25 (C) Principles, techniques, criteria, and evaluation of impression taking for
26 permanent indirect restorations and toothborne prosthesis.

27
28 (2) Laboratory instruction shall include the following:

29
30 (A) Tissue management for prosthodontic procedures and final impressions for
31 permanent indirect restorations, including impression taking of prepared teeth
32 in maxillary and mandibular arches, once per arch.

33
34 (B) Impressions for toothborne removable prostheses, including, at a minimum,
35 taking a total of four impressions on maxillary and mandibular arches with
36 simulated partially edentulous sites.

37
38 (3) Clinical instruction shall include taking final impressions on five prosthodontic
39 procedure patients which shall include tissue management procedures.

40
41 (m) With respect to placing, contouring, finishing, and adjusting direct restorations:

42
43 (1) Didactic instruction shall contain the following:

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1 (A) Review of cavity preparation factors and restorative material.

2
3 (B) Characteristics and manipulation of direct filling materials.

4
5 (C) Amalgam restoration placement, carving, adjusting and finishing, which
6 includes principles, techniques, criteria and evaluation, and description and goals
7 of amalgam placement, adjusting and finishing in children and adults.

8
9 (D) Currently utilized adhesive-based restoration placement, adjusting,
10 contouring and finishing, which includes, principles, techniques, criteria and
11 evaluation, and description and goals of adhesive-based restorations, placement
12 and contouring in children and adults.

13
14 (2) Laboratory instruction shall include placement, finish and adjustment of the
15 following restorations in prepared teeth. The restorations shall include both maxillary,
16 mandibular, permanent and deciduous teeth, and both metallic and adhesive-based
17 materials:

18
19 (A) Placement of Class I, II, and V amalgam restorations in four prepared
20 permanent teeth for each classification, with one of each classification used for a
21 clinical examination.

22
23 (B) Placement of Class I, II, III, and V composite resin restorations in four
24 prepared permanent teeth for each classification, with one of each classification
25 used for a clinical examination.

26
27 (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared
28 permanent teeth for each classification, with one of each classification used for a
29 clinical examination.

30
31 (3) Simulated clinical instruction shall include placement, finish and adjustment of the
32 following restorations in prepared teeth. The restorations shall include both maxillary,
33 mandibular, permanent and deciduous teeth, and both metallic and adhesive-based
34 materials. A student shall show competency in amalgam based material placement,
35 finish and adjustment based on criteria-reference completion standards prior to any
36 clinical instruction and application of these procedures:

37
38 (A) Placement of Class I, II, and V amalgam restorations in four prepared
39 permanent teeth for each classification, with one of each classification used for a
40 clinical examination.

41
42 (B) Placement of Class I, II, III, and V composite resin restorations in four
43 prepared permanent teeth for each classification, with one of each classification
44 used for a clinical examination.

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1
2 (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared
3 permanent teeth for each classification, with one of each classification used for a
4 clinical examination.

5
6 (4) Clinical instruction shall require proficient completion of placing, contouring and
7 finishing at least 20 direct restorations in prepared permanent teeth. At least five of
8 each restorative classification of I, II, III and V are required.

9
10 (A) At least 50 percent of the experiences shall be Class II restorations using
11 adhesive-based materials.

12
13 (B) At least 20 percent of the experiences shall be Class V restorations using
14 adhesive-based materials.

15
16 (C) Students who complete the 20 restorations and meet all the instructional
17 requirements of this Section may complete additional Class I, II, III, IV or V
18 restorations as deemed appropriate for program success.

19
20 (n) With respect to polishing and contouring existing amalgam restorations:

21
22 (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and
23 description and goals of amalgam polishing and contouring in children and adults.

24
25 (2) Laboratory instruction shall include typodont experience on polishing and contouring
26 of Class I, II, and V amalgam restorations in three prepared permanent teeth for each
27 classification, and in two deciduous teeth for each classification.

28
29 (3) Simulated clinical instruction shall include experience in the polishing and contouring
30 of Class I, II, and V amalgam restorations in one prepared tooth for each classification.

31
32 (o) With respect to adjusting and cementing permanent indirect restorations:

33
34 (1) Didactic instruction shall contain the following:

35
36 (A) Review of fixed prosthodontics related to classification and materials for
37 permanent indirect restorations, general crown preparation for permanent
38 indirect restorations, and laboratory fabrication of permanent indirect
39 restorations.

40
41 (B) Interocclusal registrations for fixed prosthesis, including principles,
42 techniques, criteria, and evaluation.

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1 (C) Permanent indirect restoration placement, adjustment, and
2 cementation/bonding, including principles, techniques, criteria, and evaluation.

3
4 (2) Laboratory instruction shall include:

5
6 (A) Completion of two interocclusal registrations.

7
8 (B) Fitting, adjustment, and cementation/bonding of permanent indirect
9 restorations on a minimum of two posterior crowns.

10
11 (3) Clinical experience for interocclusal registrations shall be performed on four patients
12 who are concurrently having final impressions recorded for permanent indirect
13 restorations.

14
15 (A) Clinical instruction shall include fitting, adjustment, and
16 cementation/bonding of permanent indirect restorations on at least two teeth.

17
18 (p) Examination. Each student shall pass a written examination that reflects the curriculum
19 content, which may be administered at intervals throughout the course as determined by the
20 course director.

21
22 (q) Notice of Compliance. To maintain approval, programs approved prior to the effective date
23 of these regulations shall submit to the Board a completed "Notice of Compliance with New
24 Requirements for Registered Dental Assistant in Extended Functions ~~Educational Programs~~"
25 (New ~~INSERT DATE 02/2020~~)", hereby incorporated by reference, within 90 days of the
26 effective date of these regulations.

27
28 (r) Facilities and Resources. Facilities shall provide each student with sufficient opportunity,
29 with instructor supervision, to develop minimum competency in all duties that registered
30 dental assistants in extended functions are authorized to perform. The following requirements
31 are in addition to those contained in Cal. Code of Regs., Title 16, Sections 1070 and 1070.1:

32
33 (1) Facilities and operatories shall comply with the requirements of Cal. Code of Regs.,
34 Title 16, Section 1070 (e)(1)(A)(B) and (e)(2). Facilities shall be in compliance with the
35 Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section
36 1005).

37
38 (2) Provision shall be made for reasonable access to current and diverse dental and
39 medical reference texts, current journals, audiovisual materials, and other necessary
40 resources. Library holdings, which may include, in total or in part, access through the
41 Internet, shall include materials relating to all subject areas of the program curriculum.

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1 ~~(s) Certificate of Completion. In addition to the requirements of Cal. Code of Regs., Title 16,~~
2 ~~Section 1070(m), two original copies of a certificate, diploma, or other evidence of completion~~
3 ~~shall be issued to each student within 30 days of successful completion of the program.~~

4
5 ~~(t) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of~~
6 ~~these regulations shall submit to the Board a completed "Notice of Compliance with New~~
7 ~~Requirements for Registered Dental Assistant in Extended Functions Courses" (insert date),~~
8 ~~hereby incorporated by reference, within ninety (90) days of the effective date of these~~
9 ~~regulations.~~

10
11
12 ~~(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs~~
13 ~~shall apply for and receive approval prior to operation. The Board may approve, provisionally~~
14 ~~approve, or deny approval of any such program. The Board may, in lieu of conducting its own~~
15 ~~investigation, accept the findings of any commission or accreditation agency approved by the~~
16 ~~Board and adopt those findings as its own.~~

17
18 ~~(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the~~
19 ~~following criteria shall be met by an RDAEF educational program to secure and maintain~~
20 ~~approval by the Board.~~

21
22 ~~(1) A program applying for approval to teach all of the duties specified in Business and~~
23 ~~Professions Code Section 1753.5 shall comply with all of the requirements of this~~
24 ~~Section.~~

25
26 ~~(2) A program applying for approval to teach RDAEFs licensed on or before January 1,~~
27 ~~2010 the additional duties specified in Business and Professions Code Section 1753.6~~
28 ~~shall comply with all of the requirements of this Section, except as follows:~~

29
30 ~~(A) The program shall be no less than 318 hours, including at least 76 hours of~~
31 ~~didactic instruction, at least 186 hours of laboratory instruction, and at least 56~~
32 ~~hours of clinical instruction.~~

33
34 ~~(B) Students shall not be required to complete instruction related to the~~
35 ~~placement of gingival retraction cord, the taking of final impressions for~~
36 ~~permanent indirect restorations, or the fitting of endodontic master points and~~
37 ~~accessory points.~~

38
39 ~~(c) In order to be admitted to the program, each student shall possess a valid, active, and~~
40 ~~current license as a registered dental assistant issued by the Board and shall submit~~
41 ~~documentary evidence of successful completion of a Board-approved pit and fissure sealant~~
42 ~~course.~~

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1 ~~(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members~~
2 ~~responsible for clinical evaluation shall have completed a course or certification program in~~
3 ~~educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any~~
4 ~~one of the following: a postgraduate degree in education, a Ryan Designated Subjects~~
5 ~~Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential,~~
6 ~~or, a Community College Teaching Credential. Each faculty member employed after January 1,~~
7 ~~2012, shall complete a course or certification program in educational methodology within six~~
8 ~~months of employment. The program director or designated administrator shall be responsible~~
9 ~~to obtain and maintain records of each faculty member showing evidence of having met this~~
10 ~~requirement.~~

11
12 ~~(e) The program shall be of sufficient duration for the student to develop minimum competence~~
13 ~~in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours,~~
14 ~~including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction,~~
15 ~~and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction~~
16 ~~shall be provided under the direct supervision of program staff. Clinical instruction shall be~~
17 ~~provided under the direct supervision of a licensed dentist and may be completed in an~~
18 ~~extramural dental facility as defined in Section 1070.1(c).~~

19
20 ~~(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:~~

21
22 ~~(1) Minimum requirements for equipment and armamentaria:~~

23
24 ~~(A) Laboratory facilities with individual seating stations for each student and~~
25 ~~equipped with air, gas and air, or electric driven rotary instrumentation~~
26 ~~capability. Each station or operator shall allow an articulated typodont to be~~
27 ~~mounted in a simulated head position.~~

28
29 ~~(B) Clinical simulation facilities that provide simulated patient heads mounted in~~
30 ~~appropriate position and accommodating an articulated typodont in an enclosed~~
31 ~~intraoral environment, or mounted on a dental chair in a dental operator.~~
32 ~~Clinical simulation spaces shall be sufficient to permit one simulation space for~~
33 ~~each two students at any one time.~~

34
35 ~~(C) Articulated typodonts of both deciduous and permanent dentitions with~~
36 ~~flexible gingival tissues and with prepared teeth for each procedure to be~~
37 ~~performed in the laboratory and clinical simulation settings. One of each type of~~
38 ~~typodont is required for each student.~~

39
40 ~~(D) A selection of restorative instruments and adjunct materials for all~~
41 ~~procedures that RDAEFs are authorized to perform.~~

42
43 ~~(2) Notwithstanding Section 1070, there shall be at least one operator for every two students~~
44 ~~who are simultaneously engaged in clinical instruction.~~

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1
2 (g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)
3 to (o), inclusive, and the following didactic instruction:

4
5 (1) The following instruction as it relates to each of the procedures that RDAEFs are
6 authorized to perform: restorative and prosthetic treatment review; charting; patient
7 education; legal requirements; indications and contraindications; problem-solving
8 techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection
9 control protocol implementation.

10
11 (2) Dental science, including dental and oral anatomy, histology, oral pathology, normal
12 or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic
13 microbiology relating to infection control, and occlusion. "Occlusion" is the review of
14 articulation of maxillary and mandibular arches in maximum intercuspation.

15
16 (3) Characteristics and manipulation of dental materials related to each procedure.

17
18 (4) Armamentaria for all procedures.

19
20 (5) Principles, techniques, criteria, and evaluation for performing each procedure,
21 including implementation of infection control protocols.

22
23 (6) Tooth isolation and matrix methodology review.

24
25 (h) General laboratory instruction shall include:

26
27 (1) Rubber dam application for tooth isolation in both maxillary and mandibular arches
28 and for deciduous and permanent dentitions. A minimum of four experiences per arch is
29 required, with two anterior and two posterior applications, with one of the applications
30 used for a practical examination.

31
32 (2) Matrix placement for amalgam, and nonmetallic restorative material restorations in
33 both primary and permanent dentitions, with three experiences for each cavity
34 classification and for each material.

35
36 (3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or
37 etchant, with one of the three teeth used for a practical examination.

38
39 (i) With respect to preliminary evaluation of the patient's oral health, including charting of
40 existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft
41 tissue, classifying occlusion, and myofunctional evaluation:

42
43 (1) Didactic instruction shall contain the following:
44

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1 (A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

2
3 (B) Deviations from normal to hard tissue abnormalities to soft tissue
4 abnormalities.

5
6 (C) Overview of classifications of occlusion and myofunction.

7
8 (D) Sequence of oral inspection: armamentaria, general patient assessment,
9 review of medical history form, review of dental history form, oral cavity mouth-
10 mirror inspection, and charting existing conditions.

11
12 (2) Preclinical instruction shall include performing an oral inspection on at least two
13 other students.

14
15 (3) Clinical instruction shall include performing an oral inspection on at least two
16 patients, with one of the two patients used for a clinical examination.

17
18 (j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

19
20 (1) Didactic instruction shall include the following:

21
22 (A) Review of objectives, canal preparation, filling of root canal space, including
23 the role of the RDAEF as
24 preparatory to condensation which is to be performed by the licensed dentist.

25
26 (B) Description and goals of filling technique using lateral condensation
27 techniques.

28
29 (C) Principles and techniques of fitting and cementing master points and
30 accessory points using lateral condensation, including characteristics,
31 manipulation, use of gutta percha and related materials, and criteria for an
32 acceptable master and accessory points technique using lateral condensation.

33
34 (2) Laboratory instruction shall include fitting and cementing master points and
35 accessory points on extracted teeth or simulated teeth with canals in preparation for
36 lateral condensation by the dentist, with a minimum of two experiences each on a
37 posterior and anterior tooth. This instruction shall not include obturator based
38 techniques or other techniques that employ condensation.

39
40 (3) Simulated clinical instruction shall include fitting and cementing master points and
41 accessory points in preparation for condensation by the dentist with extracted or
42 simulated teeth prepared for lateral condensation mounted in simulated patient heads
43 mounted in appropriate position and accommodating and articulated typodont in an
44 enclosed intraoral environment, or mounted on a dental chair in a dental operatory.

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1 ~~This instruction shall not include obturator-based techniques that employ condensation.~~
2 ~~Simulated clinical instruction shall include fitting and cementing master points and~~
3 ~~accessory points for lateral condensation by the dentist in at least four teeth, one of~~
4 ~~which shall be used for a practical exam.~~

5
6 (k) ~~With respect to gingival retraction, general instruction shall include:~~

7
8 ~~(1) Review of characteristics of tissue management as it relates to gingival retraction~~
9 ~~with cord and electrosurgery.~~

10
11 ~~(2) Description and goals of cord retraction.~~

12
13 ~~(3) Principles of cord retraction, including characteristics and manipulation of~~
14 ~~epinephrine, chemical salts classification of cord, characteristics of single versus double~~
15 ~~cord technique, and techniques and criteria for an acceptable cord retraction technique.~~

16
17 (l) ~~With respect to final impressions for permanent indirect and toothborne restorations:~~

18
19 ~~(1) Didactic instruction shall contain the following:~~

20
21 ~~(A) Review of characteristics of impression material and custom.~~

22
23 ~~(B) Description and goals of impression taking for permanent indirect~~
24 ~~restorations and toothborne prosthesis.~~

25
26 ~~(C) Principles, techniques, criteria, and evaluation of impression taking for~~
27 ~~permanent indirect restorations and toothborne prosthesis.~~

28
29 ~~(2) Laboratory instruction shall include the following:~~

30
31 ~~(A) Cord retraction and final impressions for permanent indirect restorations,~~
32 ~~including impression taking of prepared teeth in maxillary and mandibular~~
33 ~~arches, one time per arch with elastomeric impression materials.~~

34
35 ~~(B) Impressions for toothborne removable prostheses, including, at a minimum,~~
36 ~~taking a total of four impressions on maxillary and mandibular arches with~~
37 ~~simulated edentulous sites and rest preparations on at least two supporting~~
38 ~~teeth in each arch.~~

39
40 ~~(3) Clinical instruction shall include taking final impressions on five cord retraction~~
41 ~~patients, with one used for a clinical examination.~~

42
43 (m) ~~With respect to placing, contouring, finishing, and adjusting direct restorations:~~

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1 ~~(1) Didactic instruction shall contain the following:~~

2
3 ~~(A) Review of cavity preparation factors and restorative material.~~

4
5 ~~(B) Review of cavity liner, sedative, and insulating bases.~~

6
7 ~~(C) Characteristics and manipulation of direct filling materials.~~

8
9 ~~(D) Amalgam restoration placement, carving, adjusting and finishing, which~~
10 ~~includes principles, techniques, criteria and evaluation, and description and goals~~
11 ~~of amalgam placement, adjusting and finishing in children and adults.~~

12
13 ~~(E) Glass ionomer restoration placement, carving, adjusting, contouring and~~
14 ~~finishing, which includes, principles, techniques, criteria and evaluation, and~~
15 ~~description and goals of glass ionomer placement and contouring in children and~~
16 ~~adults.~~

17
18 ~~(F) Composite restoration placement, carving, adjusting, contouring and finishing~~
19 ~~in all cavity classifications, which includes, principles, techniques, criteria, and~~
20 ~~evaluation.~~

21
22 ~~(2) Laboratory instruction shall include typodont experience on the following:~~

23
24 ~~(A) Placement of Class I, II, and V amalgam restorations in eight prepared~~
25 ~~permanent teeth for each classification, and in four deciduous teeth for each~~
26 ~~classification.~~

27
28 ~~(B) Placement of Class I, II, III, and V composite resin restorations in eight~~
29 ~~prepared permanent teeth for each classification, and in four deciduous teeth~~
30 ~~for each classification.~~

31
32 ~~(C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared~~
33 ~~permanent teeth for each classification, and in four deciduous teeth for each~~
34 ~~classification.~~

35
36 ~~(3) Simulated clinical instruction shall include experience with typodonts mounted in~~
37 ~~simulated heads on a dental chair or in a simulation laboratory as follows:~~

38
39 ~~(A) Placement of Class I, II, and V amalgam restorations in four prepared~~
40 ~~permanent teeth for each classification, with one of each classification used for a~~
41 ~~clinical examination.~~

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1 ~~(B) Placement of Class I, II, III, and V composite resin restorations in four~~
2 ~~prepared permanent teeth for each classification, with one of each classification~~
3 ~~used for a clinical examination.~~

4
5 ~~(C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared~~
6 ~~permanent teeth for each classification, with one of each classification used for a~~
7 ~~clinical examination.~~

8
9 ~~(4) Clinical instruction shall require proficient completion of placing, contouring and~~
10 ~~finishing at least twenty (20) direct restorations in prepared permanent teeth with the~~
11 ~~following requirements:~~

12
13 ~~(A) At least fifty (50) percent of the experiences shall be Class II restorations~~
14 ~~using esthetic materials.~~

15
16 ~~(B) At least twenty (20) percent of the experiences shall be Class V restorations~~
17 ~~using esthetic materials.~~

18
19 ~~(C) At least ten (10) percent of the experiences shall use amalgam.~~

20
21 ~~(D) Students who complete the 20 restorations and meet all the instructional~~
22 ~~requirements of this Section may complete additional Class I, II, III or V~~
23 ~~restorations as deemed appropriate for program success.~~

24
25 ~~(n) With respect to polishing and contouring existing amalgam restorations:~~

26
27 ~~(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and~~
28 ~~description and goals of amalgam polishing and contouring in children and adults.~~

29
30 ~~(2) Laboratory instruction shall include typodont experience on polishing and contouring~~
31 ~~of Class I, II, and V amalgam restorations in three prepared permanent teeth for each~~
32 ~~classification, and in two deciduous teeth for each classification.~~

33
34 ~~(3) Simulated clinical instruction shall include experience with typodonts mounted in~~
35 ~~simulated heads on a dental chair or in a simulation laboratory in the polishing and~~
36 ~~contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth~~
37 ~~for each classification, with one of each classification used for a clinical examination.~~

38
39 ~~(o) With respect to adjusting and cementing permanent indirect restorations:~~

40
41 ~~(1) Didactic instruction shall contain the following:~~

42
43 ~~(A) Review of fixed prosthodontics related to classification and materials for~~
44 ~~permanent indirect~~

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restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interoclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interoclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

(p) 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.

(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

~~§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.

~~§ 1072. Approval of RDH Educational Programs.~~

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1 ~~(a) It is the intent of this board to approve only those educational programs for dental~~
2 ~~hygienists which continuously maintain a high quality standard of instruction. The requirements~~
3 ~~contained in this article are designed to that end and govern the approval of educational~~
4 ~~programs for dental hygienists. Continuation of approval will be contingent upon compliance~~
5 ~~with these requirements.~~

6
7 ~~(b) An educational program for registered dental hygienists is one which has as its primary~~
8 ~~purpose providing college level programs leading to an associate or higher degree, which is~~
9 ~~either affiliated with or conducted by an approved dental school, or which is accredited to offer~~
10 ~~college level or college parallel programs by the American Dental Association Commission on~~
11 ~~Dental Accreditation or an equivalent body.~~

12
13 ~~(c) A new educational program for registered dental hygienists in California shall apply for~~
14 ~~approval prior to operation. The board may approve, provisionally approve, or deny approval to~~
15 ~~any such program. The board may, in lieu of conducting its own investigation, accept the~~
16 ~~findings of any commission or accreditation agency approved by the board and adopt those~~
17 ~~findings as its own.~~

18
19 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1758,~~
20 ~~Business and Professions Code.~~

21
22 **~~§ 1072.1. Requirements for RDH Educational Programs.~~**

23 ~~An educational program for RDHs shall comply with the requirements set forth below in order~~
24 ~~to secure and maintain approval by the board.~~

25
26 ~~(a) Physical Plant. The physical plant and equipment shall be maintained and replaced in a~~
27 ~~manner designed to provide students with the most modern or educationally optimal~~
28 ~~environment.~~

29
30 ~~(b) Library. The library resources of an educational program for dental hygienists shall be broad~~
31 ~~enough to meet the teaching and research needs of the institution.~~

32
33 ~~(c) Admission.~~

34
35 ~~(1) The minimum basis for admission to an approved educational program for dental~~
36 ~~hygienists shall be the successful completion of an accredited high school course, or the~~
37 ~~recognized equivalent, which will permit entrance to an accredited college of liberal~~
38 ~~arts.~~

39
40 ~~(2) An accredited college of liberal arts shall mean an institution approved by the~~
41 ~~Association of American Universities or by one of the regional accrediting agencies.~~

42
43 ~~(3) The selection of students for admission to a hygiene educational program shall be~~
44 ~~based on estimates of their capacity for success in the study of dental hygiene as~~

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determined by evaluation of all available and significant information including information regarding background, knowledge, aptitude for and interest in the study and practice of dental hygiene, and the range of subject matter and quality of their scholastic record.

~~(d) Instruction.~~

~~(1) Instruction upon all levels in an educational program for dental hygienists shall be conducted upon the premise that dental hygiene education shall meet the test of a true university discipline and shall include lectures, laboratory experiments and exercises and clinical practice under supervision.~~

~~(2) The term "university discipline" shall be interpreted as a level of instruction at least equivalent to that level of instruction represented by college courses in the basic sciences commonly offered in approved dental schools.~~

~~(e) Standards of Proficiency. Each school shall establish and maintain standards of proficiency and accomplishment of a qualitative nature, emphasizing thoroughness of didactic and laboratory requirements and precision in manual skills. Such standards shall be available to each student, and shall be used to ascertain periodic progress or achievement in the curriculum.~~

~~(f) Faculty. An educational program for dental hygienists shall employ an adequate staff of competent full-time faculty members having general education, professional training and teaching experience.~~

~~(g) Curriculum.~~

~~(1) The organization of the curriculum for dental hygienists shall be flexible, creating opportunities for adjustments to and research of, advances in the practice of dentistry and dental hygiene.~~

~~(2) The following factors should be considered in establishing and maintaining a balanced curriculum in the sense that it shall not over-emphasize any level or area of instruction:~~

~~(A) Respective contribution to the practice of dental hygiene;~~

~~(B) Effectiveness of instruction;~~

~~(C) Time necessary for student independent study.~~

~~(3) The general content of the curriculum shall include four subject areas: general studies, biomedical sciences, dental sciences and clinical sciences and practice. It shall~~

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1 also include didactic and laboratory instruction of those registered dental assistant
2 duties specifically delegable by a licensed dentist to a registered dental hygienist. (The
3 following guidelines are not to be interpreted as requiring specific courses in each, but
4 rather as areas of instruction which shall be included in the curriculum.)

5
6 ~~General Subject Matter~~

7 ~~Speech-English-Sociology-Psychology-Biomedical-Sciences~~

8 ~~General and Microscopic Anatomy-Physiology-Microbiology-Pathology-Nutrition~~

9 ~~Pharmacology (Basic sciences necessary as a foundation for the instruction of~~

10 ~~Biomedical Sciences shall be included in, or be a prerequisite to, the curriculum of~~
11 ~~approved RDH programs)-Dental Sciences~~

12 ~~Anesthesia-Dental and Medical Emergencies-Tooth Morphology-Head, Neck and Oral~~

13 ~~Anatomy-Oral Pathology-Oral Embryology and Histology-Dental Materials-Clinical~~
14 ~~Sciences and Practice~~

15 ~~Periodontology-Clinical Dental Hygiene-Legal and Ethical Aspects of Dentistry-Oral~~

16 ~~Health-Education-Community Dental Health~~

17
18 (4) Content of the curriculum for approved dental hygiene educational programs shall
19 specifically include instruction in:

20
21 (A) periodontal soft tissue curettage;

22
23 (B) administration of local anesthetic agents, infiltration and conductive, limited
24 to the oral cavity;

25
26 (C) administration of nitrous oxide and oxygen when used as an analgesic,
27 utilizing fail-safe type machines containing no other general anesthetic agents;
28 provided, however, that a graduate of a nonresident program which meets all
29 the requirements of Sections 1072 and 1072.1 except those contained in Section
30 1072.1(g)(4), shall be deemed to have completed an approved program if such
31 person has successfully completed a board-approved course of instruction in
32 each of the functions described in Section 1072.1(g)(4) which were not taught to
33 clinical proficiency in the nonresident dental hygiene program.

34
35 (h) Length of Program. A dental hygienist educational program shall be two academic years, not
36 less than 1,600 clock hours, and lead to a certificate.

37
38 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
39 1758 and 1759, Business and Professions Code.

40
41
42 **Article 3. Application for Licensure**

43
44 **§ 1076. General Application Requirements.**

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~~(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed by the board and shall be accompanied by the following:~~

~~(1) The fees fixed by the board;~~

~~(2) Two classifiable sets of fingerprints on forms provided by the board;~~

~~(3) Where applicable, a record of any previous dental assisting or hygiene practice and verification of license status in another jurisdiction.~~

~~(a)~~ Completed applications shall be filed with the Board not later than the following number of days prior to the date set for the examination for which application is made;

RDH	-	45 days
RDA	-	60 days
RDAEF and RDHEF	-	45 days

~~An incomplete application shall be deemed deficient and the applicant shall be notified of outstanding application requirements which need to be fulfilled, returned to the applicant together with a statement setting forth the reason for returning the application and indicating the amount of money, if any, which will be refunded. Applications shall be deemed abandoned pursuant to the provisions set forth in Section 1004.~~

An application shall not be deemed incomplete for failure to establish compliance with educational requirements if the application is accompanied by a certification from an approved program, including a letter from the program director, that the applicant is expected to meet all educational requirements established for the license for which application has been made and if the approved program certifies not less than 30 days prior to examination that the applicant has in fact met such educational requirements.

~~The processing times for dental auxiliary licensure are set forth in Section 1069.~~

(c) Permission to take an examination shall be granted to those applicants who have paid the necessary fees and whose credentials have been approved by the executive officer. Nothing contained herein shall be construed to limit the Board's authority to seek from an applicant such other information as may be deemed necessary to evaluate the applicant's qualifications.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1753, ~~1754~~1752.1, ~~1758 and 1759~~, Business and Professions Code; ~~and Section 15376~~, Government Code.

§ 1077. Application for Registered Dental Assistant (RDA) Licensure Applications.

(a) An applicant for licensure as a registered dental assistant shall submit an "Application for Registered Dental Assistant (RDA) Examination and Licensure" RDA-1 (New ~~(INSERT DATE)~~ 02/2020) and one of the following certification forms specifying the applicant's qualification method: (1) "Certification of Board Approved Registered Dental Assisting Program Completion"

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1 RDA-2 (Board Approved Education Only) (New ~~INSERT DATE~~02/2020), (2) "Certification of
2 Work Experience as a Dental Assistant" RDA-3 (Work Experience Only) (New ~~INSERT DATE~~
3 02/2020), or (3) "Certification of Non-Approved Dental Assisting Program Completion" RDA-4
4 (Mixed Education and Work Experience) (New ~~INSERT DATE~~02/2020). These forms are hereby
5 incorporated by reference.

6
7 (1) All applications for registered dental assistant examination and licensure shall be
8 accompanied by the following information:

9
10 (A) The application and examination fees as set by Section 1022;

11
12 (B) Satisfactory evidence that the applicant has met all applicable requirements
13 of Section 1752.1 of the Business and Professions Code;

14
15 (C) Two classifiable sets of fingerprints or a completed Live Scan form to
16 establish the identity of the applicant and to permit the Board to conduct a
17 criminal history record check. The applicant shall pay any costs for furnishing the
18 fingerprints and conducting the criminal history record check;

19
20 (D) Where applicable, a record of any previous dental assisting, orthodontic
21 assisting, dental sedation assisting, dental hygiene, dentistry or any other health
22 care profession practice and certification of license status in each state or
23 jurisdiction in which licensure has been obtained;

24
25 (E) Applicant's name, social security number, federal employer identification
26 number (FEIN), or individual taxpayer identification number (ITIN), mailing
27 address, electronic mail address, and telephone number(s);

28
29 (F) Evidence of having successfully completed Board-approved courses in
30 radiation safety and coronal polishing. One of the following documents is
31 required for each course:

- 32
33 (1) An original or copy of the course certificate issued by a Board
34 approved program or stand-alone course provider; or
35 (2) A letter on program or course letterhead, signed by the program
36 director, certifying completion of the course and the completion date.

37
38 (G) Evidence of having successfully completed the following:

- 39
40 (1) A 2-hour Board-approved course in the Act. One of the following
41 documents is required:

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1 (i) An original or copy of the course certificate issued by a Board-
2 approved provider, dated within the five years immediately
3 preceding the date the application was received by the Board; or

4
5 (ii) A letter on school or program letterhead, signed by the
6 program director, certifying completion of the course and the
7 completion date dated within the five years immediately
8 preceding the date the application was received by the Board.

9
10 (2) An eight-hour Board-approved course in Infection Control. One of the
11 following documents is required:

12
13 (i) An original or copy of the course certificate issued by a Board-
14 approved provider, dated within the five years immediately
15 preceding the date the application was received by the Board; or

16
17 (ii) A letter on school or program letterhead, signed by the
18 program director, certifying completion of the course and the
19 completion date, dated within the five years immediately
20 preceding the date the application was received by the Board.

21
22 (3) A course in basic life support (BLS) offered by an instructor approved
23 by the American Red Cross or the American Heart Association, or any
24 other course approved by the Board as equivalent. The applicant shall
25 submit a copy of the BLS certification card, to include any required
26 signatures. The BLS card shall be valid and current.

27
28 (H) Evidence of successful completion of the RDA General and Law and Ethics
29 Written Examination in the form of an original or copy of the certificate of
30 successful completion issued by the examination provider, dated within the five
31 years immediately preceding the date the application was received by the Board.

32
33 (2) In addition to the requirements set forth in subdivision (a), an application for
34 licensure as a registered dental assistant shall be accompanied by one of the following:

35
36 (a) If qualifying for registered dental assistant licensure by graduation from an
37 educational program in registered dental assisting approved by the Board, the
38 applicant shall provide one of the following:

39
40 (1) An original "Certification of Board Approved Registered Dental
41 Assisting Program Completion" RDA-2 (Board Approved Education Only
42 (New [INSERT DATE]); or

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(2) A copy of the Dental Assisting diploma or certificate issued by an educational program in registered dental assisting approved by the Board; or

(3) A letter on school or program letterhead, signed by the program director, certifying completion of an educational program in registered dental assisting approved by the Board. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(b) If qualifying for registered dental assistant licensure by completion of work experience, the applicant shall provide an original "Certification of Work Experience as a Dental Assistant" RDA-3 (New [INSERT DATE]). The form shall evidence completion of satisfactory work experience of at least 15 months (1,280 hours) as a dental assistant in California or another state or U.S. territory. The form shall be signed/certified by a licensed dentist in California or another state or U.S. territory. The certifying dentist is required to have been licensed at the time certified on the form.

(c) If qualifying for registered dental assistant licensure by graduation from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not approved by the Board and work experience, the applicant shall provide an original "Certification of Non-Approved Dental Assisting Program Completion" and "Certification of Work Experience as a Dental Assistant" RDA-4 (New [INSERT DATE]).

(a) In addition to the requirements set forth in Section 1076, an application for licensure as a registered dental assistant shall be accompanied by the following:

(1) satisfactory evidence that the applicant has been granted a diploma or certificate in dental assisting from an educational program approved by the board; or

(2) satisfactory evidence that the applicant has met the required 18 months satisfactory work experience as a dental assistant. "Satisfactory work experience" means performance of the duties specified in Section 1085(b) and/or (c) in a competent manner, as determined by the dentist employer. An applicant shall obtain work experience verification forms from the board and supply such forms to those persons in whose employ the applicant obtained the required work experience. The completed form shall be returned to the board by such person.

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1 ~~(A) The 18 months of experience, which shall be gained in California while~~
2 ~~employed by a California licensed dentist(s), shall be considered~~
3 ~~qualifying only if the experience was comprised of performing duties~~
4 ~~specified in Section 1085(b) and/or (c) during a majority of the~~
5 ~~experience hours;~~

6
7 ~~(B) The 18 months shall be calculated as follows:~~

8
9 ~~1. experience gained while working 20 or more hours per week~~
10 ~~shall be credited on a weekly basis, with 78 weeks considered~~
11 ~~equivalent to 18 months;~~

12
13 ~~2. experience gained while working less than 20 hours per week~~
14 ~~shall be credited on an hourly basis, with 1,560 hours considered~~
15 ~~equivalent to 18 months.~~

16
17 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
18 ~~1753~~ and ~~1754~~1752.1, Business and Professions Code.

19
20 **§ 1077.1. Application for Registered Dental Assistant in Extended Functions (RDAEF) Licensure**
21 **Applications.**

22 ~~(a) An applicant for licensure as a registered dental assistant in extended functions shall submit~~
23 ~~a **completed** "Application for Registered Dental Assistant in Extended Functions (RDAEF)~~
24 ~~Examination and Licensure" (New ~~INSERT DATE~~02/2020) hereby incorporated by reference.~~

25
26 (1) All applications for registered dental assistant in extended functions examination and
27 licensure shall be accompanied by the following information:

28
29 (A) The application and examination fees as set by Section 1022;

30
31 (B) Satisfactory evidence that the applicant has met all applicable requirements
32 of Section 1753 of the Business and Professions Code;

33
34 (C) Two classifiable sets of fingerprints or a completed Live Scan form to
35 establish the identity of the applicant and to permit the Board to conduct a
36 criminal history record check. The applicant shall pay any costs for furnishing the
37 fingerprints and conducting the criminal history record check;

38
39 (D) Where applicable, a record of any previous dental assisting, orthodontic
40 assisting, dental sedation assisting, dental hygiene, dentistry or any other health
41 care profession practice and certification of license status in each state or
42 jurisdiction in which licensure has been obtained;

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1 (E) Applicant's name, social security number, federal employer identification
2 number (FEIN), or individual taxpayer identification number (ITIN), mailing
3 address, electronic mail address, and telephone number(s);
4

5 (F) Evidence of current licensure as a registered dental assistant or completion of
6 the requirements for licensure as a registered dental assistant.
7

8 (G) Evidence of successful completion of either of the following:
9

10 (1) An extended functions postsecondary, or equivalent thereto, program
11 approved by the Board in all of the procedures specified in Section
12 1753.5; or
13

14 (2) An extended functions postsecondary, or equivalent thereto,
15 program approved by the Board to teach the duties that registered
16 dental assistants in extended functions were allowed to perform
17 pursuant to board regulations prior to January 1, 2010, and a course
18 approved by the board in the procedures specified in paragraphs (1), (2),
19 (5), and (7) to (11), inclusive, of subdivision (b) of Business and
20 Professions Code section 1753.5.
21

22 (i) To demonstrate successful completion of an RDAEF program,
23 applicants shall provide one of the following:
24

25 (1) RDAEF application containing original certification of
26 Board-Approved Registered Dental Assisting in Extended
27 Functions Program Completion, signed by the program
28 director, with the school or program seal affixed; or
29

30 (2) A copy of the diploma or certificate issued by an
31 educational program in RDAEF approved by the Board.
32

33 (3) A letter on school or program letterhead, signed by the
34 program director, certifying completion of an educational
35 program in RDAEF approved by the Board. The letter shall
36 include the student's full name, dates of attendance, and
37 the actual date of graduation.
38

39 (H) Evidence of having successfully completed Board-approved courses in pit and
40 fissure sealants. One of the following documents is required:
41

42 (1) An original or copy of the course certificate issued by a board
43 approved program or course provider; or
44

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(2) A letter on school/program letterhead, signed by the program director, certifying completion of the course and the completion date.

(I) Successful completion of the RDAEF Written Examination.

(J) Successful completion of the RDAEF clinical and practical examination.

~~In addition to the requirements, including the processing times, set forth in Section 1076, an application for licensure as an RDAEF shall be accompanied by satisfactory evidence that the applicant has successfully completed an approved RDAEF program.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and ~~1758~~1753, Business and Professions Code.

§ 1077.2. Application for Orthodontic Assistant (OA) Permit.

(a) An applicant for an orthodontic assistant permit shall submit ~~an~~ a completed "Application for Orthodontic Assistant Examination and Permit" (New ~~INSERT DATE~~02/2020), hereby incorporated by reference.

(1) All applications for the orthodontic permit examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

(B) Satisfactory evidence that the applicant has met all applicable requirements of Section 1750.2 of the Business and Professions Code;

(C) Two classifiable sets of fingerprints or a completed Live Scan form to establish the identity of the applicant and to permit the Board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check;

(D) Where applicable, a record of any previous dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession practice and certification of license status in each state or jurisdiction in which licensure has been obtained;

(E) Applicant's name, social security number, federal employer identification number (FEIN), or individual taxpayer identification number (ITIN), mailing address, electronic mail address, and telephone number(s);

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1 (F) Evidence of having successfully completed a Board-approved orthodontic
2 assistant course, which can commence after the completion of six months of
3 work experience. One of the following shall be provided:

4
5 (1) OA application containing original certificate of completion of a
6 board-approved orthodontic assistant permit course, signed by the
7 program director, with the school or program seal affixed; or

8
9 (2) A copy of a diploma or certificate of completion issued by a Board-
10 approved orthodontic assistant permit course; or

11
12 (3) A letter on school or program letterhead, signed by the program
13 director, certifying completion of a board-approved orthodontic assistant
14 permit course. The letter shall include the student's full name, dates of
15 attendance, and the actual date of graduation.

16
17 (G) Evidence of either:

18
19 (1) Current, active, and valid licensure as a registered dental assistant; or

20
21 (2) At least 12 months of verifiable work experience as a dental assistant.
22 The "Declaration of Certifying Dentist" section of the application shall be
23 completed and signed by a licensed dentist in California or another state
24 or U.S. territory. The certifying dentist is required to have been licensed
25 at the time certified on the form.

26
27 (I) Evidence of having successfully completed Board-approved course in
28 ultrasonic scaling. One of the following documents is required for each course:

29
30 (1) An original or copy of the course certificate issued by a Board-
31 approved program or stand-alone course provider; or

32
33 (2) A letter on program or course letterhead, signed by the program
34 director, certifying completion of the course and the completion date.

35
36 (J) Evidence of having successfully completed the following:

37
38 (1) A two-hour Board-approved course in the Act. One of the following
39 documents is required:

40
41 (i) An original or copy of the course certificate issued by a Board-
42 approved provider, dated within the five years immediately
43 preceding the date the application was received by the Board; or
44

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(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date dated within the five years immediately preceding the date the application was received by the Board.

(2) An eight-hour Board-approved course in Infection Control. One of the following documents is required:

(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date, dated within the five years immediately preceding the date the application was received by the Board.

(3) A course in basic life support (BLS) for healthcare professionals to include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification intervals may not exceed two (2) years. A copy of the BLS certification card, to include any required signatures, is required. The BLS card shall be valid and current.

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(K) Successful completion of the OA Written Examination.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1750.2, Business and Professions Code.

§ 1077.3. Application for Dental Sedation Assistant (DSA) Permit.

a) An applicant for a dental sedation assistant permit shall submit ~~an~~ a completed "Application for Dental Sedation Assistant Examination and Permit" (New ~~INSERT DATE~~ 02/2020), hereby incorporated by reference.

(1) All applications for the dental sedation permit examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

(B) Satisfactory evidence that the applicant has met all applicable requirements of Section 1750.4 of the Business and Professions Code;

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1 (C) Two classifiable sets of fingerprints or a completed Live Scan form to
2 establish the identity of the applicant and to permit the Board to conduct a
3 criminal history record check. The applicant shall pay any costs for furnishing the
4 fingerprints and conducting the criminal history record check;

5
6 (D) Where applicable, a record of any previous dental assisting, orthodontic
7 assisting, dental sedation assisting, dental hygiene, dentistry or any other health
8 care profession practice and certification of license status in each state or
9 jurisdiction in which licensure has been obtained;

10
11 (E) Applicant's name, social security number, federal employer identification
12 number (FEIN), or individual taxpayer identification number (ITIN), mailing
13 address, electronic mail address, and telephone number(s);

14
15 (F) Evidence of having successfully completed a board-approved dental sedation
16 assistant permit course, which can commence after the completion of six
17 months of work experience. One of the following shall be provided:

18
19 (1) DSA application containing original certification of Board-approved
20 dental sedation assistant permit course, signed by the program director,
21 with the school or program seal affixed; or

22
23 (2) A copy of the diploma or certificate of completion issued by the
24 Board-approved dental sedation assistant permit course; or

25
26 (3) A letter on school or program letterhead, signed by the program
27 director, certifying completion of the Board-approved dental sedation
28 assistant permit course. The letter shall include the student's full name,
29 dates of attendance, and the actual date of graduation.

30
31 (G) Evidence of

32
33 (1) Current, active, and valid licensure as a registered dental assistant; or

34
35 (2) At least 12 months of verifiable work experience as a dental assistant.
36 The "Declaration of Certifying Dentist" section of the application shall be
37 completed and signed by a licensed dentist in California or another state
38 or U.S. territory. The certifying dentist is required to have been licensed
39 at the time certified on the form.

40
41 (I) Evidence of having successfully completed the following:

42
43 (1) A two-hour board approved course in the Act. One of the following
44 documents is required:

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(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date dated within the five years immediately preceding the date the application was received by the Board.

(2) An eight-hour board approved course in Infection Control. One of the following documents is required:

(i) An original or copy of the course certificate issued by a Board-approved provider, dated within the five years immediately preceding the date the application was received by the Board; or

(ii) A letter on school or program letterhead, signed by the program director, certifying completion of the course and the completion date, dated within the five years immediately preceding the date the application was received by the Board.

(3) A course in basic life support (BLS) for healthcare professionals to include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification intervals may not exceed two (2) years. A copy of the BLS certification card, to include any required signatures, is required. The BLS card shall be valid and current.

(K) Successful completion of the DSA Written Examination.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1750.4, Business and Professions Code.

Article 4. Examinations

§ 1080. General Procedures for Dental Auxiliary Written, Clinical, and Practical Examinations.

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary written and practical examinations.

(a) The ability of an examinee to read and interpret instructions and examination material in the English language is a part of the examination.

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1 (b) No person shall be admitted to an examination room, clinic, or laboratory unless he or she is
2 wearing the appropriate badge and is directly connected with the examination or its
3 administration.

4
5 (c) Each examinee shall furnish patients, instruments, supplies, engines and materials necessary
6 to carry the procedures to completion. The board will provide chairs.

7
8 (d) A patient provided by an examinee shall be at least 18 years of age and shall be in a health
9 condition acceptable for dental treatment. If conditions indicate a need to consult the patient's
10 physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur,
11 rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written
12 medical clearance and/or evidence of premedication before the patient will be accepted. Pre-
13 medication shall be confirmed by presenting the prescription container.

14
15 (1) A prosthetic joint replacement requires either a physician's written clearance or
16 premedication.

17
18
19 (2) Pre-medication is required for the following high-risk conditions to prevent
20 endocarditis:

21
22 (A) Prosthetic cardiac valve

23
24 (B) Previous Infective Endocarditis

25
26 (C) Congenital heart disease (CHD)*

27
28 (D) Unrepaired cyanotic CHD, including palliative shunts and conducts

29
30 (E) Completely repaired congenital heart defect with prosthetic material or
31 device, whether placed by surgery or catheter intervention, during the first six
32 (6) months after the procedure

33
34 (F) Repaired CHD with residual defects at the site or adjacent to the site of a
35 prosthetic patch or prosthetic device (which inhibit endothelialization)

36
37 (G) Cardiac transplantation recipients who develop cardiac valvulopathy

38
39 (3) The following conditions require physician clearance for dental treatment:

40
41 (A) Tuberculosis. Patient shall have been on antibiotics for a minimum of four (4)
42 weeks.

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1 (B) Abnormal patient Blood Pressure. An employer or dentist must certify that
2 the patient's blood pressure is taken prior to the request for initial acceptance of
3 the patient and recorded on the medical history form. Candidates are required
4 to provide their own blood pressure kits. Patients with a blood pressure reading:

5
6 (1) Of 159/94 or below may proceed with the administration of
7 anesthesia and request for approval for the cord retraction portion of the
8 examination.

9
10 (2) Between 160/95 and 179/109 shall present a physician's clearance
11 that includes a statement of the highest blood pressure acceptable for
12 dental treatment.

13
14 (3) Equal to or greater than 180/110 will not be accepted for this
15 examination, even if a physician authorizes treatment.

16
17 (C) AIDS or HIV. Clearance shall state that dental treatment is not
18 contraindicated.

19
20 (D) Patients who are currently receiving radiation treatment or chemotherapy.

21
22 (E) Sickle Cell Anemia.

23
24 (F) Organ transplant.

25
26 (G) Steroid use for more than two (2) weeks.

27
28 (H) Pregnancy. Clearance shall include approved use of topical anesthetic, local
29 anesthesia treatment and radiographic procedures.

30
31 (4) Hazardous/Unsuitable Conditions: A patient with a condition hazardous to anyone
32 directly connected with the examination, who is deemed unsuitable to sit, or has a
33 condition that interferes with evaluation for the examination may be rejected at the
34 discretion of at least two examiners. Whenever a patient is rejected, the reason for such
35 rejection shall be noted on the examination record and shall be signed by both rejecting
36 examiners.

37
38 (A) Patients who have the following health conditions may not be patients during
39 an examination:

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1
2 (1) Patients with a history of Hepatitis B, C or D, unless non-carrier
3 medical clearance is provided.

4
5 (2) Patients who have had a heart attack, stroke or cardiac surgery within
6 the past six (6) months.

7
8 (3) High blood pressure equal to or greater than 180/110 (see patient
9 blood pressure guidelines previously stated).

10
11 (4) Herpetic lesions in any visible stage or other transmissible disease.

12
13 (5) Acute abscesses, necrotizing ulcerative gingivitis (NUG), severely
14 inflamed gingivae (purulent, hemorrhagic, retractable) in the area to be
15 treated.

16
17 (6) Necrotizing ulcerative gingivitis (NUG/ANUG) anywhere in the mouth.

18
19 (7) Conditions requiring special patient management without appropriate
20 physician approval may be deemed inappropriate by the Board Examiner.

21
22 (e) An examinee may be dismissed from the entire examination, and a statement of issues may
23 be filed against the examinee, for acts which interfere with the Board's objective of evaluating
24 professional competence. Such acts include, but are not limited to the following:

25
26 (1) Allowing another person to take the examination in the place of, and under the
27 identity of, the examinee.

28
29 (2) Copying or otherwise obtaining examination answers from other persons during the
30 course of an examination.

31
32 (3) Bringing any notes, books, pictures, tape recorders, electronic devices, any
33 informative materials, or other unauthorized materials into the examination area.

34
35 (4) Assisting another examinee during the examination process.

36
37 (5) Using the equipment, instruments, or materials belonging to another examinee.

38
39 (6) Copying, photographing or in any way reproducing or recording examination
40 questions or answers.

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1 ~~(7) Bringing a previously prepared procedure or any portion thereof into a laboratory~~
2 ~~examination~~

3
4 (7) Presenting radiographs which have been altered or contrived to represent other
5 than the patient's true condition, whether or not the misleading radiograph was created
6 by the examinee.

7
8 (8) Failing to comply with the Board's infection control regulations.

9
10 (9) Failing to use an aspirating syringe for administering local anesthesia.

11
12 (10) Premedicating a patient for purposes of sedation.

13
14 (11) Dismissing a patient without the approval and signature of an examiner.

15
16 ~~(12)~~ Leaving the assigned examination area without the permission of an exam
17 administrator.

18
19 (13) Bringing a previously prepared procedure or any portion thereof into an
20 examination.

21
22 ~~(14)~~ Failing to follow directions relative to the conduct of the examination, including
23 termination of the examination at the scheduled or announced time.

24
25 (f) An examinee may be declared by the Board to have failed the entire examination for
26 demonstration of gross incompetence in treating a patient.

27
28 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,
29 1756, 1758 and 1761, Business and Professions Code.

30
31 **§ 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.**

32 The following rules, which are in addition to any other examination rules set forth elsewhere in
33 this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations.

34
35 ~~(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry~~
36 ~~the procedures to completion. The board will provide chairs.~~

37
38 ~~(b) A patient provided by an examinee shall be at least 18 years of age and shall be in a health~~
39 ~~condition acceptable for dental treatment. If conditions indicate a need to consult the patient's~~
40 ~~physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur,~~
41 ~~rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written~~
42 ~~medical clearance and/or evidence of premedication before the patient will be accepted. The~~
43 ~~examiners may, in their discretion, reject a patient who in the opinion of at least two examiners~~
44 ~~has a condition which interferes with evaluation or which may be hazardous to the patient,~~

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1 ~~other patients, examinees or examiners. A hazardous condition includes, but is not limited to,~~
2 ~~acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses,~~
3 ~~or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection~~
4 ~~shall be noted on the examination record and shall be signed by both rejecting examiners.~~

5
6 ~~(c) No person shall be admitted to an examination clinic unless he or she is wearing the~~
7 ~~appropriate identification badge.~~

8
9 ~~(d) An examinee may be dismissed from the entire examination, and a statement of issues may~~
10 ~~be filed against the examinee, for acts which interfere with the Board's objective of evaluating~~
11 ~~professional competence. Such acts include, but are not limited to the following:~~

12
13 ~~(1) Allowing another person to take the examination in the place of, and under the~~
14 ~~identity of, the examinee.~~

15
16 ~~(2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials~~
17 ~~into the examination area.~~

18
19 ~~(3) Assisting another examinee during the examination process.~~

20
21 ~~(4) Using the equipment, instruments, or materials belonging to another examinee.~~

22
23 ~~(5) Presenting radiographs which have been altered, or contrived to represent other~~
24 ~~than the patient's true condition, whether or not the misleading radiograph was created~~
25 ~~by the examinee.~~

26
27 ~~(6) Failing to comply with the board's infection control regulations.~~

28
29 ~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~

30
31 ~~(8) Premedicating a patient for purposes of sedation.~~

32
33 ~~(9) Dismissing a patient without the approval and signature of an examiner.~~

34
35 ~~(10) Leaving the assigned examination area without the permission of an exam~~
36 ~~administrator.~~

37
38 ~~(11) Failing to follow directions relative to the conduct of the examination, including~~
39 ~~termination of the examination at the scheduled or announced time.~~

40
41 ~~(e) An examinee may be declared by the board to have failed the entire examination for~~
42 ~~demonstration of gross incompetence in treating a patient.~~

**WORKING DOCUMENT:
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1 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,~~
2 ~~1756, 1758 and 1761, Business and Professions Code.~~

3
4 **§ ~~1080.2~~ 1080.1. Conduct of Dental Auxiliary Examinations.**

5
6 Examinations shall be anonymous. An anonymous examination is one conducted in accordance
7 with procedures, including but not limited to those set forth below, which ensure and preserve
8 anonymity of applicants.

9
10 (a) The board shall randomly assign each applicant a number and said applicant shall be known
11 by that number throughout the entire examination.

12
13 (b) Grading examiners shall not view examinees during the performance of the examination
14 assignments.

15
16 (c) There shall be no communications between grading examiners and floor examiners except
17 for oral communications conducted in the presence of board staff. There shall be no
18 communication between grading examiners and examinees except written communications on
19 board approved forms.

20
21 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,~~
22 ~~1756, 1758 and 1761, Business and Professions Code.~~

23
24 **§ ~~1080.3~~ 1080.2. Dental Auxiliary Licensure Examination Review Procedures; Appeals.**

25 (a) An examinee who has failed an examination shall be provided with notice, upon written
26 request, of those areas in which he/she is deficient in the practical or clinical phases of such
27 examination.

28
29 (b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her
30 performance on the practical or clinical phases of the examination and who has determined
31 that one or more of the following errors was made during the course of his/her examination
32 and grading may appeal to the board within sixty (60) days following receipt of his/her
33 examination results:

34
35 (1) Significant procedural error in the examination process;

36
37 (2) Evidence of adverse discrimination;

38
39 (3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by
40 means of a written letter specifying the grounds upon which the appeal is based. The
41 Board shall respond to the appeal in writing and may request a personal appearance by
42 the examinee. The Board shall thereafter take such action as it deems appropriate.

**WORKING DOCUMENT:
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1 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1611,
2 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4 ~~1756, 1758 and 1761~~, Business and
3 Professions Code.

4
5 **§ 1081. RDA Examination.**

6 An applicant for licensure as an RDA shall complete a written, task-oriented examination
7 encompassing all duties assignable to RDAs and the settings in which they may be performed.
8 Such examination may also include any or all of the following subjects:

9
10 Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology;
11 pharmacology; morphology; microbiology; dental assisting procedures in general and special
12 dentistry; principles of business and practice management; legal/ethical aspects of dentistry;
13 patient-dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization;
14 laboratory and office emergency procedures.

15
16 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
17 and ~~1753~~ 1752.1, Business and Professions Code.

18
19 **~~§ 1081.1. RDA Practical Examination Requirements.~~**

20 ~~(a) In addition to the written examination, each applicant for licensure as an RDA shall also take~~
21 ~~a practical examination consisting of any or all of the procedures listed below. The specific~~
22 ~~procedures will be assigned by an RDA examination committee appointed by the board. The~~
23 ~~procedures shall be performed on a full articulated maxillary and mandibular typodont secured~~
24 ~~with a bench clamp and shall be graded by examiners appointed by the board for that purpose.~~
25 ~~Each applicant shall furnish the required materials necessary to complete all of the following~~
26 ~~procedures.~~

27
28 ~~(1) Placement of a rubber dam;~~

29
30 ~~(2) Placement of a matrix band for amalgam preparation;~~

31
32 ~~(3) Placement of a base into a prepared tooth (For purposes of the examination,~~
33 ~~“prepared tooth” means a tooth from which material has been removed so as to~~
34 ~~simulate the surgical excision of dental caries);~~

35
36 ~~(4) Placement of a liner into a prepared tooth;~~

37
38 ~~(5) Placement of orthodontic separators;~~

39
40 ~~(6) Placement of a periodontal dressing;~~

41
42 ~~(7) Placement of a temporary sedative dressing into a prepared tooth.~~

43
44 ~~(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.~~

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1
2 ~~(9) Temporary cementation of a temporary crown.~~

3
4 ~~(10) Removal of excess cement from supragingival surfaces with a hand instrument or~~
5 ~~floss.~~

6
7 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614~~
8 ~~and 1753, Business and Professions Code.~~

9
10 **§ 1081.2. RDAEF Clinical Examination Requirements.**

11 (a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a
12 patient consisting of the procedures set forth below.

13 (1) Cord retraction of gingivae for impression procedures;

14 (2) Taking impressions for cast restorations.

15 The total examination period shall not exceed two and one-half hours after the first request for
16 approval to begin the cord retraction procedure.

17
18 (b) Each applicant shall provide one patient upon whom the retraction and impression
19 procedures shall be performed. If a patient is deemed unacceptable by the examiners, it is the
20 applicant's responsibility to provide another patient who is acceptable. Time spent to secure an
21 acceptable replacement patient shall count as part of the two and one-half (2 1/2) hour
22 maximum testing period. The applicant's ability to select an appropriate patient is considered
23 part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080
24 and the following additional criteria:

25 (1) ~~Must~~ Shall have a minimum of ten teeth per arch.

26
27 ~~(2) Must have a prepared tooth, which is a bicuspid or molar and which, prior to~~
28 ~~preparation, had mesial and distal contact. The preparation performed shall have~~
29 ~~margins at or below the free gingival crest and shall be one of the following: 7/8 crown,~~
30 ~~3/4 crown, or full crown, including porcelain fused to metal. Alginate impression~~
31 ~~materials alone are not acceptable.~~

32
33 (2) Tooth preparation shall be on a bicuspid or molar and shall have mesial and distal
34 teeth present next to the prepared tooth which would normally be in contact with the
35 completed crown.

36
37 (3) The prepared tooth shall have margins at or below the free gingival crest.

38
39 (4) The tooth shall be prepared using one of the following preps: 7/8 crown, 3/4 crown
40 or full crown, including porcelain fused to metal. Alginate impression materials alone
41 are not acceptable. Tooth shall have been prepared and temporized prior to the arrival
42 at the examination site.
43

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1 (5) The prepared tooth shall be free from clinical or radiographic pathology, including
2 the presence of decay, or pulpal exposures.
3

4 (c) These procedures shall be graded by examiners appointed by the Board. These procedures
5 may be tested, at the Board's discretion, in a Board-approved dental office or other facilities, by
6 examiners appointed by the Board.
7

8 Note: Authority cited: Section 1614, Business and Professions Code. ~~Reference: Section 1756,~~
9 ~~Business and Professions Code.~~

10
11 **§ 1081.3. RDAEF Practical Examination Requirements.**

12 (a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a
13 simulated patient head mounted in an appropriate position and accommodating an articulated
14 adult or pediatric typodont in an enclosed environment or mounted on a dental chair in a
15 dental operatory consisting of the procedures set forth below.
16

17 (1) Place, condense and finish a composite restoration

18
19 (2) Place, condense and carve an amalgam restoration
20

21 The total examination period shall not exceed ninety (90) minutes after receiving approval to
22 begin.
23

24 (b) Each applicant shall provide an articulated typodont which has 32 synthetic teeth and soft
25 rubber gingivae. The typodont shall be articulated. Each applicant shall arrive to the
26 examination with the typodont stabilized and balanced in occlusion, with enclosed cheeks and
27 able to mount within the simulator or chair mounted manikin used at the test facility. The
28 midline of the typodont shall remain lined up with the midline of the manikin during the
29 examination. The manikin shall be mounted in a simulated patient head, in correct position,
30 and kept in a correct operating position while the examination procedures are performed.
31

32 (c) All typodonts shall be stabilized and balanced in occlusion and mounted in the manikin prior
33 to starting the assigned preparations. The floor examiner shall approve the typodont and the
34 mounted position before starting the assigned preparations.
35

36 (d) The possession of extra typodonts, extra loose teeth or templates of preparations in the
37 examination area is not permitted and is cause for dismissal.
38

39 At no time during the examination may the head and the cheeks be separated. This is cause for
40 dismissal.
41

42 (e) The candidate is required to furnish their own specified typodont, mounting equipment,
43 instruments, including hand pieces, amalgamators, and supplies necessary to complete the
44 assignments in the examination.

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§ 1083. Passing Grades.

~~(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist who attains a grade of 75% in the practical examination designated by the Board shall be considered as having passed the examination.~~

~~(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall be deemed to have passed the required examination only if the applicant has obtained a score of at least 75 on the written examination and at least 75% on the practical examination; provided, however, that an applicant who attains a grade of less than 75% in any single procedure shall be considered to have failed the entire practical examination.~~

(a) Registered Dental Assistant (RDA). Prior to issuance of a RDA license, an applicant shall successfully achieve a passing score on the RDA General and Law and Ethics written examination.

~~(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination.~~

(b) Registered Dental Assistant in Extended Functions (RDAEF). Prior to issuance of a RDAEF license, an applicant shall successfully achieve a passing score on the RDAEF written examination, achieve a passing score on both procedures of the clinical examination as outlined in Section 1081.2, and achieve a passing score on both procedures of the practical examination as outlined in Section 1081.3.

~~(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF who attains a grade of at least 75% on each procedure in the examination shall be deemed to have passed the required examination. A registered dental hygienist who has passed the RDAEF examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without further examination.~~

(c) Orthodontic Assistant (OA). Prior to issuance of an OA license, an applicant shall successfully achieve a passing score on the OA written examination.

(d) Dental Sedation Assistant (DSA). Prior to issuance of an DSA license, an applicant shall successfully achieve a passing score on the DSA written examination.

~~Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1753, 1758 and 1759, Business and Professions Code.~~

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Note: Authority cited: Sections 1614 Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4, Business and Professions Code.

§ 1085. Dental Assistant Duties and Settings.

(a) Unless specifically so provided by regulation, a dental assistant may not perform the following functions or any other activity which represents the practice of dentistry or requires the knowledge, skill and training of a licensed dentist:

- (1) Diagnosis and treatment planning;
- (2) Surgical or cutting procedures on hard or soft tissue;
- (3) Fitting and adjusting of correctional and prosthodontic appliances;
- (4) Prescription of medicines;
- (5) Placement, condensation, carving or removal of permanent restorations, including final cementation procedures;
- (6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root canals;
- (7) Taking of impressions for prosthodontic appliances, bridges or any other structures which may be worn in the mouth;
- (8) Administration of injectable and/or general anesthesia;
- (9) Oral prophylaxis procedures.

~~(b) A dental assistant may perform such basic supportive dental procedures as the following under the general supervision of a licensed dentist:~~

- ~~(1) Extra-oral duties or functions specified by the supervising dentist;~~
- ~~(2) Operation of dental radiographic equipment for the purpose of oral radiography if the dental assistant has complied with the requirements of section 1656 of the Code.~~
- ~~(3) Examine orthodontic appliances.~~

~~(c) A dental assistant may perform such basic supportive dental procedures as the following under the direct supervision of a licensed dentist when done so pursuant to the order, control and full professional responsibility of the supervising dentist. Such procedures shall be checked~~

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1 and approved by the supervising dentist prior to dismissal of the patient from the office of said
2 dentist.

3
4 ~~(1) Take impressions for diagnostic and opposing models, bleaching trays, temporary~~
5 ~~crowns and bridges, and sports guards;~~

6
7 ~~(2) Apply non-aerosol and non-caustic topical agents;~~

8
9 ~~(3) Remove post-extraction and periodontal dressings;~~

10
11 ~~(4) Placement of elastic orthodontic separators;~~

12
13 ~~(5) Remove orthodontic separators;~~

14
15 ~~(6) Assist in the administration of nitrous oxide analgesia or sedation; however, a dental~~
16 ~~assistant shall not start the administration of the gases and shall not adjust the flow of~~
17 ~~the gases unless instructed to do so by the dentist who shall be present at the patient's~~
18 ~~chairside at the implementation of these instructions. This regulation shall not be~~
19 ~~construed to prevent any person from taking appropriate action in the event of a~~
20 ~~medical emergency.~~

21
22 ~~(7) Hold anterior matrices;~~

23
24 ~~(8) Remove sutures;~~

25
26 ~~(9) Take intra-oral measurements for orthodontic procedures;~~

27
28 ~~(10) Seat adjusted retainers or headgears, including appropriate instructions;~~

29
30 ~~(11) Check for loose bands;~~

31
32 ~~(12) Remove arch wires;~~

33
34 ~~(13) Remove ligature ties;~~

35
36 ~~(14) Apply topical fluoride, after scaling and polishing by the supervising dentist or a~~
37 ~~registered dental hygienist;~~

38
39 ~~(15) Place and remove rubber dams;~~

40
41 ~~(16) Place, wedge and remove matrices.~~

42
43 ~~(17) Cure restorative or orthodontic materials in operative site with light-curing device.~~
44

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1 ~~For the purpose of this section a supervising licensed dentist is defined as a dentist whose~~
2 ~~patient is receiving the services of a dental assistant in the treatment facility and is under the~~
3 ~~direct control of said licensed dentist.~~

5 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1751,
6 Business and Professions Code.

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8 ~~**§ 1086. RDA Duties and Settings.**~~

9 ~~(a) Unless specifically so provided by regulation, the prohibitions contained in section 1085 of~~
10 ~~these regulations apply to registered dental assistants.~~

12 ~~(b) A registered dental assistant may perform all functions which may be performed by a dental~~
13 ~~assistant.~~

15 ~~(c) Under general supervision, a registered dental assistant may perform the following duties:~~

16 ~~(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions,~~
17 ~~existing restorations and missing teeth;~~

20 ~~(2) Placement and removal of temporary sedative dressings.~~

22 ~~(d) A registered dental assistant may perform the following procedures under the direct~~
23 ~~supervision of a licensed dentist when done so pursuant to the order, control and full~~
24 ~~professional responsibility of the supervising dentist. Such procedures shall be checked and~~
25 ~~approved by the supervising dentist prior to dismissal of the patient from the office of said~~
26 ~~dentist.~~

28 ~~(1) Obtain endodontic cultures;~~

30 ~~(2) Dry canals, previously opened by the supervising dentist, with absorbent points;~~

32 ~~(3) Test pulp vitality;~~

34 ~~(4) Place bases and liners on sound dentin;~~

36 ~~(5) Remove excess cement from supragingival surfaces of teeth with a hand instrument~~
37 ~~or floss;~~

39 ~~(6) Size stainless steel crowns, temporary crowns and bands;~~

41 ~~(7) Fabrication of temporary crowns intra-orally;~~

43 ~~(8) Temporary cementation and removal of temporary crowns and removal of~~
44 ~~orthodontic bands;~~

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1
2 ~~(9) Placement of orthodontic separators;~~

3
4 ~~(10) Placement and ligation of arch wires;~~

5
6 ~~(11) Placement of post-extraction and periodontal dressings;~~

7
8 ~~(12) Apply bleaching agents;~~

9
10 ~~(13) Activate bleaching agents with non-laser light-curing device;~~

11
12 ~~(14) Take bite registrations for diagnostic models for case study only;~~

13
14 ~~(15) Coronal polishing (Evidence of satisfactory completion of a board-approved course
15 of instruction in this function shall be submitted to the board prior to any performance
16 thereof). The processing times for coronal polishing course approval are set forth in
17 section 1069.~~

18
19 ~~This procedure shall not be intended or interpreted as a complete oral prophylaxis (a
20 procedure which can be performed only by a licensed dentist or registered dental
21 hygienist). A licensed dentist or registered dental hygienist shall determine that the
22 teeth to be polished are free of calculus or other extraneous material prior to coronal
23 polishing.~~

24
25 ~~(16) Removal of excess cement from coronal surfaces of teeth under orthodontic
26 treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a
27 board-approved course of instruction or equivalent instruction in an approved RDA
28 program in this function shall be submitted to the board prior to any performance
29 thereof.) The processing times for ultrasonic scaler course approval are set forth in
30 section 1069.~~

31
32 ~~(e) Settings. Registered dental assistants may undertake the duties authorized by this section in
33 a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in
34 an equivalent facility approved by the board.~~

35
36 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
37 and 1754, Business and Professions Code; and Section 15376, Government Code.~~

38
39 **§ 1087. RDAEF Duties and Settings.**

40 ~~(a) Unless specifically so provided by regulation, the prohibitions contained in Section 1085
41 apply to RDAEFs.~~

42
43 ~~(b) An RDAEF may perform all duties assigned to dental assistants and registered dental
44 assistants.~~

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1
2 ~~(c) An RDAEF may perform the procedures set forth below under the direct supervision of a~~
3 ~~licensed dentist when done so pursuant to the order, control and full professional responsibility~~
4 ~~of the supervising dentist. Such procedures shall be checked and approved by the supervising~~
5 ~~dentist prior to dismissal of the patient from the office of said dentist.~~

6
7 ~~(1) Cord retraction of gingivae for impression procedures;~~

8
9 ~~(2) Take impressions for cast restorations;~~

10
11 ~~(3) Take impressions for space maintainers, orthodontic appliances and occlusal guards.~~

12
13 ~~(4) Prepare enamel by etching for bonding;~~

14
15 ~~(5) Formulate indirect patterns for endodontic post and core castings;~~

16
17 ~~(6) Fit trial endodontic filling points;~~

18
19 ~~(7) Apply pit and fissure sealants;~~

20
21 ~~(8) Remove excess cement from subgingival tooth surfaces with a hand instrument;~~

22
23 ~~(9) Apply etchant for bonding restorative materials.~~

24
25 ~~(d) Settings. Registered dental assistants in extended functions may undertake the duties~~
26 ~~authorized by this section in a treatment facility under the jurisdiction and control of the~~
27 ~~supervising licensed dentist, or in an equivalent facility approved by the board.~~

28
29 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
30 ~~1756 and 1757~~, Business and Professions Code.



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Assisting Council Dental Board of California
FROM	Tina Vallery, Dental Assisting Program Manager Dental Board of California
SUBJECT	DAC Agenda Item 3: Update on New Dental Assisting Program and Course Applications

Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2019. Table 2 lists the number of RDA and RDAEF Program site visits conducted in 2019. Table 3 lists the DA Program and Course application status in 2019. Table 4 provides the total number of approved DA programs and courses. Table 5 identifies approved DA program or course providers by name and type of program.

**Table 1
Total DA Program and Course Applications Approved in 2019**

	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	Grand Total
Course Totals	2	0	0	7	2	2	0	7	2	4	26

**Table 2
Total RDA and RDAEF Program Site Visits in 2019**

	RDA Programs		RDAEF Programs		Grand Total
	Provisional	Full	Provisional	Full	
Totals	1	3	0	1	5

**Table 3
DA Program & Course Application Status 2019**

Program or Course	Approved	Denied	Curriculum Approved-Pending Site Visit	In the Review Process	Deficient
RDA Program/Curriculum	2	0	0	2	0
RDAEF Program/Curriculum	0	0	0	0	0
RDAEF-ITR	0	0	N/A	0	0
Radiation Safety	7	0	N/A	4	4
Coronal Polish	2	0	N/A	2	1
Pit & Fissure Sealant	2	0	N/A	0	0
Ultrasonic Scaler	0	0	N/A	0	0
Infection Control	7	0	N/A	2	2
OA Permit	2	0	N/A	3	0
DSA Permit	4	0	N/A	1	1
Total Applications	26	0	0	14	8

**Table 4
Total Approved DA Programs and Courses**

RDA Programs	RDAEF Programs	RDAEF-ITR Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Course	Dental Sedation Assistant Course
90	11	4	147	93	126	31	123	155	33

**Table 5
Approved DA Program & Course by Name**

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Eggleston Dental Institute	1/7/19				X						
National Career College	1/7/19								X		
ABC Adult School	2/14/19								X		
L. Stephen Vaughan, DDS, MD	2/21/19									X	
Allan Hancock College	2/28/19					X					
ABC Adult School	3/1/19					X					
David Allen Pulsipher, DDS, MD, FACS	3/28/19									X	
Smile Power Orthodontics	3/28/19										X
Allan Hancock College	3/28/19				X						
The OP Dental Learning Community	4/26/19				X						
The OP Dental Learning Community	5/14/19								X		
Western Dental Services	6/25/19										X
Eden Area ROP	6/26/19				X						
Palisades Surgical Arts	8/5/19									X	
High Desert Medical College- Bakersfield	8/5/19								X		
Indigo Career College	9/12/19				X						
Follmar Oral and Maxillofacial Surgery	9/12/19									X	
Indigo Career College	11/7/19								X		
UEI Sacramento	11/7/19	X									
California Healing Arts	11/25/19				X						
California Dental Institute	11/25/19								X		
Downey Adult School	11/25/19						X				
California Institute of Dental Education	12/13/19	X									
Accelerated Dental Assisting Academy	12/30/19				X						
High Desert Medical College- Temecula	12/30/19								X		
International Institute for Wellness	12/30/19						X				
INDIVIDUAL PROGRAM/COURSE TOTALS		2	0	0	7	2	2	0	7	4	2
TOTAL APPROVALS = 26											



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Assisting Council Dental Board of California
FROM	Tina Vallery, Dental Assisting Program Manager Dental Board of California
SUBJECT	DAC Agenda Item 4: Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process

Update on RDA Program Re-Evaluations

The Dental Board of California (Board) has the authority to audit programs and courses to ensure compliance with regulations in the event the Board deems it necessary.

Board staff began the re-evaluation process with the Registered Dental Assistant (RDA) programs. The order of the programs to be evaluated was determined by the Law and Ethics and the RDA Written Examination statistics, using the school or program's overall pass/fail rate and the year the program was given full approval. Board staff determined that there were fifty (50) RDA programs that required a re-evaluation of their curriculum.

The following table details the current status of the re-evaluations.

Program Name:	Letter Mailed:	Status:
San Joaquin Valley College - Visalia	February 6, 2018	Approved 9/24/18
San Joaquin Valley College - Bakersfield		Approved 9/24/18
Grossmont Health Occupations Center		Deficient 7/23/2019: Program Content
San Joaquin Valley College - Fresno		Approved 9/24/18
Hacienda La Puente Adult School	March 5, 2018	Deficient 9/1/2018: Part-time faculty hire date August 2019
Carrington College - San Leandro		Approved 2/8/2019
Allan Hancock College		Approved 7/10/2019
College of the Redwoods		Approved 2/13/2019
Pima Medical Institute - Chula Vista		Approved 2/11/2019

Program Name:	Letter Mailed:	Status:
Concorde Career College - San Diego	April 2, 2018	Deficiency response received 9/16/2019: In review process.
Concorde Career College - North Hollywood		Approved 3/21/2019
Concorde Career College - San Bernardino		Approved 10/16/2019
Concorde Career College - Garden Grove	May 7, 2018	Approved 12/13/18
Riverside County Office of Education		Approved 8/13/18
North Orange County ROP	June 12, 2018	Deficiency response received 10/15/2019: In review process.
United Education Institute - Chula Vista		Approved 9/14/18
Southern California ROC	July 23, 2018	Currently in review process
United Education Institute - Ontario		Approved 12/6/18
United Education Institute - Huntington Park		Approved 1/28/2019
Chaffey College	August 27, 2018	Deficient 1/15/19: Program Director, Faculty, Emergency Management, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polishing, Pit and Fissure Sealants. Extension Granted.
Mt. Diablo/Loma Vista Adult Center		Deficiency response received 9/23/2019: In review process.
Eden Regional Occupational Program		Approved 4/26/2019
Baldy View Regional Occupational Program		Deficiency response received 10/11/2019: In review process.
American Career College - Anaheim	September 7, 2018	Currently in review process
Blake Austin College		Deficiency response received 9/16/2019: In review process.
Carrington College - San Jose		Approved 9/10/2019
Tri-Cities Regional Occupational Program		Extension Granted.
Carrington College - Sacramento	October 30, 2018	Currently in review process
Carrington College - Citrus Heights		Currently in review process
Moreno Valley College		Approved 8/16/19
American Career College - Ontario	November 27, 2018	Currently in review process
Milan Institute – Palm Desert		Currently in review process
Milan Institute - Visalia		Currently in review process
Carrington College - Stockton		Currently in review process
Butte County Regional Occupational Program		Currently in review process
Reedley College		Extension Granted. Due date 1/08/2019.

Program Name:	Letter Mailed:	Status:
The Valley School for Dental Assisting	January 9, 2019	Deficiency response received 10/17/2019: In review process.
College of Alameda		Deficient 8/30/2019: Administration, Program Director, Faculty, Student Certificate of Completion, Infection Control/Hazardous Waste, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety Instruction, Pit and Fissure Sealants. Response due 10/14/2019.
Monterey Peninsula College		Deficient 8/20/2019: Administration, Faculty, Emergency Management, Infection Control/Hazardous Waste, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety Instruction, Coronal Polishing Instruction, Pit and Fissure Sealants. Response due 10/04/2019.
San Jose City College		Extension Granted. Due date 4/30/2019.
Carrington Career College - Pleasant Hill		Deficient 4/14/2019: Application, Admin, Program Director, Emergency Management, Infection Control/Hazardous Waste Disposal Protocols, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polishing, Pit and Fissure Sealants. Response due 5/30/2019.
Santa Rosa Junior College	February 15, 2019	Currently in review process
Citrus College		Extension Granted.
College of San Mateo		Extension Granted. Due date 2/29/2020.
Cypress College		Deficient 10/01/2019: Faculty, Infection Control/Hazardous Waste Disposal Protocols, Length of Program, Facilities and Resources, Program Content, Radiation Safety Instruction, Coronal Polishing Instruction, Pit and Fissure Sealants. Response due 11/15/2019.

Overview of Re-Evaluation Process

The re-evaluation process is a rereview of currently approved RDA programs. The goal of the re-evaluation is to ensure that the RDA programs are currently in compliance with the current laws and regulations. During the re-evaluations, the approved programs can continue to run their programs as usual. Once the program receives notification that they are being re-evaluated, they are given six weeks to submit the required documentation. Once the documentation has been received by the Board, the information is reviewed by one of our Subject Matter Experts (SME). Once the review is completed, the program is notified of their re-approval or of any outstanding deficiencies. If deficiencies have been identified, programs will receive notification, in writing, and be given an opportunity to correct the issues identified.

In early 2019, it was brought to the attention of Board staff that programs were struggling with the re-evaluation process. Programs were concerned with the amount of time that they were given to respond to the re-evaluation request, and they seemed to have questions regarding what was required of them. Board staff made the decision to suspend new requests for re-evaluations. This decision was made to provide the current programs undergoing a re-evaluation and Board staff an opportunity to address any areas of concern.

Based on feedback from stakeholders, Board staff decided to host an informational workshop to go over the re-evaluation process and to allow programs an opportunity to ask questions regarding the process. An email invitation was sent to all the RDA program directors and staff that would be assisting in the process.

Two informational workshops were given; one on May 3, 2019 in Sacramento and the other on May 10, 2019 in Glendora, California.

Board staff, with the assistance of one of the Board's subject matter experts, provided a brief overview of the re-evaluation process and the basis for the re-evaluations. Board staff reviewed the expectations of the programs and went over the most common deficiencies found while conducting the re-evaluations. Attendees were given the opportunity to ask questions regarding the process and were given the contact information of Board staff and management, should the program directors have any specific questions relating to extensions, the re-evaluation process, or deficiency notices. Board staff and program directors agreed that the open dialogue was helpful, and the program directors were more at ease with the process. Many program directors felt the re-evaluation process was daunting as they were new to their positions, but they were optimistic to take on this challenge.

Subsequently, Board staff received additional feedback from stakeholders indicating that they felt the re-evaluation process needed improvement. Specifically, that the applications were duplicative, there were deficiencies sent out to programs that were for items not listed on the applications, and that the information requested on the applications is confusing (i.e. the number of requested application copies, missing instructions on submission of documents, inconsistency in language of items).

To rectify the issues mentioned, Board staff is in the process of developing a new application specifically for the re-evaluation process. When complete, the final product will merge all current RDA program requirements into one application, which will remove the issue of

duplication and should clarify and make it easier to identify all the required documents. Additionally, Board staff is developing a checklist, as requested, to make the application requirements clear.

Board staff was also informed that there was concern regarding privacy and confidentiality. Programs were concerned that the applications requested the personal information of the program director and faculty and the wondered what happened to the documents they submitted after the re-evaluation has been approved. During the workshops, Board staff explained that all SME's have signed privacy and confidentiality agreements and that all documents are kept by the Board or shredded by Board staff. Board staff also advised attendees that they can omit their addresses from the Curriculum vitae's that they submit with their application.

Additionally, Board staff were informed that there was concern regarding what appeared to be inconsistencies of policies regarding timeframes, extensions, and that the Board has unrealistic due dates. Throughout the re-evaluation process, Board staff and management have expressed numerous times that we are willing to work with programs with regard to due dates or extensions. Board staff are willing to work with each program and give as much time and assistance as we are able. We have granted several requests for extensions, on a case by case basis and based on each program operational needs, these extensions can vary. Board staff are currently determining if initial lead time is warranted and will be deciding on that amount of time, prior to sending out new requests for re-evaluation. All programs have been encouraged to communicate with Board staff and or management, if they need any assistance during this process, if they have concerns, and to ask for additional time.

Board staff have also created a schedule to identify when programs are undergoing their CODA re-evaluations to avoid the programs being evaluated by both entities during the same year.

The re-evaluation process is new to the Board and is a work in progress. We believe that the new application, once approved, will assist in making this a smoother process for all involved and we welcome any further suggestions.



MEMORANDUM

DATE	January 22, 2020
TO	Members of the Dental Assisting Council Dental Board of California
FROM	Daniel Yoon, Examination Coordinator Dental Board of California
SUBJECT	DAC Agenda Item 5: Update on Dental Assisting Examination Statistics

Background:

The following tables provide the written examination pass and fail statistics for candidates who took the examinations from January 2019 through December 2019 for all, first- time, and repeat candidates.

Written Examination Statistics - All Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
RDA Combined	4,564	2,516	2,048	55%	45%
RDAEF	175	111	64	63%	37%
Orthodontic Assistant	574	238	336	41%	59%
Dental Sedation Assistant	6	5	1	83%	17%

Written Examination Statistics - First Time Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
RDA Combined	2,728	1,757	971	64%	36%
RDAEF	108	78	30	72%	28%
Orthodontic Assistant	267	134	133	50%	50%
Dental Sedation Assistant	4	4	0	100%	0%

Written Examination Statistics - Repeat Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
RDA Combined	1,836	759	1,077	41%	59%
RDAEF	67	33	34	50%	50%
Orthodontic Assistant	307	104	203	34%	66%
Dental Sedation Assistant	2	1	1	50%	50%

The following tables provide the RDAEF clinical and practical examination statistics for the months of January 2019 through December 2019 for all, first-time, and repeat candidates.

Clinical Examination Statistics - All Candidates

Clinical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Feb 2019 - UCLA	18	61%	39%
Mar 2019 - FADE	3	100%	0%
Jun 2019 - UCSF/UCLA	59	66%	34%
Aug 2019 - UCSF/UCLA	21	61%	39%
Oct 2019 - UCLA	27	48%	52%
Nov 2019 – UCSF	16	44%	56%
Total	144	61%	39%

Clinical Examination Statistics - First Time Candidates in 2019

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	85	66%	34%

Clinical Examination Statistics - Repeat Candidates in 2019

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	59	54%	46%

Practical Examination Statistics - All Candidates

Clinical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Feb 2019 - UCLA	15	80%	20%
Mar 2019 - FADE	4	75%	25%
Jun 2019 - UCSF/UCLA	58	76%	24%
Aug 2019 - UCSF/UCLA	27	70%	30%
Oct 2019 - UCLA	27	59%	41%
Nov 2019 - UCSF	17	29%	71%
Total	148	67%	33%

Practical Examination Statistics - First Time Candidates in 2019

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	97	70%	30%

Practical Examination Statistics - Repeat Candidates in 2019

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Total	51	61%	39%

Action Requested:

No action requested, information only.

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
American Canyon Orthodontics (092)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Bakersfield Orthodontic Dental Group (126)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	0%	100%
pass							1						1	0	1
fail							0						0	0	0
Baird Orthodontics (108)	N/A	N/A	N/A	50%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	67%
pass				1	1							1	3	1	2
fail				1	0							0	1	0	1
Bakersfield Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass						1							1	1	0
fail						0							0	0	0
Bernstein Orthodontics (047)	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	N/A	0%	N/A	0%	0%	0%
pass					0	0	0	0			0		0	0	0
fail					1	1	1	1			1		5	1	4
Braces - San Diego (113)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Brent Sexton, DDS (136)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass					1								1	1	0
fail					0								0	0	0
Brian H Bergh, DDS (111)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
California Institute of Dental Education (127)	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	100%	100%	0%
pass	1						1				1		3	3	0
fail	0						0				0		0	0	0
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Chapa-De Indian Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
pass												0	0	0	0
fail												1	1	1	0
Children's Braces and Dentistry (129)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	0%
pass											1		1	1	0
fail											0		0	0	0
Classic Orthodontics (140)	0%	0%	0%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass	0	0	0		0								0	0	0
fail	1	1	1		1								4	1	3
Dental Advantage (123)	20%	0%	100%	N/A	0%	N/A	33%	N/A	N/A	N/A	N/A	0%	38%	38%	38%
pass	1	0	4		0		1					0	6	3	3
fail	4	1	0		2		2					1	10	5	5

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Dental Career Institute (006)	25%	0%	75%	N/A	0%	N/A	N/A	N/A	0%	0%	N/A	N/A	29%	25%	30%
pass	1	0	3		0				0	0			4	1	3
fail	3	3	1		1				1	1			10	3	7
Dental Pros (007)	0%	50%	N/A	50%	33%	50%	0%	67%	50%	0%	33%	N/A	38%	31%	46%
pass	0	1		1	1	1	0	4	1	0	1		10	4	6
fail	2	1		1	2	1	2	2	1	2	2		16	9	7
Dental Specialties Institute Inc. (015)	60%	N/A	50%	50%	N/A	N/A	N/A	0%	N/A	25%	25%	100%	44%	46%	42%
pass	3		2	2				0		1	1	2	11	6	5
fail	2		2	2				2		3	3	0	14	7	7
Diablo Orthodontic Specialities (096)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Downey Adult School (004)	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	0%	33%	0%	29%	40%	0%
pass					0			1		0	1	0	2	2	0
fail					1			0		1	2	1	5	3	2
Dr. Amy E. Buchler (082)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Brian C Crawford (086)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Christopher C. Cruz (081)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
pass												0	0	0	0
fail												1	1	1	0
Dr. Efstatios Righellis (029)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Jason M. Cohen (085)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Jeffrey Kwong (083)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Joel Brodsky (013)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	0%
pass						1					1		2	2	0
fail						0					0		0	0	0
Dr. Joseph Gray (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Kathleen Nuckles, Specialist in Orthodontics (019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Kurt Stromberg (014)	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	100%
pass	0		1										1	0	1
fail	1		0										1	1	0

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Dr. Lili Mirtorabi Orthodontics (021)	0%	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	83%	75%	100%
pass	0		2		2	1							5	3	2
fail	1		0		0	0							1	1	0
Dr. Michael Payne/CAO (005)	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	100%	100%	100%
pass					1	1		1					3	1	2
fail					0	0		0					0	0	0
Dr. Paul J. Styr (067)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Waleed Soliman Brite Dental Group (020)	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	33%	50%	0%
pass	0				1							0	1	1	0
fail	1				0							1	2	1	1
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	50%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	100%	33%
pass		1	0	1									2	1	1
fail		1	1	0									2	0	2
Elite Orthodontics (031)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Expanded Functions Dental Assistant Assoc (001)	14%	38%	75%	29%	14%	50%	40%	63%	50%	64%	43%	33%	46%	42%	49%
pass	1	3	3	2	1	5	4	12	3	9	3	1	47	19	28
fail	6	5	1	5	6	5	6	7	3	5	4	2	55	26	29
Garrett Orthodontics (017)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Hamid Barkhovdar, DDS (124)	40%	67%	0%	100%	75%	N/A	40%	50%	22%	50%	27%	33%	42%	56%	25%
pass	2	4	0	2	3		2	2	2	3	3	3	26	19	7
fail	3	2	1	0	1		3	2	7	3	8	6	36	15	21
Hello Orthodontics (094)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass				1									1	1	0
fail				0									0	0	0
Howard Healthcare Academy, LLC (084)	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	100%	N/A	75%	50%	100%
pass	1							0		1	1		3	1	2
fail	0							1		0	0		1	1	0
Image Orthodontics (114)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	50%	0%	100%
pass									0	1			1	0	1
fail									1	0			1	1	0
Irvine Children's Dentistry (97)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
J Productions (003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Jimmy Vu Ngo (139)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	0%	N/A	100%	67%	100%	100%
pass					1					0		1	2	1	1
fail					0					1		0	1	1	0
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Kairos Career College (117)	N/A	N/A	N/A	0%	N/A	0%	100%	N/A	N/A	N/A	0%	N/A	25%	50%	0%
pass				0		0	1				0		1	1	0
fail				1		1	0				1		3	1	2

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Kanwar Sachdeva, DDS (070)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Karrisham B Jumani, Inc (112)	50%	N/A	0%	N/A	0%	50%	0%	40%	N/A	100%	N/A	N/A	31%	60%	18%
pass	1		0		0	1	0	2		1			5	3	2
fail	1		2		1	1	3	3		0			11	2	9
Keller Orthodontics (059)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass		1											1	1	0
fail		0											0	0	0
Loma Linda University, School of Dentistry (090)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	50%	50%	0%
pass				0					1				1	1	0
fail				1					0				1	1	0
M. John Redmond, DDS (024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Markhan Orthodontics (093)	50%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	40%	67%	0%
pass	1	1									0	0	2	2	0
fail	1	0									1	1	3	1	2
Mark Holt Orthodontics (060)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Matthew Molitor, DDS (150)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	100%	0%
pass												1	1	1	0
fail												0	0	0	0
Milde Family Orthodontics (120)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Melanie Parker, DDS (049)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass	1												1	1	0
fail	0												0	0	0
Monterey Bay Orthodontics (151)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%	75%	75%	0%
pass										2	1	0	3	3	0
fail										0	0	1	1	1	0
OC Dental Specialists (128)	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	N/A	0%	0%	100%	29%	0%	67%
pass							0	1		0	0	1	2	0	2
fail							2	1		1	1	0	5	4	1
Orthoworks Dental Group, Dr. David Shen (043)	N/A	0%	0%	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass		0	0		0	0							0	0	0
fail		1	1		1	1							4	1	3
Parkside Dental (041)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass					0								0	0	0
fail					1								1	0	1
Pasadena City College (011)	100%	N/A	0%	0%	0%	100%	N/A	0%	0%	N/A	100%	N/A	40%	33%	50%
pass	2		0	0	0	1		0	0		1		4	2	2
fail	0		1	2	1	0		1	1		0		6	4	2
Raymond J. Kieffer, DDS (069)	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	100%
pass	0	1											1	0	1
fail	1	0											1	1	0
Riverside County Office of Education (087)	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	0%	N/A	N/A	N/A	33%	0%	33%
pass		0				1			0				1	0	1
fail		1				0			1				2	0	2

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Robert Sheffield, DDS Inc. (018)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Sacramento City College (002)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass		0											0	0	0
fail		1											1	0	1
Samra Low Orthodontics (156)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	100%	100%	0%
pass							1		1				2	2	0
fail							0		0				0	0	0
Southern California Orthodontic Assisting School (149)	0%	100%	0%	100%	N/A	N/A	50%	50%	43%	33%	67%	100%	48%	43%	55%
pass	0	1	0	1			1	1	3	1	2	2	12	6	6
fail	1	0	3	0			1	1	4	2	1	0	13	8	5
Susan S. So, DDS (121)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Tal D. Jeregensen, DDS (042)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Thao Nguyen, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
The FADE Institute, Inc. (137)	100%	25%	33%	67%	83%	N/A	100%	N/A	100%	50%	67%	80%	64%	75%	43%
pass	3	2	1	4	5		2		1	1	4	4	27	21	6
fail	0	6	2	2	1		0		0	1	2	1	15	7	8
Thompson Tom, DDS (030)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Toth and Torossian Partnership (110)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Touni Orthodontics Dental Practice (134)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Tri-Valley Orthodontics (101)	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	100%	33%	0%	50%
pass			0			0						1	1	0	1
fail			1			1						0	2	1	1
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	100%	100%	N/A	N/A	75%	100%	0%
pass				1	0				1	1			3	3	0
fail				0	1				0	0			1	0	1
Valley School of Dental Assisting (027)	0%	0%	0%	0%	0%	0%	50%	67%	50%	50%	25%	67%	35%	60%	19%
pass	0	0	0	0	0	0	2	2	1	1	1	2	9	6	3
fail	2	1	1	2	1	1	2	1	1	1	3	1	17	4	13
Weideman Pediatric Dentistry & Orthodontics (144)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Career College (025)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass	0												0	0	0
fail	2												2	0	2
Western Dental Services - Bakersfield (147)	0%	0%	0%	0%	0%	0%	0%	0%	50%	33%	0%	0%	11%	13%	9%
pass	0	0	0	0	0	0	0	0	1	1	0	0	2	1	1
fail	1	2	1	1	2	2	1	1	1	2	2	1	17	7	10

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total	YTD First Time Testers	YTD Repeat Testers
Western Dental Services - Banning (078)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	100%
pass		1											1	0	1
fail		0											0	0	0
Western Dental Services- Bellflower (053)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	50%	50%	N/A	N/A	40%	0%	40%
pass				0					1	1			2	0	2
fail				1					1	1			3	0	3
Western Dental Services- Corona (102)	N/A	N/A	N/A	67%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%	100%	0%
pass				2									2	2	0
fail				1									1	0	1
Western Dental Services - Fontana (079)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Fresno (131)	N/A	0%	N/A	0%	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	25%	0%	25%
pass		0		0				0		1			1	0	1
fail		1		1				1		0			3	0	3
Western Dental Services - Lodi (130)	N/A	0%	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	100%	25%	0%	25%
pass		0			0			0				1	1	0	1
fail		1			1			1				0	3	0	3
Western Dental Services - Los Angeles (052)	N/A	N/A	N/A	0%	0%	N/A	N/A	100%	N/A	0%	0%	N/A	17%	0%	33%
pass				0	0			1		0	0		1	0	1
fail				1	2			0		1	1		5	3	2
Western Dental Services - Manteca (062)	N/A	0%	N/A	0%	50%	N/A	N/A	0%	0%	N/A	100%	N/A	25%	0%	50%
pass		0		0	1			0	0		1		2	0	2
fail		1		2	1			1	1		0		6	4	2
Western Dental Services - Modesto (064)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Oceanside (055)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Orange (044)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	0%	0%	0%
pass			0						0				0	0	0
fail			1						1				3	0	3
Western Dental Services - Oxnard (103)	0%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
pass	0					0							0	0	0
fail	1					1							3	0	3
Western Dental Services - Rancho Cordova (155)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%
pass												0	0	0	0
fail												2	2	2	0
Western Dental Services - Redwood City (076)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	0%
pass										1			1	1	0
fail										0			0	0	0
Western Dental Services - Riverside (057)	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	33%	0%	33%
pass			0					1	0				1	0	1
fail			1					0	1				2	0	2
Western Dental Services - N. Sacramento (020)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Sacramento (051)	0%	50%	N/A	N/A	0%	N/A	N/A	N/A	0%	N/A	N/A	N/A	20%	0%	25%
pass	0	1			0				0				1	0	1
fail	1	1			1				1				4	1	3

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Total
Western Dental Services - Sacramento (104)	N/A	N/A	N/A	100%	0%	N/A	N/A	0%	N/A	0%	N/A	N/A	20%
pass				1	0			0		0			1
fail				0	1			1		2			4
Western Dental Services - Sacramento (153)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Western Dental Services - Salinas (088)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass				1							1		2
fail				0							0		0
Western Dental Services - San Leandro (050)	0%	N/A	0%	0%	0%	0%	0%	0%	0%	0%	N/A	N/A	0%
pass	0		0	0	0	0	0	0	0	0			0
fail	1		1	1	1	1	1	2	1	1			10
Western Dental Services - Santa Ana (056)	0%	N/A	N/A	0%	N/A	0%	N/A	N/A	0%	100%	N/A	N/A	17%
pass	0			0		0			0	1			1
fail	2			1		1			1	0			5
Western Dental Services - Santa Clara (054)	0%	N/A	33%	50%	50%	0%	N/A	0%	0%	50%	N/A	N/A	31%
pass	0		1	1	1	0		0	0	1			4
fail	1		2	1	1	1		1	1	1			9
Western Dental Services - Tracy (063)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Zhi Meng, DDS (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
PERCENT PASS	32%	36%	41%	44%	37%	42%	40%	48%	37%	49%	43%	48%	41%
TOTAL PASS	18	17	17	21	19	13	16	28	17	28	24	20	238
TOTAL FAIL	39	30	24	27	32	18	24	30	29	29	32	22	336

YTD First Time Testers	YTD Repeat Testers
50%	0%
1	0
1	3
0%	100%
0	1
0	0
100%	0%
2	0
0	0
0%	0%
0	0
0	10
0%	17%
0	1
0	5
67%	20%
2	2
1	8
0%	0%
0	0
0	0
0	0
50%	34%
134	104
133	203

**Orthodontic Assistant Written Examination Statistics
October 2019**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Career Institute (006)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dental Pros (007)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Dental Specialties Institute (015)	4	1	25%	3	75%	3	1	33%	2	67%	1	0	0%	1	100%
Downey Adult School (004)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	14	9	64%	5	36%	8	5	63%	3	38%	6	4	67%	2	33%
Hamid Barkhovdar, DDS (124)	6	3	50%	3	50%	2	2	100%	0	0%	4	1	25%	3	75%
Howard Healthcare Academy (084)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Image Orthodontics (114)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Jimmy Vu Ngo (139)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Karrisham Jumani (112)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Monterey Bay Ortodontics (151)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
OC Dental Specialists (128)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Southern California Orthodontic Assisting School (149)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
The FADE Institute (137)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Tsai & Snowden Esthetic Partners Dental Group (106)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Valley School of Dental Assisting (027)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Western Dental Services - Bakersfield (147)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Western Dental Services - Bellflower (053)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Western Dental Services - Fresno (131)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Los Angeles (052)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Redwood City (076)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Western Dental Services - Sacramento (104)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services - San Leandro (050)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Santa Ana (056)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Santa Clara (054)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
TOTALS	57	28	49%	29	51%	27	17	63%	10	37%	30	11	37%	19	63%

**Orthodontic Assistant Written Examination Statistics
November 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Bernstein Orthodontics (047)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
California Institute of Dental Education (127)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Children's Braces and Dentistry (129)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dental Pros (007)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Dental Specialties Institute (015)	4	1	25%	3	75%	0	0	0%	0	0%	4	1	25%	3	75%
Downey Adult School (004)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Dr. Joel Brodsky (013)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	7	3	43%	4	57%	3	1	33%	2	67%	4	2	50%	2	50%
Hamid Barkhovdar, DDS (124)	11	3	27%	8	73%	5	3	60%	2	40%	6	0	0%	6	100%
Howard Healthcare Academy (084)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Kairos College (117)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Markhan Orthodontics (093)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Monterey Bay Orthodontics (151)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
OC Dental Specialists (128)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Pasadena City College (011)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Southern California Orthodontic Assisting School (149)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
The FADE Institute (137)	6	4	67%	2	33%	5	4	80%	1	20%	1	0	0%	1	100%
Valley School of Dental Assisting (027)	4	1	25%	3	75%	2	0	0%	2	100%	2	1	50%	1	50%
Western Dental Services - Bakersfield (147)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Western Dental Services - Los Angeles ()	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Manteca (062)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Salinas (088)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	56	24	43%	32	57%	30	15	50%	15	50%	26	9	35%	17	65%

**Orthodontic Assistant Written Examination Statistics
December 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Baird Orthodontics (108)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Chapa-De Indian Health	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dental Advantage (123)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dental Specialties institute (015)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Downey Adult School (004)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dr. Douglas Nguyen (012)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dr. Waleed Soliman (020)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Hamid Barkhovdar, DDS (124)	9	3	33%	6	67%	3	2	67%	1	33%	6	1	17%	5	83%
Jimmy Vu Ngo, DDS (139)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Markhan Orthodontics (093)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Matthew Molitor, DDS (150)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Monterey Bay Orthodontics (151)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
OC Dental Specialists (128)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Southern California Orthodontic Assisting School (149)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
The FADE Institute (137)	5	4	80%	1	20%	5	4	80%	1	20%	0	0	0%	0	0%
Tri-Valley Orthodontics (101)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Valley School for Dental Assisting (027)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Western Dental - Oxnard (103)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental & Orthodontics - Lodi (130)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Orange (044)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Rancho Cordova (155)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Western Dental Services, Inc - Bakersfield (147)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
TOTALS	42	20	48%	22	52%	22	12	55%	10	45%	20	8	40%	12	60%

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total	YTD First Time Testers	YTD Repeat Testers
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0	0	0
fail													0	0	0
Allan Hancock (508)	N/A	N/A	N/A	100%	N/A	N/A	100%	50%	100%	100%	N/A	100%	95%	95%	0%
pass				2			10	1	2	1		3	19	19	0
fail				0			0	1	0	0		0	1	1	0
American Career - Anaheim (896)	100%	0%	33%	20%	0%	0%	N/A	50%	N/A	25%	40%	13%	27%	41%	13%
pass	2	0	1	1	0	0		1		1	2	1	9	7	2
fail	0	1	2	4	1	2		1		3	3	7	24	10	14
American Career - Long Beach (997)	N/A	100%	N/A	0%	N/A	N/A	100%	N/A	33%	N/A	100%	N/A	63%	67%	50%
pass		1		0			1		1		2		5	4	1
fail		0		1			0		2		0		3	2	1
American Career - Los Angeles (867)	0%	50%	0%	33%	100%	63%	0%	0%	33%	40%	70%	80%	49%	59%	32%
pass	0	1	0	1	3	5	0	0	2	2	7	8	29	22	7
fail	2	1	2	2	0	3	6	2	4	3	3	2	30	15	15
American Career - Ontario (905)	75%	50%	0%	40%	67%	100%	33%	0%	33%	86%	60%	38%	55%	56%	53%
pass	3	1	0	2	4	4	1	0	1	6	3	3	28	18	10
fail	1	1	2	3	2	0	2	2	2	1	2	5	23	14	9
Anthem College - Sacramento (503)	N/A	N/A	0%	0%	N/A	0%	0%	0%	50%	25%	0%	N/A	21%	40%	11%
pass			0	0		0	0	0	2	1	0		3	2	1
fail			1	1		1	1	1	2	3	1		11	3	8
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Baldy View Regional Occupational Program (590)	N/A	N/A	100%	N/A	N/A	0%	100%	100%	100%	50%	N/A	100%	80%	100%	33%
pass			2			0	2	1	1	1		1	8	7	1
fail			0			1	0	0	0	1		0	2	0	2
Blake Austin College (897)	100%	N/A	67%	N/A	100%	50%	N/A	0%	75%	50%	75%	67%	71%	88%	45%
pass	3		2		3	1		0	3	1	3	4	20	15	5
fail	0		1		0	1		1	1	1	1	2	8	2	6
Brightwood - Bakersfield (884)	100%	0%	100%	67%	67%	0%	0%	50%	N/A	50%	33%	50%	52%	57%	46%
pass	3	0	1	2	2	0	0	1		2	2	1	14	8	6
fail	0	1	0	1	1	1	1	1		2	4	1	13	6	7
Brightwood - Clovis (885)	67%	0%	50%	100%	67%	75%	0%	0%	40%	67%	50%	100%	46%	52%	39%
pass	2	0	3	1	2	3	0	0	2	2	2	2	19	12	7
fail	1	3	3	0	1	1	2	5	3	1	2	0	22	11	11
Brightwood - Modesto (499)/(890)	0%	0%	60%	86%	50%	67%	75%	50%	0%	0%	20%	57%	51%	67%	33%
pass	0	0	3	6	2	6	3	4	0	0	1	4	29	20	9
fail	1	2	2	1	2	3	1	4	3	2	4	3	28	10	18
Brightwood - Palm Springs (901)	100%	33%	67%	50%	100%	N/A	0%	33%	67%	0%	100%	100%	48%	64%	33%
pass	1	1	2	1	1		0	1	2	0	1	1	11	7	4
fail	0	2	1	1	0		2	2	1	3	0	0	12	4	8
Brightwood - Riverside (898)	100%	33%	N/A	100%	0%	33%	N/A	0%	N/A	N/A	50%	0%	35%	50%	22%
pass	1	1		2	0	1		0			1	0	6	4	2
fail	0	2		0	2	2		1			1	3	11	4	7

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Brightwood - Sacramento (888)	67%	100%	0%	50%	50%	33%	50%	67%	25%	50%	100%	N/A	55%	69%	41%
pass	2	5	0	1	1	2	1	2	1	2	1		18	11	7
fail	1	0	1	1	1	4	1	1	3	2	0		15	5	10
Brightwood - San Diego (899)	50%	100%	0%	0%	0%	100%	0%	50%	25%	50%	100%	0%	36%	60%	17%
pass	1	1	0	0	0	1	0	2	1	1	1	0	8	6	2
fail	1	0	1	1	2	0	1	2	3	1	0	2	14	4	10
Brightwood - Stockton (611)	N/A	0%	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	100%	83%	100%	67%
pass		0			2			2				1	5	3	2
fail		1			0			0				0	1	0	1
Brightwood - Vista (900)	86%	100%	100%	71%	50%	50%	0%	40%	100%	0%	100%	33%	64%	71%	53%
pass	6	2	5	5	1	1	0	2	1	0	1	1	25	17	8
fail	1	0	0	2	1	1	2	3	0	2	0	2	14	7	7
Butte County Regional Occupational Program (605)	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	N/A	N/A	100%	100%	100%	0%
pass					1	1	2	6	3			2	15	15	0
fail					0	0	0	0	0			0	0	0	0
Cabrillo College (001)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
California Dental Certifications - San Diego (993)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass	0												0	0	0
fail	1												1	0	1
CA College of Vocational Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Carrington - Antioch (886)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass													0	0	0
fail													1	1	0
Carrington - Citrus Heights (882)	83%	100%	100%	N/A	N/A	100%	0%	50%	43%	80%	67%	75%	71%	71%	73%
pass	5	3	3			1	0	1	3	4	2	3	25	17	8
fail	1	0	0			0	1	1	4	1	1	1	10	7	3
Carrington - Emeryville (904)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass													0	0	0
fail													1	1	0
Carrington - Pleasant Hill (868)	50%	100%	75%	67%	80%	50%	67%	100%	100%	100%	100%	N/A	73%	76%	67%
pass	1	1	3	2	4	3	2	2	1	1	2		22	16	6
fail	1	0	1	1	1	3	1	0	0	0	0		8	5	3
Carrington - Pomona (908)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	50%	100%
pass											0	2		1	1
fail											1	0		1	0
Carrington - Sacramento (436)	70%	63%	50%	40%	36%	44%	60%	33%	100%	36%	54%	56%	50%	49%	52%
pass	7	5	2	2	4	4	3	4	3	4	7	10	55	31	24
fail	3	3	2	3	7	5	2	8	0	7	6	8	54	32	22
Carrington - San Jose (876)	N/A	80%	67%	100%	0%	57%	100%	25%	63%	100%	50%	75%	63%	60%	67%
pass		4	2	2	0	4	2	1	5	1	1	3	25	15	10
fail		1	1	0	2	3	0	3	3	0	1	1	15	10	5
Carrington - San Leandro (609)	63%	75%	43%	0%	40%	50%	50%	45%	20%	22%	22%	11%	37%	50%	26%
pass	5	3	3	0	2	4	3	5	1	2	2	1	31	19	12
fail	3	1	4	3	3	4	3	6	4	7	7	8	53	19	34

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Carrington - Stockton (902)	0%	100%	33%	50%	50%	25%	33%	25%	60%	50%	50%	60%	47%
pass	0	3	1	3	1	1	1	2	3	3	3	6	27
fail	1	0	2	3	1	3	2	6	2	3	3	4	30
Cerritos Community College - Norwalk (511)	100%	100%	N/A	100%	50%	100%	100%	40%	75%	83%	50%	83%	75%
pass	3	2		1	1	2	1	2	3	5	2	5	27
fail	0	0		0	1	0	0	3	1	1	2	1	9
Chabot College (513)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			1										1
fail			0										0
Chaffey College (514)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	N/A	N/A	100%	80%
pass								0	2			2	4
fail								1	0			0	1
Charter College - Canyon Country (401)	N/A	100%	100%	100%	N/A	50%	100%	0%	N/A	N/A	N/A	N/A	67%
pass		2	1	1		1	1	0					6
fail		0	0	0		1	0	2					3
Citrus College - Glendora (515)	100%	100%	100%	N/A	100%	50%	100%	100%	100%	67%	100%	N/A	90%
pass	2	1	1		2	1	1	3	5	2	1		19
fail	0	0	0		0	1	0	0	0	1	0		2
City College of San Francisco (534)	N/A	N/A	N/A	N/A	N/A	N/A	0%	67%	75%	100%	100%	100%	81%
pass							0	2	3	1	4	3	13
fail							1	1	1	0	0	0	3
College of Alameda - Alameda (506)	100%	N/A	100%	100%	N/A	0%	N/A	50%	47%	100%	0%	100%	59%
pass	1		1	1		0		3	7	4	0	2	19
fail	0		0	0		1		3	8	0	1	0	13
College of Marin (523)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
pass			1							4	4	4	13
fail			0							0	0	0	0
College of San Mateo - San Mateo (536)	0%	N/A	100%	0%	0%	N/A	40%	100%	80%	75%	100%	50%	58%
pass	0		1	0	0		2	1	4	3	2	1	14
fail	1		0	2	1		3	0	1	1	0	1	10
College of the Redwoods (838)	0%	N/A	100%	100%	100%	N/A	50%	100%	N/A	100%	100%	0%	77%
pass	0		1	1	2		1	2		1	2	0	10
fail	1		0	0	0		1	0		0	0	1	3
Concorde Career - Garden Grove (425)	40%	100%	50%	50%	80%	75%	50%	0%	75%	25%	60%	44%	57%
pass	2	4	1	2	4	3	2	0	3	1	3	4	29
fail	3	0	1	2	1	1	2	1	1	3	2	5	22
Concorde Career - North Hollywood (435)	100%	33%	100%	0%	50%	33%	50%	33%	0%	33%	0%	80%	44%
pass	2	1	1	0	1	1	2	1	0	1	0	4	14
fail	0	2	0	2	1	2	2	2	2	2	2	1	18
Concorde Career - San Bernardino (430)	60%	25%	63%	17%	57%	44%	50%	55%	69%	64%	57%	67%	55%
pass	3	1	5	1	4	4	9	6	9	7	8	10	67
fail	2	3	3	5	3	5	9	5	4	4	6	5	54
Concorde Career - San Diego (421)	60%	57%	67%	33%	44%	0%	25%	33%	50%	50%	63%	85%	53%
pass	3	4	2	1	4	0	1	1	2	1	5	11	35
fail	2	3	1	2	5	5	3	2	2	1	3	2	31
Concorde Career - San Jose (400)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0

59%	32%
19	8
13	17
75%	75%
21	6
7	2
100%	0%
1	0
0	0
75%	100%
3	1
1	0
80%	50%
4	2
1	2
94%	80%
15	4
1	1
79%	100%
11	2
3	0
58%	62%
11	8
8	5
100%	0%
13	0
0	0
75%	25%
12	2
4	6
75%	80%
6	4
2	1
66%	42%
21	8
11	11
57%	18%
12	2
9	9
62%	48%
39	28
24	30
62%	38%
26	9
16	15
0%	0%
0	0
0	0

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Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
Cypress College (518)	100%	N/A	0%	N/A	50%	100%	N/A	100%	N/A	100%	100%	100%	100%	87%
pass	1		0		1	1		2		3	3	2	13	
fail	0		1		1	0		0		0	0	0	2	
Diablo Valley College - Pleasant Hill (516)	100%	100%	N/A	N/A	100%	100%	67%	100%	43%	50%	0%	100%	71%	
pass	3	1			1	1	4	5	3	1	0	1	20	
fail	0	0			0	0	2	0	4	1	1	0	8	
East Los Angeles Occupational Center (855)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
pass														0
fail														0
Eden Area Regional Occupational Program (608) (856)	0%	100%	100%	N/A	N/A	100%	0%	0%	100%	0%	N/A	100%	56%	
pass	0	1	1			1	0	0	1	0		1	5	
fail	1	0	0			0	1	1	0	1		0	4	
Everest - Alhambra (406)	100%	0%	N/A	100%	N/A	N/A	100%	N/A	100%	N/A	50%	N/A	75%	
pass	1	0		2			1		1		1		6	
fail	0	1		0			0		0		1		2	
Everest - Anaheim (403)/(600)	100%	N/A	0%	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	80%	
pass	1		0		2			1					4	
fail	0		1		0			0					1	
Everest - City of Industry (875)	N/A	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	0%	50%	N/A	75%	
pass		1		3		1				0	1		6	
fail		0		0		0				1	1		2	
Everest - Gardena (870)	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	
pass	1				1					1	1		4	
fail	0				0					0	0		0	
Everest - Los Angeles (410)	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	33%	100%	100%	N/A	40%	
pass			0				0	0	1	2	1		4	
fail			1				1	2	2	0	0		6	
Everest - Ontario (501)	100%	N/A	50%	50%	N/A	N/A	N/A	N/A	0%	N/A	N/A	75%	58%	
pass	1		2	1					0			3	7	
fail	0		2	1					1			1	5	
Everest - Reseda (404)	0%	67%	0%	100%	0%	100%	N/A	50%	0%	0%	100%	100%	52%	
pass	0	2	0	2	0	2		1	0	0	3	1	11	
fail	1	1	2	0	1	0		1	1	3	0	0	10	
Everest - San Bernardino (881)	N/A	N/A	50%	0%	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	29%	
pass			1	0				0	1				2	
fail			1	2				2	0				5	
Everest - San Francisco (407)	0%	50%	100%	0%	0%	N/A	N/A	N/A	N/A	100%	N/A	100%	54%	
pass	0	2	2	0	0					2		1	7	
fail	1	2	0	2	1					0		0	6	
Everest - San Jose (408)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	0%	33%	
pass						0					1	0	1	
fail						1					0	1	2	
Everest - Torrance (409)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
pass														0
fail														0

0%	0%
0	0
0	0
86%	100%
12	1
2	0
75%	63%
15	5
5	3
0%	0%
0	0
0	0
80%	50%
4	1
1	3
60%	100%
3	3
2	0
67%	100%
2	2
1	0
80%	67%
4	2
1	1
100%	0%
4	0
0	0
0%	100%
0	4
6	0
83%	33%
5	2
1	4
78%	33%
7	4
2	8
33%	25%
1	1
2	3
83%	29%
5	2
1	5
0%	100%
0	1
2	0
0%	0%
0	0
0	0

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Everest - W Los Angeles (874)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%		
pass						1						1	2		
fail						0						0	0		
FADE Institute, Inc. (999)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	33%	100%	100%	82%		
pass						1	1	4	1	1	1	9			
fail						0	0	0	2	0	0	2			
Foothill Community College (517)	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	55%	71%	50%	57%	62%		
pass				1				1	6	5	1	4	18		
fail				0				0	5	2	1	3	11		
Galen - Bakersfield (496)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%		
pass						1						1			
fail						0						0			
Galen - Fresno (413)	N/A	N/A	N/A	0%	100%	100%	100%	100%	N/A	N/A	100%	N/A	71%		
pass				0	1	1	1	1				1	5		
fail				2	0	0	0	0				0	2		
Galen - Modesto (497)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%		
pass			1										1		
fail			0										0		
Galen - Visalia (445)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
pass													0		
fail													0		
Grossmont Community College - El Cajon (519)	50%	60%	25%	N/A	50%	60%	29%	67%	0%	14%	50%	100%	45%		
pass	2	3	1			2	3	2	4	0	1	4	3	25	
fail	2	2	3			2	2	5	2	3	6	4	0	31	
Grossmont Health Occupations - Santee (610)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%		
pass										1			1		
fail										0			0		
Hacienda La Puente (776)	N/A	N/A	N/A	100%	0%	0%	100%	100%	100%	N/A	N/A	N/A	67%		
pass				1	0	0	1	1	1				4		
fail				0	1	1	0	0	0				2		
Heald - Concord (891)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	0%	N/A	67%		
pass					1						1	0	2		
fail					0						0	1	1		
Heald - Hayward (889)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	0%	N/A	67%		
pass								1	1			0			2
fail								0	0			1			1
Heald - Roseville (911)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
pass													0		
fail													0		
Heald - Salida (910)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%		
pass										0				0	
fail										1				1	
Heald - Stockton (887)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%		
pass											1			1	
fail											0			0	
Howard Healthcare Academy (996)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	100%		
pass										1	1	3	5		
fail										0	0	0	0		

100%	100%
1	1
0	0
89%	50%
8	1
1	1
74%	40%
14	4
5	6
100%	0%
1	0
0	0
80%	50%
4	1
1	1
100%	0%
1	0
0	0
0%	0%
0	0
0	0
41%	48%
11	14
16	15
100%	0%
1	0
0	0
100%	50%
2	2
0	2
67%	0%
2	0
1	0
67%	0%
2	0
1	0
0%	0%
0	0
0	0
0	1
100%	0%
1	0
0	0
100%	0%
5	0
0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Intercoast College - El Cajon (883)	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%		
pass					0	0					0				
fail					1	1					2				
Intercoast College - Riverside (923)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
pass									0						
fail									0						
Med-Help Training School (441)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%		
pass									0	0	0	0			
fail									1	1	2	4			
Milan Institute - Merced (928)	50%	50%	N/A	100%	0%	100%	0%	50%	100%	0%	60%	75%	65%		
pass	1	1		5	0	2	0	1	1	0	3	3	17		
fail	1	1		0	1	0	1	1	0	1	2	1	9		
Milan Institute - Palm Desert/Indio (906)	100%	N/A	N/A	100%	0%	N/A	100%	N/A	N/A	0%	0%	33%	50%		
pass	2			1	0		1			0	0	1	5		
fail	0			0	1		0			1	1	2	5		
Milan Institute - Visalia (907)	100%	33%	0%	N/A	0%	N/A	N/A	33%	0%	100%	50%	67%	46%		
pass	2	1	0		0			1	0	1	2	6	13		
fail	0	2	2		2			2	2	0	2	3	15		
Modesto Junior College (526)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
pass									0						
fail									0						
Monterey Peninsula College (527)	N/A	N/A	0%	N/A	0%	100%	100%	50%	100%	100%	0%	100%	73%		
pass					0		0	3	3	1	3	2	0	4	16
fail					1		2	0	0	1	0	0	2	0	6
Moreno Valley College (903)	N/A	100%	100%	N/A	N/A	N/A	100%	100%	N/A	100%	50%	100%	92%		
pass		1	2				2	3		1	1	2	12		
fail		0	0				0	0		0	1	0	1		
Mt. Diablo Adult Education - Concord (500)	100%	0%	50%	75%	0%	100%	100%	50%	67%	0%	100%	75%	64%		
pass	2	0	2	3	0	5	2	2	2	0	2	3	23		
fail	0	1	2	1	4	0	0	2	1	1	0	1	13		
National Education Center (604)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
pass									0						
fail									0						
North Orange County Regional Occupational Program (495)	100%	0%	N/A	33%	0%	N/A	N/A	67%	0%	100%	17%	75%	44%		
pass	1	0		1	0			2	0	3	1	3	11		
fail	0	2		2	1			1	2	0	5	1	14		
North-West College - Pomona (420)	N/A	100%	N/A	0%	67%	N/A	100%	N/A	100%	N/A	75%	100%	75%		
pass		2		0	2		1		2		3	2	12		
fail		0		2	1		0		0		1	0	4		
North-West College - West Covina (419)	100%	0%	N/A	50%	100%	50%	N/A	50%	0%	0%	100%	N/A	61%		
pass	1	0		2	1	1		1	0	0	5		11		
fail	0	1		2	0	1		1	1	1	0		7		
Orange Coast (528)	N/A	100%	0%	100%	N/A	N/A	100%	67%	100%	N/A	N/A	100%	87%		
pass		1	0	1			2	2	4			3	13		
fail		0	1	0			0	1	0			0	2		
Palomar College - San Marcos (721)	N/A	N/A	100%	N/A	100%	N/A	100%	100%	100%	100%	100%	100%	100%		
pass					1		1		1	13	5	1	1	3	26
fail					0		0		0	0	0	0	0	0	0

0%	0%
0	0
1	1
0%	0%
0	0
0	0
0%	0%
0	0
1	3
67%	63%
12	5
6	3
56%	0%
5	0
4	1
56%	33%
9	4
7	8
0%	0%
0	0
0	0
75%	67%
12	4
4	2
89%	100%
8	4
1	0
73%	40%
19	4
7	6
0%	0%
0	0
0	0
54%	33%
7	4
6	8
82%	60%
9	3
2	2
60%	63%
6	5
4	3
92%	67%
11	2
1	1
100%	100%
25	1
0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Pasadena City College (529)	100%	50%	50%	N/A	N/A	N/A	100%	0%	100%	83%	0%	71%	73%
pass	3	1	1				1	0	6	5	0	5	22
fail	0	1	1				0	2	0	1	1	2	8
Pima Medical Institute - Chula Vista (871)	50%	100%	100%	N/A	50%	0%	0%	75%	33%	33%	67%	50%	50%
pass	1	1	2		1	0	0	3	1	2	2	3	16
fail	1	0	0		1	2	1	1	2	4	1	3	16
Pima Medical Institute - San Marcos (1004)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	50%	N/A	100%	67%	75%
pass							1	1	1		1	2	6
fail							0	0	1		0	1	2
Reedley College (530)	100%	0%	N/A	100%	0%	100%	67%	57%	100%	67%	N/A	100%	68%
pass	1	0		1	0	2	2	4	2	2		1	15
fail	0	1		0	1	0	1	3	0	1		0	7
Riverside County Office of Education - Indio (921)	N/A	N/A	100%	50%	N/A	N/A	0%	N/A	N/A	100%	100%	100%	75%
pass			1	2			0			1	1	4	9
fail			0	2			1			0	0	0	3
Riverside County Regional Occupational Program (498)	100%	N/A	N/A	N/A	N/A	N/A	50%	25%	100%	75%	0%	60%	53%
pass	1						1	1	1	3	0	3	10
fail	0						1	3	0	1	2	2	9
Sacramento City College (532)	100%	N/A	100%	N/A	N/A	N/A	100%	80%	50%	75%	100%	0%	84%
pass	1		1				10	4	1	3	1	0	21
fail	0		0				0	1	1	1	0	1	4
San Bernardino County Regional Occupational Program - Hesperia (454)	100%	N/A	100%	67%	0%	40%	N/A	100%	67%	50%	50%	83%	61%
pass	1		2	4	0	2		1	2	3	3	5	23
fail	0		0	2	2	3		0	1	3	3	1	15
San Bernardino County Regional Occupational Program - Twentynine Palms (913)	50%	100%	N/A	N/A	N/A	N/A	N/A	N/A	33%	60%	0%	100%	50%
pass	1	1							1	3	0	1	7
fail	1	0							2	2	2	0	7
San Diego Mesa College - San Diego (533)	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	100%	100%	100%
pass	2	1					5	1	2	1	3	2	17
fail	0	0					0	0	0	0	0	0	0
San Joaquin Valley College - Bakersfield (601)	N/A	N/A	100%	0%	100%	0%	75%	71%	100%	100%	100%	67%	74%
pass			1	0	1	0	3	5	3	1	1	2	17
fail			0	1	0	1	1	2	0	0	0	1	6
San Joaquin Valley College - Fresno (602)	100%	50%	50%	50%	0%	0%	0%	50%	63%	50%	86%	75%	63%
pass	3	1	1	1	0	0	0	1	5	1	6	6	25
fail	0	1	1	1	1	2	1	1	3	1	1	2	15
San Joaquin Valley College - Hesperia (998)	67%	50%	N/A	N/A	100%	100%	100%	100%	N/A	60%	50%	80%	74%
pass	2	1			2	1	2	1		3	1	4	17
fail	1	1			0	0	0	0		2	1	1	6
San Joaquin Valley College - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
San Joaquin Valley College - Temecula (919)	0%	50%	83%	67%	100%	100%	100%	100%	67%	100%	50%	60%	80%
pass		1	5	2	3	1	7	3	2	3	2	3	32
fail		1	1	1	0	0	0	0	1	0	2	2	8
San Joaquin Valley College - Visalia (446)	57%	67%	88%	100%	67%	50%	38%	75%	75%	100%	75%	83%	71%
pass	4	2	7	1	2	1	3	6	6	4	6	5	47
fail	3	1	1	0	1	1	5	2	2	0	2	1	19

78%	57%
18	4
5	3
64%	20%
14	2
8	8
71%	100%
5	1
2	0
80%	43%
12	3
3	4
73%	100%
8	1
3	0
62%	33%
8	2
5	4
90%	50%
19	2
2	2
71%	43%
17	6
7	8
50%	50%
3	4
3	4
100%	0%
17	0
0	0
76%	67%
13	4
4	2
75%	33%
21	4
7	8
84%	%
16	1
3	3
0%	0%
0	0
0	0
88%	43%
29	3
4	4
74%	63%
35	12
12	7

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

San Jose City College - San Jose (535)	75%	100%	100%	0%	50%	67%	0%	33%	40%	44%	100%	50%	47%
pass	3	1	1	0	1	4	0	3	4	4	2	3	26
fail	1	0	0	1	1	2	4	6	6	5	0	3	29
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Santa Rosa Junior College - Santa Rosa (538)	N/A	100%	N/A	25%	100%	N/A	0%	0%	100%	100%	100%	100%	71%
pass		2		1	2		0	0	1	1	2	3	12
fail		0		3	0		1	1	0	0	0	0	5
Shasta/Trinity Regional Occupational Program (455)	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	0%
pass			0				0	0					0
fail			1				1	1					3
Simi Valley Adult School (866)	50%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	71%
pass	2		1							1	1		5
fail	2		0							0	0		2
Southern California Regional Occupational Center - Torrance (612)	50%	100%	100%	100%	0%	50%	100%	50%	0%	60%	60%	80%	64%
pass	1	2	1	1	0	1	1	1	0	3	3	4	18
fail	1	0	0	0	1	1	0	1	1	2	2	1	10
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
The Valley School of Dental Assisting (920)	N/A	0%	0%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	67%
pass		0	0	1				1					2
fail		1	0	0				0					1
Tri Cities Regional Occupational Program (877)	0%	N/A	0%	0%	100%	N/A	N/A	N/A	N/A	0%	N/A	50%	29%
pass	0		0	0	1					0		1	2
fail	1		1	1	0					1		1	5
United Education Institute - Anaheim (916)	100%	100%	50%	100%	N/A	0%	100%	50%	0%	50%	60%	N/A	61%
pass	2	1	1	1		0	1	1	0	1	3		11
fail	0	0	1	0		1	0	1	1	1	2		7
United Education Institute - Bakersfield (926)	33%	40%	50%	N/A	25%	43%	14%	0%	0%	17%	33%	27%	27%
pass	1	2	1		1	3	1	0	0	1	4	3	17
fail	2	3	1		3	4	6	4	3	5	8	8	47
United Education Institute - Chula Vista (879)	0%	40%	67%	N/A	25%	33%	17%	20%	25%	0%	80%	22%	30%
pass	0	2	2		1	1	1	1	1	0	4	2	15
fail	3	3	1		3	2	5	4	3	3	1	7	35
United Education Institute - El Monte (909)	50%	100%	50%	50%	50%	50%	50%	0%	60%	0%	67%	71%	51%
pass	1	1	2	2	1	1	2	0	3	0	2	5	20
fail	1	0	2	2	1	1	2	1	2	4	1	2	19
United Education Institute - Encino (453)	0%	100%	50%	60%	0%	0%	80%	33%	100%	75%	50%	100%	53%
pass	0	1	2	3	0	0	4	1	1	3	1	1	17
fail	2	0	2	2	3	1	1	2	0	1	1	0	15
United Education Institute - Fresno (927)	50%	50%	0%	40%	25%	25%	86%	14%	8%	17%	100%	50%	33%
pass	1	2	0	2	1	1	6	1	1	1	2	1	19
fail	1	2	2	3	3	3	1	6	12	5	0	1	39
United Education Institute - Gardena (915)	0%	N/A	100%	0%	0%	0%	67%	33%	50%	0%	0%	75%	40%
pass	0		1	0	0	0	4	1	1	0	0	3	10
fail	1		0	1	1	3	2	2	1	1	2	1	15

59%	36%
16	10
11	18
0%	0%
0	0
0	0
92%	20%
11	1
1	4
0%	0%
0	0
2	1
67%	75%
2	3
1	1
81%	42%
13	5
3	7
0%	0%
0	0
0	0
50%	100%
1	1
1	0
25%	33%
1	1
3	2
67%	50%
8	3
4	3
10%	42%
3	14
28	19
27%	33%
7	8
19	16
63%	40%
12	8
7	12
55%	50%
11	6
9	6
48%	27%
10	9
11	28
45%	36%
5	5
6	9

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - Huntington Park (448)	20%	57%	67%	100%	33%	33%	50%	38%	20%	33%	67%	29%	41%
pass	1	4	2	2	3	2	1	3	1	1	4	2	26
fail	4	3	1	0	6	4	1	5	4	2	2	5	37
United Education Institute - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	100%	N/A	100%	75%
pass								1		1		1	3
fail								1		0		0	1
United Education Institute - Ontario (450)	100%	0%	100%	0%	100%	67%	0%	0%	100%	25%	0%	50%	48%
pass	1	0	1	0	4	2	0	0	3	1	0	2	14
fail	0	2	0	1	0	1	3	2	0	3	1	2	15
United Education Institute - Riverside (917)	40%	20%	100%	0%	50%	0%	0%	0%	100%	0%	80%	67%	38%
pass	2	1	1	0	1	0	0	0	1	0	4	2	12
fail	3	4	0	2	1	3	2	1	0	2	1	1	20
United Education Institute - San Diego (451)	N/A	100%	N/A	N/A	0%	100%	100%	N/A	N/A	100%	N/A	100%	88%
pass		1			0	2	1			2		1	7
fail		0			1	0	0			0		0	1
United Education Institute - San Marcos (918)	0%	67%	50%	50%	25%	100%	40%	45%	0%	50%	50%	40%	46%
pass	0	4	1	2	1	3	2	5	0	4	6	2	30
fail	1	2	1	2	3	0	3	6	4	4	6	3	35
United Education Institute - Stockton (925)	0%	0%	50%	40%	25%	80%	0%	100%	50%	25%	0%	38%	41%
pass	0	0	2	2	1	4	0	3	2	1	0	3	18
fail	1	1	2	3	3	1	3	0	2	3	2	5	26
United Education Institute - Van Nuys (453)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Unitek - Concord (994)	33%	33%	N/A	100%	50%	33%	25%	0%	75%	100%	50%	75%	53%
pass	1	1		1	1	1	1	0	3	3	1	3	16
fail	2	2		0	1	2	3	1	1	0	1	1	14
Unitek - Sacramento (924)	N/A	N/A	0%	100%	N/A	0%	67%	N/A	50%	100%	50%	100%	67%
pass			0	1		0	2		1	3	1	2	10
fail			1	0		1	1		1	0	1	0	5
Unitek - San Jose (995)	50%	0%	N/A	N/A	0%	N/A	N/A	0%	0%	100%	N/A	50%	36%
pass	1	0			0			0	0	2		1	4
fail	1	1			2			1	1	0		1	7
University of California, Los Angeles - Extension (803)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	0%	0%
pass								0			0	0	0
fail								1			1	1	3
West Los Angeles College (1001)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	N/A	100%	100%
pass						1			1	1		2	5
fail						0			0	0		0	0
National (ADA) Out of State	N/A	100%	50%	N/A	100%	N/A	100%	N/A	N/A	N/A	0%	100%	71%
pass		1	1		1		1				0	1	5
fail		0	1		0		0				1	0	2
Work Experience	60%	49%	55%	45%	45%	50%	54%	50%	58%	45%	63%	57%	53%
pass	55	49	66	39	48	54	45	53	59	56	84	108	716
fail	37	52	54	47	58	54	38	53	43	69	50	81	636
Mixed Education and Work Experience	70%	50%	63%	47%	60%	57%	35%	57%	40%	52%	48%	49%	52%
pass	14	6	10	9	9	13	6	13	8	16	14	20	138
fail	6	6	6	10	6	10	11	10	12	15	15	21	128

52%	33%
14	12
13	24
75%	0%
3	0
1	0
55%	44%
6	8
5	10
27%	43%
3	9
8	12
83%	100%
5	2
1	0
59%	33%
19	11
13	22
39%	43%
9	9
14	12
0%	0%
0	0
0	0
69%	36%
11	5
5	9
73%	50%
8	2
3	2
29%	50%
2	2
5	2
0%	0%
0	0
1	2
100%	0%
5	0
0	0
67%	100%
4	1
2	0
62%	40%
487	229
296	340
62%	37%
98	40
61	67

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

PERCENT PASS	63%	55%	58%	50%	48%	52%	54%	51%	55%	52%	59%	60%	55%
TOTAL PASS	184	154	179	141	150	176	188	222	236	234	279	373	2,516
TOTAL FAIL	109	128	129	140	161	163	158	213	190	220	193	244	2,048

64%	41%
1,757	759
971	1,077

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
October 2019**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
American Career College - Anaheim (896)	4	1	25%	3	75%	1	1	100%	0	0%	3	0	0%	3	100%
American Career College - Los Angeles (867)	5	2	40%	3	60%	1	0	0%	1	100%	4	2	50%	2	50%
American Career College - Ontario (905)	7	6	86%	1	14%	4	3	75%	1	25%	3	3	100%	0	0%
Anthem College - Sacramento (503)	4	1	25%	3	75%	1	0	0%	1	100%	3	1	33%	2	67%
Baldy View Regional Occupational Program (590)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Blake Austin College (897)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - Bakersfield (884)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
Brightwood - Clovis (885)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Brightwood - Modesto (499)/(890)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Brightwood - Palm Springs (901)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Brightwood - Sacramento (888)	4	2	50%	2	50%	1	1	100%	0	0%	3	1	33%	2	67%
Brightwood - San Diego (899)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Brightwood - Vista (900)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Carrington College - Citrus Heights (882)	5	4	80%	1	20%	2	2	100%	0	0%	3	2	67%	1	33%
Carrington College - Pleasant Hill (868)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - Pomona (908)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington College - Sacramento (436)	11	4	36%	7	64%	5	2	40%	3	60%	6	2	33%	4	67%
Carrington College - San Jose (876)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Carrington College - San Leandro (609)	9	2	22%	7	78%	3	1	33%	2	67%	6	1	17%	5	83%
Carrington College - Stockton (902)	6	3	50%	3	50%	3	2	67%	1	33%	3	1	33%	2	67%
Cerritos Community College - Norwalk (511)	6	5	83%	1	17%	4	4	100%	0	0%	2	1	50%	1	50%
Citrus College - Glendora (515)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
City College of San Francisco (534)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
College of Alameda - Alameda (506)	4	4	100%	0	0%	0	0	0%	0	0%	4	4	100%	0	0%
College of Marin (523)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
College of San Mateo - San Mateo (536)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
College of the Redwoods (536)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Concorde Career College - North Hollywood (435)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Concorde Career College- San Bernardino (430)	11	7	64%	4	36%	5	4	80%	1	20%	6	3	50%	3	50%
Concorde Career College - San Diego (421)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Cypress College (518)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Diablo Valley College - Pleasant Hill (516)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Eden Area Regional Occupational Center - Hayward (608)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest College - Gardena (870)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - City of Industry (875)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest College - Los Angeles (410)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Everest College - Los Angeles (874)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest College - Reseda (404)	3	0	0%	3	100%	0	0	0%	0	0%	3	0	0%	3	100%
Everest College - San Francisco (407)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
FADE, Inc. (999)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Foothill Community College (517)	7	5	71%	2	29%	3	3	100%	0	0%	4	2	50%	2	50%
Grossmont Community College - El Cajon (519)	7	1	14%	6	86%	3	1	33%	2	67%	4	0	0%	4	100%
Grossmont Helath Occupations - Santee (610)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Heald College - Concord (891)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Heald College - Stockton (887)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Med-Help Training School (441)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute - Merced (928)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Milan Institute - Palm Desert (906)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
October 2019**

Milan Institute -Visalia (907)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Monterey Peninsula College (527)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Moreno Valley College (903)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
North Orange County ROP (495)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
North-West College - West Covina (419)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Palomar College - San Marcos (721)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	6	5	83%	1	17%	3	3	100%	0	0%	3	2	67%	1	33%
Pima Medical Institute - Chula Vista (871)	6	2	33%	4	67%	4	2	50%	2	50%	2	0	0%	2	100%
Reedley College (530)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Riverside Office of Education- Indio (921)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Riverside County Office of Education - Riverside (498)	4	3	75%	1	25%	2	2	100%	0	0%	2	1	50%	1	50%
Sacramento City College (532)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
San Bernardino County ROP - Hesperia (454)	6	3	50%	3	50%	5	2	40%	3	60%	1	1	100%	0	0%
San Bernardino County ROP-Twenty-nine Palms (913)	5	3	60%	2	40%	2	2	100%	0	0%	3	1	33%	2	67%
San Diego Mesa College - San Diego (533)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Joaquin Valley College - Fresno (602)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
San Joaquin Valley College - Hesperia (998)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
San Joaquin Valley College - Temecula (919)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	4	4	100%	0	0%	2	2	100%	0	0%	2	2	100%	0	0%
San Jose City College - San Jose (535)	9	4	44%	5	56%	2	1	50%	1	50%	7	3	43%	4	57%
Santa Rosa Junior College - Santa Rosa (538)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Simi Valley Adult School (886)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
Tricities ROP (877)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
United Education Institute - Bakersfield (926)	6	1	17%	5	83%	3	0	0%	3	100%	3	1	33%	2	67%
United Education Institute - Chula Vista (879)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
United Education Insitute - Gardena (915)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - El Monte (909)	4	0	0%	4	100%	1	0	0%	1	100%	3	0	0%	3	100%
United Education Institute - Encino (453)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
United Education Institute - Fresno (927)	6	1	17%	5	83%	0	0	0%	0	0%	6	1	17%	5	83%
United Education Institute - Huntington Park (448)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
United Education Institute - Los Angeles (449)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Ontario (450)	4	1	25%	3	75%	1	0	0%	1	100%	3	1	33%	2	67%
United Education Institute - Riverside (927)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
United Education Institute - San Diego (451)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
United Education Institute - San Marcos (918)	8	4	50%	4	50%	3	3	100%	0	0%	5	1	20%	4	80%
United Education Institute - Stockton (925)	4	1	25%	3	75%	1	0	0%	1	100%	3	1	33%	2	67%
Unitek-Concord (994)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Unitek College - Sacramento (924)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
Unitek College - San Jose (995)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
West Los Angeles College (1001)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	298	162	54%	136	46%	153	105	69%	48	31%	145	57	39%	88	61%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	125	56	45%	69	55%	59	28	47%	31	53%	66	28	42%	38	58%
MIXED EDUCATION AND WORK EXPERIENCE	31	16	52%	15	48%	19	12	63%	7	37%	12	4	33%	8	67%
GRAND TOTALS	454	234	52%	220	48%	231	145	63%	86	37%	223	89	40%	134	60%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
November 2019**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
American Career College - Anaheim (896)	5	2	40%	3	60%	3	2	67%	1	33%	2	0	0%	2	100%
American Career College - Long Beach (997)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
American Career College - Los Angeles (867)	10	7	70%	3	30%	9	6	67%	3	33%	1	1	100%	0	0%
American Career College - Ontario (905)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
Anthem College - Sacramento (503)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Blake Austin College (897)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Brightwood - Bakersfield (884)	6	2	33%	4	67%	3	2	67%	1	33%	3	0	0%	3	100%
Brightwood - Clovis (885)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Brightwood - Modesto (499)/(890)	5	1	20%	4	80%	1	0	0%	1	100%	4	1	25%	3	75%
Brightwood - Palm Springs (901)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Riverside (898)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - Sacramento (888)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - San Diego (899)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Brightwood - Vista (900)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Carrington College - Pleasant Hill (868)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Carrington College - Pomona (908)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Carrington College - Sacramento (436)	13	7	54%	6	46%	9	6	67%	3	33%	4	1	25%	3	75%
Carrington College - San Jose (876)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington College - San Leandro (609)	9	2	22%	7	78%	4	1	25%	3	75%	5	1	20%	4	80%
Carrington College - Stockton (902)	6	3	50%	3	50%	4	2	50%	2	50%	2	1	50%	1	50%
Cerritos Community College - Norwalk (511)	4	2	50%	2	50%	3	1	33%	2	67%	1	1	100%	0	0%
Citrus College - Glendora (515)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
City College of San Francisco (534)	4	4	100%	0	0%	3	3	100%	0	0%	1	1	100%	0	0%
College of Alameda - Alameda (506)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
College of Marin (523)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
College of San Mateo - San Mateo (536)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
College of the Redwoods (838)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
Concorde Career College - North Hollywood (435)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Concorde Career College- San Bernardino (430)	14	8	57%	6	43%	7	5	71%	2	29%	7	3	43%	4	57%
Concorde Career College - San Diego (421)	8	5	63%	3	38%	6	5	83%	1	17%	2	0	0%	2	100%
Cypress College (518)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Diablo Valley College - Pleasant Hill (516)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest College - Alhambra (406)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Everest College - Gardena (870)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - City of Industry (875)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Everest College - Los Angeles (410)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Everest College - Reseda (404)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
Everest College - San Jose (408)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
FADE, Inc. (999)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Foothill Community College (517)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Galen College (413)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Grossmont Helath Occupations - El Cajon (519)	8	4	50%	4	50%	0	0	0%	0	0%	8	4	50%	4	50%
Heald College - Concord (891)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald College - Hayward (889)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Howard Healthcare Academy (996)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Med-Help Training School (441)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Milan Institute - Merced (928)	5	3	60%	2	40%	2	2	100%	0	0%	3	1	33%	2	67%
Milan Institute - Palm Desert (906)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
November 2019**

Milan Institute -Visalia (907)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
Monterey Peninsula College (527)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Moreno Valley College (903)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
North Orange County ROP (495)	6	1	17%	5	83%	4	1	25%	3	75%	2	0	0%	2	100%
North-West College - Pomona (420)	4	3	75%	1	25%	3	3	100%	0	0%	1	0	0%	1	100%
North-West College - West Covina (419)	5	5	100%	0	0%	2	2	100%	0	0%	3	3	100%	0	0%
Palomar College - San Marcos (721)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Pasadena City College (529)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Pima Medical Institute - Chula Vista (871)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Pima Medical Institute (1004)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Riverside Office of Education- Indio (921)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Riverside County Office of Education - Riverside (498)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Sacramento City College (532)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Bernardino County ROP - Hesperia (454)	6	3	50%	3	50%	3	2	67%	1	33%	3	1	33%	2	67%
San Bernardino County ROP-Twenty-nine Palms (913)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
San Diego Mesa College - San Diego (533)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	7	6	86%	1	14%	7	6	86%	1	14%	0	0	0%	0	0%
San Joaquin Valley College - Hesperia (998)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
San Joaquin Valley College - Temecula (919)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
San Joaquin Valley College - Visalia (446)	8	6	75%	2	25%	3	3	100%	0	0%	5	3	60%	2	40%
San Jose City College - San Jose (535)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Santa Rosa Junior College - Santa Rosa (538)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Simi Valley Adult School (886)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Southern California ROC - Torrance (612)	5	3	60%	2	40%	1	1	100%	0	0%	4	2	50%	2	50%
United Education Institute - Anaheim (916)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
United Education Institute - Bakersfield (926)	12	4	33%	8	67%	5	0	0%	5	100%	7	4	57%	3	43%
United Education Institute - Chula Vista (879)	5	4	80%	1	20%	4	3	75%	1	25%	1	1	100%	0	0%
United Education Institute - El Monte (909)	3	2	67%	1	33%	0	0	0%	0	0%	3	2	67%	1	33%
United Education Institute - Encino (453)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
United Education Institute - Fresno (927)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
United Education Institute - Gardena (915)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - Huntington Park (448)	6	4	67%	2	33%	2	1	50%	1	50%	4	3	75%	1	25%
United Education Institute - Ontario (450)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Riverside (917)	5	4	80%	1	20%	2	2	100%	0	0%	3	2	67%	1	33%
United Education Institute - San Marcos (918)	12	6	50%	6	50%	8	4	50%	4	50%	4	2	50%	2	50%
United Education Institute - Stockton (925)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Unitek-Concord (994)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Unitek College - Sacramento (924)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
University of California Extension - Los Angeles (803)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
TOTALS	308	181	59%	127	41%	168	111	66%	57	34%	140	70	50%	70	50%
NATIONAL (ADA)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
WORK EXPERIENCE	134	84	63%	50	37%	80	53	66%	27	34%	54	31	57%	23	43%
MIXED EDUCATION AND WORK EXPERIENCE	29	14	48%	15	52%	14	7	50%	7	50%	15	7	47%	8	53%
GRAND TOTALS	472	279	59%	193	41%	263	171	65%	92	35%	209	108	52%	101	48%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
December 2019**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College (508)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
American Career College - Anaheim (896)	8	1	13%	7	88%	3	1	33%	2	67%	5	0	0%	5	100%
American Career College - Los Angeles (867)	10	8	80%	2	20%	8	6	75%	2	25%	2	2	100%	0	0%
American Career College - Ontario (905)	8	3	38%	5	63%	4	1	25%	3	75%	4	2	50%	2	50%
Baldy View ROP (590)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Blake Austin College (897)	6	4	67%	2	33%	3	3	100%	0	0%	3	1	33%	2	67%
Brightwood - Bakersfield (884)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Brightwood - Clovis (885)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Brightwood - Modesto (890)	7	4	57%	3	43%	2	2	100%	0	0%	5	2	40%	3	60%
Brightwood - Palm Springs (901)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Riverside (898)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Brightwood - Stockton (611)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - San Diego (899)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Brightwood - Vista (900)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Butte County ROP (605)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Carrington - Antioch (886)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Carrington College - Emeryville (904)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington College - Sacramento (436)	18	10	56%	8	44%	14	8	57%	6	43%	4	2	50%	2	50%
Carrington College - San Jose (876)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
Carrington College - San Leandro (609)	9	1	11%	8	89%	3	1	33%	2	67%	6	0	0%	6	100%
Carrington College - Stockton (902)	10	6	60%	4	40%	6	5	83%	1	17%	4	1	25%	3	75%
Cerritos Community College - Norwalk (511)	6	5	83%	1	17%	4	4	100%	0	0%	2	1	50%	1	50%
Chaffey College (514)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
City College of San Francisco (534)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
College of Alameda - Alameda (506)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
College of Marin (523)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
College of San Mateo - San Mateo (536)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
College of the Redwoods (838)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	9	4	44%	5	56%	7	4	57%	3	43%	2	0	0%	2	100%
Concorde Career College - North Hollywood (435)	5	4	80%	1	20%	4	4	100%	0	0%	1	0	0%	1	100%
Concorde Career College- San Bernardino (430)	15	10	67%	5	33%	7	5	71%	2	29%	8	5	63%	3	38%
Concorde Career College - San Diego (421)	13	11	85%	2	15%	10	8	80%	2	20%	3	3	100%	0	0%
Cypress College (518)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Diablo Valley College - Pleasant Hill (516)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Eden Area Rop (608)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Ontario (501)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
Everest College - Reseda (404)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - San Francisco (407)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - San Jose (408)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
FADE, Inc. (999)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Foothill Community College (517)	7	4	57%	3	43%	4	3	75%	1	25%	3	1	33%	2	67%
Grossmont Helath Occupations - El Cajon (519)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
Howard Healthcare Academy (996)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Med-Help Training School (441)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Milan Institute - Merced (928)	4	3	75%	1	25%	2	1	50%	1	50%	2	2	100%	0	0%
Milan Institute - Palm Desert (906)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Milan Institute -Visalia (907)	9	6	67%	3	33%	5	4	80%	1	20%	4	2	50%	2	50%
Monterey Peninsula College (527)	4	4	100%	0	0%	2	2	100%	0	0%	2	2	100%	0	0%
Moreno Valley College (903)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
December 2019**

Mt. Diablo Adult Education - Concord (500)	4	3	75%	1	25%	3	3	100%	0	0%	1	0	0%	1	100%
North Orange County ROP (495)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
North-West College - Pomona (420)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Orange Coast College (528)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Palomar College - San Marcos (721)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	7	5	71%	2	29%	6	5	83%	1	17%	1	0	0%	1	100%
Pima Medical Institute - Chula Vista (871)	6	3	50%	3	50%	5	3	60%	2	40%	1	0	0%	1	100%
Pima Medical Institute (1004)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Reedley College (530)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Riverside Office of Education- Indio (921)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
Riverside County Office of Education - Riverside (498)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
Sacramento City College (532)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Bernardino County ROP - Hesperia (454)	6	5	83%	1	17%	3	3	100%	0	0%	3	2	67%	1	33%
San Bernardino County ROP-Twenty-nine Palms (913)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Diego Mesa College - San Diego (533)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	8	6	75%	2	25%	6	5	83%	1	17%	2	1	50%	1	50%
San Joaquin Valley College - Hesperia (998)	5	4	80%	1	20%	4	4	100%	0	0%	1	0	0%	1	100%
San Joaquin Valley College - Temecula (919)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
San Joaquin Valley College - Visalia (446)	6	5	83%	1	17%	3	2	67%	1	33%	3	3	100%	0	0%
San Jose City College - San Jose (535)	6	3	50%	3	50%	1	1	100%	0	0%	5	2	40%	3	60%
Santa Rosa Junior College - Santa Rosa (538)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	5	4	80%	1	20%	4	4	100%	0	0%	1	0	0%	1	100%
Tricities ROP (877)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
United Education Institute - Bakersfield (926)	11	3	27%	8	73%	4	0	0%	4	100%	7	3	43%	4	57%
United Education Institute - Chula Vista (879)	9	2	22%	7	78%	5	0	0%	5	100%	4	2	50%	2	50%
United Education Institute - El Monte (909)	7	5	71%	2	29%	6	4	67%	2	33%	1	1	100%	0	0%
United Education Institute - Encino (453)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Fresno (927)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
United Education Institute - Gardena (915)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
United Education Institute - Huntington Park (448)	7	2	29%	5	71%	2	0	0%	2	100%	5	2	40%	3	60%
United Education Institute - Los Angeles (449)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Ontario (450)	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
United Education Institute - Riverside (917)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
United Education Institute - San Diego (451)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - San Marcos (918)	5	2	40%	3	60%	1	1	100%	0	0%	4	1	25%	3	75%
United Education Institute - Stockton (925)	8	3	38%	5	63%	5	2	40%	3	60%	3	1	33%	2	67%
Unitek-Concord (994)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Unitek College - Sacramento (924)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Unitek College - San Jose (995)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
University of California Extension - Los Angeles (803)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
West Los Angeles College (1001)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
TOTALS	386	244	63%	142	37%	241	177	73%	64	27%	145	67	46%	78	54%
NATIONAL (ADA)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
WORK EXPERIENCE	189	108	57%	81	43%	103	72	70%	31	30%	86	36	42%	50	58%
MIXED EDUCATION AND WORK EXPERIENCE	41	20	49%	21	51%	23	12	52%	11	48%	18	8	44%	10	56%
GRAND TOTALS	617	373	60%	244	40%	367	261	71%	106	29%	250	112	45%	138	55%

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total	YTD First Time Testers	YTD Repeat Testers
Central California Dental Academy (011)	N/A	N/A	100%	N/A	N/A	100%	60%	50%	N/A	N/A	50%	0%	62%	88%	20%
pass			1			2	3	1			1	0	8	7	1
fail			0			0	2	1			1	1	5	1	4
Dental Care Institute (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dental Career Institute (008)	N/A	N/A	67%	100%	N/A	N/A	33%	100%	100%	75%	N/A	0%	69%	67%	75%
pass			2	2			1	1	2	3		0	11	8	3
fail			1	0			2	0	0	1		1	5	4	1
Expanded Functions Dental Assistants Association (004)	N/A	N/A	40%	50%	67%	75%	100%	100%	67%	60%	75%	N/A	64%	71%	57%
pass			2	1	2	3	1	1	2	3	3		18	10	8
fail			3	1	1	1	0	0	1	2	1		10	4	6
Howard Healthcare Academy (009)	0%	0%	100%	100%	N/A	50%	100%	N/A	N/A	N/A	0%	0%	36%	43%	29%
pass	0	0	1	1		1	2				0	0	5	3	2
fail	1	1	0	0		1	0				4	2	9	4	5
J Productions (005)	N/A	N/A	N/A	N/A	65%	38%	33%	60%	100%	N/A	N/A	100%	58%	57%	60%
pass					11	3	1	3	2			1	21	12	9
fail					6	5	2	2	0			0	15	9	6
Loma Linda University (007)	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	0%	N/A	50%	N/A	80%	92%	0%
pass						7	3	1	0		1		12	12	0
fail						0	1	0	1		1		3	1	2
The FADE Institute, Inc. (010)	100%	N/A	N/A	N/A	N/A	N/A	82%	100%	N/A	N/A	N/A	100%	85%	82%	100%
pass	1						14	1				1	17	14	3
fail	0						3	0				0	3	3	0
University of California, Los Angeles (001)	0%	0%	0%	60%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%	0%	27%
pass	0	0	0	3	0								3	0	3
fail	1	1	4	2	1								9	1	8
University of California, San Francisco (002)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
University of the Pacific (006)	N/A	N/A	100%	N/A	0%	100%	67%	67%	N/A	N/A	N/A	N/A	76%	80%	67%
pass			1		0	11	2	2					16	12	4
fail			0		3	0	1	1					5	3	2
PERCENT PASS	33%	0%	47%	70%	54%	79%	71%	71%	75%	67%	42%	33%	63%	72%	49%
TOTAL PASS	1	0	7	7	13	27	27	10	6	6	5	2	111	78	33
TOTAL FAIL	2	2	8	3	11	7	11	4	2	3	7	4	64	30	34

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

**Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
October 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Career Institute (08E)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
Expanded Functions Dental Assistants Assoc. (04E)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
TOTALS	9	6	67%	3	33%	8	6	75%	2	25%	1	0	0%	1	100%

**Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
November 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Central California Dental Academy (11E)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Expanded Functions Dental Assistants Association (04E)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
Howard Healthcare Academy (09E)	4	0	0%	4	100%	3	0	0%	3	100%	1	0	0%	1	100%
Loma Linda University (07E)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
TOTALS	12	5	42%	7	58%	6	3	50%	3	50%	6	2	33%	4	67%

**Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
December 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Central California Dental Academy (11E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Career Institute (08E)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
FADE (10E)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Howard Healthcare Acadmey (09E)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
J Productions (05E)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
TOTALS	6	2	33%	4	67%	2	1	50%	1	50%	4	1	25%	3	75%

RDAEF PRACTICAL AND CLINICAL EXAMINATION SCHOOL STATISTICS

Program	18-Nov	19-Feb	19-Mar	19-Jun	19-Aug	19-Oct	19-Nov	Total		YTD First Time Testers	YTD Repeat Testers
Central California Dental Academy (011)											
Amalgam and Composite	N/A	50%	N/A	50%	N/A	33%	0%	28%		23%	40%
pass		1		3		1	0	5		3	2
fail		1		3		2	7	13		10	3
Cord Retraction & Final Impression	N/A	67%	N/A	67%	N/A	50%	17%	47%		42%	60%
pass		2		4		1	1	8		5	3
fail		1		2		1	5	9		7	2
Dental Career Institute (008)											
Amalgam and Composite	N/A	100%	N/A	50%	N/A	100%	0%	86%		100%	50%
pass		4		1		1	0	6		5	1
fail		0		1		0	0	1		0	1
Cord Retraction & Final Impression	N/A	60%	N/A	60%	N/A	0%	0%	55%		60%	50%
pass		3		3		0	0	6		3	3
fail		2		2		1	0	5		2	3
Expanded Functions Dental Assistants Association (004)											
Amalgam and Composite	N/A	60%	N/A	75%	0%	83%	0%	73%		80%	64%
pass		3		6	0	10	0	19		12	7
fail		2		2	1	2	0	7		3	4
Cord Retraction & Final Impression	N/A	67%	N/A	50%	N/A	56%	0%	57%		53%	63%
pass		4		4		5	0	13		8	5
fail		2		4		4	0	10		7	3
FADE (010)											
Amalgam and Composite	63%	N/A	100%	N/A	67%	0%	83%	71%		68%	88%
pass	5		3		12	0	5	25		13	7
fail	3		0		6	0	1	10		6	1
Cord Retraction & Final Impression	100%	N/A	100%	N/A	63%	0%	43%	67%		100%	17%
pass	6		1		10	0	3	20		12	2
fail	0		0		6	0	4	10		0	10
Howard Healthcare Academy (009)											
Amalgam and Composite	N/A	100%	N/A	100%	N/A	40%	0%	70%		67%	75%
pass		2		3		2	0	7		4	3
fail		0		0		3	0	3		2	1
Cord Retraction & Final Impression	N/A	50%	N/A	67%	N/A	33%	0%	45%		50%	40%
pass		1		2		2	0	5		3	2
fail		1		1		4	0	6		3	3
J Productios (005)											
Amalgam and Composite	0%	100%	N/A	86%	100%	0%	0%	85%		86%	100%
pass	0	1		19	3	0	0	23		19	4
fail	1	0		3	0	0	0	4		3	0
Cord Retraction & Final Impression	100%	N/A	N/A	85%	100%	0%	100%	88%		85%	100%
pass	2			17	2	0	2	23		17	4
fail	0			3	0	0	0	3		3	0
Loma Linda University (007)											
Amalgam and Composite	N/A	N/A	0%	67%	N/A	33%	0%	52%		73%	0%
pass			0	10		1	0	11		11	0
fail			1	5		2	2	10		4	6

Cord Retraction & Final Impression	N/A	N/A	N/A	57%	N/A	67%	100%	62%
pass				8		4	1	13
fail				6		2	0	8
University of California, Los Angeles (002)								
Amalgam and Composite	N/A	100%	N/A	100%	N/A	33%	0%	60%
pass		1		1		1	0	3
fail		0		0		2	0	2
Cord Retraction & Final Impression	N/A	50%	N/A	0%	N/A	33%	0%	29%
pass		1		0		1	0	2
fail		1		2		2	0	5
University of the Pacific (006)								
Amalgam and Composite	0%	N/A	N/A	100%	80%	0%	0%	56%
pass	0			1	4	0	0	5
fail	1			0	1	0	2	4
Cord Retraction & Final Impression	N/A	N/A	100%	100%	100%	0%	0%	100%
pass			2	1	3	0	0	6
fail			0	0	0	0	0	0
AMALGAM AND COMPOSITE	50%	80%	75%	76%	70%	59%	29%	66%
TOTAL PASS	5	12	3	44	19	16	5	104
TOTAL FAIL	5	3	1	14	8	11	12	54
CORD RETRACTION & FINAL IMPRESSION	100%	61%	100%	66%	71%	48%	44%	63%
TOTAL PASS	8	11	3	39	15	13	7	96
TOTAL FAIL	0	7	0	20	6	14	9	56

50%	86%
7	6
7	1
0%	60%
0	3
0	2
0%	29%
0	2
0	5
50%	67%
1	4
1	2
100%	100%
1	5
0	0
77%	71%
40	15
12	6
70%	73%
37	16
16	6

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-20	Nov-20	Dec-20	Total
Dr. H. Mark Cox, DDS (008)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass		1											1
fail		0											0
Dr. Bruce Whitcher (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
John R. Pappas, DDS (012)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1									1
fail				0									0
Michael P. Morrissette, DDS (016)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1								1
fail					0								0
Robert E. Bell, DDS, Inc. (017)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass	0												0
fail	1												1
Steven Miyamoto, DDS (019)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1									1
fail				0									0
Dental Specialties Institute (028)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass											1		1
fail											0		0
Robert Charles McIntosh (043)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass													0
fail													0
PERCENT PASS	0%	100%	N/A	100%	100%	N/A	N/A	N/A	0%	N/A	100%	0%	78%
TOTAL PASS	0	1	0	2	1	0	0	0	0	0	1	0	5
TOTAL FAIL	1	0	0	0	0	0	0	0	0	0	0	0	1

YTD First Time Testers	YTD Repeat Testers
100%	0%
1	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	100%
0	1
0	0
0%	0%
0	0
0	1
100%	0%
1	0
0	0
100%	0%
1	0
0	0
100%	0%
0	0
0	0
100%	50%
4	1
0	1

**Dental Sedation Assistant Written Examination Statistics
November 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Specialties Institute (028)	1	1	100%	0	0%	0	1	0%	0	0%	1	0	100%	0	0%
TOTALS	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%



MEMORANDUM

DATE	January 02, 2020
TO	Members of the Dental Assisting Council Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	DAC Agenda Item 6: Update on Dental Assisting Licensing Statistics

The following table provides current license status by license type as of **January 02, 2020**.

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,279	1,551
Current & Inactive	4,197	67
Delinquent	12,178	248
Total Population (Current & Delinquent)	46,654	1,866
Total Cancelled Since Implementation	46,968	330

The following table provides current permit status by permit type as of **January 02, 2020**.

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	1,211	30	1,241
Current & Inactive	24	2	26
Delinquent	158	18	176
Total Population (Current & Delinquent)	1,393	50	1,443
Total Cancelled Since Implementation	3	0	3

Definitions

Current & Active	An individual who has an active status and has completed all renewal requirements receives this status.
Current & Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status.
Deficient	Application processed lacking one or more requirements

Delinquent License Aging Status as of January 10, 2020

License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days - 1 Year	1 - 2 Years	2 - 3 Years	3 - 4 Years	4 - 5 Years
RDA	507	343	331	2,205	2,322	2,214	2,185	1,398
RDAEF	16	19	8	33	39	47	41	22
OA	0	0	0	37	23	15	10	3
DSA	0	1	0	5	2	3	2	2

Active Licensees by County as of January 10, 2020

County	RDA	Population	Population per RDA	DDS	RDA to DDS Ratio
Alameda	1,276	1,669,301	1,308	1,486	1:1
Alpine	0	1,162	N/A	1	0:1
Amador	57	38,294	671	22	3:1
Butte	267	226,466	848	132	2:1
Calaveras	61	45,117	739	16	4:1
Colusa	26	22,117	850	4	7:1
Contra Costa	1,284	1,155,879	900	1,112	1:1
Del Norte	28	27,401	978	13	2:1
El Dorado	226	191,848	848	166	1:1
Fresno	877	1,018,241	1,161	608	1:1
Glenn	47	29,132	619	10	5:1
Humboldt	178	135,333	760	69	3:1
Imperial	89	190,266	2,137	38	2:1
Inyo	13	18,593	1,430	13	1:1
Kern	630	916,464	1,454	349	2:1
Kings	138	153,710	1,113	70	2:1
Lake	84	65,071	774	48	2:1
Lassen	54	30,150	558	23	2:1
Los Angeles	4,769	10,253,716	2,150	8,451	1:2
Madera	132	159,536	1,208	46	3:1
Marin	184	262,879	1,428	315	1:2

Active Licensees by County - continued

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Mariposa	13	18,068	1,389	7	2:1
Mendocino	104	89,009	855	51	2:1
Merced	247	282,928	1,145	93	3:1
Modoc	5	9,602	1,920	4	1:1
Mono	6	13,616	2,269	3	2:1
Monterey	401	445,414	1,110	262	2:1
Napa	150	140,779	938	112	1:1
Nevada	95	98,904	1,041	81	1:1
Orange	1,830	3,222,498	1,760	3,910	1:2
Placer	511	396,691	776	475	1:1
Plumas	20	19,779	988	14	1:1
Riverside	2,050	2,440,124	1,190	1,094	2:1
Sacramento	1,717	1,546,174	900	1,115	2:1
San Benito	98	62,296	635	21	5:1
San Bernardino	1,596	2,192,203	1,373	1,356	1:1
San Diego	2,682	3,351,786	1,249	2,763	1:1
San Francisco	455	883,869	1,942	1,258	1:3
San Joaquin	777	770,385	991	374	2:1
San Luis Obispo	226	280,393	1,240	235	1:1
San Mateo	624	774,485	1,241	871	1:1
Santa Barbara	352	454,593	1,291	323	1:1
Santa Clara	1,709	1,954,286	1,143	2,289	1:1
Santa Cruz	228	274,871	1,205	177	1:1
Shasta	203	178,773	880	112	2:1
Sierra	5	3,213	642	1	5:1
Siskiyou	28	44,584	1,592	24	1:1
Solano	642	441,307	687	278	2:1
Sonoma	686	500,675	729	396	2:1
Stanislaus	590	558,972	947	279	2:1
Sutter	117	97,490	833	53	2:1
Tehama	82	64,387	785	28	3:1
Trinity	5	13,688	2,737	3	2:1
Tulare	456	479,112	1,050	227	2:1
Tuolumne	81	54,590	673	46	2:1
Ventura	539	856,598	1,589	666	1:1
Yolo	190	222,581	1,171	117	2:1
Yuba	90	77,916	865	10	9:1
TOTAL	30,030	39,927,315	65,705	30,634	

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

**Ratios are rounded to the nearest whole number

The counties with the highest Population per RDA are:

1. Trinity County (1:2,737)
2. Mono County (1:2,269)
3. Los Angeles County (1:2,150)
4. Imperial County (1:2,137)
5. San Francisco County (1:1,942)

The counties with the lowest Population per RDA are:

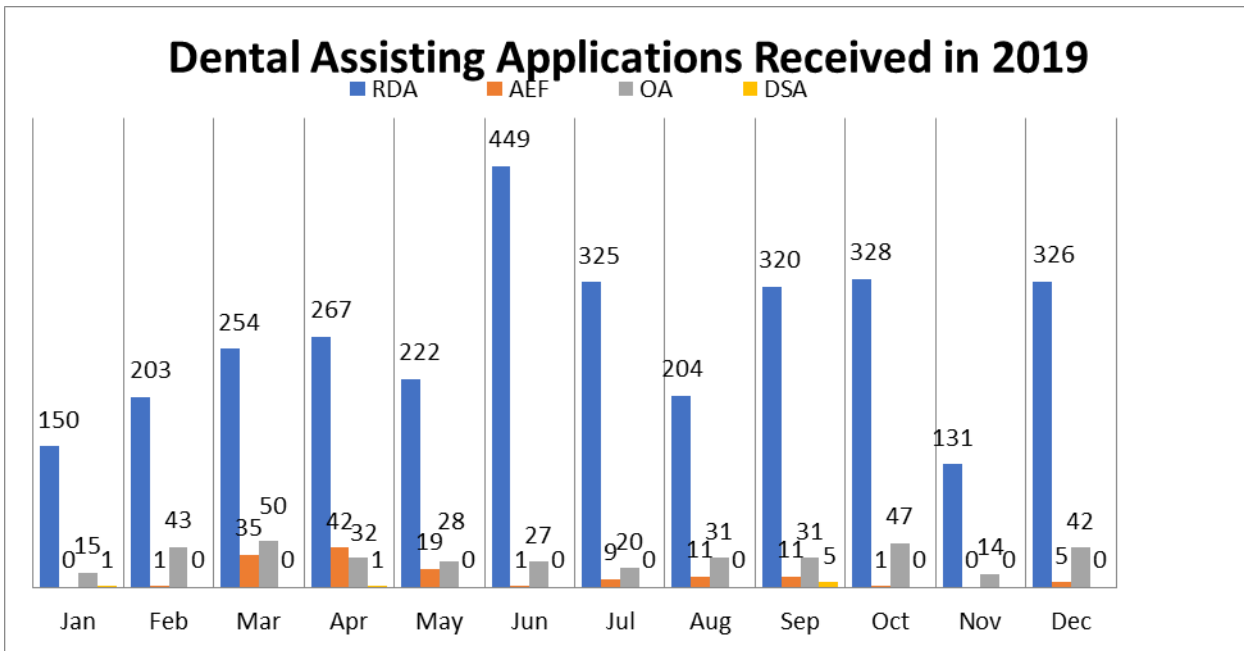
1. Alpine County (No RDAs)
2. Lassen County (1:558)
3. Glenn County (1:619)
4. San Benito County (1:635)
5. Sierra County (1:642)

Following are monthly statistics by license and permit type as of January 02, 2020.

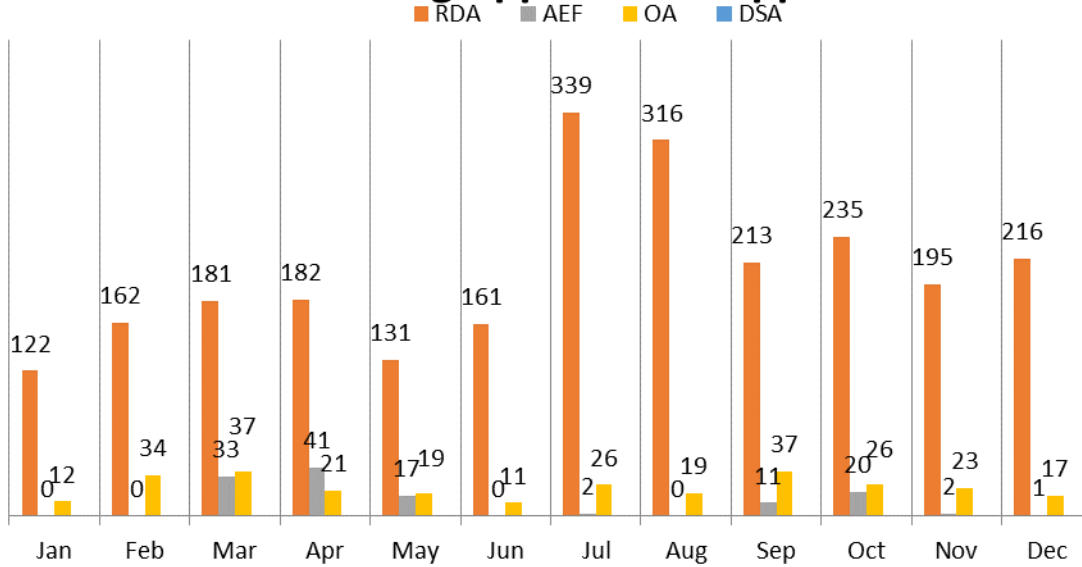
Dental Assistant Examination and Licensure Applications Received by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	150	203	254	267	222	449	325	204	320	328	131	326	3,179
RDAEF	0	1	35	42	19	1	9	11	11	1	0	5	135
OA	15	43	50	32	28	27	20	31	31	47	14	42	380
DSA	1	0	0	1	0	0	0	0	5	0	0	0	7
Total	166	247	339	342	269	477	354	246	367	376	145	373	3,701
Dental Assistant Examination and Licensure Applications Approved by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	122	162	181	182	131	161	339	316	213	235	195	216	2,453
RDAEF	0	0	33	41	17	0	2	0	11	20	2	1	127
OA	12	34	37	21	19	11	26	19	37	26	23	17	282
DSA	0	0	1	1	0	0	0	0	0	1	0	1	4
Total	134	196	252	245	167	172	367	335	261	282	220	235	2,866
Dental Assistant Licenses Issued by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	193	117	149	202	106	192	217	184	245	252	248	294	2,399
RDAEF	0	0	32	14	2	70	7	20	3	12	7	2	169
OA	32	15	15	22	20	22	18	28	18	25	29	17	261
DSA	1	1	0	2	1	0	0	0	0	1	0	1	7
Total	226	133	196	240	129	284	242	232	266	290	284	314	2,836
Cancelled Dental Assistant Examination and Licensure Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	2	1	0	0	0	2	2	3	1	1	2	14
RDAEF	0	0	0	0	0	0	0	0	2	1	0	0	3
OA	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	1	0	0	0	2	2	5	2	1	2	17

Withdrawn Dental Assistant Examination and Licensure Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0	0	0	0	0	2	1	0	2	42	47
RDAEF	0	0	0	0	0	0	0	0	0	0	0	0	0
OA	0	0	1	0	0	0	0	0	0	0	1	0	2
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	0	0	0	0	2	1	0	3	42	49

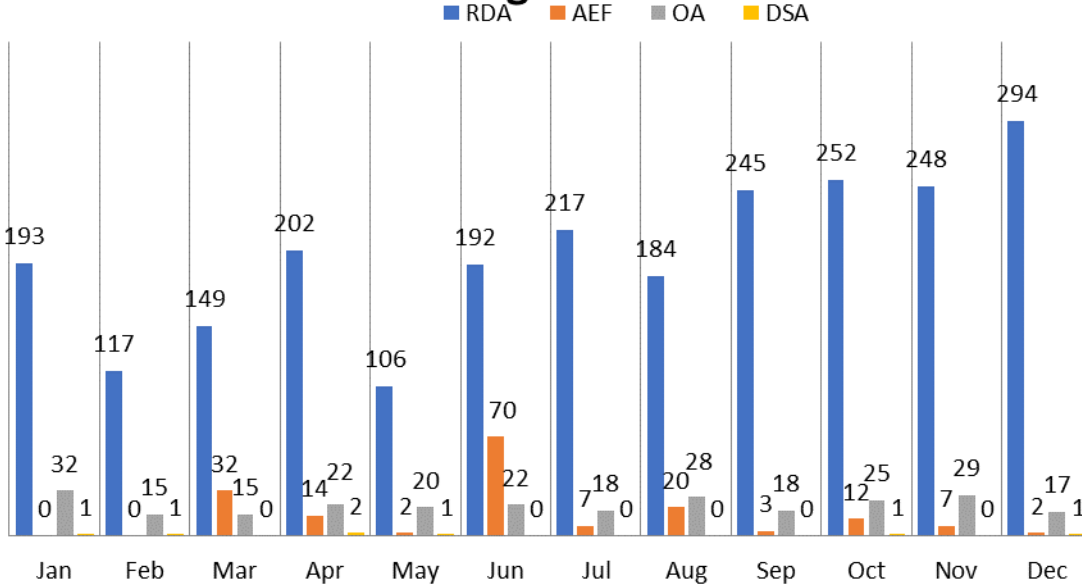
Denied Dental Assistant Examination and Licensure Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	2	1	1	0	0	0	0	0	0	0	0	0	4
RDAEF	0	0	0	0	0	0	0	0	0	0	0	0	0
OA	0	0	0	0	0	0	0	0	0	0	0	0	0
DSA	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	1	1	0	0	0	0	0	0	0	0	0	4



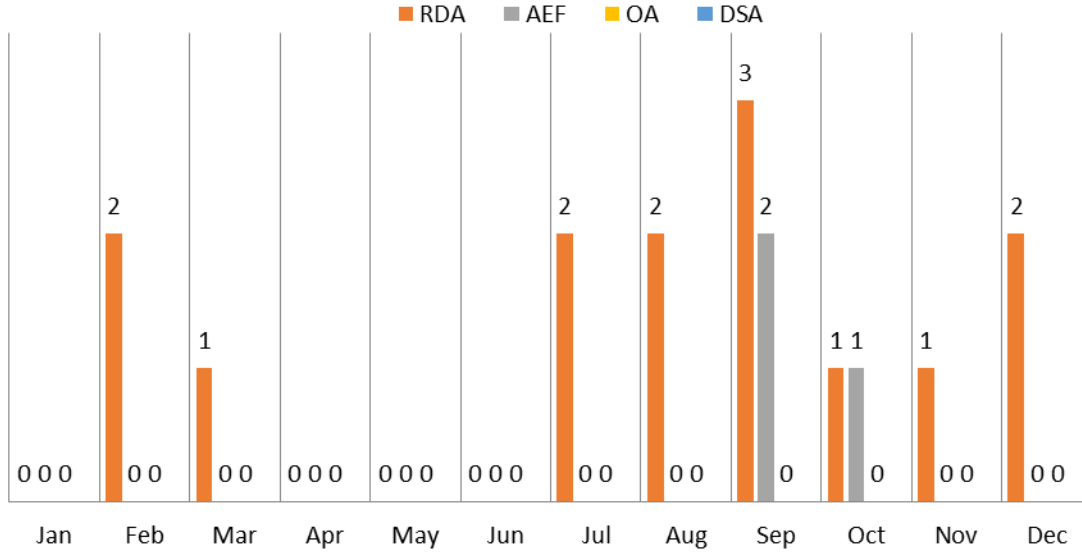
Dental Assisting Applications Approved in 2019



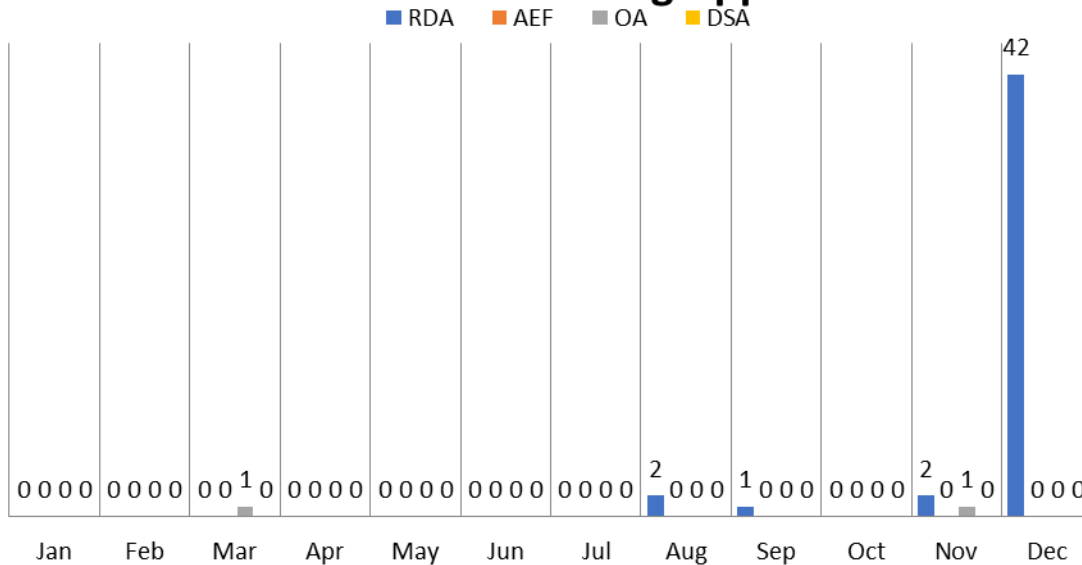
Dental Assisting Licenses Issued in 2019



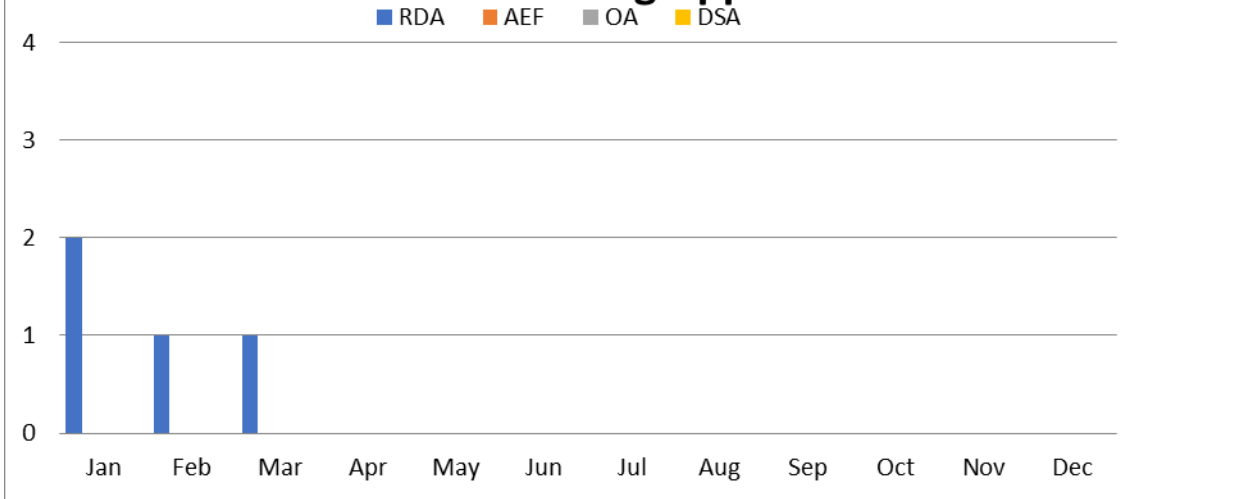
Cancelled Dental Assisting Applications in 2019



Withdrawn Dental Assisting Applications in 2019



Denied Dental Assisting Applications in 2019





MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 8: Presentation by Carl Sonne, Senior Assistant Deputy Attorney General, Licensing Unit – Update of Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2

Background:

Carl Sonne, Senior Assistant Deputy Attorney General, will be providing an update and presentation on the Attorney General’s Annual Report. He will be available to answer questions.

Action Requested:

No action requested.

Agenda Item 8: Presentation by Carl Sonne, Senior Assistant Deputy Attorney General, Licensing Unit – Update of Attorney General’s Annual Report on Accusations Prosecuted for Department of Consumer Affairs Client Agencies in Compliance with Business and Professions Code Section 312.2

Dental Board of California Meeting

February 27-28, 2020



MEMORANDUM

DATE	February 10, 2020
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief
SUBJECT	Agenda Item 9(a): Review of Enforcement Statistics and Trends

The following are the Enforcement Division statistics:

Complaint & Compliance Unit:

Number of Complaints Received Between October 1, 2019 and December 31, 2019: 936

Between October 1, 2019 and December 31, 2019, the Complaint and Compliance Unit received 936 complaints. Complaints received have decreased by approximately **165** cases from the first quarter of Fiscal Year 2019-20. The monthly average of complaints received for quarter two was **312**.

Complaint Cases Open in Complaint and Compliance Unit as of February 14, 2020: 669

A total of 669 complaint cases are open in the Complaint and Compliance Unit as of February 14, 2020. A breakdown of case aging for complaints currently open in the Complaint and Compliance Unit are as follows:

Complaint Age	Complaints & Compliance Cases Open	
	Number of Cases	Percent (%)
0 – 3 Months	532	80%
3 – 6 Months	120	18%
6 – 12 Months	17	2%
1+ Years	0	0%
Total	669	100%

Complaint Cases Closed in Complaint and Compliance Unit Between 10/1/2019 and 12/31/2019: 689

There were 689 total complaint cases closed in the Complaint and Compliance Unit between October 1, 2019 and December 31, 2019. These cases did not require further investigation.

Cases at Investigation:

Number of Subsequent Arrest Report (SAR) Cases Open as of February 14, 2020: 238

A total of 238 SAR cases are open as of February 14, 2020. A breakdown of case aging for SAR cases currently open are as follows:

Complaint Age	SARS Cases Open	
	# as of February 14, 2020	Percent (%)
0 – 3 Months	79	33%
3 – 6 Months	56	24%
6 – 9 Months	48	20%
9 – 12 Months	8	3%
1+ Years	47	20%
Total	238	100%

Number of Investigative Cases Open in the Investigative Analysis Unit (Non-Sworn) as of February 14, 2020: 365

A total of 365 investigative cases are open in the Investigative Analysis Unit as of February 14, 2020. A breakdown of case aging for investigative cases currently open in the Investigative Analysis Unit are as follows:

Investigation Age	Non-Sworn Cases Open	
	# As of February 14, 2020	Percent (%)
0 – 3 Months	6	2%
3 – 6 Months	52	14%
6 – 12 Months	122	33%
1 – 2 Years	127	35%
2 – 3 Years	57	15%
3+ Years	1	<1%
Total	365	100%

Number of Investigative Cases Open in the Sacramento and Orange Field Offices (Sworn) as of February 14, 2020: 602

A total of 602 investigative cases are open in the Sacramento and Orange Field Offices as of February 14, 2020. A breakdown of case aging for investigative cases currently open in the Sacramento and Orange Field Offices are as follows:

Investigation Age	Sworn Cases Open	
	# As of February 14, 2020	Percent (%)
0 – 3 Months	69	11%
3 – 6 Months	105	18%
6 – 12 Months	162	27%
1 – 2 Years	192	32%
2 – 3 Years	66	11%
3+ Years	8	1%
Total	602	100%

Number of Investigation Cases Closed Between October 1, 2019 and December 31, 2019: 186

During quarter two, there were 186 total investigation cases closed in the Investigative Analysis Unit and the Sacramento and Orange Field Offices.

Number of Inspection Cases Open in the Sacramento and Orange Field Offices as of February 14, 2020: 46

Administrative and Disciplinary Action:

A total of 63 citations were issued between October 1, 2019 and December 31, 2019.

A total of 12 accusations were filed with the Office of the Attorney General between October 1, 2019 and December 31, 2019.

A total of 14 cases were transmitted to the Office of the Attorney General between October 1, 2019 and December 31, 2019.

A total of 123 cases are pending at the Office of the Attorney General as of February 14, 2020.

Total number of probationers (191) and probationers tolling (22) are as follows:

- Sacramento Enforcement Office: 37 active probationers, 13 probationers tolling
- Orange Enforcement Office: 112 active probationers, 5 probationers tolling
- Investigative Analysis Unit: 42 active probationers, 4 probationers tolling



MEMORANDUM

DATE	January 21, 2020
TO	Members of the Dental Board of California
FROM	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
SUBJECT	Agenda Item 10(a): Substance Abuse Awareness - Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending December 31, 2019, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	October	November	December
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	0	0	0
Closed Cases	2	0	0
Active Participants	12	10	10

Action Requested:

No action requested.



MEMORANDUM

DATE	January 24, 2020
TO	Members of the Dental Board of California
FROM	Ryan Blonien, Supervising Investigator Dental Board of California
SUBJECT	Agenda Item 10(b): Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report

Background:

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care. Prescribers were required to submit an application before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but rather on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider. The Dental Board of California currently has 34,678 active licensed dentists. The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

Current Status:

The CURES registration statistics for the Dental Board of California are:

January 2018:	8,370 Registered DDS/DMD
April 2018:	9,662 Registered DDS/DMD
November 2018:	14,229 Registered DDS/DMD
February 2019:	14,856 Registered DDS/DMD
June 2019:	15,156 Registered DDS/DMD
October 2019:	15,471 Registered DDS/DMD
November 2019:	15,539 Registered DDS/DMD
December 2019:	15,575 Registered DDS/DMD

CURES usage as of December 31, 2019:

Number of searches:

October: 7,124
November: 5,715
December: 5,601

Times System was Accessed:

4,509 total times CURES was accessed by Dentist in October 2019.
4,179 total times CURES was accessed by Dentist in November 2019.
4,714 total times CURES was accessed by Dentist in December 2019.

Times of CURES Help Desk Request:

October: 132
November: 124
December: 105

Number of Prescriptions filled by Schedule:

	<u>October</u>	<u>November</u>	<u>December</u>
Schedule II	1,405,498	1,112,643	1,265,332
Schedule III	280,035	218,314	245,521
Schedule IV	1,402,594	1,076,125	1,203,830
Schedule V	66,770	58,662	85,179
R	14,234	10,922	10,843
Over Counter product	30,131	21,766	24,029

R: Not classified under controlled substance act; includes all other prescriptions drugs.

CURES 2.0

DCA Quarterly Statistics 2019

Registered Users				
		October	November	December
Total Registered Users		216,943	217,320	218,266
Clinical Roles				
	Prescribers	166,032	166,683	167,240
	Pharmacists	44,222	44,262	44,879
Sub-Total A		210,254	210,945	212,119
License Type				
	Doctor of Dental Surgery/Dental Medicine	15,471	15,539	15,575
	Doctor of Optometry	682	684	684
	Doctor of Podiatric Medicine	1,460	1,462	1,465
	Doctor of Veterinary Medicine	3,146	3,153	3,168
	Medical Doctor	110,245	110,551	110,812
	Naturopathic Doctor	368	371	376
	Osteopathic Doctor	7,313	7,354	7,393
	Physician Assistant	10,355	10,435	10,513
	Registered Nurse Practitioner/Nurse Midwife	16,406	16,543	16,662
	Other (Out of State) Prescribers	586	591	592
	Pharmacists	43,709	43,744	44,361
	Other (Out of State) Pharmacists	513	518	518
Sub-Total B		210,254	210,945	212,119
Other Roles				
	LEAs	1,444	1,454	1,460
	Delegates	4,982	4,654	4,417
	DOJ Administrators	17	17	17
	DOJ Analysts	73	75	76
	Regulatory Board	173	175	177
Sub-Total C		6,689	6,375	6,147

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month

CURES 2.0

DCA Quarterly Statistics 2019

Number of Searches				
		October	November	December
Total Search Counts		3,017,690	2,726,026	2,881,804
Clinical Roles				
Prescribers		2,136,118	1,910,595	2,011,870
Pharmacists		879,571	813,737	868,710
Sub-Total A		3,015,689	2,724,332	2,880,580
License Type				
Doctor of Dental Surgery/Dental Medicine		7,124	5,715	5,601
Doctor of Optometry		1,520	1,461	1,377
Doctor of Podiatric Medicine		9,269	8,897	8,199
Doctor of Veterinary Medicine		77	86	67
Medical Doctor		1,576,602	1,412,659	1,484,514
Naturopathic Doctor		1,006	1,035	900
Osteopathic Doctor		153,915	139,322	151,765
Physician Assistant		169,998	148,870	155,078
Registered Nurse Practitioner/Nurse Midwife		214,741	190,879	202,603
Other (Out of State) Prescribers		1,866	1,671	1,766
Pharmacists		876,530	811,191	865,929
Other (Out of State) Pharmacists		3,041	2,546	2,781
Sub-Total B		3,015,689	2,724,332	2,880,580
Other Roles				
LEAs		243	259	183
DOJ Administrators		427	169	74
DOJ Analysts		200	249	122
Regulatory Board		1,131	1,017	845
Sub-Total C		2,001	1,694	1,224
Delegate Initiated Searches				
Delegates		35,112	29,200	28,577

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total PARs Ran
3. Stats are from the 1st of the month to the last day of the month

CURES 2.0

DCA Quarterly Statistics 2019

Times System was Accessed				
		October	November	December
Total Times System was Accessed		1,037,969	919,099	1,213,176
Clinical Roles				
	Prescribers	613,154	531,946	732,572
	Pharmacists	409,406	374,579	464,395
Sub-Total A		1,022,560	906,525	1,196,967
License Type				
	Doctor of Dental Surgery/Dental Medicine	4,509	4,179	4,714
	Doctor of Optometry	35	48	37
	Doctor of Podiatric Medicine	1,712	1,432	1,945
	Doctor of Veterinary Medicine	237	225	279
	Medical Doctor	419,154	363,866	508,934
	Naturopathic Doctor	544	469	461
	Osteopathic Doctor	48,458	42,492	63,649
	Physician Assistant	59,612	51,315	66,296
	Registered Nurse Practitioner/Nurse Midwife	77,618	66,800	84,807
	Other (Out of State) Prescribers	1,275	1,120	1,450
	Pharmacists	407,620	372,969	462,158
	Other (Out of State) Pharmacists	1,786	1,610	2,237
Sub-Total B		1,022,560	906,525	1,196,967
Other Roles				
	LEAs	434	383	525
	Delegates	13,694	11,133	14,237
	DOJ Administrators	174	149	200
	DOJ Analysts	669	595	835
	Regulatory Board	438	314	412
Sub-Total C		15,409	12,574	16,209

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are from the 1st of the month to the last day of the month

CURES 2.0

DCA Quarterly Statistics 2019

Number of CURES Help Desk Requests			
	October	November	December
Emails [Note: Email requests are not included in the breakdown below]	2,142	1,730	1,817
Total Phone Calls	3,428	2,471	2,850
Clinical Roles			
Prescribers	2,626	1,898	2,225
Pharmacists	707	512	567
Sub-Total A	3,333	2,410	2,792
License Type			
Doctor of Dental Surgery/Dental Medicine	132	124	105
Doctor of Optometry	0	1	1
Doctor of Podiatric Medicine	18	20	29
Doctor of Veterinary Medicine	48	47	37
Medical Doctor	1,676	1,190	1,393
Naturopathic Doctor	13	2	5
Osteopathic Doctor	129	90	112
Physician Assistant	219	157	194
Registered Nurse Practitioner/Nurse Midwife	391	267	349
Pharmacists	707	512	567
Other (Non-Specific License Type)	0	0	0
Sub-Total B	3,333	2,410	2,792
Other Roles			
LEAs	25	8	3
Delegates	62	40	53
DOJ Administrators	0	0	0
DOJ Analysts	0	0	0
Regulatory Board	8	13	2
Sub-Total C	95	61	58

NOTE:

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls

CURES 2.0

DCA Quarterly Statistics 2019

Prescription Counts	October	November	December
Number of Distinct Prescriptions	3,198,509	2,497,753	2,834,026
Number of Prescriptions Filled by Schedule			
Schedule II	1,405,498	1,112,643	1,265,332
Schedule III	280,035	218,314	245,521
Schedule IV	1,402,594	1,076,125	1,203,830
Schedule V	66,770	58,662	85,179
R	14,234	10,922	10,843
Over-the-counter product	30,131	21,766	24,029
TOTAL	3,199,262	2,498,432	2,834,734

NOTE:

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules
3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs
4. Over-the-counter product



MEMORANDUM

DATE	February 13, 2020
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 12 (a-b): Executive Officer’s Report – Administrative Summary Including Personnel and Technology Updates; Update Regarding Application for Dental Board Approval from Qingdao University School of Stomatology, China

Background:

The report is intended to provide the Members with an update on facilities, staffing, and other administrative functions occurring at the Dental Board of California since the previous meeting in November 2019.

FACILITIES

The Board (along with other DCA Boards) was successful in negotiating a new lease with the owner of the building located at 2005 Evergreen Street in Sacramento. The terms of the lease are for the next four years, with the following four years optional and considered “soft” terms. Moving is disruptive, time consuming, and expensive so I am pleased that we were able to come to a reasonable agreement with the building owner. Due to the additional positions that were received through the budget change proposal process, the board has outgrown its current space. We will therefore be expanding; and the construction will begin March 23, 2020 (approximate). It will be followed by carpet replacement and paint, which is being paid for by the building owner as a tenant improvement. The anticipated date for paint and carpet replacement is 4/15-4/27,2020. The construction, carpet replacement, and painting will be done at night and on weekends. Cubicles will need to be boxed up, file cabinets emptied. We are preparing staff for these changes and working with labor relations to ensure a smooth transition.

GOVERNOR APPOINTMENTS

Lourdes M. Castro Ramirez of San Antonio, TX was appointed secretary of the Business, Consumer Services and Housing Agency. She replaces Alexis Podesta who served as Agency secretary since 2017.

STAFFING

The vacancy rate at the Board is high based on the authorized position count of 83. Some of the vacancies include the new positions authorized and not yet filled. The Administration Unit is fully staffed. We have recently hired a manager for the newly created Anesthesia Unit (established through SB 501). We will be recruiting for three staff positions in that unit. The Licensing and Examination unit has one vacancy; Dental Assisting Unit has six vacancies; Investigative Analysis has two vacancies; Complaint and Compliance Unit has three vacancies; Discipline Coordination Unit has one vacancy; Sacramento Field Office is fully staffed; Orange Field Office has two vacancies; Dental Consultants are fully staffed; and the Executive Management Team has one vacancy. Staff has been aggressively recruiting and interviewing candidates to fill these vacancies. By the May meeting, we intend to bring the vacancy rate down to a more historical number of below 11%.

AMERICAN'S WITH DISABILITIES ACT (ADA) REMEDIATION *(excerpt taken from the DCA intranet website)*

Just like the laws that govern physical accessibility, such as accessible parking spaces, restrooms, and braille signage, California Government Code sections 7405, 11135, and 11546.7 require state agencies to make websites accessible to people with disabilities.

The web offers the possibility of unprecedented access to information and interaction for many people with disabilities. As more and more people use speech-activated devices or hands-free cell phones, making websites accessible benefits all of us. Just as accessible ramps make it easier for parents with strollers to access a building, websites that are accessible allow easier access to every citizen to connect to state government, whether using their cellphone or assistive technology.

Web accessibility means that websites, tools, and technologies are designed and developed so that people with disabilities can use them. Web accessibility encompasses all disabilities that affect access to the web, including Auditory • Physical, Cognitive • Speech, and Neurological • Visual

Access to information and communications technologies, including the web, is defined as a basic human right in the United Nations Convention on the Rights of Persons with Disabilities. Accessibility supports social inclusion for people with disabilities as well as others. Without web accessibility, millions of Californians experience barriers when using the internet to search for services, file forms, or access content on state government websites.

Dental Board staff are in the process of being trained to initiate all web documents in Adobe, WORD, and Excel to be ADA compliant. All documents currently archived on the Board's website will need to be converted to be ADA compliant.

IMPLEMENTATION OF ASSEMBLY BILL 1519 – THE DENTAL BOARD'S SUNSET REVIEW LEGISLATION

In mid-November 2019, staff posted a banner marked in red at the top of the Board's webpage entitled "Important Changes to Licensure Requirement Dentists Beginning January 1, 2020". The announcement outlines the specific changes to the WREB Examination, the Board's licensure by Residency pathway to licensure, foreign dental school approval, and the acceptance of the ADEX examination.

In addition, letters were sent to the two foreign dental schools currently approved by the Board, the California Dental School Deans, and WREB outlining the changes that would take effect January 1, 2020.

MAXIMUS WAS AWARDED THE DIVERSION CONTRACT FOR THE NEXT 4 YEARS.

The Board's Diversion Program (now referred to as the Recovery Program) has been administered by MAXIMUS for many years. The contract expired December 31, 2019; and the Department posted a Request for Proposals in order to award a new contract. MAXIMUS submitted its response and was awarded the contract. This will provide the Board's diversion participants with continuity in their treatment.

UPDATE REGARDING APPLICATION FOR DENTAL BOARD APPROVAL FROM QINGDAO UNIVERSITY SCHOOL OF STOMATOLOGY, CHINA

The Board received the first application for Board approval from Qingdao University School of Stomatology (School) in China on June 13, 2019. The Board appointed a subcommittee of Board members to review the submission, which was deemed incomplete. The School was informed of the deficiencies via a letter on September 24, 2019.

On December 9, 2019, the Board notified the School of the legislation signed by the Governor (Assembly Bill 1519), and about the changes that would go into effect January 1, 2020 related to foreign dental school approvals. The letter stated that the Board had not received a response to the deficiencies outlined in the September 24th correspondence; and with the holidays quickly approaching, it was unlikely that the subcommittee would have enough time to review the responses to the deficiencies once received; and to recommend the Board deem the application complete before the January 1, 2020 deadline.

The School responded and submitted its second application on December 13, 2019 via email; leaving the Board with only eleven working days (rather than the usual 60 days) to review the application. The Board was unable to complete the full 60-day review; therefore, the application was not deemed complete prior to January 1, 2020, and was not accepted by the Board prior to that date. The School was notified of this February 13, 2020.

The School was notified that in order to become approved as a foreign dental school in California, Qingdao University School of Stomatology must complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association.

Action Requested:

No action requested.



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 13: Report of the Dental Hygiene Board of California (DHBC) Activities

Background:

A representative from the Dental Hygiene Board of California will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 14: Presentation by Dr. Steven Friedrichsen – Update on the American Dental Education Association (ADEA) Compendium of Clinical Competency Assessment

Background:

Dr. Steven Friedrichsen, Dean at the College of Dental Medicine at Western University of Health Sciences, will be providing an update and presentation on the ADEA Compendium of Clinical Competency Assessment. He will be available to answer questions.

Action Requested:

No action requested.



MEMORANDUM

DATE	January 21, 2020
TO	Members of the Dental Board of California
FROM	Daniel Yoon, Examination Coordinator Dental Board of California
SUBJECT	Agenda Item 15(a): Update on the Portfolio Pathway to Licensure

At the November 2019 Board meeting, Dental Board of California (Board) staff reported offering informational workshops to meet with 1st, 2nd year, and any interested dental students about the Portfolio pathway to licensure. In October 2019, Board staff scheduled visits to three dental schools in California to inform and encourage students about the unique opportunity available to them through the Portfolio pathway to licensure. The Board also invited Portfolio-licensed dentists to the workshops to share their unique experiences regarding the Portfolio process.

Board staff has planned at least two more informational workshops to help dental students become more aware of the Portfolio pathway to licensure. Board staff is planning to visit Western University on March 10, 2020. Board staff has also tentatively scheduled a visit to the University of California, Los Angeles in April 2020. Board staff is in the process of scheduling more visits to the other dental schools in 2020.

Action Requested:

No action requested, information only.



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 15(b): Western Regional Examination Board Report

Background:

Dr. Norm Magnuson, WREB representative, will be available to provide a verbal update of the WREB examination.

Action Requested:



MEMORANDUM

DATE	February 7, 2020
TO	Members of the Dental Board of California
FROM	Erin Nickless, Staff Services Manager Dental Board of California
SUBJECT	Agenda Item 15(c): Update Regarding Implementation of the American Board of Dental Examiners (ADEX)

Background:

At the November 14-15, 2019 meeting of the Dental Board of California (Board), the Board voted to accept the ADEX examination in its current format as a pathway to licensure for dental licentiates in California.

To prepare for the implementation of this pathway, board staff has identified the following necessary steps:

1. Create an application for the ADEX pathway to licensure.
2. Update BreEZe to facilitate fee payment and application submission online.
3. Test BreEZe applications prior to accepting official license applications and identify issues for trouble-shooting purposes.
4. Review the Board website to add and update information on applying for a dental license using the ADEX pathway to licensure.
5. Organize outreach in the form of website alerts and e-mail listservs.
6. Establish a rapport with ADEX staff and develop language of a “no-fail” letter.

Staff is already working on instructions for the website team to make updates to the Board’s website regarding the ADEX implementation. We anticipate that the draft application revisions will be completed on or before February 14, 2020. Staff is simultaneously developing application instructions for the ADEX application criteria like those that are already posted online for other licensure pathways. Anticipated publication to website is mid-March 2020.

In November 2019, staff reached out to begin the process of updating the BreEZe system to include ADEX applications online. It is anticipated that testing of ADEX applications and related functions in the BreEZe system will take place mid-March, 2020.

The website and e-mail alerts will coincide with the BreEZe release of the applications and will inform applicants that we will begin accepting ADEX applications in early April, 2020.

Language for a no-fail letter has been researched, edited, and submitted it to the legal team to review. It is anticipated that sample no-fail language will be forwarded to ADEX by mid-February. This letter is required for approval of dental licenses pursuant to Business & Professions Code § 1634.1, subd. (f), which states that the Board must require “proof that an applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of his or her application for a license.”

Action Requested:

No action is required by the Board Members at this time. This update is informational only.



MEMORANDUM

DATE	February 13, 2020
TO	Members of the Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 16(a): Review of Dental Licensure and Permit Statistics

The Dental Board of California (Board) oversees dental licensees in California. All dentists are initially licensed as active. When licensees renew their license, they may either keep their license active or inactive status.

Licensees with an active status can actively practice dentistry in the state of California. To renew and keep one's license in an active status, the Board requires submission of renewal a fee, furnishing a set of fingerprints to the Department of Justice (DOJ), certification of fifty (50) units of continuing education, and disclosing whether the licensee has been convicted of any violation in the prior renewal cycle.

Licensees with an inactive status cannot engage in the practice of dentistry in the state of California. To renew and keep one's license in an inactive status, the Board requires submission of the renewal fee and a fully completed renewal form. The holder thereof need not comply with any continuing education requirement for a renewal of an inactive license.

Licensees with an inactive status who would like to re-activate their license must submit the Application to Activate License form and evidence of completing fifty (50) units of continuing education within the last two (2) years, as required by the Dental Practice Act.

A. Following are statistics of current license/permits by type as of January 02, 2020

Dental License (DDS) Status	Licensee Population
Active	34,678
Inactive	1,786
Retired	1,679
Disabled	110
Renewal in Process	337
Delinquent	5,537
Total Cancelled Since Licensing was required	17,202

*Active: Current and can practice without restrictions (*Bus. & Prof. Code, § 1625*)

Inactive: Current but cannot practice, continuing education not required (*Cal. Code Regs. § 1017.2*)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (*Bus. & Prof. Code, § 1716.1, subd. (a)*)

Disabled: Current with disability but cannot practice (*Bus. & Prof. Code, § 1716.1, subd. (b)*)

Renewal in Process: Renewal fee paid with deficiency (*Cal. Code Regs. § 1017*)

Delinquent: Renewal fee not paid within one month after expiration date (*Bus. & Prof. Code, § 163.5*)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (*Bus. & Prof. Code, § 1718.3, subd. (a)*)

Dental Licenses Issued via Pathway	Total Issued in 2019	Total Issued in 2018	Total Issued in 2017	Total Issued to Date	Date Pathway Implemented
WREB Exam	958	877	758	11,348	January 1, 2006
Licensure by Residency	140	147	161	2,243	January 1, 2007
Licensure by Credential	161	177	181	3,817	July 1, 2002
(LBC Clinic Contract)	8	11	10	75	July 1, 2002
(LBC Faculty Contract)	4	7	4	38	July 1, 2002
Portfolio	4	8	20	84	November 5, 2014
Total	1,263	1,209	1,120		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,669	864	6,852
Conscious Sedation	529	40	535
Continuing Education Registered Provider Permit	930	777	2,154
Elective Facial Cosmetic Surgery Permit	30	4	1
Extramural Facility Registration*	184	N/A	N/A
Fictitious Name Permit	7,011	1,703	6,621
General Anesthesia Permit	894	25	995
Mobile Dental Clinic Permit	41	44	49
Medical General Anesthesia	97	30	193
Oral Conscious Sedation Certification (Adult Only 1,175; Adult & Minors 1,240)	2,415	659	878
Oral & Maxillofacial Surgery Permit	93	6	21
Referral Service Registration*	157	N/A	N/A
Special Permits	40	11	177

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

Active Licensees by County as of January 02, 2020

County	DDS	Population	Population per DDS
Alameda	1,486	1,645,359	1,107
Alpine	1	1,151	1,151
Amador	22	38,382	1,744
Butte	132	226,404	1,715
Calaveras	16	45,168	2,823
Colusa	4	22,043	5,510
Contra Costa	1,112	1,139,513	1,024
Del Norte	13	27,124	2,086
El Dorado	166	185,062	1,114
Fresno	608	995,975	1,638
Glenn	10	28,731	2,873
Humboldt	69	136,953	1,984
Imperial	38	188,334	4,956
Inyo	13	18,619	1,432
Kern	349	895,112	2,564

Kings	70	149,537	2,136
Lake	48	64,945	1,353
Lassen	23	30,918	1,344
Los Angeles	8,451	10,241,278	1,211
Madera	46	156,492	3,402
Marin	315	263,604	836
Mariposa	7	18,148	2,592
Mendocino	51	89,134	1,747
Merced	93	274,665	2,953
Modoc	4	9,580	2,395
Mono	3	13,713	4,571
Monterey	262	442,365	1,688
Napa	112	142,408	1,271
Nevada	81	98,828	1,220
Orange	3,910	3,194,024	816
Placer	475	382,837	805
Plumas	14	19,819	1,415
Riverside	1,094	2,384,783	2,179
Sacramento	1,115	1,514,770	1,358
San Benito	21	56,854	2,707
San Bernardino	1,356	2,160,256	1,593
San Diego	2,763	3,316,192	1,200
San Francisco	1,258	874,228	694
San Joaquin	374	746,868	1,996
San Luis Obispo	235	280,101	1,191
San Mateo	871	770,203	884
Santa Barbara	323	450,663	1,395
Santa Clara	2,289	1,938,180	846
Santa Cruz	177	276,603	1,562
Shasta	112	178,605	1,594
Sierra	1	3,207	3,207
Siskiyou	24	44,688	1,862
Solano	278	436,023	1,568
Sonoma	396	505,120	1,275
Stanislaus	279	548,057	1,964
Sutter	53	96,956	1,829
Tehama	28	63,995	2,285
Trinity	3	13,628	4,542
Tulare	227	471,842	2,078
Tuolumne	46	54,707	1,189
Ventura	666	857,386	1,287
Yolo	117	218,896	1,870
Yuba	10	74,577	7,457
Out of State/Country	4,044		
TOTAL	34,678	39,523,613	

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

*The counties with the highest Population per DDS are:

1. Yuba County (1:7,457)
2. Colusa County (1:5,510)
3. Imperial County (1:4,956)

- 4. Mono County (1:4,571)
- 5. Trinity County (1:4,542)

The counties with the lowest Population per DDS are:

- 1. San Francisco County (1:694)
- 2. Placer County (1:805)
- 3. Orange County (1:816)
- 4. Marin County (1:836)
- 5. Santa Clara County (1:846)

*The counties with the biggest increase in active licensed dentists as of January 02, 2020 were Los Angeles, with 19 additional dentists, Riverside, with 13 additional dentists, and Santa Diego, with 10 additional dentists. Santa Clara had a decrease of 11 dentists and Orange had a decrease of 9 dentists.

B. Following are monthly dental statistics by pathway as of January 02, 2020

Dental Applications Received by Month (2019)													Total Apps:	1,338
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	41	30	31	71	142	278	110	61	24	25	55	132	1,000	
Residency	4	3	7	11	10	20	64	8	7	4	3	10	151	
Credential	18	13	23	13	13	22	16	9	6	21	14	15	183	
Portfolio	0	0	0	0	0	4	0	0	0	0	0	0	4	
Total	63	46	61	95	162	324	190	78	37	50	72	157	1,338	
Dental Applications Approved by Month (2019)													% of All Apps: 95%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	39	25	19	31	55	163	250	121	52	32	32	156	975	
Residency	5	4	5	1	8	6	45	35	11	8	4	9	141	
Credential	10	12	15	10	20	13	16	13	11	10	7	18	155	
Portfolio	0	0	0	0	0	0	3	1	0	0	0	0	4	
Total	54	41	39	42	83	182	314	170	74	50	43	183	1,275	
Dental Licenses Issued by Month (2019)													% of All Apps: 94%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	40	33	19	28	51	155	246	123	52	40	31	140	958	
Residency	8	5	6	2	8	5	42	39	9	8	3	5	140	
Credential	18	13	15	11	17	14	15	15	11	12	7	13	161	
Portfolio	0	0	0	0	0	0	3	1	0	0	0	0	4	
Total	66	51	40	41	76	174	306	178	72	60	41	158	1,263	
Cancelled Dental Applications by Month (2019)													% of All Apps: 18%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	3	2	6	5	12	7	23	6	1	2	2	129	198	
Residency	0	0	0	1	0	1	12	3	1	1	0	17	36	
Credential	0	2	0	0	2	0	1	1	2	0	0	4	12	
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	3	4	6	6	14	8	36	10	4	3	2	150	246	
Withdrawn Dental Applications by Month (2019)													% of All Apps: 6%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals	
WREB	2	1	3	4	0	4	4	1	3	0	2	35	59	
Residency	0	0	1	0	1	0	1	0	0	0	0	9	12	
Credential	1	0	0	0	1	2	1	1	0	0	1	1	8	

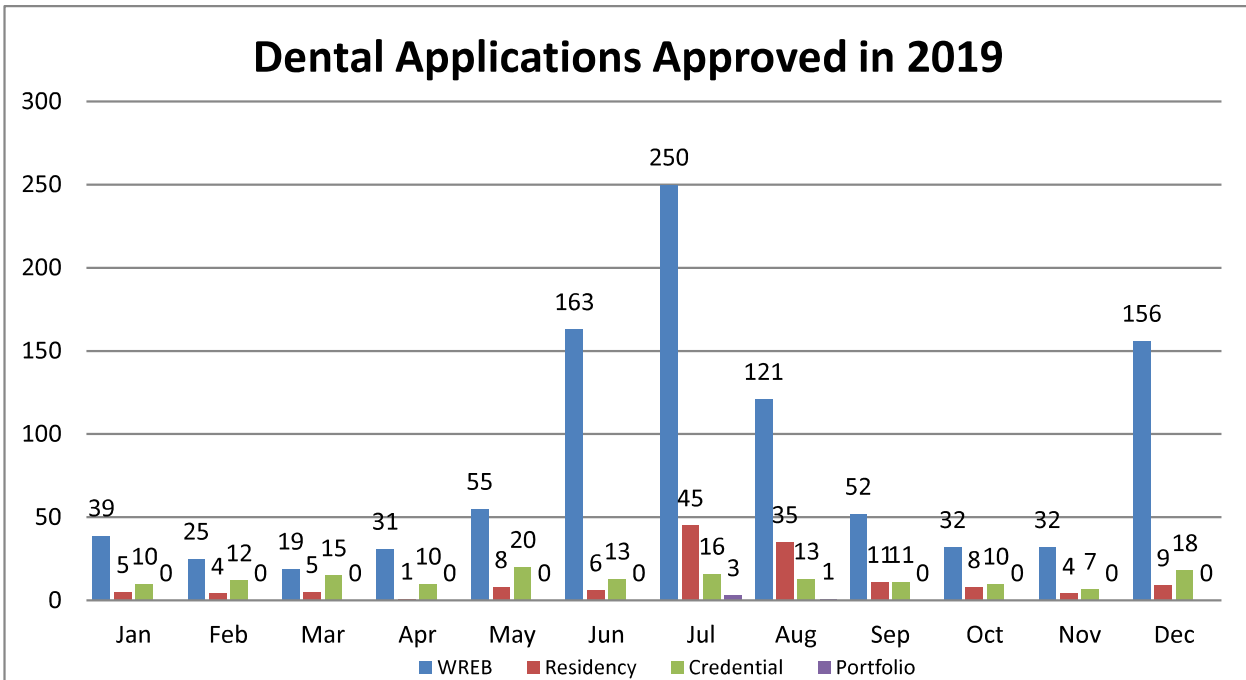
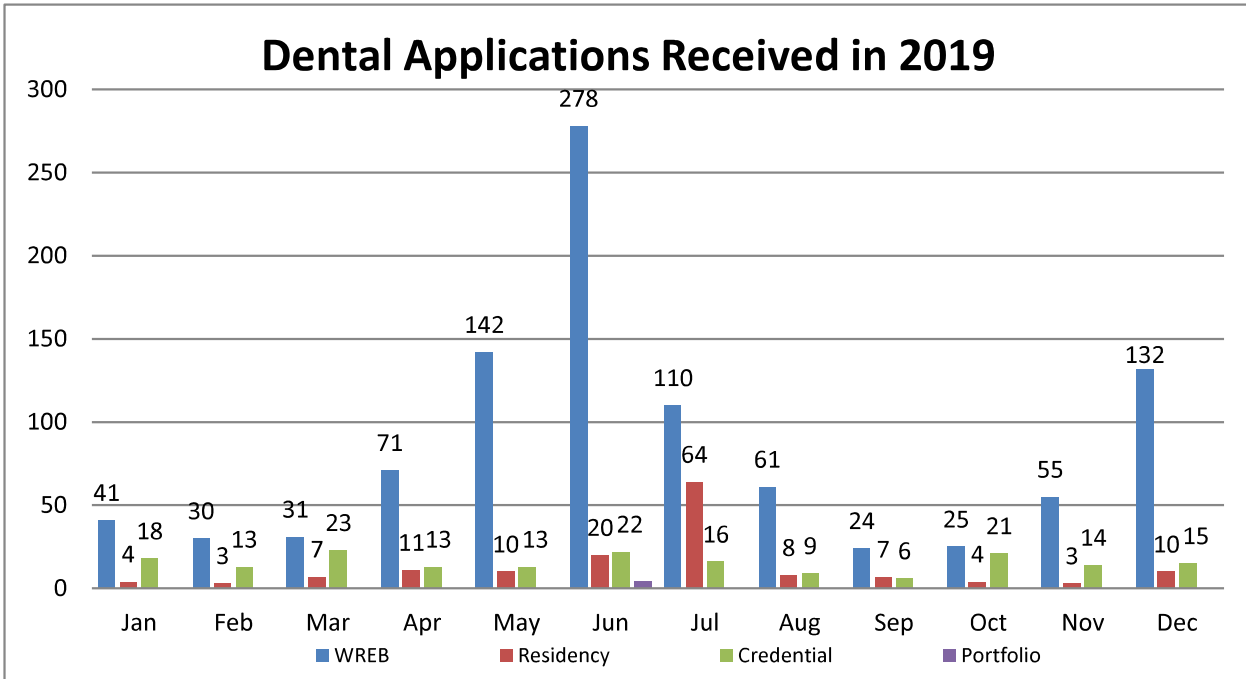
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	3	1	4	4	2	6	6	2	3	0	3	45	79
Denied Dental Applications by Month (2019)													% of All Apps: < 1%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	1	0	0	0	0	0	0	0	0	0	1
Residency	0	0	0	0	0	0	0	0	0	0	0	0	0
Credential	0	0	0	0	0	0	0	0	0	0	0	0	0
Portfolio	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	1

*Deficient Applications by pathway: WREB – 73, Residency – 16, Credential – 62, Portfolio – 0, **Total – 151**

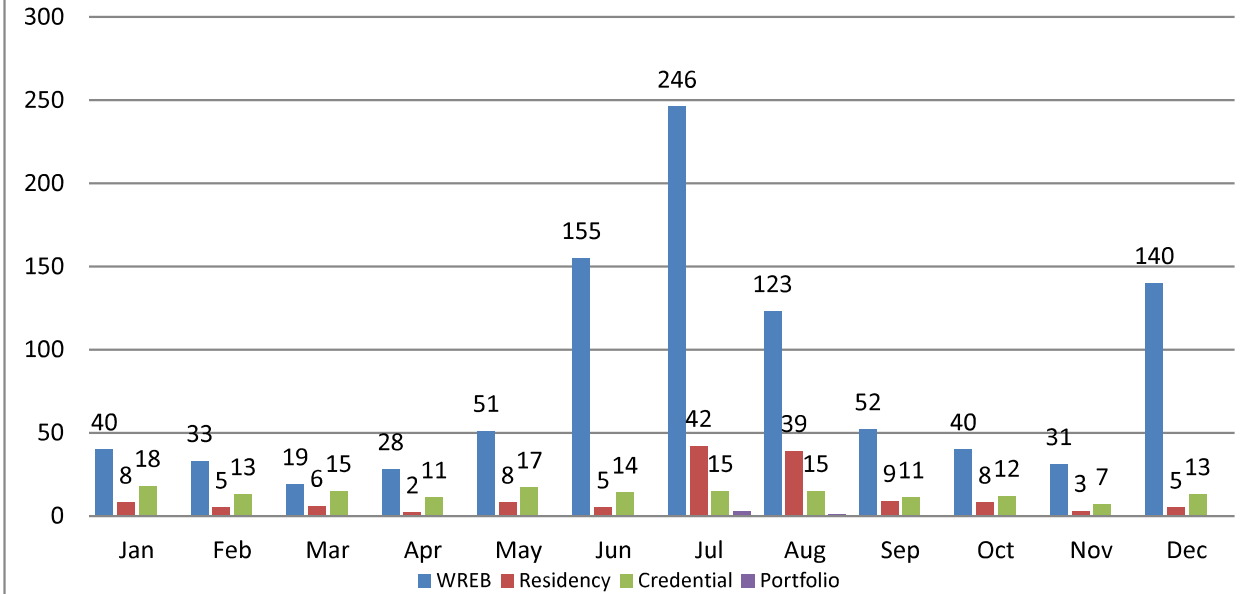
Application Definitions

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

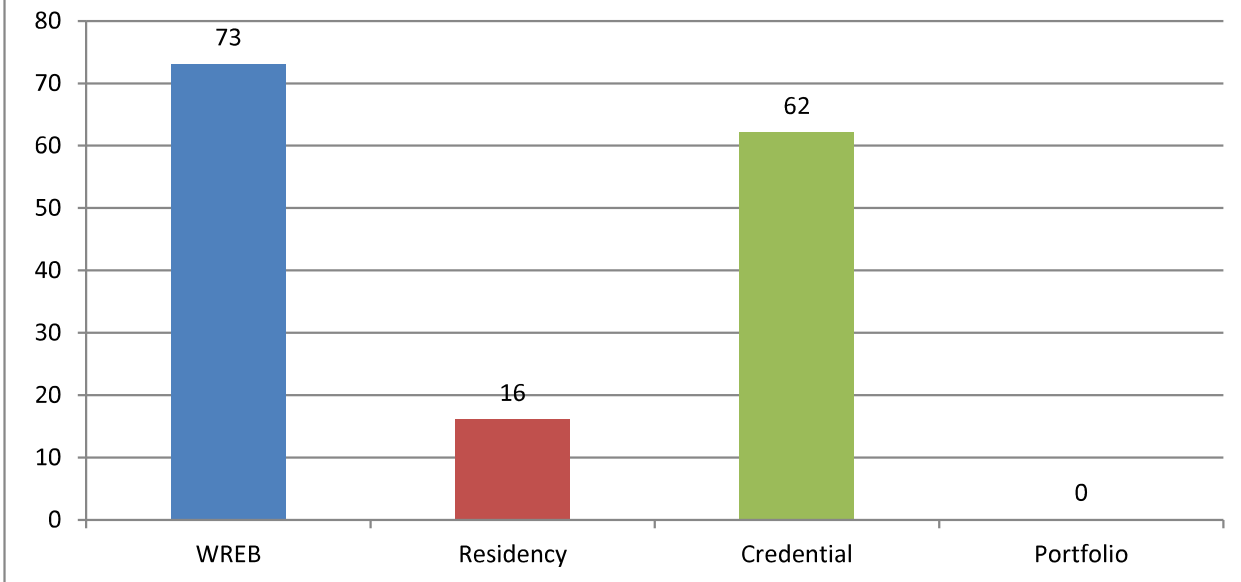
C. Following are graphs of monthly Dental statistics as of January 02, 2020



Dental Licenses Issued in 2019

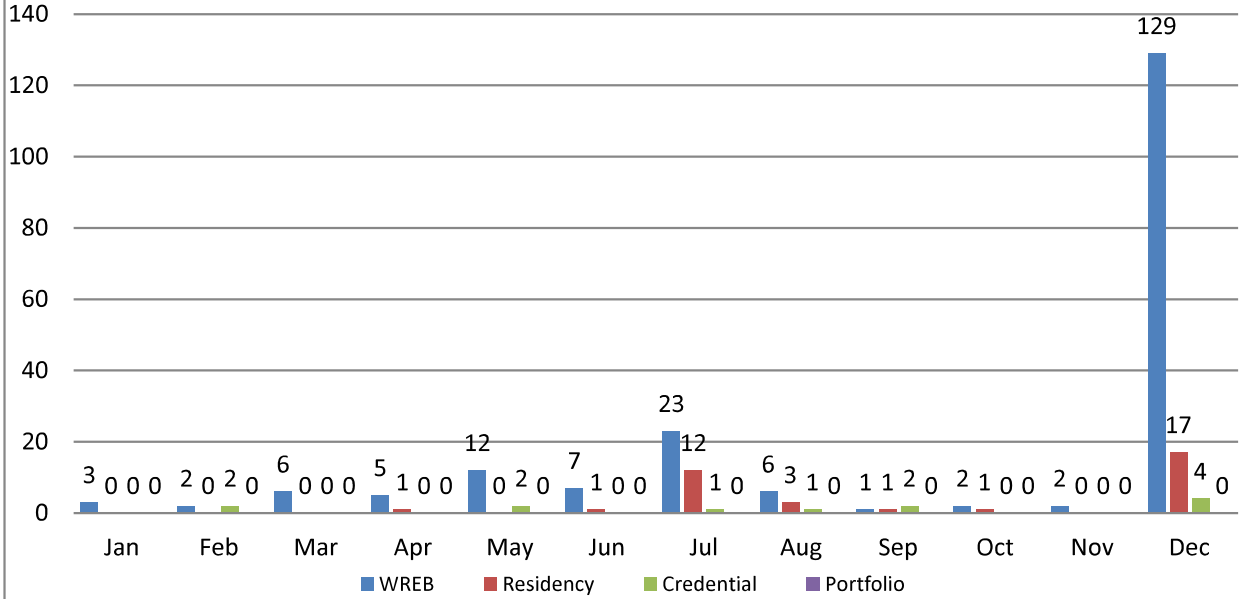


Deficient Applications as of January 02, 2020

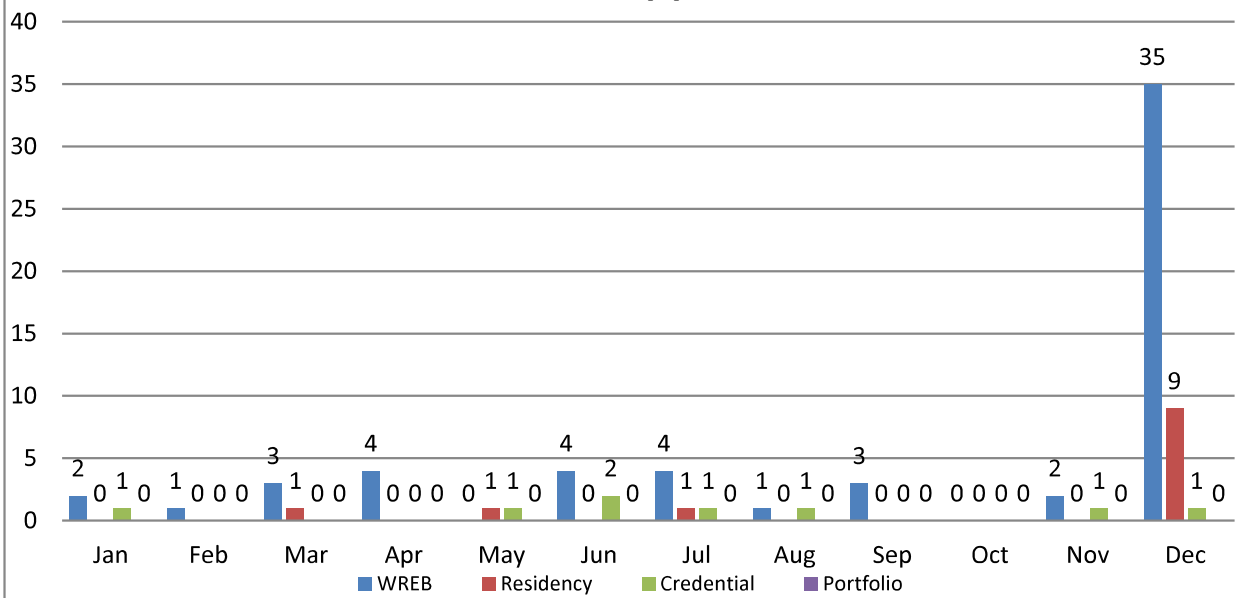


*Deficient: Pending with one or more requirements missing in application

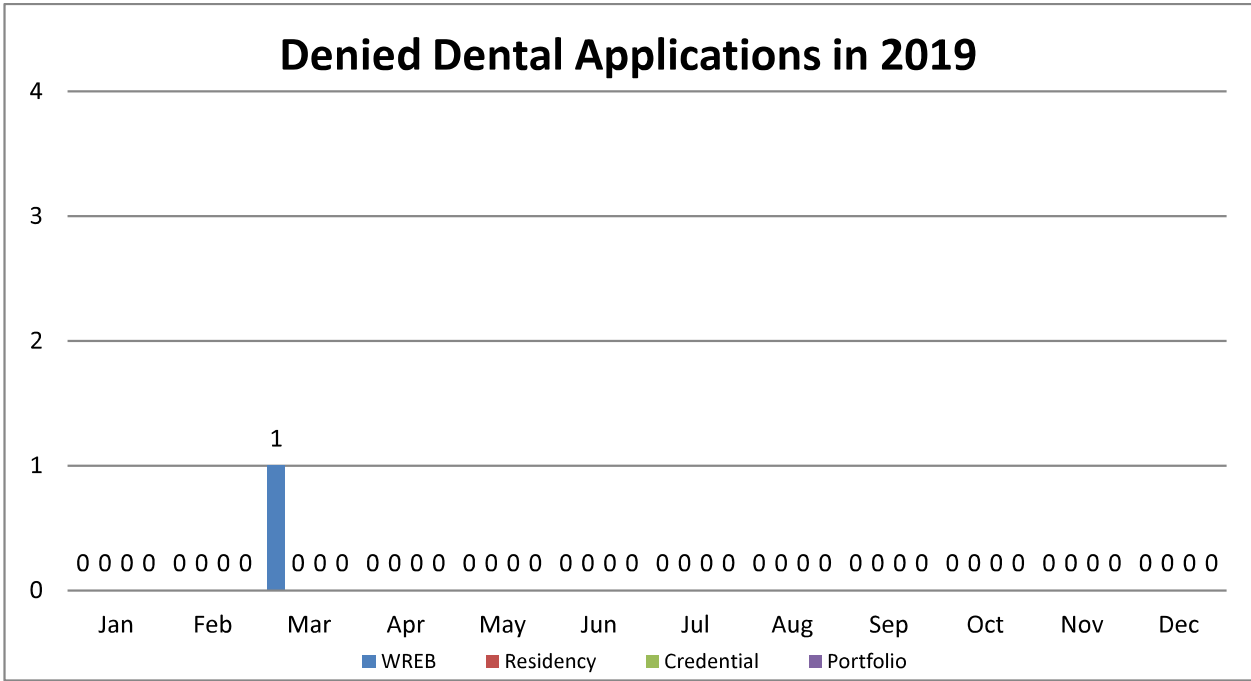
Cancelled Dental Applications in 2019



Withdrawn Dental Applications in 2019



Denied Dental Applications in 2019





MEMORANDUM

DATE	January 24, 2020
TO	Members of the Dental Board of California
FROM	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 16(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

2019 - 2020 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2019	16	0	1	1	3	1
Feb 2019	11	0	4	1	2	1
Mar 2019	14	0	1	1	2	3
April 2019	15	0	0	2	5	1
May 2019	18	1	2	2	1	0
June 2019	11	0	1	1	3	3
July 2019	10	0	0	1	3	1
Aug 2019	11	0	3	0	0	4
Sept 2019	9	1	0	1	3	3
Oct 2019	17	0	2	1	3	2
Nov 2019	8	1	2	0	1	4
Dec 2019	9	1	2	0	0	2
Jan 2020*	19	0	0	0	1	0
Feb 2020*	18	0	0	0	2	0
Total	186	4	18	11	29	25

*Approximate schedule for January, and February 2020.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2019	5	0	3	0	2	0
Feb 2019	5	0	2	0	1	0
Mar 2019	5	0	2	1	1	1
April 2019	6	1	0	0	2	2
May 2019	6	2	4	0	2	3
June 2019	3	2	1	0	2	3
July 2019	4	0	1	2	1	0
Aug 2019	10	0	1	0	1	3
Sept 2019	6	0	1	2	2	2
Oct 2019	7	0	2	0	2	2
Nov 2019	4	0	3	2	1	1
Dec 2019	7	0	2	0	1	4
Jan 2020*	8	0	0	0	2	1
Feb 2020*	13	0	0	0	2	0
Total	89	5	22	7	22	22

*Approximate schedule for January, and February 2020.

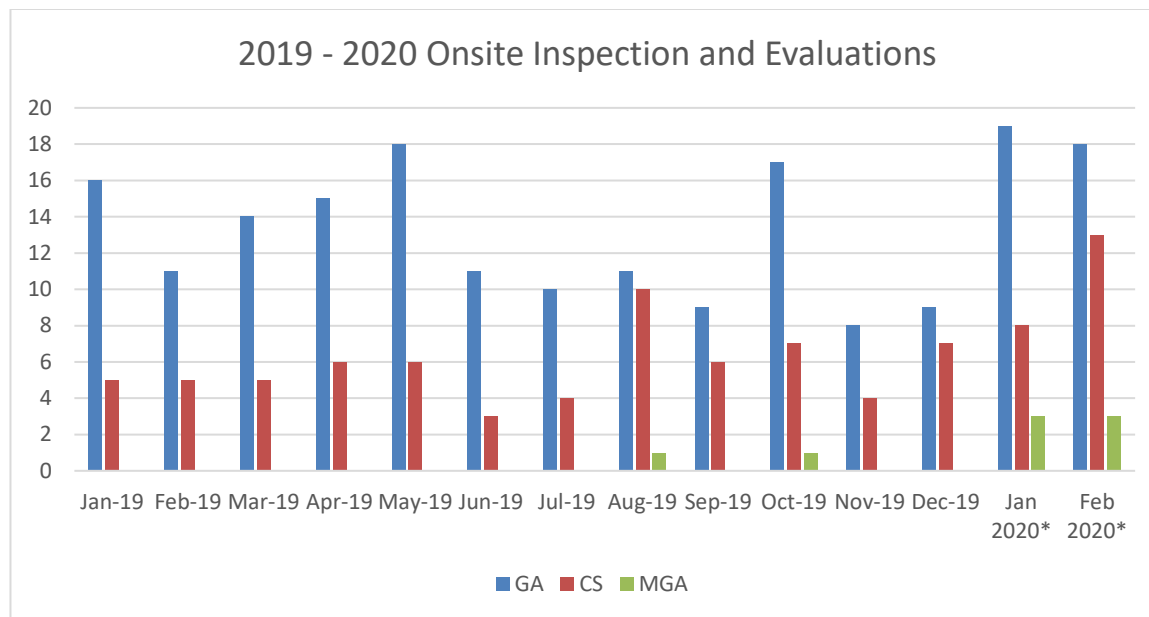
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
Jan 2019	0	0	4	0	0	0
Feb 2019	0	0	3	1	0	0
March 2019	0	0	1	1	0	0
April 2019	0	0	2	0	0	0
May 2019	0	0	2	0	0	0
June 2019	0	0	1	0	0	0
July 2019	0	0	0	1	0	0
Aug 2019	1	0	0	0	0	0
Sept 2019	0	0	2	0	0	0
Oct 2019	1	0	1	0	0	0
Nov 2019	0	0	0	0	0	1
Dec 2019	0	0	0	0	0	0
Jan 2020*	3	0	0	0	0	0
Feb 2020*	3	0	0	0	0	0
Total	8	0	16	3	0	1

*Approximate schedule for January, and February 2020.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	132	71	7
Southern California	159	97	8

Action Requested:

No action requested, data provided is informational only.



MEMORANDUM

DATE	February 10, 2020
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 17: Update of the Dental Board of California 2017-2020 Strategic Plan

Background:

Strategic Planning Process

Strategic management is the regular and continuous planning, leading and analysis of all the necessary actions that help an organization to meet its goals and objectives. It is a process by which leaders of an organization determine what it intends to be in the future and how it will get there. The plan should articulate not only the organization's mission and vision, but also its goals and objectives for the future.

During 2020, the Board will begin the update of its current Strategic Plan which was adopted by the Board December 1, 2016. Of the fourteen members who developed the current plan, only six members continue to serve on the Board. This means that there will be new members participating in the strategic planning process along with six members who have experience with the process.

The current plan consists of seven Goals and thirty- three Objectives. With the assistance of the Department of Consumer Affairs' SOLID Planning Solutions Unit (SOLID), the Board and Council members, staff and stakeholders, will be guided through the process of mapping out the future of the Dental Board for the next 3-5 years.

To understand the environment in which the Dental Board operates and identify factors that could impact the Board's success, SOLID will conduct an environmental scan of the internal and external environments by collecting information through the following methods:

- ◆ Interview Board and Council members
- ◆ Conduct multiple focus groups with staff to identify the strengths and weaknesses of the Board from an internal perspective.
- ◆ Conduct a focus group with managers to identify the strengths and weaknesses of the Board from an internal perspective.

- ◆ Conduct online surveys (qualitative and quantitative) sent to stakeholders to identify the strengths and weaknesses of the board from an external perspective.

The most significant themes and trends identified from the environmental scan will be discussed by the Board and management team during a strategic planning session facilitated by SOLID that will be scheduled sometime in the late Summer early Fall of 2020. This information will be used to guide the Board in the development of its mission, vision, and values, and the strategic goals and objectives for the 2021-2024 Strategic Plan. The entire planning process should take approximately 12 weeks. A copy of the current Plan will be distributed and available at the meeting.

Action Requested:

No action requested.



MEMORANDUM

DATE	January 21, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 18(a): 2020 Tentative Legislative Calendar – Information Only

The 2020 Tentative Legislative Calendar for both the Senate and Assembly is enclosed.

Action Requested:

No action necessary.

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK
October 18, 2019 (Final)

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
			<u>1</u>	2	3	4
5	<u>6</u>	7	8	9	<u>10</u>	11
12	13	14	15	16	<u>17</u>	18
19	<u>20</u>	21	22	23	<u>24</u>	25
26	27	28	29	30	<u>31</u>	

FEBRUARY						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	<u>17</u>	18	19	20	<u>21</u>	22
23	24	25	26	27	28	29

MARCH						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	<u>27</u>	28
29	30	31				

APRIL						
S	M	T	W	TH	F	S
			1	<u>2</u>	3	4
5	6	7	8	9	10	11
12	<u>13</u>	14	15	16	17	18
19	20	21	22	23	<u>24</u>	25
26	27	28	29	30		

MAY						
S	M	T	W	TH	F	S
					<u>1</u>	2
3	4	5	6	7	<u>8</u>	9
10	11	12	13	14	<u>15</u>	16
17	18	19	20	21	22	23
24	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	30
31						

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 6](#) Legislature Reconvenes (J.R. 51(a)(4)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 17](#) Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- [Jan. 20](#) Martin Luther King, Jr. Day.
- [Jan. 24](#) Last day for any committee to hear and report to the **floor bills** introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to **submit bill requests** to the Office of Legislative Counsel.
- [Jan. 31](#) Last day for each house to **pass bills introduced** in that house in the odd-numbered year (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

- [Feb. 17](#) Presidents' Day.
- [Feb. 21](#) Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).

- [Mar. 27](#) Cesar Chavez Day observed

- [Apr. 2](#) **Spring Recess** begins upon adjournment of this day's session (J.R. 51(b)(1)).
- [Apr. 13](#) Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- [Apr. 24](#) Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house (J.R. 61(b)(5)).

- [May 1](#) Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- [May 8](#) Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- [May 15](#) Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61(b)(9)).
- [May 25](#) Memorial Day
- [May 26 - 29](#) **Floor Session Only.** No committees, other than conference or Rules Committees, may meet for any purpose (J.R. 61(b)(10)).
- [May 29](#) Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*Holiday schedule subject to Senate Rules committee approval.

2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE CHIEF CLERK
October 18, 2019 (Final)

JUNE						
S	M	T	W	TH	F	S
	<u>1</u>	2	3	4	5	6
7	8	9	10	11	12	13
14	<u>15</u>	16	17	18	19	20
21	22	23	24	<u>25</u>	<u>26</u>	27
28	29	30				

- [June 1](#) Committee meetings may resume (J.R. 61(b)(12)).
- [June 15](#) **Budget Bill** must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).
- [June 25](#) Last day for a legislative measure to qualify for the November 3 General Election ballot (Election code Sec. 9040).
- [June 26](#) Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY						
S	M	T	W	TH	F	S
			1	<u>2</u>	<u>3</u>	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- [July 2](#) Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)). **Summer Recess** begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).
- [July 3](#) Independence Day observed.

AUGUST						
S	M	T	W	TH	F	S
						1
2	<u>3</u>	4	5	6	7	8
9	10	11	12	13	<u>14</u>	15
16	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	22
23	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	29
30	<u>31</u>					

- [Aug. 3](#) Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- [Aug. 14](#) Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- [Aug. 17 – 31](#) **Floor Session only**. No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(16)).
- [Aug. 21](#) Last day to **amend bills** on the Floor (J.R. 61(b)(17)).
- [Aug. 31](#) Last day for **each house to pass bills** (Art. IV, Sec. 10(c), (J.R. 61(b)(18)). **Final recess** begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING FINAL RECESS

- 2020**
- [Sept. 30](#) Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- [Nov. 3](#) General Election
- [Nov. 30](#) Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).
- [Dec. 7](#) 12 m. convening of 2021-22 Regular Session (Art. IV, Sec. 3(a)).
- 2021**
- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).



MEMORANDUM

DATE	January 21, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 18(b): Discussion and Possible Action on Tracking Legislation

Background:

The Dental Board of California (Board) has been tracking the following bills relating to professions and vocations that impact the Board, the Department of Consumer Affairs, healing arts boards and their respective licensees, and licensing boards.

- 1) [AB 1263](#) (Low) Contracts: consumer services: consumer complaints.
- 2) [AB 1998](#) (Low) Dental Practice Act: unprofessional conduct: patient of record.
- 3) [SB 653](#) (Chang) Dental hygienists: registered dental hygienist in alternative practice: scope of practice
- 4) [SB 776](#) (Skinner) College admissions: criminal history inquiry: prohibition.
- 5) [SB 878](#) (Jones) Department of Consumer Affairs Licensing: applications: wait times.

This memorandum includes information regarding the bill's status, location, date of introduction, date of last amendment, and a summary. Board staff will present the bills at the meeting.

If you would like additional information on any of these bills, the following web sites are excellent resources for viewing proposed legislation and finding additional information:

<https://leginfo.legislature.ca.gov/>

<https://www.senate.ca.gov/>

<https://www.assembly.ca.gov/>

Action Requested:

The Board may take one of the following actions regarding each bill:

- Support
- Support if Amended
- Oppose

Watch
Neutral
No Action

[AB 1263](#) (Low) Contracts: consumer services: consumer complaints.

Introduced: February 21, 2019
Last Amended: January 6, 2020
Disposition: Pending
Location: Assembly Appropriations Committee
Status: January 30, 2020: In ASSEMBLY. Read third time. Passed ASSEMBLY.
To SENATE. (76-0)

Summary: Existing law regulates the formation and enforcement of contracts, including what constitutes an unlawful contract. Under existing law, a contract is unlawful if it is contrary to an express provision of law, contrary to the policy of express law, though not expressly prohibited, or otherwise contrary to good morals.

Existing law regulates licensees who are subject to the jurisdiction of a state licensing entity, including the State Bar of California, the Department of Real Estate, the Department of Consumer Affairs, or any other state agency that issues a license, certificate, or registration authorizing a person to engage in a business or profession.

This bill would prohibit a contract or proposed contract involving the provision of a consumer service by a licensee regulated by a licensing board from including a provision limiting the consumer's ability to file a complaint with that board or to participate in the board's investigation into the licensee. The bill would specify that a waiver of these provisions is contrary to public policy and is void and unenforceable. The bill would provide that a violation of these provisions by a licensee constitutes unprofessional conduct subject to discipline by the licensee's regulatory board.

Board Impact: DBC licensees are already prohibited from entering into service contracts which limit the consumer's ability to file a complaint with the Board. The fiscal impact of this legislation on DBC will be limited to the minor and absorbable cost of investigating the new type of unprofessional conduct (entering into service contracts which limit the consumer's ability to file a complaint with the Board) created by the legislation.

Board Position: None Taken

[AB 1998](#) (Low) Dental Practice Act: unprofessional conduct: patient of record.

Introduced: January 27, 2020
Last Amended: January 27, 2020
Disposition: Pending
Location: Assembly
Status: January 27, 2020: Introduced In ASSEMBLY.

Summary: Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act

specifies unprofessional conduct by a licensee to include, among other things, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of record. The act defines a patient of record to mean 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.

This bill would revise that unprofessional conduct provision described above to provide that the failure of a treating dentist to perform an in-person examination pursuant to that required of a patient of record is unprofessional conduct under the act.

Board Impact: DBC already treats, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of record as unprofessional conduct. This bill specifically adds the requirement of an in person examination to the provision of orthodontics through telehealth. And would prevent telehealth orthodontics providers from using BPC 1684.5(a) to avoid ever performing an in person examination of patients who receive orthodontic adjustments.

Business and Professions Code (BPC) section 1684.5(a) provides that a dentist may "... permit a dental auxiliary to perform ... the following duties prior to any examination of the patient by the dentist ... If the dental auxiliary is a [RDAEF, RDF, RDHAP] ... determine and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and treatment plan for a patient using telehealth...."

Therefore, this bill specifies that telehealth orthodontic adjustments require an in-person examination by the treating dentist, while other telehealth treatments may be conducted without an in-person examination by the treating dentist. The fiscal impact of this legislation on DBC will be limited to the minor and absorbable cost of investigating the new type of unprofessional conduct created by the legislation.

Board Position: None Taken

[SB-653](#) Dental hygienists: registered dental hygienist in alternative practice: scope of practice.

Introduced: January 27, 2020

Last Amended: January 27, 2020

Disposition: Pending

Location: Assembly

Status: January 29, 2020: In SENATE. Read third time. Passed SENATE. To ASSEMBLY. (38-0).

Summary: Existing law specifies the scope of practice of a registered dental hygienist (RDH) and requires any procedure performed by a rdh that does not specifically require direct supervision of a dentist to be performed under the general supervision of a dentist. Existing law authorizes an RDH to provide, without supervision, dental hygiene preventive services in addition to oral screenings in a specified federal, state, or local public health program.

This bill would authorize an RDH to provide, without supervision, fluoride varnish to a patient. The bill would additionally authorize an RDH to provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations.

Existing law authorizes a registered dental hygienist in alternative practice (RDHAP) to perform any of the duties or functions authorized to be performed by an RDH as an employee of a dentist, as an employee of another RDH in alternative practice, as an employee of specified clinics, or as an employee of a professional corporation. Existing law authorizes a RDHAP to perform additional duties and functions in residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas, as provided, and requires that interim therapeutic tooth restorations that are performed in these settings be done under the general supervision of a dentist.

This bill would instead authorize a RDHAP to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation. The bill would additionally authorize a registered dental hygienist in alternative practice to perform specified functions and duties of a registered dental hygienist in dental offices or both dental or medical settings, as specified.

This bill would also authorize a registered dental hygienist in alternative practice to perform soft-tissue, curettage and administration of local anesthesia with documented consultation with a collaborating dentist in the residences of the homebound, residential facilities and other institutions, medical settings that a residential facility patient has been transferred to for outpatient services, dental health professional shortage areas, and dental offices, as long as a specified protocols are followed. The bill would remove the general supervision requirement for interim therapeutic tooth restorations that are performed in specified settings and instead would require that a diagnosis, treatment plan, and instruction be provided by a dentist prior to performing the procedure.

Board Impact: 653 impacts DBC licensees in that it changes supervision requirements for various authorized procedures. The bill would authorize an RDH to provide, without supervision, fluoride varnish as well as provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations. The bill would also authorize a RDHAP to perform soft-tissue, curettage and administration of local anesthesia with documented consultation with a collaborating dentist, instead of with emergency protocols, in specified settings. The bill would remove the general supervision requirement for interim therapeutic tooth restorations that are performed in specified settings and instead would require that a diagnosis, treatment plan, and instruction be provided by a dentist prior to performing the procedure. The bill also removes the limitations on RDHAPs continuing to practice in former dental health professional shortage areas, meaning RDHAPs will compete for patients with dentist licensees in those areas. The Board would need to contact licensees and inform them of the updates to the supervision requirements, however this cost is anticipated to be minor and absorbable.

Board Position: None Taken

[SB-776](#) (Skinner) College admissions: criminal history inquiry: prohibition.

Introduced: February 22, 2019

Last Amended: January 6, 2020

Disposition: Pending

Location: Assembly

Status: In SENATE. Read third time. Passed SENATE. To ASSEMBLY. (30-6).

Summary: This bill would prohibit a postsecondary educational institution in this state, including California Community Colleges, the California State University, the University of California, independent institutions of higher education, and private postsecondary educational institutions, from inquiring about a prospective student's criminal history on an initial application form or at any time during the admissions process before the institution's final decision relative to the prospective student's application for admission.

Board Impact: SB 776 would not impact the Board's licensing standards or requirements. There is no anticipated fiscal impact to the Board. This legislation would make it possible for students with disqualifying criminal records to take on the financial burden of a dental or dental assisting education without a prospect for licensure.

Board Position: None Taken

[SB-878](#) (Jones) Department of Consumer Affairs Licensing: applications: wait times.

Introduced: January 22, 2020

Last Amended: n/a

Disposition: Pending

Location: Senate

Status: In SENATE Committee on BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT.

Summary: This bill would require each board within the department that issues licenses to prominently display the current timeframe for processing initial and renewal license applications on its internet website, as provided.

Board Impact: The Board already posts the current timeframe for processing initial and renewal license applications on the website. Therefore this bill should not impact the Board at this time. If there is a change in the average processing time, the Board will have to incur the cost of updating the website which is expected to be minor and absorbable.

Board Position: None Taken

AMENDED IN ASSEMBLY JANUARY 6, 2020

AMENDED IN ASSEMBLY APRIL 1, 2019

CALIFORNIA LEGISLATURE—2019—20 REGULAR SESSION

ASSEMBLY BILL

No. 1263

Introduced by Assembly Member Low

February 21, 2019

An act to add Chapter 1.6 (commencing with Section 1939.60) to Title 5 of Part 4 of Division 3 of the Civil Code, to add Article 5.1 (commencing with Section 11629.6) to Chapter 1 of Part 3 of Division 2 of, and to repeal Section 11580.24 of, the Insurance Code, and to amend Sections 11752, 11754, and 11760 of the Vehicle Code, Section 1670.8.5 to the Civil Code, relating to business regulation.

LEGISLATIVE COUNSEL'S DIGEST

AB 1263, as amended, Low. ~~Peer-to-peer car sharing.~~ *Contracts: consumer services: consumer complaints.*

Existing law regulates the formation and enforcement of contracts, including what constitutes an unlawful contract. Under existing law, a contract is unlawful if it is contrary to an express provision of law, contrary to the policy of express law, though not expressly prohibited, or otherwise contrary to good morals.

Existing law regulates licensees who are subject to the jurisdiction of a state licensing entity, including the State Bar of California, the Department of Real Estate, the Department of Consumer Affairs, or any other state agency that issues a license, certificate, or registration authorizing a person to engage in a business or profession.

This bill would prohibit a contract or proposed contract involving the provision of a consumer service by a licensee regulated by a

licensing board from including a provision limiting the consumer’s ability to file a complaint with that board or to participate in the board’s investigation into the licensee. The bill would specify that a waiver of these provisions is contrary to public policy and is void and unenforceable. The bill would provide that a violation of these provisions by a licensee constitutes unprofessional conduct subject to discipline by the licensee’s regulatory board.

~~Existing law defines a personal vehicle sharing program as a legal entity qualified to do business in the state that is engaged in the business of facilitating the sharing of private passenger vehicles for noncommercial use by individuals within the state.~~

~~This bill would rename “personal vehicle sharing program” to “peer-to-peer car sharing program” and would require specified disclosures to be made in a peer-to-peer car sharing contract. This bill would authorize a peer-to-peer car sharing program to only enter into a contract with a licensed driver, as specified. The bill would make a peer-to-peer car sharing program responsible for any equipment that is to be installed in a vehicle to facilitate car sharing transactions. The bill would authorize airports to regulate access and use by peer-to-peer car sharing vehicles. The bill would also require peer-to-peer car sharing programs and participants to be insured, as specified.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1670.8.5 is added to the Civil Code, to
- 2 read:
- 3 1670.8.5. (a) A contract or proposed contract involving the
- 4 provision of a consumer service by a licensee regulated by a
- 5 licensing board shall not include a provision limiting the
- 6 consumer’s ability to file a complaint with that board or to
- 7 participate in the board’s investigation into the licensee.
- 8 (b) Any waiver of the provisions of this section is contrary to
- 9 public policy, and is void and unenforceable.
- 10 (c) For purposes of this section, the following terms apply:
- 11 (1) “Consumer service” means any service which is obtained
- 12 for use primarily for personal, family, or household purposes.
- 13 (2) “Licensing board” means any entity contained in Section
- 14 101 of the Business and Professions Code, the State Bar of

1 California, the Department of Real Estate, or any other state
2 agency that issues a license, certificate, or registration authorizing
3 a person to engage in a business or profession.

4 (d) Violation of this section by a licensee shall constitute
5 unprofessional conduct subject to discipline by the licensee's
6 licensing board.

7 SECTION 1. Chapter 1.6 (commencing with Section 1939.60)
8 is added to Title 5 of Part 4 of Division 3 of the Civil Code, to
9 read:

10
11 ~~CHAPTER 1.6. PEER-TO-PEER CAR SHARING PROGRAMS~~
12

13 1939.60. ~~This chapter may be cited as the Peer-to-Peer Car~~
14 ~~Sharing Program Act.~~

15 1939.61. ~~As used in this chapter, the following terms have the~~
16 ~~following meanings:~~

17 (a) ~~“Car sharing delivery period” means the period of time~~
18 ~~during which a shared vehicle is being delivered to the location~~
19 ~~where the car sharing start time will commence, if applicable, as~~
20 ~~documented by the governing car sharing program agreement.~~

21 (b) ~~“Car sharing period” means the period of time from the~~
22 ~~commencement of the car sharing delivery period or, if there is no~~
23 ~~car sharing delivery period, from the car sharing start time, through~~
24 ~~the car sharing termination time.~~

25 (c) ~~“Car sharing program agreement” means the terms and~~
26 ~~conditions applicable to a shared vehicle owner and a shared~~
27 ~~vehicle driver that govern the use of a shared vehicle through a~~
28 ~~peer-to-peer car sharing program.~~

29 (d) ~~“Car sharing start time” means the time when the shared~~
30 ~~vehicle driver takes control of the shared vehicle at or after the~~
31 ~~time the reservation of a shared vehicle is scheduled to begin as~~
32 ~~documented in the records of a peer-to-peer car sharing program.~~

33 (e) ~~“Car sharing termination time” means the time when the~~
34 ~~shared vehicle is returned to the location designated by the shared~~
35 ~~vehicle owner through a peer-to-peer car sharing program, and the~~
36 ~~earliest of one of the following occurs:~~

37 (1) ~~The intent to terminate the use of the shared vehicle is~~
38 ~~verifiably communicated by the shared vehicle driver to the shared~~
39 ~~vehicle owner using the peer-to-peer car sharing program.~~

1 ~~(2) The shared vehicle owner or the shared vehicle owner’s~~
2 ~~authorized designee takes possession and control of the shared~~
3 ~~vehicle.~~

4 ~~(3) The period of time established for the use of a shared vehicle~~
5 ~~in the governing car sharing program agreement expires.~~

6 ~~(f) “Peer-to-peer car sharing” means the authorized use of a~~
7 ~~vehicle by an individual other than the vehicle’s owner through a~~
8 ~~peer-to-peer car sharing program.~~

9 ~~(g) “Peer-to-peer car sharing program” means a business~~
10 ~~platform that connects vehicle owners with licensed drivers to~~
11 ~~enable the sharing of vehicles for financial consideration.~~
12 ~~“Peer-to-peer car sharing program” does not mean car rental~~
13 ~~agency.~~

14 ~~(h) “Shared vehicle” means a vehicle that is available for sharing~~
15 ~~through a peer-to-peer car sharing program.~~

16 ~~(i) “Shared vehicle driver” means a person who is authorized~~
17 ~~to drive a shared vehicle by the shared vehicle owner under a car~~
18 ~~sharing program agreement.~~

19 ~~(j) “Shared vehicle owner” means the registered owner of a~~
20 ~~vehicle made available for sharing to shared vehicle drivers through~~
21 ~~a peer-to-peer car sharing program.~~

22 ~~1939.62. Each car sharing program agreement made in the state~~
23 ~~shall disclose to the shared vehicle owner and the shared vehicle~~
24 ~~driver all of the following:~~

25 ~~(a) Any right of the peer-to-peer car sharing program to seek~~
26 ~~indemnification from the shared vehicle owner or the shared vehicle~~
27 ~~driver for economic loss sustained by the peer-to-peer car sharing~~
28 ~~program resulting from a breach of the terms and conditions of~~
29 ~~the car sharing program agreement.~~

30 ~~(b) That an automobile liability insurance policy issued to the~~
31 ~~shared vehicle owner for the shared vehicle or to the shared vehicle~~
32 ~~driver does not provide a defense or indemnification for any claim~~
33 ~~asserted by the peer-to-peer car sharing program.~~

34 ~~(c) That the peer-to-peer car sharing program’s insurance~~
35 ~~coverage on the shared vehicle owner and the shared vehicle driver,~~
36 ~~required pursuant to Article 5.1 (commencing with Section~~
37 ~~11629.6) to Chapter 1 of Part 3 of Division 2 of the Insurance~~
38 ~~Code, is in effect only during each car sharing period and that, for~~
39 ~~any use of the shared vehicle by the shared vehicle driver after the~~

1 ~~car sharing termination time, the shared vehicle driver and the~~
2 ~~shared vehicle owner may not be covered.~~

3 ~~(d) The amounts of the daily rate, additional mandatory charges,~~
4 ~~fees, and, if applicable, any insurance or protection plan costs that~~
5 ~~are charged to the shared vehicle owner or the shared vehicle~~
6 ~~driver.~~

7 ~~(e) That the shared vehicle owner's motor vehicle liability~~
8 ~~insurance may not provide coverage for a shared vehicle.~~

9 ~~(f) An emergency telephone number for customer service~~
10 ~~inquiries, including requests for emergency roadside assistance.~~

11 ~~1939.63. A peer-to-peer car sharing program shall disclose the~~
12 ~~daily rate, charges, fees, and costs when providing a quote and~~
13 ~~shall not require any other fees or charges to be paid as a condition~~
14 ~~of using the shared vehicle.~~

15 ~~1939.64. (a) A peer-to-peer car sharing program shall only~~
16 ~~enter into a car sharing program agreement with a shared vehicle~~
17 ~~driver who is at least 18 years of age and who provides~~
18 ~~documentation of either of the following documents:~~

19 ~~(1) A valid, unexpired California driver's license that authorizes~~
20 ~~the driver to operate a vehicle of the same class as the shared~~
21 ~~vehicle.~~

22 ~~(2) A valid, unexpired driver's license issued by the state or~~
23 ~~country of the shared vehicle driver's residence that authorizes the~~
24 ~~driver in that state or country to drive a vehicle of the same class~~
25 ~~as the shared vehicle.~~

26 ~~1939.65. A peer-to-peer car sharing program shall have sole~~
27 ~~responsibility for any equipment that is installed in or on the~~
28 ~~vehicle to facilitate the car sharing transaction, and shall agree to~~
29 ~~indemnify and hold harmless the shared vehicle owner for any~~
30 ~~damage to or theft of the equipment during the sharing period not~~
31 ~~caused by the vehicle owner. The peer-to-peer car sharing program~~
32 ~~has the right to seek indemnity from the shared vehicle driver for~~
33 ~~any loss or damage to the equipment that occurs during the car~~
34 ~~sharing period.~~

35 ~~1939.66. (a) Notwithstanding any other law, a commercial~~
36 ~~airport authority is authorized to regulate access to an airport and~~
37 ~~set access fees for peer-to-peer car sharing programs. If required,~~
38 ~~a peer-to-peer car sharing program shall obtain a permit or other~~
39 ~~written authorization from the airport operator prior to facilitating~~
40 ~~the sharing of vehicles at that airport.~~

1 ~~(b) This section does not affect the authority of any political~~
 2 ~~subdivision of the state to regulate access to an airport it owns or~~
 3 ~~operates and to set access fees or requirements for a peer-to-peer~~
 4 ~~car sharing program.~~

5 ~~SEC. 2. Section 11580.24 of the Insurance Code is repealed.~~

6 ~~SEC. 3. Article 5.1 (commencing with Section 11629.6) is~~
 7 ~~added to Chapter 1 of Part 3 of Division 2 of the Insurance Code,~~
 8 ~~to read:~~

9
 10 ~~Article 5.1. Peer-to-Peer Car Sharing Programs~~

11
 12 ~~11629.6. For purposes of this article, the definitions set forth~~
 13 ~~in Section 1939.61 of the Civil Code shall apply.~~

14 ~~11629.61. (a) A peer-to-peer car sharing program shall assume~~
 15 ~~the liability of a shared vehicle owner for any property damage to~~
 16 ~~the shared vehicle or any bodily injury or property damage to third~~
 17 ~~parties or uninsured and underinsured motorist or personal injury~~
 18 ~~protection losses during the car sharing period in an amount stated~~
 19 ~~in the peer-to-peer car sharing program agreement which amount~~
 20 ~~may not be less than those set forth in Section 16056 of the Vehicle~~
 21 ~~Code. In addition, a peer-to-peer car sharing program shall also~~
 22 ~~assume liability for the shared vehicle.~~

23 ~~The assumption of liability does not apply if the shared vehicle~~
 24 ~~owner makes an intentional or fraudulent material~~
 25 ~~misrepresentation to the peer-to-peer car sharing program before~~
 26 ~~the car sharing period in which the loss occurred.~~

27 ~~(b) A peer-to-peer car sharing program shall ensure that, during~~
 28 ~~each car sharing period, the shared vehicle owner and the shared~~
 29 ~~vehicle driver are insured under a motor vehicle liability insurance~~
 30 ~~policy that provides insurance coverage in amounts no less than~~
 31 ~~_____.~~

32 ~~(c) The insurance described in subdivision (b) may be satisfied~~
 33 ~~by motor vehicle liability insurance maintained by any of the~~
 34 ~~following:~~

- 35 ~~(1) The shared vehicle owner.~~
 36 ~~(2) The shared vehicle driver.~~
 37 ~~(3) The peer-to-peer car sharing program.~~
 38 ~~(4) Any combination of the above.~~

39 ~~(d) The peer-to-peer car sharing program shall assume primary~~
 40 ~~liability for a claim when it is, in whole or in part, providing the~~

1 insurance required under subdivision (b) and both of the following
2 are true:

3 (1) A dispute exists as to who was in control of the shared motor
4 vehicle at the time of the loss.

5 (2) The peer-to-peer car sharing program does not have
6 available, did not retain, or fails to provide the information required
7 pursuant to Section 11629.65.

8 (e) If a peer-to-peer car sharing program assumes liability for
9 a claim pursuant to subdivision (d), and it is later determined that
10 the shared motor vehicle's owner was in control of the shared
11 motor vehicle at the time of the loss, the shared motor vehicle's
12 insurer shall indemnify the car sharing program to the extent of
13 its obligation, if any, under the applicable insurance policy.

14 (f) If the insurance described in subdivision (e) maintained by
15 a shared vehicle owner or shared vehicle driver has lapsed or does
16 not provide the required coverage, insurance maintained by the
17 peer-to-peer car sharing program shall provide the coverage
18 required pursuant to subdivision (b) beginning with the first dollar
19 of a claim and shall have the duty to defend such a claim.

20 (g) Coverage under an automobile insurance policy maintained
21 by the peer-to-peer car sharing program shall not be dependent on
22 a personal automobile insurer first denying a claim nor shall a
23 personal automobile insurance policy be required to first deny a
24 claim.

25 (h) This article does not limit either of the following:

26 (1) The liability of a peer-to-peer car sharing program for any
27 act or omission of the peer-to-peer car sharing program itself that
28 results in injury to any person as a result of the use of a shared
29 vehicle through a peer-to-peer car sharing program.

30 (2) The ability of a peer-to-peer car sharing program to, by
31 contract, seek indemnification from the shared vehicle owner or
32 the shared vehicle driver for economic loss sustained by the
33 peer-to-peer car sharing program resulting from a breach of the
34 terms and conditions of the car sharing program agreement.

35 11629.62. Before a shared vehicle is made available for car
36 sharing on the peer-to-peer car sharing program, the peer-to-peer
37 car sharing program shall notify the shared vehicle owner that, if
38 the shared vehicle has a lien against it, the use of the shared vehicle
39 through a peer-to-peer car sharing program, including use without

1 physical damage coverage, may violate the terms of the contract
2 with the lienholder.

3 ~~11629.63. An authorized insurer that writes motor vehicle~~
4 ~~liability insurance may exclude any and all coverage and the duty~~
5 ~~to defend or indemnify for any claim afforded under a shared~~
6 ~~vehicle owner's personal motor vehicle liability insurance policy.~~
7 ~~This article does not invalidate or limit an exclusion contained in~~
8 ~~a motor vehicle liability insurance policy, including any insurance~~
9 ~~policy in use or approved for use that excludes coverage for motor~~
10 ~~vehicles made available for rent, sharing, or hire or for any business~~
11 ~~use.~~

12 ~~11629.64. A motor vehicle insurer may not deny, cancel, void,~~
13 ~~terminate, rescind, or nonrenew a policy of personal private~~
14 ~~passenger automobile liability insurance of a shared vehicle owner~~
15 ~~solely on the basis that vehicle covered under the policy has been~~
16 ~~made available for sharing through a peer-to-peer car sharing~~
17 ~~program.~~

18 ~~11629.65. A peer-to-peer car sharing program shall collect and~~
19 ~~verify records pertaining to the use of a vehicle, including, but not~~
20 ~~limited to, times used, fees paid by the shared vehicle driver, and~~
21 ~~revenues received by the shared vehicle owner and provide that~~
22 ~~information upon request to the shared vehicle owner, the shared~~
23 ~~vehicle owner's insurer, or the shared vehicle driver's insurer to~~
24 ~~facilitate a claim coverage investigation. The peer-to-peer car~~
25 ~~sharing program shall retain the records for not less than five years~~
26 ~~unless a longer retention period is otherwise required by law.~~

27 ~~11629.66. A motor vehicle insurer that defends or indemnifies~~
28 ~~a claim involving a shared vehicle that is excluded under the terms~~
29 ~~of its policy shall have the right to seek contribution against the~~
30 ~~motor vehicle insurer of the peer-to-peer car sharing program if~~
31 ~~both of the following are true:~~

32 ~~(a) The claim is made against the shared vehicle owner or the~~
33 ~~shared vehicle driver for loss or injury that occurs during the car~~
34 ~~sharing period.~~

35 ~~(b) Coverage for peer-to-peer vehicle sharing is excluded under~~
36 ~~the terms of its policy.~~

37 ~~11629.67. A peer-to-peer car sharing program shall, for each~~
38 ~~vehicle that it facilitates the use of, provide the registered owner~~
39 ~~of the vehicle with a Department of Motor Vehicles Form REG~~
40 ~~5085 or other suitable proof of compliance with the insurance~~

1 requirements of this section and the requirements of the California
2 Financial Responsibility Law in Section 1656.2 of the Vehicle
3 Code, a copy of which shall be maintained in the vehicle by the
4 vehicle's registered owner during any time when the vehicle is
5 operated by any person other than the vehicle's owner pursuant to
6 a peer-to-peer car sharing program.

7 SEC. 4. Section 11752 of the Vehicle Code is amended to read:
8 11752. As used in this article, the following definitions apply:

9 (a) The term "dealer" has the same meaning as in Section 285.

10 (b) (1) A "manufacturer's recall" is a recall conducted pursuant
11 to Sections 30118 to 30120, inclusive, of Title 49 of the United
12 States Code.

13 (2) A manufacturer's recall does not include a service campaign
14 or emission recall when the vehicle manufacturer or the National
15 Highway Traffic Safety Administration has not issued a recall
16 notice to owners of affected vehicles, pursuant to Section 30118
17 of Title 49 of the United States Code.

18 (c) A "peer-to-peer car sharing program" has the same meaning
19 as defined in Section 1939.61 of the Civil Code.

20 (d) A "recall database" is a database from which an individual
21 may obtain vehicle identification number (VIN) specific
22 manufacturer's recall information relevant to a specific vehicle.

23 (1) For a vehicle manufacturer that is not subject to the
24 regulations adopted pursuant to Section 31301 of the federal
25 Moving Ahead for Progress in the 21st Century Act (Public Law
26 112-141), a recall database is one of the following:

27 (A) The recall data on a vehicle manufacturer's internet website
28 for a specific vehicle's line-make.

29 (B) The recall data in a vehicle manufacturer's internal system
30 that provides information to its franchisees on vehicles subject to
31 recall.

32 (C) The recall data in subparagraph (A) or (B) that is contained
33 in a commercially available vehicle history system.

34 (2) For a vehicle manufacturer that is subject to the regulations
35 adopted pursuant to Section 31301 of the federal Moving Ahead
36 for Progress in the 21st Century Act (Public Law 112-141), a recall
37 database shall include, at a minimum, the recall information
38 required pursuant to Section 573.15 of Title 49 of the Code of
39 Federal Regulations.

1 (e) A “recall database report” is a report, specific to a vehicle
2 that is identified by its VIN, containing information obtained from
3 a recall database.

4 (f) A “rental car company” is a person or entity in the business
5 of renting passenger vehicles to the public in California.

6 SEC. 5. Section 11754 of the Vehicle Code is amended to read:

7 11754. (a) No later than 48 hours after receiving a notice of a
8 manufacturer’s recall, or sooner if practicable, a dealer or rental
9 car company with a motor vehicle fleet of 34 or fewer loaner or
10 rental vehicles shall not loan, rent, or offer for loan or rent a vehicle
11 subject to that recall until the recall repair has been made.

12 (b) If a recall notification indicates that the remedy for the recall
13 is not immediately available and specifies actions to temporarily
14 repair the vehicle in a manner to eliminate the safety risk that
15 prompted the recall, the dealer or rental car company, after having
16 the repairs completed, may loan or rent the vehicle. Once the
17 remedy for the vehicle becomes available to the dealer or rental
18 car company, the dealer or rental car company shall not loan or
19 rent the vehicle until the vehicle has been repaired.

20 (c) As soon as practicable but not more than 48 hours after a
21 vehicle is subject to a manufacturer’s recall, as defined in
22 subdivision (b) of Section 11752, and a recall notice has been
23 issued by the manufacturer and appears in the recall database
24 provided by the National Highway Traffic Safety Administration
25 pursuant to Section 573.15 of Title 49 of the Code of Federal
26 Regulations, or not more than 48 hours after the peer-to-peer car
27 sharing program receives notification of a manufacturer’s recall
28 by a third party with which the peer-to-peer car sharing program
29 contracts to provide notification of active recalls, a peer-to-peer
30 car sharing program shall not facilitate or otherwise arrange for
31 transportation with that vehicle until after any recall notices for
32 that vehicle no longer appear in the recall database provided by
33 the National Highway Traffic Safety Administration.

34 (d) The changes to this section made by Chapter 591 of the
35 Statutes of 2018 do not apply in any manner to litigation pending
36 as of January 1, 2019.

37 (e) This section does not affect the determination of whether or
38 not a company is a rental car company or whether or not a company
39 is a peer-to-peer car sharing company.

40 SEC. 6. Section 11760 of the Vehicle Code is amended to read:

1 ~~11760. (a) This article does not create any legal duty upon the~~
2 ~~dealer, rental car company, peer-to-peer car sharing program, or~~
3 ~~department related to the accuracy, errors, or omissions contained~~
4 ~~in a recall database report or any legal duty to provide information~~
5 ~~added to a recall database after the dealer, rental car company,~~
6 ~~peer-to-peer car sharing program, or department obtained the recall~~
7 ~~database report pursuant to Sections 11754 and 11758.~~

8 ~~(b) The changes to this section made by Chapter 591 of the~~
9 ~~statutes of 2018 shall not apply in any manner to litigation that is~~
10 ~~pending as of January 1, 2019.~~

11 ~~(c) This section does not affect the determination of whether or~~
12 ~~not a company is a rental car company or whether or not a company~~
13 ~~is a peer-to-peer car sharing program.~~

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ASSEMBLY BILL

No. 1998

Introduced by Assembly Member Low

January 27, 2020

An act to amend Section 1680 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1998, as introduced, Low. Dental Practice Act: unprofessional conduct: patient of record.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act specifies unprofessional conduct by a licensee to include, among other things, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of record. The act defines a patient of record to mean 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.

This bill would revise that unprofessional conduct provision described above to provide that the failure of a treating dentist to perform an in-person examination pursuant to that required of a patient of record is unprofessional conduct under the act.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1680 of the Business and Professions
- 2 Code is amended to read:
- 3 1680. Unprofessional conduct by a person licensed under this
- 4 chapter is defined as, but is not limited to, any one of the following:
- 5 (a) The obtaining of any fee by fraud or misrepresentation.
- 6 (b) The employment directly or indirectly of any student or
- 7 suspended or unlicensed dentist to practice dentistry as defined in
- 8 this chapter.
- 9 (c) The aiding or abetting of any unlicensed person to practice
- 10 dentistry.
- 11 (d) The aiding or abetting of a licensed person to practice
- 12 dentistry unlawfully.
- 13 (e) The committing of any act or acts of sexual abuse,
- 14 misconduct, or relations with a patient that are substantially related
- 15 to the practice of dentistry.
- 16 (f) The use of any false, assumed, or fictitious name, either as
- 17 an individual, firm, corporation, or otherwise, or any name other
- 18 than the name under which the person is licensed to practice, in
- 19 advertising or in any other manner indicating that the person is
- 20 practicing or will practice dentistry, except that name as is specified
- 21 in a valid permit issued pursuant to Section 1701.5.
- 22 (g) The practice of accepting or receiving any commission or
- 23 the rebating in any form or manner of fees for professional services,
- 24 radiograms, prescriptions, or other services or articles supplied to
- 25 patients.
- 26 (h) The making use by the licensee or any agent of the licensee
- 27 of any advertising statements of a character tending to deceive or
- 28 mislead the public.
- 29 (i) The advertising of either professional superiority or the
- 30 advertising of performance of professional services in a superior
- 31 manner. This subdivision shall not prohibit advertising permitted
- 32 by subdivision (h) of Section 651.
- 33 (j) The employing or the making use of solicitors.
- 34 (k) The advertising in violation of Section 651.
- 35 (l) The advertising to guarantee any dental service, or to perform
- 36 any dental operation painlessly. This subdivision shall not prohibit
- 37 advertising permitted by Section 651.

1 (m) The violation of any of the provisions of law regulating the
2 procurement, dispensing, or administration of dangerous drugs,
3 as defined in Chapter 9 (commencing with Section 4000) or
4 controlled substances, as defined in Division 10 (commencing
5 with Section 11000) of the Health and Safety Code.

6 (n) The violation of any of the provisions of this division.

7 (o) The permitting of any person to operate dental radiographic
8 equipment who has not met the requirements of Section 1656.

9 (p) The clearly excessive prescribing or administering of drugs
10 or treatment, or the clearly excessive use of diagnostic procedures,
11 or the clearly excessive use of diagnostic or treatment facilities,
12 as determined by the customary practice and standards of the dental
13 profession.

14 Any person who violates this subdivision is guilty of a
15 misdemeanor and shall be punished by a fine of not less than one
16 hundred dollars (\$100) or more than six hundred dollars (\$600),
17 or by imprisonment for a term of not less than 60 days or more
18 than 180 days, or by both a fine and imprisonment.

19 (q) The use of threats or harassment against any patient or
20 licensee for providing evidence in any possible or actual
21 disciplinary action, or other legal action; or the discharge of an
22 employee primarily based on the employee's attempt to comply
23 with the provisions of this chapter or to aid in the compliance.

24 (r) Suspension or revocation of a license issued, or discipline
25 imposed, by another state or territory on grounds that would be
26 the basis of discipline in this state.

27 (s) The alteration of a patient's record with intent to deceive.

28 (t) Unsanitary or unsafe office conditions, as determined by the
29 customary practice and standards of the dental profession.

30 (u) The abandonment of the patient by the licensee, without
31 written notice to the patient that treatment is to be discontinued
32 and before the patient has ample opportunity to secure the services
33 of another dentist, registered dental hygienist, registered dental
34 hygienist in alternative practice, or registered dental hygienist in
35 extended functions and provided the health of the patient is not
36 jeopardized.

37 (v) The willful misrepresentation of facts relating to a
38 disciplinary action to the patients of a disciplined licensee.

39 (w) Use of fraud in the procurement of any license issued
40 pursuant to this chapter.

1 (x) Any action or conduct that would have warranted the denial
2 of the license.

3 (y) The aiding or abetting of a licensed dentist, dental assistant,
4 registered dental assistant, registered dental assistant in extended
5 functions, dental sedation assistant permitholder, orthodontic
6 assistant permitholder, registered dental hygienist, registered dental
7 hygienist in alternative practice, or registered dental hygienist in
8 extended functions to practice dentistry in a negligent or
9 incompetent manner.

10 (z) (1) The failure to report to the board in writing within seven
11 days any of the following: (A) the death of the licensee's patient
12 during the performance of any dental or dental hygiene procedure;
13 (B) the discovery of the death of a patient whose death is related
14 to a dental or dental hygiene procedure performed by the licensee;
15 or (C) except for a scheduled hospitalization, the removal to a
16 hospital or emergency center for medical treatment of any patient
17 to whom oral conscious sedation, conscious sedation, or general
18 anesthesia was administered, or any patient as a result of dental
19 or dental hygiene treatment. With the exception of patients to
20 whom oral conscious sedation, conscious sedation, or general
21 anesthesia was administered, removal to a hospital or emergency
22 center that is the normal or expected treatment for the underlying
23 dental condition is not required to be reported. Upon receipt of a
24 report pursuant to this subdivision the board may conduct an
25 inspection of the dental office if the board finds that it is necessary.
26 A dentist shall report to the board all deaths occurring in the
27 licensee's practice with a copy sent to the Dental Hygiene Board
28 of California if the death was the result of treatment by a registered
29 dental hygienist, registered dental hygienist in alternative practice,
30 or registered dental hygienist in extended functions. A registered
31 dental hygienist, registered dental hygienist in alternative practice,
32 or registered dental hygienist in extended functions shall report to
33 the Dental Hygiene Board of California all deaths occurring as the
34 result of dental hygiene treatment, and a copy of the notification
35 shall be sent to the board.

36 (2) The report required by this subdivision shall be on a form
37 or forms approved by the board. The form or forms approved by
38 the board shall require the licensee to include, but not be limited
39 to, the following information for cases in which patients received
40 anesthesia: the date of the procedure; the patient's age in years

1 and months, weight, and sex; the patient's American Society of
2 Anesthesiologists (ASA) physical status; the patient's primary
3 diagnosis; the patient's coexisting diagnoses; the procedures
4 performed; the sedation setting; the medications used; the
5 monitoring equipment used; the category of the provider
6 responsible for sedation oversight; the category of the provider
7 delivering sedation; the category of the provider monitoring the
8 patient during sedation; whether the person supervising the sedation
9 performed one or more of the procedures; the planned airway
10 management; the planned depth of sedation; the complications
11 that occurred; a description of what was unexpected about the
12 airway management; whether there was transportation of the patient
13 during sedation; the category of the provider conducting
14 resuscitation measures; and the resuscitation equipment utilized.
15 Disclosure of individually identifiable patient information shall
16 be consistent with applicable law. A report required by this
17 subdivision shall not be admissible in any action brought by a
18 patient of the licensee providing the report.

19 (3) For the purposes of paragraph (2), categories of provider
20 are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist
21 Anesthesiologist, Physician Anesthesiologist, Dental Assistant,
22 Registered Dental Assistant, Dental Sedation Assistant, Registered
23 Nurse, Certified Registered Nurse Anesthetist, or Other.

24 (4) The form shall state that this information shall not be
25 considered an admission of guilt, but is for educational, data, or
26 investigative purposes.

27 (5) The board may assess a penalty on any licensee who fails
28 to report an instance of an adverse event as required by this
29 subdivision. The licensee may dispute the failure to file within 10
30 days of receiving notice that the board had assessed a penalty
31 against the licensee.

32 (aa) Participating in or operating any group advertising and
33 referral services that are in violation of Section 650.2.

34 (ab) The failure to use a fail-safe machine with an appropriate
35 exhaust system in the administration of nitrous oxide. The board
36 shall, by regulation, define what constitutes a fail-safe machine.

37 (ac) Engaging in the practice of dentistry with an expired license.

38 (ad) Except for good cause, the knowing failure to protect
39 patients by failing to follow infection control guidelines of the
40 board, thereby risking transmission of bloodborne infectious

1 diseases from dentist, dental assistant, registered dental assistant,
2 registered dental assistant in extended functions, dental sedation
3 assistant permitholder, orthodontic assistant permitholder,
4 registered dental hygienist, registered dental hygienist in alternative
5 practice, or registered dental hygienist in extended functions to
6 patient, from patient to patient, and from patient to dentist, dental
7 assistant, registered dental assistant, registered dental assistant in
8 extended functions, dental sedation assistant permitholder,
9 orthodontic assistant permitholder, registered dental hygienist,
10 registered dental hygienist in alternative practice, or registered
11 dental hygienist in extended functions. In administering this
12 subdivision, the board shall consider referencing the standards,
13 regulations, and guidelines of the State Department of Public
14 Health developed pursuant to Section 1250.11 of the Health and
15 Safety Code and the standards, guidelines, and regulations pursuant
16 to the California Occupational Safety and Health Act of 1973 (Part
17 1 (commencing with Section 6300) of Division 5 of the Labor
18 Code) for preventing the transmission of HIV, hepatitis B, and
19 other bloodborne pathogens in health care settings. The board shall
20 review infection control guidelines, if necessary, on an annual
21 basis and proposed changes shall be reviewed by the Dental
22 Hygiene Board of California to establish a consensus. The hygiene
23 board shall submit any recommended changes to the infection
24 control guidelines for review to establish a consensus. As
25 necessary, the board shall consult with the Medical Board of
26 California, ~~the California Board of Podiatric Medicine, the~~
27 *Podiatric Medical Board of California*, the Board of Registered
28 Nursing, and the Board of Vocational Nursing and Psychiatric
29 Technicians, to encourage appropriate consistency in the
30 implementation of this subdivision.

31 The board shall seek to ensure that all appropriate dental
32 personnel are informed of the responsibility to follow infection
33 control guidelines, and of the most recent scientifically recognized
34 safeguards for minimizing the risk of transmission of bloodborne
35 infectious diseases.

36 (ae) The utilization by a licensed dentist of any person to
37 perform the functions of any registered dental assistant, registered
38 dental assistant in extended functions, dental sedation assistant
39 permitholder, orthodontic assistant permitholder, registered dental
40 hygienist, registered dental hygienist in alternative practice, or

1 registered dental hygienist in extended functions who, at the time
2 of initial employment, does not possess a current, valid license or
3 permit to perform those functions.

4 (af) The prescribing, dispensing, or furnishing of dangerous
5 drugs or devices, as defined in Section 4022, in violation of Section
6 2242.1.

7 (ag) Using water, or other methods used for irrigation, that are
8 not sterile or that do not contain recognized disinfecting or
9 antibacterial properties when performing dental procedures on
10 exposed dental pulp.

11 (ah) The failure by the treating dentist, prior to the initial
12 diagnosis and correction of malpositions of human teeth or initial
13 use of orthodontic appliances, to perform an *in-person* examination
14 pursuant to subdivision (b) of Section 1684.5, including the review
15 of the patient's most recent diagnostic digital or conventional
16 radiographs or other equivalent bone imaging suitable for
17 orthodontia. New radiographs or other equivalent bone imaging
18 shall be ordered if deemed appropriate by the treating dentist.

O

AMENDED IN SENATE JANUARY 23, 2020

AMENDED IN SENATE APRIL 25, 2019

AMENDED IN SENATE APRIL 22, 2019

AMENDED IN SENATE MARCH 27, 2019

SENATE BILL

No. 653

Introduced by Senator Chang

February 22, 2019

An act to amend Sections 1911, 1925, 1926, and 1926.05 of, and to add Sections ~~1911.5, 1926.01, and 1926.5~~ *1911.5 and 1926.01* to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 653, as amended, Chang. Dental hygienists: registered dental hygienist in alternative practice: scope of practice.

Existing law, the Dental Practice Act, provides for the licensure and regulation of the practice of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Board of California within the Department of Consumer Affairs. Existing law makes certain violations of specific provisions relating to healing arts by a licensee a crime.

Existing law specifies the scope of practice of a registered dental hygienist and requires any procedure performed by a registered dental hygienist that does not specifically require direct supervision of a dentist to be performed under the general supervision of a dentist. Existing law authorizes a registered dental hygienist to provide, without supervision, dental hygiene preventive services in addition to oral screenings in a specified federal, state, or local public health program.

This bill would authorize a registered dental hygienist to provide, without supervision, fluoride varnish to a patient. The bill would additionally authorize a registered dental hygienist to provide dental hygiene preventive services and oral screenings at specified sponsored events and nonprofit organizations.

Existing law authorizes a registered dental hygienist in alternative practice to perform any of the duties or functions authorized to be performed by a registered dental hygienist as an employee of a dentist, as an employee of another registered dental hygienist in alternative practice, as an employee of specified clinics, or as an employee of a professional corporation. Existing law authorizes a registered dental hygienist in alternative practice to perform additional duties and functions in residences of the homebound, schools, residential facilities and other institutions, and dental health professional shortage areas, as provided, and requires ~~the duties and functions that interim therapeutic tooth restorations that are performed in these settings to be done under the general supervision of a dentist when specified.~~ *dentist.*

This bill would *instead* authorize a registered dental hygienist in alternative practice to practice in specified clinics or in a professional corporation without being an employee of that clinic or professional corporation. The bill would additionally authorize a registered dental hygienist in alternative practice to perform specified functions and duties of a registered dental hygienist in dental *offices or both dental or medical settings, as specified.* ~~The~~

This bill would *also* authorize a registered dental hygienist in alternative practice to perform soft-tissue ~~curettage, curettage and~~ administration of local ~~anesthesia, and administration of nitrous oxide and oxygen with emergency protocols and under the direct supervision of a dentist~~ *anesthesia with documented consultation with a collaborating dentist* in the residences of the homebound, residential facilities and other institutions, *medical settings that a residential facility patient has been transferred to for outpatient services*, dental health professional shortage areas, and dental ~~or medical settings.~~ *The bill would remove the general supervision requirement and instead require prior authorization by a collaborating dentist for specified duties in those settings. The bill would also authorize a registered dental hygienist in alternative practice to continue to practice in a former dental health professional shortage area if certain conditions are met. offices, as long as a specified protocols are followed. The bill would remove the general supervision requirement for interim therapeutic tooth restorations that*

are performed in specified settings and instead would require that a diagnosis, treatment plan, and instruction be provided by a dentist prior to performing the procedure.

Because a violation of certain provisions of the bill would be a crime, the bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1911 of the Business and Professions
2 Code is amended to read:

3 1911. (a) A registered dental hygienist may provide, without
4 supervision, educational services, oral health training programs,
5 and oral health screenings.

6 (b) A registered dental hygienist shall refer any screened patients
7 with possible oral abnormalities to a dentist for a comprehensive
8 examination, diagnosis, and treatment plan.

9 (c) In any public health program created by federal, state, or
10 local law or administered by a federal, state, county, or local
11 governmental entity, at a sponsored event by a sponsoring ~~entity,~~
12 *entity* or at a nonprofit organization, a registered dental hygienist
13 may provide, without supervision, dental hygiene preventive
14 services in addition to oral screenings, including, but not limited
15 to, the application of fluorides and pit and fissure sealants. A
16 registered dental hygienist ~~employed~~ *practicing* as described in
17 this subdivision may submit, or allow to be submitted, any
18 insurance or third-party claims for patient services performed as
19 authorized in this article.

20 (d) For purposes of this section, the following shall apply:

21 (1) "Nonprofit organization" means a tax-exempt nonprofit
22 corporation supported and maintained in whole or in substantial
23 part by donations, bequests, gifts, grants, government funds, or
24 contributions, in the form of money, goods, or services, where
25 dental hygiene services are performed. A nonprofit organization

1 shall not be construed to be engaging in the unlicensed practice of
2 dentistry if all of the following apply: *dentistry*.

3 ~~(A) The nonprofit organization obtains the dental hygiene~~
4 ~~board’s approval to offer dental hygiene services pursuant to~~
5 ~~regulations adopted by the dental hygiene board.~~

6 ~~(B) The nonprofit organization does nothing to interfere with,~~
7 ~~control, or otherwise direct the professional judgment of, or the~~
8 ~~services performed by, a registered dental hygienist acting within~~
9 ~~their scope of practice pursuant to this chapter.~~

10 ~~(C) The licensees providing services for or at the nonprofit~~
11 ~~organization are in compliance with all applicable provisions of~~
12 ~~this chapter.~~

13 ~~(D) The nonprofit organization operating is in compliance with~~
14 ~~this chapter and all other applicable provisions of state and federal~~
15 ~~law.~~

16 (2) “Sponsored event” shall be defined as in paragraph (4) of
17 subdivision (b) of Section 1626.6.

18 (3) “Sponsoring entity” shall be defined as in paragraph (6) of
19 subdivision (b) of Section 1626.6.

20 SEC. 2. Section 1911.5 is added to the Business and Professions
21 Code, to read:

22 1911.5. Notwithstanding Section 1912, a registered dental
23 hygienist may provide, without supervision, fluoride varnish to a
24 patient.

25 SEC. 3. Section 1925 of the Business and Professions Code is
26 amended to read:

27 1925. A registered dental hygienist in alternative practice may
28 practice, pursuant to subdivision (a) of Section 1907, subdivision
29 (a) of Section 1908, subdivisions (a) and (b) of Section 1910,
30 Section 1910.5, and Section 1926.05 as an employee of a dentist
31 or of another registered dental hygienist in alternative practice, as
32 an independent contractor, as a sole proprietor of an alternative
33 dental hygiene practice, in a primary care clinic or specialty clinic
34 that is licensed pursuant to Section 1204 of the Health and Safety
35 Code, in a primary care clinic exempt from licensure pursuant to
36 subdivision (c) of Section 1206 of the Health and Safety Code, in
37 a clinic owned or operated by a public hospital or health system,
38 in a clinic owned and operated by a hospital that maintains the
39 primary contract with a county government to fill the county’s role
40 under Section 17000 of the Welfare and Institutions Code, or in a

1 professional corporation under the Moscone-Knox Professional
2 Corporation Act (commencing with Section 13400) of Part 4 of
3 Division 3 of Title 1 of the Corporations Code.

4 SEC. 4. Section 1926 of the Business and Professions Code is
5 amended to read:

6 1926. In addition to practices authorized in Section 1925, a
7 registered dental hygienist in alternative practice may perform the
8 duties authorized pursuant to subdivision (a) of Section 1907,
9 subdivision (a) of Section 1908, and subdivisions (a) and (b) of
10 Section 1910 in the following settings:

- 11 (a) Residences of the homebound.
- 12 (b) Schools.
- 13 (c) Residential facilities ~~and other institutions.~~ *and other*
14 *institutions and medical settings that a residential facility patient*
15 *has been transferred to for outpatient services.*
- 16 (d) Dental health professional shortage areas, as certified by the
17 Office of Statewide Health Planning and Development in
18 accordance with existing office guidelines.
- 19 (e) *Dental offices.*

20 SEC. 5. Section 1926.01 is added to the Business and
21 Professions Code, to read:

22 1926.01. (a) In addition to practices authorized in Section
23 1925, a registered dental hygienist in alternative practice may
24 perform the duties authorized pursuant to subdivisions (a) and (b)
25 of Section 1909 with ~~emergency protocols~~ *documented consultation*
26 *with a collaborating dentist* in the following settings:

- 27 ~~(a)~~
- 28 (1) Residences of the homebound.
- 29 ~~(b)~~
- 30 (2) Residential facilities and other ~~institutions.~~ *institutions and*
31 *medical settings that a residential facility patient has been*
32 *transferred to for outpatient services.*
- 33 ~~(c)~~
- 34 (3) Dental health professional shortage areas, as certified by the
35 Office of Statewide Health Planning and Development in
36 accordance with existing office guidelines.
- 37 ~~(d) Dental or medical settings.~~
- 38 (4) *Dental offices.*

1 (b) *The registered dental hygienist in alternative practice shall*
2 *have all of the following immediately available when services*
3 *authorized in this section are being performed:*

4 (1) *One additional individual trained in basic life support*
5 *qualified to administer cardiopulmonary resuscitation during an*
6 *emergency.*

7 (2) *Equipment and supplies for emergency response, including*
8 *oxygen.*

9 SEC. 6. Section 1926.05 of the Business and Professions Code
10 is amended to read:

11 1926.05. (a) In addition to the duties specified in Section 1926,
12 a registered dental hygienist in alternative practice is authorized
13 to perform the duties pursuant to Section 1910.5, in the following
14 settings:

- 15 (1) Residences of the homebound.
- 16 (2) Schools.
- 17 (3) Residential facilities and other institutions.
- 18 (4) Dental or medical settings.
- 19 (5) Dental health professional shortage areas, as certified by the
20 Office of Statewide Health Planning and Development in
21 accordance with existing office guidelines.

22 (b) A registered dental hygienist in alternative practice is
23 authorized to perform the duties pursuant to paragraph (2) of
24 subdivision (a) of Section 1910.5 in the settings specified in this
25 section ~~with prior authorization of a collaborating dentist.~~ *after*
26 *there has been a diagnosis, treatment plan, and instruction to*
27 *perform the procedure provided by a dentist.*

28 ~~SEC. 7. Section 1926.5 is added to the Business and Professions~~
29 ~~Code, to read:~~

30 ~~1926.5. A registered dental hygienist in alternative practice~~
31 ~~may continue to practice in a former dental health professional~~
32 ~~shortage area, if both of the following conditions are met:~~

33 ~~(a) The registered dental hygienist in alternative practice~~
34 ~~established their practice in a certified dental health professional~~
35 ~~shortage area.~~

36 ~~(b) The registered dental hygienist in alternative practice~~
37 ~~continues to practice within the dental health professional shortage~~
38 ~~area after the date the dental health professional shortage area~~
39 ~~designation was lifted, if a minimum of 15 percent of the annual~~
40 ~~visits at their practice are for persons with Medi-Cal benefits.~~

1 ~~SEC. 8.~~

2 *SEC. 7.* No reimbursement is required by this act pursuant to
3 Section 6 of Article XIII B of the California Constitution because
4 the only costs that may be incurred by a local agency or school
5 district will be incurred because this act creates a new crime or
6 infraction, eliminates a crime or infraction, or changes the penalty
7 for a crime or infraction, within the meaning of Section 17556 of
8 the Government Code, or changes the definition of a crime within
9 the meaning of Section 6 of Article XIII B of the California
10 Constitution.

O

Introduced by Senator Skinner

February 22, 2019

~~An act to amend Section 11174.4 of the Penal Code, relating to elder and dependent adult abuse. An act to add Section 66024.5 to the Education Code, relating to postsecondary education.~~

LEGISLATIVE COUNSEL'S DIGEST

~~SB 776, as amended, Skinner. Elder and dependent adult abuse: death review teams. College admissions: criminal history inquiry: prohibition.~~

~~Existing law establishes the California Community Colleges, the California State University, the University of California, independent institutions of higher education, and private postsecondary educational institutions as the segments of postsecondary education in this state.~~

~~This bill would prohibit a postsecondary educational institution in this state from inquiring about a prospective student's criminal history on an initial application form or at any time during the admissions process before the institution's final decision relative to the prospective student's application for admission. By imposing new duties on community college districts, this bill would impose a state-mandated local program.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state,~~

reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

~~Existing law authorizes each county to establish an interagency elder and dependent adult death review team to assist local agencies in identifying and reviewing suspicious elder and dependent adult deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in elder and dependent adult abuse or neglect cases. Existing law also authorizes each county to develop a protocol to be used as a guideline by persons performing autopsies on elders and dependent adults to assist coroners and other persons who perform autopsies to identify elder and dependent adult abuse or neglect, among other things. Existing law defines “elder” and “abuse” for purposes of those provisions, as specified, and excludes from the definition of “abuse” any reasonable and necessary force that may result in an injury used by a peace officer acting within the scope of the peace officer’s employment.~~

~~This bill would make technical, nonsubstantive changes to those definitions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. *Section 66024.5 is added to the Education Code,*
- 2 *to read:*
- 3 66024.5. (a) *This section shall apply to all segments of*
- 4 *postsecondary education in this state.*
- 5 (b) *A postsecondary educational institution shall not inquire*
- 6 *about a prospective student’s criminal history on an initial*
- 7 *application form or at any time during the admissions process*
- 8 *before the institution’s final decision relative to the prospective*
- 9 *student’s application for admission.*
- 10 SEC. 2. *If the Commission on State Mandates determines that*
- 11 *this act contains costs mandated by the state, reimbursement to*
- 12 *local agencies and school districts for those costs shall be made*
- 13 *pursuant to Part 7 (commencing with Section 17500) of Division*
- 14 *4 of Title 2 of the Government Code.*
- 15 ~~SECTION 1. Section 11174.4 of the Penal Code is amended~~
- 16 ~~to read:~~

1 ~~11174.4. The following definitions shall govern the~~
2 ~~construction of this article, unless the context requires otherwise:~~
3 ~~(a) “Elder” means a person who is 65 years of age or older.~~
4 ~~(b) (1) “Abuse” means any of the conduct described in Article~~
5 ~~2 (commencing with Section 15610) of Chapter 11 of Part 3 of~~
6 ~~Division 9 of the Welfare and Institutions Code.~~
7 ~~(2) Abuse does not include the use of any reasonable and~~
8 ~~necessary force that may result in an injury used by a peace officer~~
9 ~~acting within the course of the peace officer’s employment as a~~
10 ~~peace officer.~~

O

Introduced by Senator Jones

January 22, 2020

An act to add Section 139.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 878, as introduced, Jones. Department of Consumer Affairs Licensing: applications: wait times.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

This bill would require each board within the department that issues licenses to prominently display the current timeframe for processing initial and renewal license applications on its internet website, as provided.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 139.5 is added to the Business and
- 2 Professions Code, to read:
- 3 139.5. Each board, as defined in section 22, within the
- 4 department that issues a license shall do both of the following:
- 5 (a) Prominently display the current timeframe for processing
- 6 initial and renewal license applications on its internet website.

- 1 (b) With respect to the information displayed on the website,
- 2 specify the average timeframe for each license category.

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MEMORANDUM

DATE	February 13, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 19(a): Update on Pending Regulatory Packages

Background:

i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2):

At the November 2017 Board meeting, proposed language for sections 1016 and 1017 was unanimously approved to allow the American Safety and Health Institute (ASHI) to also offer a Basic Life Support course that would meet the continuing education requirements. This is in addition to the American Heart Association, the American Red Cross, the Continuing Education Recognition Program (CERP) and the Program Approval for Continuing Education (PACE). Additionally, this proposed language will specify that all BLS courses must provide specific instruction in: 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 include a live, in-person skills practice session, a skills test, and a written examination, in order to receive certification.

Board staff has drafted the initial rulemaking documents. Board Legal Counsel has reviewed those documents and approved them. Staff are now working with the Board's budget analyst on the rulemaking's fiscal impact. When Budgets approves, the initial rulemaking documents will be submitted to the Department of Consumer Affairs for formal review as required prior to submitting the documents to the Office of Administrative Law for noticing.

ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7):

During the August 2017 meeting, the Board approved proposed regulatory language updating to the citation and fine requirements found in the Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7 to remain consistent with Business and Professions Code Section 125.9.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs on April 2, 2019. The Department approved the package and on October 16, 2019 submitted the rulemaking to the Business, Consumer Services and Housing

Agency (Agency) to review as required prior to submitting the documents to the Office of Administrative Law for noticing. Board staff are working with the Agency staff to clarify questions raised by Agency prior to submitting the documents to the Office of Administrative Law for noticing.

iii. Continuing Education Requirements: Opioids (Cal. Code of Regs., Title 16, Sections 1016 and 1017):

The Dental Practice Act (Act) authorizes the board, as a condition of license renewal, to require licensees to successfully complete a portion of required continuing education (CE) hours in specific areas, including patient care, health and safety, and law and ethics. SB 1109 (Bates, Chapter 693, Statutes of 2018) added a provision allowing the Board to mandate the risks of addiction associated with the use of Schedule II drugs into the CE requirements for any dental professional seeking initial or renewal licensure.

During the February 2019 meeting, the Board approved proposed regulatory language for the updated the continuing education requirements at Cal. Code of Regs., Title 16, Section 1016 and 1017.

Board staff are in the process of drafting the initial rulemaking documents for approval by Board Legal Counsel and Budgets. Upon approval staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division Chapter 3):

The Dental Assisting Council (Council) has held several stakeholder workshops to develop its comprehensive rulemaking proposal for dental assisting. As a result of each of these workshops, Board staff developed draft proposed regulatory language which will be presented to the Board at a future meeting once the draft language is ready for Board approval. This rulemaking includes educational program and course requirements, examination requirements, and licensure requirements for dental assisting.

The final stakeholder workshop took place on March 2, 2018. Based on the workshop input staff created a draft of the proposed language. Board staff presented the proposed language to a special meeting of the Dental Assisting Council on July 26, 2019. The Council received extensive comments and feedback on the proposed language from stakeholders. The councilmembers themselves also provided extensive comments and feedback. Council and stakeholder comments required extensive staff research, drafting and editing. Staff presented the updated rulemaking at the November 2019 Council meeting. The DAC voted to accept the changes proposed by staff and moved for staff to present the rulemaking to the full Board. Staff has updated the draft proposed language and found numerous issues that require the Council's attention. Staff will be presenting the updates to the Council at the February 2020 meeting. Staff also has identified numerous issues in the proposed language which will require deliberation and decision by the Council.

v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1):

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The bill requires the 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. Additionally, the bill requires the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting, staff presented the proposed regulatory language to the Board for comments to further develop the language. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Sections 1020.4):

Pursuant to the Board's regulations, membership for the DEC's is limited to specific license types and two four-year terms. It is becoming increasingly difficult to recruit qualified individuals to serve on the Board's DEC's. Therefore, Board staff proposes amendments to increase the potential to recruit and retain qualified DEC members.

During the February 2019 meeting, the Board approved proposed regulatory language updating the diversion evaluation committee membership found in Cal. Code of Regs., Title 16, Section 1020.4.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs on October 16, 2019 to review. Staff are working with the Department to update the rulemaking documents prior to submitting the documents to the Office of Administrative Law for noticing.

vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):

Under Business Professions Code (Code) Section 1638.1, the Dental Board of California (Board) is authorized to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and to establish the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit. At its December 2016 meeting, the Board approved proposed regulatory language for the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and application forms. Board Legal Counsel has reviewed those documents and approved them. Staff are now working with

the Board's budget analyst on the rulemaking's fiscal impact. When Budgets approves the initial rulemaking documents will be submitted to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

viii. Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Sections 1031):

Pursuant to Business & Professions Code Section 1632, applicants for dental licensure in California are required to successfully complete an examination in California law and ethics developed and administered by the Dental Board of California (Board). Pursuant to the Board's regulations (California Code of Regulations, Title 16, Section 1031) the current passing score for the Board's Dentistry California Law and Ethics Examination is set at 75%. Board staff recommends deleting the passing score requirement in regulations to allow for OPES to use a criterion-referenced passing score to make the Board's California Dentistry Law and Ethics examination legally defensible.

During the February 2019 meeting, the Board approved proposed regulatory updating the passing score for the Dentistry Law and Ethics Examination found in Cal. Code of Regs., Title 16, Section 1031.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. On October 17, 2019 Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs to review. Staff are working with the Department to and updating the rulemaking documents prior to submitting the documents to the Office of Administrative Law for noticing.

ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):

Senate Bill 562 (Galgiani Chapter 562, Statute 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, a defined, to be registered and operated in accordance with the regulations of the Board. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the CDA to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. Staff presented revised language at the August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the proposed language and presented it to the Board for consideration. The language was approved at the February 2018 Board Meeting which allowed Board staff to continue the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005):

During the May 2018 meeting, the Board approved regulatory language updating the Minimum Standards for Infection Control found in Cal. Code of Regs., Title 16, Section 1005 and directed staff to initiate rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Sections 1019 and 1020):

Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

During the February 2019 meeting, the Board approved proposed regulatory language related to the substantial relationship criteria and criteria for evaluating rehabilitation found in Cal. Code of Regs., Title 16, Section 1019 and 1020.

On September 13, 2019 Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs. The Department approved the rulemaking on January 8, 2020 and it was sent to Agency to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

Action Requested:

No action is being requested at this time.



MEMORANDUM

DATE	January 15, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 20: Licensing, Certifications, and Permits Committee Report on Closed Session

Background:

The Chair of the Licensing, Certifications, and Permits Committee will provide a verbal report to the Board regarding the Committee's February 27, 2020 meeting in closed session.

Action Requested:

After review and discussion, the subcommittee may request a motion to accept their recommendation.