STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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DENTAL BOARD OF CALIFORNIA

AMENDED AGENDA
NOTICE OF TELECONFERENCE MEETING
November 18-19, 2021

Action may be taken on any item listed on the agenda.

Board Members
Joanne Pacheco, RDH, MAOB President
Rosalinda Olague, RDA, BA, Vice President
Alan Felsenfeld, MA, DDS, Secretary
Fran Burton, MSW, Public Member
Steven Chan, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, DMD, MPH
Alicia Montell, DDS
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

The Dental Board of California (Board) will meet by teleconference at:

1:00 p.m., Thursday, November 18, and 9:00 a.m., Friday, November 19, 2021

In accordance with Government Code Section 11133, this meeting will be held by teleconference with no physical public location.

Important Notice to the Public: The Board will hold this meeting via WebEx Events. Instructions to connect to the meeting can be found HERE.

To participate in the WebEx Events meeting on **Thursday, November 18, 2021**, please log on to this website the day of the meeting:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m41a46225392558876b365e3bec250a60

Event number: 2489 905 8032
Event password: DBC11182021 (32211182 from phones)

To participate in the WebEx Events meeting on **Friday, November 19, 2021**, please log on to this website the day of the meeting:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m9a34f697b058fdac0f436241a5ef5f15

Event number: 2493 979 0235
Event password: DBC11192021 (32211192 from phones)

Due to potential technical difficulties, please consider submitting written comments by November 12, 2021, to dentalboard@dca.ca.gov for consideration.

AGENDA

1:00 p.m., Thursday, November 18, 2021

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

2. Public Comment on Items Not on the Agenda
   Note: The Board may not discuss or take action on any matter raised during this Public Comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125 and 11125.7(a).)

3. Discussion and Possible Action on August 19-20, 2021 Board Meeting Minutes **[6-21]**

4. Board President Report **[22]**

5. Executive Officer Report **[23]**
   a. Personnel Update
   b. Update Regarding Dental Assisting Council (DAC) Member Vacancies and Recruitment
   c. Report on Subject Matter Expert Training
   d. Update on COVID-19 Vaccination and Testing Requirements
   e. Acknowledgment of Outgoing Board Members
   f. Recognition of Outgoing President

6. Report on Department of Consumer Affairs (DCA) Activities **[24]**

7. Budget Report **[25-29]**
   a. Presentation from DCA on Need for Potential Fee Increase **[30]**

8. Report on Dental Hygiene Board of California (DHBC) Activities **[31]**

9. Discussion and Possible Action to Update the Board's Strategic Plan **[32-42]**

10. Discussion and Possible Action Regarding Executive Officer (EO) Salary Level Increase **[43]**

11. EO Recruitment and Selection Process **[44-55]**
    a. Presentation from DCA, Office of Human Resources, on EO Recruitment and Selection Process
    b. Discussion and Possible Action on Process for Recruitment and Selection of EO
    c. Discussion and Possible Action on Appointment of EO Selection Committee

d. Review and Possible Action on Revised EO Duty Statement and Recruitment Announcement

12. Recess Open Session Until November 19, 2021, at 9:00 a.m.

CLOSED SESSION (WILL NOT BE WEBCAST)

13. Convene Closed Session

14. Pursuant to Government Code Section 11126(a)(1), the Board Will Meet in Closed Session to Discuss and Take Possible Action on Selection Process and Appointment of "Acting" or "Interim" EO

15. Pursuant to Government Code Section 11126(c)(2), the Board Will Meet in Closed Session to Deliberate and Vote on Applications for Issuance of New License(s) to Replace Cancelled License(s)

16. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions

17. Adjourn Closed Session

9:00 a.m., Friday, November 19, 2021

18. Reconvene Open Session – Call to Order/Roll Call/Establishment of a Quorum

19. President's Report on Closed Session Items **[56]**

20. Dental Assisting Council (DAC) Meeting Report **[57-154]**
    a. Discussion and Possible Action on RDAEF Occupational Analysis
    b. Discussion on RDAEF Licensing Update and Examination Outline

21. Discussion and Possible Action on Draft Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2) **[155-196]**

22. Discussion and Possible Action to Consider Changes to Previously Proposed Text and Reauthorization of a Regular Rulemaking to Amend Title 16, California Code of Regulations Sections 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1044, 1044.1, 1044.2, 1044.3, and 1044.5,1070.8, Adopt sections 1017.1, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, and Repeal section 1044.4 (SB 501 Anesthesia and Sedation) and a Regular Rulemaking to Amend Title 16, California Code of Regulations Sections 1016 and 1017, and Adopt Section 1016.2 (Consolidated Continuing Education) **[197-285]**

23. Discussion and Possible Action Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018) and Legislative Proposal to Add Section 1646.12 to

Article 2.75, Amend Section 1646.10 of Article 2.7, Section 1646.11 of Article 2.75, Section 1647.9.5 of Article 2.8, Section 1647.10 of Article 2.84, Section 1647.17.15 of Article 2.85, Section 1647.35 of Article 2.87, and Section 1724 of Article 6, and Repeal Section 1646.13 of Article 2.75, Section 1647.12 of Article 2.84, and Section 1647.36 of Article 2.87, of Chapter 4 of Division 2 of the Business and Profession Code **[286-309]**

24. Enforcement – Review of Statistics and Trends **[310-319]**

25. Substance Use Awareness
    a. Diversion Program Report and Statistics **[320]**
    b. Controlled Substance Utilization Review and Evaluation System (CURES) Report **[321-328]**
    c. New Prescribing Laws Taking Effect January 1, 2022 **[329-330]**

26. Examinations
    a. Report from Commission on Dental Competency Assessment and Western Regional Examining Board (CDCA-WREB) **[331]**
    b. Presentation from DCA, Office of Professional Examination Services (OPES) Regarding Use of Dentist Licensing Examinations **[332-335]**
    c. Discussion and Possible Action of Prioritization of Examination Reviews to be Conducted by DCA, OPES **[332-335]**

27. Licensing, Certifications, and Permits
    a. Review of Dental Licensure and Permit Statistics **[336-349]**
    b. General Anesthesia and Conscious Sedation Permit Evaluations Statistics **[350-357]**

28. Legislation – Update, Discussion, and Possible Action on:
    a. 2022 Tentative Legislative Calendar – Information Only **[358-362]**
    b. 2021 End of Year Legislative Summary Report **[363-373]**
    c. Discussion of Prospective Legislative Proposals **[374]**
    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.

29. Update on Pending Regulatory Packages **[375-378]**

30. Election of 2022 Board Officers **[379-380]**

31. Executive Officer Closing Remarks

32. Adjournment

This agenda can be found on the Dental Board of California website at dbc.ca.gov. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. Items scheduled for a particular day may be moved to an earlier or later day to facilitate the effective transaction of business. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The meeting will be webcast, provided there are no unforeseen technical difficulties or limitations. To view the webcast, please visit **thedcapage.wordpress.com/webcasts/** The meeting will not be cancelled if webcast is not available. Meeting adjournment may not be webcast if it is the only item that occurs after a closed session.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

This meeting is being held via WebEx Events. The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five (5) business days prior to the meeting will help ensure availability of the requested accommodations. TDD Line: (877) 729-7789

DENTAL BOARD OF CALIFORNIA
MEETING MINUTES
August 19-20, 2021

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-08-21, dated June 11, 2021, the Dental Board of California (Board) met on August 19-20, 2021, via teleconference/WebEx Events, and no public locations or teleconference locations were provided.

Members Present:
Joanne Pacheco, RDH, MAOB, President
Rosalinda Olague, RDA, BA, Vice President
Alan Felsenfeld, DDS, MA, Secretary
Fran Burton, MSW, Public Member
Steven Chan, DDS
Lilia Larin, DDS
Meredith McKenzie, Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, DMD, MPH
Alicia Montell, DDS
Steven Morrow, DDS, MS
Thomas Stewart, DDS
James Yu, DDS, MS

Members Absent:
None

Staff Present:
Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Chief of Enforcement Field Offices
Bernal Vaba, Chief of Regulatory Compliance and Discipline
Tina Vallery, Chief of Administration and Licensing
Jessica Olney, Anesthesia Unit Manager
Wilbert Rumbaoa, Administrative Services Unit Manager
Kayla Surprenant, Dentistry Licensing and Examination Unit Manager
Emilia Zuloaga, Dental Assisting Program Manager
Daniel Rangel, Supervising Special Investigator I
Mirela Taran, Administrative Analyst
Tara Welch, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

1:30 p.m., Thursday, August 19, 2021

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum
The Board President, Ms. Joanne Pacheco, called the meeting to order at 1:56 p.m. The Board Secretary, Dr. Alan Felsenfeld, called the roll; 14 Board Members were present, and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda
There were no public comments made on items not on the agenda.

Agenda Item 3: Discussion and Possible Action on May 13, 2021, May 14, 2021, and June 14, 2021 Board Meeting Minutes
Motion/Second/Call (M/S/C) (Morrow/Burton) to approve the May 13, 2021, May 14, 2021, and June 14, 2021 meeting minutes with no changes.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 4: Board President Report
President Pacheco indicated that she looks forward to meeting again in person. She thanked the Board Executive Officer and Board staff for their efforts in maintaining Board operations during the continued Coronavirus (COVID-19) pandemic. President Pacheco reported that she continues to attend weekly meetings with the Board's Executive Officer. She mentioned that the members of the Board individually, as well as collectively, are dedicated to the legislative mandate that protection of public shall be their highest priority. There were no public comments made on this item.

Agenda Item 5: Executive Officer Report
Ms. Karen Fischer, Executive Officer, provided an update on the Board's staff vacancies, DCA Annual Report, registered dental assistant in extended functions (RDAEF) clinical and practical examinations, and discussed the Board's strategic plan. Ms. Fischer mentioned that the Board is continuing to improve the investigative processes within the enforcement program with an emphasis on the protection of the California consumer. Enforcement managers and Board consultants, Dr. Paul Jo and Dr. Patrick Schenk, have been working for over a year to develop subject matter expert (SME) training and guidelines. SME training sessions have been scheduled for September 15, 2021, and October 1, 2021. Ms. Fischer also stated that the annual election of officers for the Board will take place at the November meeting.

Board Member, Dr. Steven Morrow, inquired about the process of recruiting SMEs and whether they provide a paid service or a volunteer service. Mr. Carlos Alvarez, Chief of Enforcement Field Offices, explained that SMEs are paid for reviewing cases. He mentioned that if the Board wishes to recruit, it would obtain a recommendation from an expert. In addition, the Board reaches out to universities to inquire whether they have anyone who would be interested in becoming an expert with the Board. Dr. Morrow asked whether it is within the scope for a Board Member to recruit a SME. Ms. Fischer and Board Counsel, Ms. Tara Welch, answered that Board Members could direct potential expert candidates to the Board for additional information.

There were no public comments made on this item.

Agenda Item 6: Report on Department of Consumer Affairs (DCA) Activities

Ms. Brianna Miller, Board and Bureau Relations Manager, provided a departmental update. After September 30, 2021, all boards and committees will be required to return to in-person meetings with publicly noticed meeting locations. California is implementing enhanced safety measures for state employees and healthcare settings. State employees will be required to provide proof of COVID-19 vaccination or be subject to weekly testing. DCA waivers are in the process of coming to an end, although some waivers might be extended. Boards are encouraged to move forward with statutory and regulatory changes as soon as feasible. Ms. Miller emphasized that 2021 is a mandatory training year for sexual harassment prevention. As a result, all employees and Board Members are required to complete training during the year.

There were no public comments made on this item.

Agenda Item 7: Budget Report

Mr. Wilbert Rumbaoa, Administrative Services Unit Manager, provided a report on the State Dentistry Fund, which the Board manages, for FY 2020-21. As of May 31, 2021, the Board spent approximately $13.4 million of its total State Dentistry appropriation. Of that amount, approximately $7 million of the expenditures were for Personnel Services and $6.4 million were for Operating Expenses and Equipment. Based on reports received from DCA, the Board is expected to revert $2.6 million dollars at the end of the fiscal year.

Secretary Felsenfeld, inquired whether a budget gets cut if a federal government agency does not utilize all of its funds. Mr. Rumbaoa replied that after reviewing the Board’s budget drills, it is not expected for the budget appropriation to be reduced at this time. Board Member, Ms. Meredith McKenzie, commented that by looking at the months in reserve, the Board Fund is going down drastically. She noted that in the future, the Board should consider whether it is an issue that the Board is getting down to a projected 3.8 months in reserve. Board Member, Dr. Lilia Larin, asked whether the Board collected interest from the state loan being taken from the Dental Fund. Mr. Rumbaoa replied that the general fund loan of $5 million has not been repaid, but the control section has been repaid in the amount of $984,000. Mr. Rumbaoa will obtain

more information by the next Board meeting on the exact percentage on the interest amount for the $5 million loan and whether the $984,000 has accrued interest. Ms. Sarah Wallace, Assistant Executive Officer, mentioned that the Board is currently working with the DCA Budget Office on monitoring the Board's fund. She elaborated that while the months in reserve are significantly reducing year over year, at this point, financial issues are not foreseeable.

There were no public comments made on this item.

Agenda Item 8: Discussion and Possible Action Regarding the American Dental Association (ADA) Dental Licensure Objective Structured Clinical Examination (DLOSCE) as a Pathway to Licensure

Ms. Fischer provided the report, which is available in the meeting materials.

(M/S/C) (Burton/Felsenfeld) to request the DCA Office of Professional Examination Services (OPES) review the ADA DLOSCE for compliance with California state examination requirements and report back to the Board at a future meeting.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. The Board received public comment. Dr. David Carsten, American Dental Association (ADA) and Joint Commission on National Dental Examinations (JCNDE) representative, thanked the Board for considering the DLOSCE for licensure.

At 2:52 p.m., the Board recessed for a break.

At 3:00 p.m., the Board reconvened.

Agenda Item 9: Report Regarding May 25, 2021 California Department of Public Health Statewide Partnership for Oral Health Meeting

Board Member, Ms. Fran Burton, provided a report regarding the May 25, 2021 meeting of the California Department of Public Health (DPH) Statewide Partnership for Oral Health. During the May 25, 2021 meeting, there were discussions on the statistics of sugary drinks consumed by children, Our Choice project that the DPH is conducting, and hydration programs in Oakland schools. Ms. Burton mentioned that the impact of COVID-19 has led to exponential decay and lack of treatment and coverage for about 6 million families and children who lost their dental coverage.

Board Member, Dr. Sonia Molina, inquired whether the legislation passed to reduce consumption of sugary drinks and sodas is the reason for the decrease in the number of

caries in 3rd graders. Ms. Burton responded that she does not believe so, due to the fact that 61% of children and 50% of adults consumed at least one sugary drink daily in the statistics going back to 2014. Board Member, Dr. Thomas Stewart, asked Ms. Burton to elaborate on the hydration programs in Oakland schools.

There were no public comments made on this item.

Agenda Item 10: Recess Open Session
President Pacheco recessed the Open Session at 3:09 p.m.

Agenda Item 11: Convene Closed Session
At 3:11 p.m., the Board convened Closed Session.

Agenda Item 12: Pursuant to Government Code Section 1126(c)(3), the Board Will Meet in Closed Session to Deliberate and Vote on Disciplinary Matters, Including Stipulations and Proposed Decisions
The Board convened in Closed Session to discuss disciplinary matters.

Agenda Item 13: Adjourn Closed Session
President Pacheco adjourned Closed Session at 3:26 p.m.

Agenda Item 14: Reconvene Open Session
President Pacheco reconvened Open Session at 3:27 p.m.

Agenda Item 15: Recess until Friday, August 20, 2021
At 3:29 p.m., the Board recessed until Friday, August 20, 2021.

9:00 a.m. Friday, August 20, 2021

Agenda Item 16: Reconvene – Call to Order/Roll Call/Establishment of a Quorum
President Pacheco called the meeting to order at 9:08 a.m. Secretary Felsenfeld called the roll; fourteen (14) Board Members were present, and a quorum was established.

Agenda Item 17: Dental Assisting Council (DAC) Meeting Report
Ms. Jeri Fowler, Vice Chair of the DAC, provided a verbal report to the Board regarding the DAC's August 19, 2021 meeting. There were no public comments made on this item.

Agenda Item 18: Discussion and Possible Action on Legislative Proposal to Amend Business and Professions Code (BPC) Section 1750, Infection Control Course Requirements for Unlicensed Dental Assistants
Ms. Emilia Zuloaga, Dental Assisting Program Manager, provided the report, which is available in the meeting materials. At its April 30, 2021 meeting, the DAC discussed whether the infection control course requirements for unlicensed dental assistants should

be amended to increase consumer protection. After reviewing the proposed options to amend the statue, the DAC took action to recommend the Board consider a legislative proposal to amend BPC Section 1750. The Board was asked to discuss and approve the DAC's recommendation.

(M/S/C) (Felsenfeld/Yu) to accept the DAC's recommended legislative proposal to amend BPC Section 1750 and submit the legislative proposal to the California State Legislature for inclusion in a future healing arts omnibus bill or as part of the Board's next Sunset Review report.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: Olague.
Absent: None.
Recusals: None.

The motion passed. The Board received public comment. Mary McCune, representing California Dental Association (CDA), expressed opposition to this specific proposal because in light of COVID-19 and before, there was no evidence of transmission of airborne diseases in a dental facility. Ms. McCune expressed concern with requiring an 8-hour course before allowing dental assistants to provide substantive dental services and offered to continue discussions on these issues.

Ms. Melodi Randolph, California Association of Dental Assisting Teachers (CADAT) and the Dental Assisting Educator's Group representative, voiced her concern with CDA's comments and expressed support for the legislative proposal.

Dr. Bruce Whitcher, representing CDA and himself, opposed the legislative proposal citing a survey that fewer than 1% of nationwide dentists tested positive for COVID-19, and fewer than 1% of the allegations of Dental Practice Act violations submitted to the Board involved infection control practices. Dr. Whitcher states the legislative proposal will be a barrier on entry to the workplace and recommended the Board examine these issues further.

Agenda Item 19: Discussion Regarding RDAEF Administering Local Anesthesia and Nitrous Oxide and Merging RDAEF Scope of Practice

Ms. Sarah Wallace provided the report, which is available in the meeting materials. At its November 2018 meeting, the DAC heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of RDAEFs licensed on or after January 1, 2010, as an optional post-licensure permit with conditions determined by the Board. During this meeting, the DAC discussed the necessity of adding the administration of local anesthesia and nitrous oxide to the scope of practice for RDAEFs and expressed concern for public protection. The DAC directed staff to conduct more in-depth surveys

of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. In addition, the DAC directed the formation of a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate the proposal, and recommended the Board consider exploring the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license. Ms. Wallace advised the Board that it does not have sufficient staff resources to conduct the surveys requested by the DAC. Board staff determined that in order to move forward with the DAC's request, a Board Member would be needed to assist staff with the surveys and working groups.

Board Member, Dr. Alicia Montell, asked for clarification regarding the 50-hour competency course instruction. Ms. Wallace responded that the 50-hour competency course was given to the Board by the DAC.

The Board Members held a robust discussion of the issues. Ms. Burton was not convinced of the need for the surveys. Ms. McKenzie would support the study because there was no information on whether or not to proceed with the DAC's recommendation on RDAEF certifications. Ms. Olague agreed with Ms. McKenzie and supported further exploration of these issues. Dr. Morrow stated he had spoken to faculty members who employ RDAs and RDAEFs and the need to refresh anesthetic treatment; there is a need to get more information on these issues.

Dr. Molina inquired how much it would cost the Board to study these issues. Dr. Morrow noted the Board's mandate to protect the public and stated the Board should not be concerned about the cost of performing a survey if it will protect the public.

Ms. Burton stated that the DAC recommendation did not provide enough detail as to their request. Since the proposal was not well-defined, she expressed concern with the Board moving forward at this time. Dr. Larin agreed and stated it was unclear what the DAC intended to be studied. Dr. Montell favored a study, but stated there was not enough information from the DAC.

(M/S/C) (Felsenfeld/Olague) to conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice.

Ayes: Larin, McKenzie, Medina, Morrow, Olague.
Nays: Burton, Chan, Felsenfeld, Mendoza, Molina, Montell, Pacheco, Stewart, Yu.
Abstentions: None.
Absent: None.
Recusals: None.

The motion was failed. The Board received public comment. Claudia Pohl, representing California Dental Assistants Association (CDAA), indicated that they would support

exploring and gathering more data and information for the potential scope of practice change for the RDAEF. Ms. Pohl stated that if the Board decides not to move forward with this, she would hope that the DAC, as allowed in BPC section 1742, would request in writing from the Board its reasoning for rejecting the recommendation. Ms. Randolph also expressed support for research.

Ms. Greenfield verbalized that a comprehensive survey on the need for this was presented at the Board meeting several times including in 2018, and she hopes the Board moves forward with getting information the Board feels it needs to make a decision. Dr. Witcher stated that he would question the use of Board resources to carry out this task if the Board does decide to devote resources to expanding the practice scope of RDAEFs. Dr. Witcher advised the Board to consider enlisting the aid of an outside agency, such as OPES, if they do decide to conduct this task and to consider the cost of training. Anthony Lum, Executive Officer of the Dental Hygiene Board of California, opined on the anesthesia education required for dental hygienists and noted that both local anesthesia and nitrous oxide are potentially harmful procedures for the patient that require a lot of time and knowledge to administer safely and appropriately. Ariane Terlet spoke in opposition to this practice scope expansion. Dr. David Gibson stated dentists have to leave one patient to add more numbing to another patient, and expanding the RDAEF practice scope would help dentists with patient care.

At 10:26 a.m., the Board recessed for a break.

At 10:40 a.m., the Board reconvened.

Agenda Item 20: Licensing, Certification, and Permits Committee (Committee) Meeting Report

Dr. Steven Chan, Chair of the Board's Licensing, Certification, and Permits Committee (Committee), provided a verbal report on the Committee's August 19, 2021 meeting.

Dr. Chan reported the Committee recommended denial of the Conscious Sedation (CS) Permit for the following candidate:

1. CS

(M/S/C) (Molina/Mendoza) to accept the Committee's recommendation to deny the CS Permit.

Ayes: Burton, Chan Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 21: Enforcement - Review of Statistics and Trends
Mr. Alvarez provided the report, which is available in the meeting materials.

Ms. Burton asked for an explanation of a typical Subsequent Arrest Report (SAR) case. Mr. Alvarez responded that the majority of SARS (for both dentists and registered dental assistants) indicate arrests for driving under the influence (DUI), misdemeanor battery, and domestic violence. Dr. Chan inquired whether there are any trends in probation cases. Mr. Alvarez replied that with all of his unit's probation cases, audits are conducted. Supervisors meet with staff to go over notes. If they identify whether there are issues with certain probationers, the supervisor would prepare a report for the executive team and review the cases to ensure that the probationers are compliant and within their terms. Dr. Morrow asked for an explanation of the difference between sworn and non-sworn officers, as well as what factors are making it necessary to extend the closing of the case for more than three years. Mr. Alvarez responded that sworn officers have attended the police academy and have authority to make arrests and execute search warrants, while non-sworn officers have no peace officer power. The cases that extend over three years are all fraud cases submitted to the Board from consumer insurance companies.

The Board received public comment. Dr. Whitcher commented he has not heard about any dental office COVID-19 transmission complaints; examining such complaints may help support or explain the need for new infection control course requirements.

Agenda Item 22: Substance Use Awareness
Agenda Item 22(a): Diversion Program Report and Statistics
Mr. Bernal Vaba, Chief of Regulatory Compliance and Discipline, provided the report, which is available in the meeting materials. Mr. Vaba mentioned that the next Diversion Evaluation Committee Meeting is scheduled for October 20, 2021. There were no public comments made on this item.

Agenda Item 22(b): Controlled Substance Utilization Review and Evaluation System (CURES) Report
Mr. Alvarez provided the report, which is available in the meeting materials.

Dr. Morrow inquired whether the Board is provided information on CURES data on out-of-state licensees. Mr. Alvarez responded that the Board does not receive that information, but he would reach out to the Board's Deputy Attorney General (DAG) liaison for more information. Dr. Chan inquired if it would be of value to gather statistics of licensees who drop out of CURES by surrendering their Drug Enforcement Administration (DEA) license. Mr. Alvarez responded that to obtain this data, the Board would have to go through the DCA liaison and meet with CURES stakeholders. Dr. Larin asked if the Board can prescribe narcotics via e-scripts and whether e-scripts are reported to the CURES database. Mr. Alvarez replied that narcotics can be prescribed via e-scripts. Further, once an e-script is issued, the dispenser reports the information to

CURES, but Mr. Alvarez was not certain whether e-scripts can be automatically reported to the CURES database.

There were no public comments made on this item.

Agenda Item 23: Examinations

Agenda Item 23(a): Update Regarding Merger of Commission on Dental Competency Assessment (CDCA) and the Western Regional Examining Board (WREB)

Ms. Wallace provided the report, which is available in the meeting materials.

Dr. Morrow provided a report on his July 2021 WREB's dental exam review meeting. He noted that the two organizations (ADEX and WREB) discussed their merger. Dr. Morrow stated that the exam will be the closest exam to a universal licensing examination in the United States in the sense that it would be accepted in 49 of the 50 states. Dr. Chan stated that these two organizations are constructing their examination on the premise that judgment and decision-making are important, and it is consistent with the Board's role to protect the public. Dr. Molina mentioned that the exam will be safer for the public as the students will be practicing on typodonts and not on actual patients.

The Board received public comment. Sade stated that this merger will be beneficial for people who are in the military and move state to state.

Agenda Item 23(b): WREB Report

Dr. Bruce Horn, Director of Dental Examinations for WREB, provided a verbal update of the WREB examination. The 2022 WREB examination has no changes to content or administration and will be the same examination that was offered and implemented last year. Dr. William Pappas, President of ADEX, commented that this merger provides benefit to all of their stakeholders, which include candidates, schools, boards, and educators. As a single national clinical exam universally accepted by all state dental boards, this new exam truly is a national exam. Dr. Pappas further stated that this exam will give educators an opportunity to prepare their students for a single examination and provide valid results to state dental boards.

Agenda Item 23(c): American Board of Dental Examiners (ADEX) Report

Dr. Pappas provided a verbal update of the ADEX examination. Dr. Pappas welcomed WREB to the ADEX family. The combined organization intends to administer both the ADEX exam and the current WREB exam throughout 2022 to fulfill commitments made to students who have already begun that pathway to licensure. By the beginning of 2023, the ADEX exam will be offered in every dental school in the United States, Puerto Rico, and the U.S. Virgin Islands. Dr. Pappas stated that the WREB and ADEX exams test the same skill set.

Dr. Guy Shampaine, former Chief Executive Officer of ADEX, mentioned that the exam identifies individuals who do not perform exceptionally, as a licensure exam is meant to identify those who are not ready for a license. He further stated that two of the criticisms

of the integrated exam are predictive value and single encounters. Dr. Pappas mentioned that the DSE OSCE is one of the most advanced computer-based exams seen today. By January 01, 2023, only one universal exam with universal portability and a non-patient alternative will be present, which is the beginning of a new era of dentistry.

Dr. Montell asked for more information on where coverage of pediatric dentistry is seen and the reason as to why there is no clinical piece to that. Dr. Shampaine stated that that the exam is based on an occupational analysis of what entry-level dentists do. The exam does test pediatrics in the OSCE section because it seems that entry-level dentists in their first five years of practice do not perform pediatric dentistry; they evaluate and refer to pediatric dentists. Dr. Morrow inquired whether the new entity will be offering a patient-centered, curriculum-integrated format for the next exam. Dr. Shampaine responded that they will have to offer that format as there are three states that require a patient-based exam.

The Board received public comment. Dr. Whitcher commented that the Board moved to have OPES review the Dental Licensure Objective Structured Clinical Examination (DLOSCE) that is being proposed by the Joint Commission on National Dental Examinations (JCNDE). If this comes to fruition, there could potentially be two licensure pathways in California. David Waldschmidt responded to a statement that was made that conflicts with the statement he made when the Joint Commission presented in May.

At 11:58 a.m., the Board recessed for lunch.

At 12:30 p.m., the Board reconvened.

Agenda Item 24: Licensing, Certifications, and Permits
Agenda Item 24(a): Review of Dental Licensure and Permit Statistics
Ms. Jessica Olney, Anesthesia Unit Manager, provided the report, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 24(b): General Anesthesia and Conscious Sedation Permit Evaluations Statistics
Ms. Olney provided the report, which is available in the meeting materials. Secretary Felsenfeld inquired whether the Board has general anesthesia evaluators perform conscious sedation evaluations when the Board has trouble obtaining evaluators. Ms. Olney stated that the Board does so on occasion. However, the Board always attempts to have one conscious sedation evaluator or one conscious sedation permit holder. In these cases, the Board's current regulations state that the evaluator has to be familiar with the method of administration, but does not specify that it must be a similar permit holder.

The Board received public comment. Dr. Witcher commented that it is refreshing to see the number of evaluations performed increasing after 2020. It is pleasing to witness the

Board cleaning up non-compliant permits and that things are heading in the right direction with the program.

Agenda Item 25: Legislation – Update, Discussion, and Possible Action on:
Agenda Item 25(a): 2021 Tentative Legislative Calendar
Ms. Burton provided an overview of the 2021 Tentative Legislative Calendar, which is available in the meeting materials. There were no public comments made on this item.

Agenda Item 25(b): Discussion and Possible Action on Pending Legislation
Ms. Fischer provided the report, which is available in the meeting materials. Board staff identified nine bills, Assembly Bill (AB) 526, AB 885, AB 1552, Senate Bill (SB) 534, SB 607, SB 652, and SB 772, of potential interest to the Board. Ms. Fischer reported that since the posting of the meeting materials, AB 1552 died in the Assembly Business and Professions Committee, and there was no action required from the Board. In addition, SB 652 by Senator Bates will not be moving forward this legislative session. Ms. Fischer presented the following five bills that may have direct impact on the Board for review and consideration.

AB 526
AB 526 would allow dentists with the necessary training to administer influenza and COVID-19 vaccines approved by the United States Food and Drug Administration (FDA). This bill would also add dentists to the list of persons qualified to be a laboratory director for purposes of the federal Clinical Laboratory Improvement Amendments (CLIA) program which would authorize dentists to perform waived tests such as rapid point-of-care tests for COVID-19.

The Board has submitted a support letter for AB 526. Ms. Fischer stated that this bill is moving through the legislature. Ms. Fischer suggested that the Board continue to support this bill. Dr. Chan mentioned that he is very supportive of legitimizing dentists as part of the distribution system of a vaccine. Drs. Morrow and Larin both indicated that they support the bill. There were no public comments made on this item.

AB 885
This bill would require the Board to designate one primary physical meeting location when conducting teleconferences and post an agenda at that location.

Ms. Fischer stated that there is no other bill out there to allow meetings by teleconference with no public locations to continue at this time. The Board received public comment. Dr. Witcher stated that even though this bill did not pass, he believed it would be possible for the Board to meet via WebEx as long as the meeting location was disclosed.

AB 1552
AB 1552 proposes an extension of the time period to January 1, 2030, during which previously approved foreign dental schools do not have to submit a renewal application

and must also obtain CODA accreditation to remain an approved foreign dental school. The bill's author suggests the international CODA approval is an 8 to 10-year process. This bill is now dead.

Dr. Molina stated that she would still like to consider this in the future. She feels very strongly that this subject is very important for the community.

The Board received public comment. Mr. Francisco Leal, representative of the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova, commented that this deadline does not provide the university adequate time to complete CODA accreditation. Mr. Leal inquired what the time frame is to complete the accreditation process.

Dr. Alejandra Galindo-Magallanes expressed support for this bill. She wanted to know why the Board wants to get rid of foreign dental schools and encouraged the Board to keep these programs. Christian Magallanes and Gerardo Zelaya, students at the University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova, voiced their concerns with the prior legislation [AB 1519 (2019)] that enacted the current CODA-accreditation requirements. Mr. Zelaya pleaded for the Board to reconsider its endorsement of the prior legislation that will terminate the university's accreditation. Mr. Raj Gautan, parent of a student at the University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova, made similar comments.

<u>SB 534</u>
This bill makes several revisions and changes to the operations of RDHs, RDHAPs, and the Dental Hygiene Board of California (DHBC).

Ms. Fischer stated that the Board supported this bill in the past and would recommend continuing to support it.

The Board received public comment. Anthony Lum, Executive Officer of the DHBC, thanked the Board for its support of this bill.

<u>SB 607</u>
This bill would require a board to waive all fees associated with the application and initial license for an applicant who meets expedited licensing requirements for military spouses, specify that the application fee for a pediatric minimal sedation permit cannot exceed $1,000, and the renewal fee cannot exceed $600, and make several changes affecting other boards and bureaus within DCA. The bill also would allow the State University of Medicine and Pharmacy "Nicolae Testemitanu" of the Republic of Moldova to continue to be Board approved until June 30, 2026,. which allows it to remain approved until the class of 2019 graduates.

Ms. Fischer stated that there had been two amendments that were made to the bill on July 6, 2021, and July 13, 2021. The Board had submitted a support letter for SB 607 in

April, and Ms. Fischer recommended that the Board continue to support this bill. There were no public comments made on this item.

SB 652
This bill would extend the current requirements for dental patients under 13 years of age, specifically that an operating dentist and at least two additional personnel be present throughout a procedure involving deep sedation or general anesthesia, and that the dentist and one additional personnel maintain current certification in Advanced Cardiac Life Support (ACLS), for treatment of all patients, regardless of age.

The Board received public comment. Dr. Witcher stated that the author might make this a two-year bill. Therefore, the Board could potentially be seeing this bill in the future.

SB 772
This bill would prohibit the assessment of an administrative fine for a minor violation, and would specify that a violation shall be considered minor if it meets specific conditions, including that the violation did not pose a serious health or safety threat and there is no evidence that the violation was willful.

Ms. Fischer stated that there was opposition to this bill, and it did not look like it was moving forward in 2021.

The Board would continue to watch the additional nine bills (AB 2, AB 29, AB 107, AB 646, AB 1026, AB 1236, AB 1273, AB 1386, SB 731) listed on page 203 of the meeting materials.

(M/S/C) (Burton/Pacheco) to continue to support SB 607 as amended on July 13, 2021 and send a letter of support to the bill's author.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Mendoza, Molina, Montell, Morrow, Olague, Pacheco, Stewart.
Nays: None.
Abstentions: None.
Absent: Yu.
Recusals: None.

The motion passed. There were no public comments made on this item.

Agenda Item 25(c): Prospective Legislative Proposals
Ms. Burton provided the report, which is available in the meeting materials. There were no stakeholder proposals presented to the Board and no public comments made on this item.

Agenda Item 26: Regulations

Agenda Item 26(a): Update on Pending Regulatory Packages

Ms. Wallace provided the report, which is available in the meeting materials. Ms. Wallace was happy to report that the Diversion Evaluation Committee Membership rulemaking package was approved by the Office of Administrative Law (OAL) and filed with the Secretary of State on July 13, 2021; the regulations will become effective on October 1, 2021. The rulemaking packages relating to continuing education, telehealth notifications, dental assisting radiographic decision making, elective facial cosmetic surgery permit application renewal requirements, and mobile and portable dental units, minimal standards for infection control, and the SB 501 anesthesia and sedation requirements are still being worked on.

Dr. Stewart requested a timeline of the work on the rulemaking files. Ms. Wallace replied that Board staff continue to work with the Board's Regulatory Counsel. Until the Regulatory Counsel signs off on a rulemaking file, Ms. Wallace is unable to provide a timeframe on the package. Once Regulatory Counsel signs off on the package, it takes approximately three to six months for the rulemaking file to reach OAL and begin the 45-day public comment period. It typically takes another year for the rulemaking to complete the review process and be filed with the Secretary of State. So, it takes at least 18 months for packages to get through the rulemaking process.

The Board received public comment. In response to an inquiry mentioned earlier in the meeting as to what happens to a conscious sedation permit holder whose permit is denied renewal, Dr. Whitcher noted that there is a provision in the SB 501 regulatory proposal giving the Board the option of requiring remedial education prior to issuing a permit.

Agenda 27: Discussion and Possible Action Regarding 2022 Meeting Dates

Ms. Fischer led the discussion on the selection of Board meeting dates for 2022. She mentioned that staff requested the Board to consider holding Friday, October 7, 2022, for a special meeting to review the Draft Sunset Review Report that will likely be required to be submitted to the Legislature by December 1, 2022.

Ms. Fischer proposed the following meeting dates for 2022:

- February 10-11, 2022
- May 12-13, 2022
- August 25-26, 2022
- November 17-18, 2022

There were no public comments made on this item.

Agenda Item 28: Future Agenda Items

President Pacheco inquired if any Board Members had any agenda items they would like to discuss in the future.

There were no public comments made on this item.

Agenda Item 29: Adjournment
President Pacheco adjourned the meeting at 1:54 p.m.

MEMORANDUM

DATE	October 4, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 4:** Board President Report

Background:
Ms. Joanne Pacheco, President of the Dental Board of California, will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	October 4, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 5:** Executive Officer Report

Background:
Ms. Karen Fischer, Executive Officer of the Dental Board of California, will provide a verbal report on:

A. Personnel Update

B. Update Regarding Dental Assisting Council (DAC) Member Vacancies and Recruitment

C. Report on Subject Matter Expert Training

D. Update on COVID-19 Vaccination and Testing Requirements

E. Acknowledgment of Outgoing Board Members

F. Recognition of Outgoing President

Action Requested:
No action requested.

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MEMORANDUM

DATE	October 20, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 6:** Report on Department of Consumer Affairs (DCA) Activities

Background:
Ms. Carrie Holmes, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	November 2, 2021
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Unit Manager Dental Board of California
SUBJECT	**Agenda Item 7:** Budget Report

Background:

The Dental Board of California (Board) administers the State Dentistry Fund (Fund), which derives revenues (primarily) through licensing-related fees to fund the Board's administrative, licensing, and enforcement activities.

The Board receives a proposed annual budget appropriation upon the release of the Governor's Budget (January 10th), which is finalized upon enactment of the Budget Act. The Board is statutorily required to remain within its appropriation spending limit and to ensure the Fund's ongoing solvency.

FY 2020-21 (Prior-Year) Expenditure Summary:

The following chart provides a 2020-21 (pre-closing) year-end summary of Board expenditures. The Board was appropriated $17.7 million and spent an estimated $14.3 million (81%), which resulted in savings of $3.4 million.

FY 2020 21 Expenditures			
Fund	**Appropriation**	**Expenditures***	**Savings**
State Dentistry Fund	$17,686,000	$14,309,000	$3,377,000

***includes $635,000 (net) reimbursements – probation monitoring and fingerprints**

FY 2020-21 (FM 13) Expenditure Projection Detail (see Attachment 1):

This report includes 2019-20 budgeted and actual expenditures *compared* to 2020-21 budgeted and projected expenditures. Over this two-year period, costs remained relatively stable with some exceptions.

For 2020-21, the Board expended approximately $14.3 million, of which $7.6 million was expended on personal services costs and $7.3 million on operating expenses & equipment (OE&E), which is consistent with 2019-20.

Of note, Attorney General and Office of Administrative Hearings costs increased by approximately $900,000 to $2.3 million. Travel costs decreased by $95,000 as travel was curtailed due to Covid-19.

Any unspent funds (savings) remain in the Fund and are available for future appropriation. The Board notes, prior-year savings included $2.1 million in reduced personal services costs and $1.3 million in OE&E costs.

Analysis of Fund Condition Statement (see Attachment 1A):

The attached fund condition statement (FCS) is based on the 2021-22 Budget Act and has been updated with 2020-21 prior-year projected revenues and expenditures, which resulted in a fund balance reserve of $12.5 million (7.3 months). Other adjustments have also been included.

Revenues – The Board began 2020-21 with a fund balance of $14.2 million and collected approximately $18.7 million in revenues with $3.2 million from initial license fees and $14.9 million from license renewals. Approximately $44,000 was collected from the issuance of citations and fines.

For 2021-22 (current year), the Board projects revenues of $18.3 million and currently anticipates revenues to remain relatively stable in the future. Approximately $2.8 million is projected from initial license fees and $14.8 million from renewal fees.

The Board notes, Chapter 929, Statutes of 2018 (SB 501), created additional anesthesia permit and certificate types and fees. The Board is currently in the process of promulgating regulations to implement SB 501, and as a result, any revenues are not included in the FCS at this time.

Expenditures – The Board's 2021-22 current year appropriation is $18.5 million. The FCS projects ongoing expenditures with a three percent (growth factor) increase per year. The FCS shows the Board fully expending its appropriation ongoing. To the extent the Board does not fully expend its appropriation, any savings remains in the Fund for future use.

The Board notes, future legislation or other events could require the Board to request additional resources through the annual budget process, which would increase cost pressure on the Fund.

General Fund Loan – Item 1111-011-0741, Budget Act of 2020, authorizes a $5 million loan transfer from the Fund to the General Fund (GF). The loan is required to be repaid with interest in the event the Board needs the funds, or if the GF no longer needs the funds.

The interest accrued is estimated at $25,000 per year. The FCS currently indicates repayment in 2023-24, which includes approximately $75,000 of interest income.

The Board notes, the $5 million repayment will be coordinated as part of any future regulatory and/or statutory fee increase proposals.

Dental Assistant Fund (disposition) – Chapter 865, Statutes of 2019 (AB 1519) abolished the Dental Assistant Fund, effective July 1, 2022, and any remaining funds shall be deposited into the Fund.

The current projected balance of $2.9 million has remained in the Dental Assistant Fund since 2020 to ensure any financial obligations are paid and the remaining balance will be transferred to the Fund, no later than July 1, 2022.

Fund Balance Reserve – The fund balance reserve reports the amount of funds remaining in the Fund at the end of any given fiscal year. Typically, 3 to 6 months is considered sufficient.

The fund balance reserve is currently declining due to a structural imbalance, and the Fund is projected to become insolvent in 2026-27.

Structural Imbalance – A structural imbalance occurs when projected revenues are less than anticipated expenditures.

The 2021-22 structural imbalance is projected at $2.7 million and is anticipated to increase (and accelerate) by approximately $600,000 per year and up to $5.1 million in 2026-27, which will cause the Fund to become insolvent.

Because current law requires the Fund to remain viable and solvent, the Board will be required to take action to rectify these fundamental structural issues in the future.

Action Required (future) – The Board will need to take action(s) to reduce or eliminate the structural imbalance to remain solvent. The Board has three options to reduce the structural imbalance: 1) reduce spending, 2) increase revenues, and 3) combination of 1 and 2.

As previously noted, the Board had significant 2020-21 prior-year savings of approximately $2.1 million related to vacant positions. However, the Board is actively recruiting to fill these positions and any savings will likely be reduced in the future.

The Board further notes, most (all) existing license fee types currently being assessed are set below their statutory maximums and may be increased through regulations, which could eliminate the existing structural imbalance. Regulatory fee change proposals typically take 18 to 24 months to promulgate.

Board staff will be working with the DCA Budget Office to identify possible actions to reduce or eliminate the structural imbalance to ensure the Board remains solvent and able to fully meet its licensing and enforcement mandates.

Board staff will present the findings and recommendations at future board meetings to allow for public input and Board Member consideration.

Attachment 1

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California
Fiscal Month: FM 13 (Pre-Actuals)
Fiscal Years: 2019-20 and 2020-21

PERSONAL SERVICES

Description Item	2019-20 Budget	2019-20 FM13	2020-21 Budget	2020-21 FM13
PERMANENT POSITIONS	$6,239,000	$4,450,743	$5,928,000	$4,717,037
TEMPORARY POSITIONS	$284,000	$65,235	$284,000	$48,134
PER DIEM, OVERTIME & LUMP SUM	$130,000	$74,746	$130,000	$124,882
STAFF BENEFITS	$3,770,000	$2,935,111	$3,367,000	$2,718,488
TOTAL PERSONAL SERVICES	**$10,423,000**	**$7,527,001**	**$9,709,000**	**$7,608,542**

OPERATING EXPENSES & EQUIPMENT

Description Item	2019-20 Budget	2019-20 FM13	2020-21 Budget	2020-21 FM13
GENERAL EXPENSE	$167,000	$153,433	$172,000	$116,396
PRINTING	$77,000	$159,557	$79,000	$176,644
COMMUNICATIONS	$47,000	$35,388	$49,000	$43,843
POSTAGE	$71,000	$505	$72,000	$18,850
INSURANCE	$2,000	$8,452	$2,000	$9,457
IN-STATE TRAVEL	$156,000	$110,292	$159,000	$5,379
OUT-OF-STATE TRAVEL	$0	$1,496	$0	$0
TRAINING	$11,000	$7,876	$12,000	$19,586
FACILITIES	$563,000	$653,009	$827,000	$684,553
UTILITIES	$1,000	$0	$1,000	$0
C/P SERVICES (INTERNAL)	$2,555,000	$1,412,180	$2,564,000	$2,303,068
C/P SERVICES (EXTERNAL)	$914,000	$1,014,583	$869,000	$786,171
DEPARTMENT PRO RATA	$3,213,000	$3,122,317	$2,955,000	$2,820,346
DEPARTMENTAL SERVICES	$74,000	$177,486	$74,000	$228,521
CONSOLIDATED DATA CENTERS	$24,000	$36,190	$28,000	$61,543
INFORMATION TECHNOLOGY	$32,000	$1,010	$32,000	$6,778
EQUIPMENT	$61,000	$50,730	$77,000	$29,737
OTHER ITEMS OF EXPENSE	$5,000	$43,546	$5,000	$19,133
SPECIAL ITEMS OF EXPENSE	$0	$6,738	$0	$5,157
OPERATING EXPENSES & EQUIPMENT	**$7,973,000**	**$6,994,788**	**$7,977,000**	**$7,335,160**

	2019-20 Budget	2019-20 FM13	2020-21 Budget	2020-21 FM13
SUB-TOTALS	$18,396,000	$14,521,789	$17,686,000	$14,943,702
REIMBURSEMENTS (LESS)	(283,000)	(677,000)	(283,000)	(635,000)
FINAL TOTALS	17,816,000	13,844,789	17,403,000	14,308,702

Attachment 1A

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

(Prepared 10/28/21)

Budget Act 2021-22 (with updates)	(Pre-Actuals) PY 2020-21	CY 2021-22	BY 2022-23	BY+1 2023-24	BY+2 2024-25	BY+3 2025-26	BY+4 2026-27
BEGINNING BALANCE	$14,319	$12,449	$10,295	$10,501	$12,296	$8,428	$3,954
Prior Year Adjustment	-$147	-	-	-	-	-	-
Adjusted Beginning Balance	$14,172	$12,449	$10,295	$10,501	$12,296	$8,428	$3,954
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS							
Revenues							
4121200 - Delinquent fees	$314	$277	$277	$277	$277	$277	$277
4127400 - Renewal fees	$14,934	$14,848	$14,848	$14,848	$14,848	$14,848	$14,848
4129200 - Other regulatory fees	$151	$197	$197	$197	$197	$197	$197
4129400 - Other regulatory licenses and permits	$3,184	$2,827	$2,827	$2,827	$2,827	$2,827	$2,827
4143500 - Miscellaneous Services to the Public	-	$48	$48	$48	$48	$48	$48
4163000 - Income from surplus money investments	$75	$117	$117	$117	$117	$117	$117
4171400 - Escheat of unclaimed checks and warrants	$12	$15	$15	$15	$15	$15	$15
4172500 - Miscellaneous Revenue	-	$2	$2	$2	$2	$2	$2
4173500 - Settlements and Judgements - Other	$8	-	-	-	-	-	-
Totals, Revenues	$18,678	$18,331	$18,331	$18,331	$18,331	$18,331	$18,331
Transfers and Other Adjustments		-			-	-	-
Loan from the State Dentistry Fund (0741) to the General Fund (0001) per Item 1111-011-0741, Budget Act of 2020	-$4,991	-	-	-	-	-	-
Balance transfer from the State Dental Assistant Fund (3142) to the State Dentistry Fund (0741) per Chapter 865, Stats of 2019 (AB 1519)	-	-	$2,915	-	-	-	-
Loan repayment from the General Fund (0001) to the State Dentistry Fund (0741) per Item 1111-011-0741, Budget Act of 2020	-	-	-	$5,075	-	-	-
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$13,687	$18,331	$21,246	$23,406	$18,331	$18,331	$18,331
TOTAL RESOURCES	$27,859	$30,780	$31,541	$33,907	$30,627	$26,759	$22,285
EXPENDITURES AND EXPENDITURE ADJUSTMENTS							
Disbursements:							
1111 Program Expenditures (State Operations)	$14,309	$18,488	$19,043	$19,614	$20,202	$20,808	$21,433
Estimated GSI 4.55 Percent Increase	-	$530	$530	$530	$530	$530	$530
9892 Supplemental Pension Payments (State Operations)	$318	$318	$318	$318	$318	$318	$318
9900 Statewide Pro Rata	$783	$1,149	$1,149	$1,149	$1,149	$1,149	$1,149
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$15,410	$20,485	$21,040	$21,611	$22,199	$22,805	$23,430
FUND BALANCE							
Reserve for economic uncertainties	**$12,449**	**$10,295**	**$10,501**	**$12,296**	**$8,428**	**$3,954**	**-$1,145**
Months in Reserve	**7.3**	**5.9**	**6.0**	**6.6**	**4.6**	**2.1**	**-0.6**

NOTES:
A. ASSUMES APPROPRIATION GROWTH OF 3% PER YEAR IN BY+1 AND ON-GOING.

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MEMORANDUM

DATE	November 2, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 7(a):** Presentation from DCA on Need for Potential Fee Increase

Background:
Representatives from the DCA Budget Office will provide a presentation to the Board regarding the need for a potential fee increase in the future.

Action Requested:
No action requested.

MEMORANDUM

DATE	October 4, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 8:** Report on Dental Hygiene Board of California (DHBC) Activities

Background:
The President, Dr. Timothy Martinez, and the Executive Officer, Mr. Anthony Lum, of the Dental Hygiene Board of California will provide a verbal report.

Action Requested:
No action requested.

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MEMORANDUM

DATE	November 3, 2021
TO	Members of the Dental Board of California (Board)
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 9:** Discussion and Possible Action to Update the Board's Strategic Plan (Plan)

Background
The Board met on October 15, 2021, via a publicly noticed WebEx meeting to engage in a strategic planning session. The meeting was facilitated by representatives from the Department of Consumer Affairs, SOLID Planning Solutions Unit (SOLID).

Prior to the meeting, Board members received a copy of the Environmental Scan (EC) prepared by SOLID during the months of March through August 2021. Interviews were conducted with nearly all Board members and Board executive management to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years. In addition, an online survey was sent to external stakeholders on May 28, 2021 and closed on June 3, 2021. In the survey, external stakeholders provided anonymous input regarding the challenges and opportunities the Board is currently facing or will face in the upcoming years. A total of 4,028 external stakeholders participated in the survey, which was a significantly larger number of survey responses than the 382 responses received in 2016.

The purpose of the EC is to provide a better understanding of external and internal stakeholder's thoughts about the Board's performance in the following four goal areas: (1) Licensing and Examinations, (2) Consumer Protection and Enforcement, (3) Communication and Customer Service, and (4) Administrative Services. Members utilized the EC to identify important trends that reoccurred throughout the survey responses. With this information, the Board developed objectives for each goal area. The final draft of the updated 2022-2024 Strategic Plan is attached for review, comment, and adoption.

Action Requested
The Board is asked to take action on the proposed 2022-2024 Strategic Plan.

2021

Dental Board of California Strategic Plan 2022 -2025

ADOPTED:

SOLID PLANNING

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Dental Board of California Members

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Rosalinda Olague, Vice President
Alan L. Felsenfeld Secretary, DDS
Fran Burton MSW, Public Member
Steven Chan, DDS
Lilia Larin, DDS
Meredith McKenzie Esq., Public Member
Angelita Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, DDS
Alicia Montell, DDS
Steven Morrow, DDS
Thomas Stewart, DDS
James Yu, DDS

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Gavin Newsom, Governor
Lourdes M. Castro Ramírez, Secretary, Business, Consumer Services and Housing Agency
Kimberly Kirchmeyer, Director, Department of Consumer Affairs
Karen Fischer, Executive Officer, Dental Board of California

About the Board

History and Function of the Board

The Dental Board of California (Board) was created by the California Legislature in 1885 and was originally established to regulate dentists. The Board currently regulates approximately 89,000 licensees consisting of approximately 43,500 dentists (DDS), 44,500 registered dental assistants (RDA), and 1,700 registered dental assistants in extended functions (RDAEF). In addition, the Board has the responsibility for setting the duties and functions of approximately 50,000 unlicensed dental assistants. Pursuant to Business and Professions Code Section 1601.2, the Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. The primary methods by which the Board achieves these goals are: issuing licenses to eligible applicants; investigating complaints against licensees and disciplining licensees for violations of the Dental Practice Act (Act); monitoring licensees whose licenses have been placed on probation; and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

Dental Board Composition

The Board is composed of 15 members consisting of eight (8) practicing dentists, one (1) registered dental hygienist (RDH), one (1) RDA, and five (5) public members. The dentists, the RDH, the RDA, and three public members are appointed by the Governor. Of the remaining two public members, one is appointed by the Speaker of the Assembly and one by the Senate Rules Committee. Public membership accounts for a third of the composition of the Board. Of the eight practicing dentists, one must be a member of the faculty of any California dental school, and one is required to be a dentist practicing in a nonprofit community clinic. Our membership meets these requirements and there is currently one (1) public member vacancy. Members of the Board are each appointed for a term of four years. Board members may continue to hold office beyond their term until the appointment of a successor or until one year has elapsed since the expiration of the term, whichever occurs first. Each member may serve no more than two full terms. The Board meets at least four times throughout each calendar year to conduct business and may meet in closed session as authorized by Government Code Section 11126 et. seq.

Mission, Vision, and Values

Mission

The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State.

Vision

The Dental Board of California will be a recognized leader in public protection, promotion of oral health, and access to quality care.

Values

- Consumer Protection
- Professionalism
- Accountability
- Efficiency
- Fairness
- Diversity

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Goal 1: Licensing and Examinations

Provide a licensing process that permits applicants timely access to the workforce without compromising consumer protection. Administer fair, valid, timely, comprehensive, and relevant licensing examinations.

1.1 Review and promote, if appropriate, the national movement to a curriculum integrated exam concept to improve license portability.

1.2 Support dental schools' utilization of the portfolio licensure pathway, to gain recognition of a portfolio pathway in other states.

1.3 Identify and partner with stakeholders to examine problems and challenges in dental assisting and whether there is a workforce shortage to remove barriers to licensure for RDA/RDAEF and expand access to care.

1.4 Evaluate and change, if necessary, dental assisting licensure requirements, which include educational and exam requirements to decrease barriers to licensure and increase license portability across states.

1.5 Evaluate and improve the continuing education audit process to ensure licensee compliance.

1.6 Review and revise licensure pathways to remove barriers to licensure.

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Goal 2: Consumer Protection and Enforcement

Ensure the Board's enforcement and diversion programs provide timely and equitable consumer protection.

2.1 Evaluate additional enforcement tools, including hiring additional staff, recruiting more investigators, and tracking unethical dentists, to reduce investigation timeframes.

2.2 Contract with a vendor to audit and recommend improvements to the enforcement program's workload efficiency and effectiveness.

2.3 Explore increasing per diem compensation for expert witnesses and implement change, if necessary, so the Board can recruit the most qualified professionals.

DRAFT

Goal 3: Communication and Customer Service

Provide the most current information and quality customer service to the Board's stakeholders.

3.1 Research and implement, if possible, outreach to underserved communities regarding free clinics and health care events to support access to care for underserved communities.

3.2 Research and evaluate various communication methods (print, website, and social media) to determine the best methods for effective communication with consumers, licensees, and stakeholders.

3.3 Provide ongoing updates to Board member onboarding information, so Board members have sufficient reference tools.

3.4 Develop outreach to consumers and enforcement education for applicants and licensees to improve their understanding of Board functions and dental professional laws.

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Goal 4: Administrative Services

Build an excellent organization, with engaged employees, through effective leadership and responsible management.

4.1 Develop a robust onboarding and continuing education program for Board staff to improve: communication with consumers and licensees; staff efficiency and effectiveness; retention and job satisfaction; and employee engagement.

4.2 Develop and implement a program to translate the data obtained from the workforce survey required at license renewal to determine licensing trends and identify gaps with regards to access to care.

4.3 Review and eliminate, if necessary, inactive or unnecessary committees to increase Board efficiency.

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Strategic Planning Process

Information for the Board's environmental scan survey was gathered by surveying external stakeholders and internal stakeholders (Board members and executive management) using the following methods:

- Interviews were conducted with nearly all Board members and Board executive management, completed during the months of March through August 2021, to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.

- An online survey was sent to external stakeholders on May 28, 2021, closing on June 3, 2021. In the survey, external stakeholders provided anonymous input regarding the challenges and opportunities the Board is currently facing or will face in the upcoming years. A total of 4,028 external stakeholders participated in the survey.

Board members and Board executive staff were provided the results of the environmental scan, along with an objectives worksheet, one month before the strategic planning session on Friday, October 15, 2021. Many Board members and executive management submitted objective suggestions before the strategic planning session. These suggestions were reviewed and edited or deleted after careful deliberation by Board members and staff.

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

MEMORANDUM

DATE	October 27, 2021
TO	Members of the Dental Board of California (Board)
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 10:** Discussion and Possible Action Regarding Executive Officer (EO) Salary Level Increase

<u>Background:</u>
Business and Professions Code section 1616.5 provides the authority for the Board to appoint and set the salary of the EO, with the approval of the Department of Consumer Affairs (DCA) Director. The EO is a non-civil service, exempt employee who serves at the pleasure of the Board. Most EO positions are assigned with an exempt level and each exempt level has an associated salary range. The Board's EO salary level was last increased from K to J on August 1, 2000. The current EO reached maximum salary range in June 2016.

According to the guidance provided by the DCA Office of Human Resources (OHR), which was distributed to Board Presidents on October 23, 2020, an increase to an exempt level/salary band should be based upon a change within the Board, including but not limited to, added responsibilities and/or organizational growth, legislative changes, additional programs within the Board or significant staffing increases. The Board has experienced significant changes in all the above-mentioned categories in the last 21 years. These changes will be outlined in a written justification and presented to the Board for review and consideration at the February 2022 meeting.

Pursuant to Government Code section 19825, the California Department of Human Resources (CalHR) is the final approver for EO salary increases. All EO salary level increase requests must be submitted as an Exempt Position Request (EPR) package to the Business, Consumer Services and Housing Agency (Agency), and then forwarded to the Governor's Office and CalHR for approval.

At this time, I am requesting the Board approve moving forward to request an EO salary level increase; and to direct staff to work with OHR to draft the EPR for Board discussion and possible action at the February 10-11, 2022 meeting.

<u>Action Requested:</u>
Approve moving forward to request an EO salary level increase and direct staff to work with OHR to draft the EPR for Board discussion and possible action at the February 10-11, 2022 meeting.

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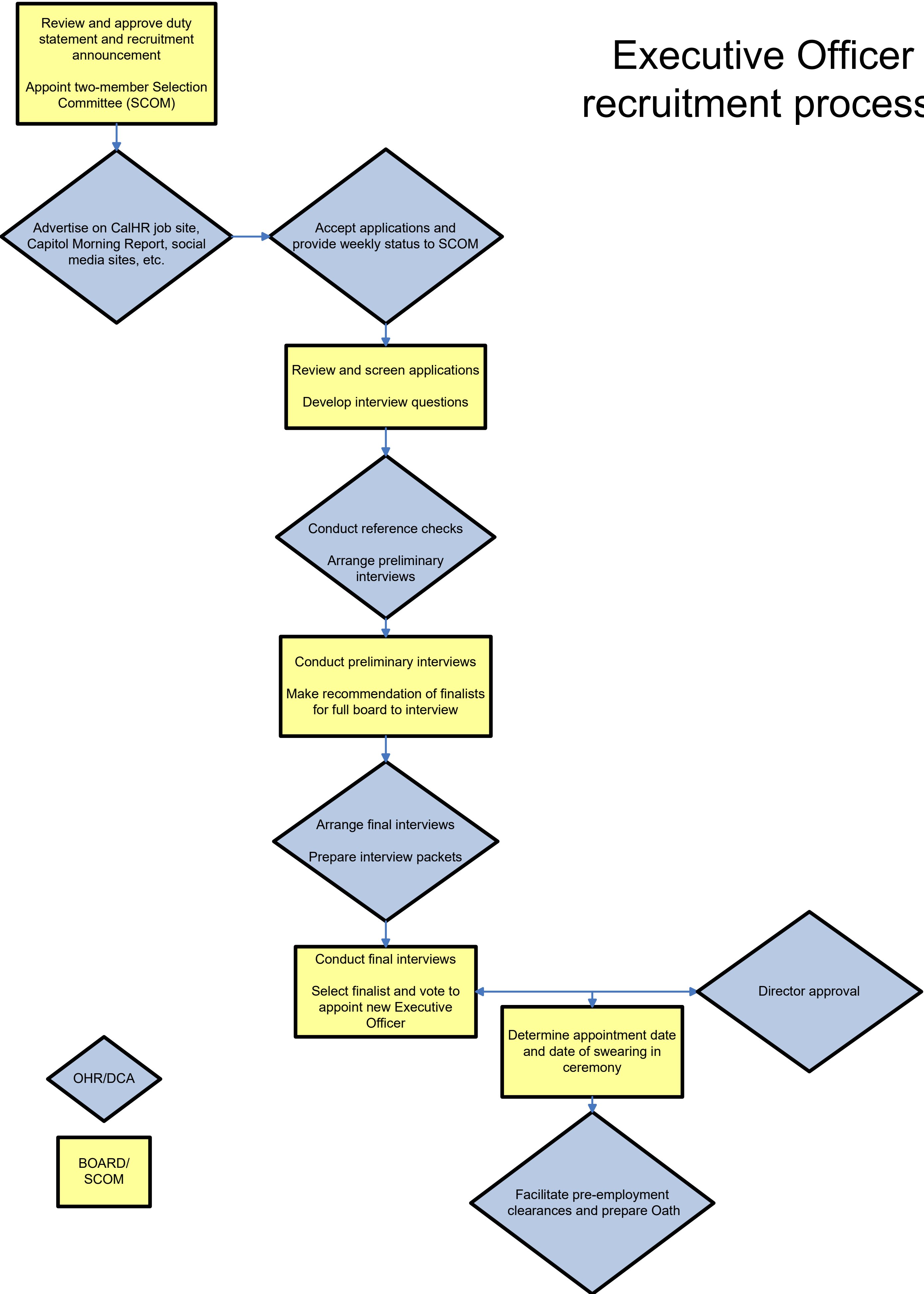
MEMORANDUM

DATE	October 28, 2021
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 11 (a-b):** Presentation, Discussion, and Possible Action Regarding Process for Recruitment and Selection of the Executive Officer

Background:
Nicole Le, Chief of the Office of Human Resources, Department of Consumer Affairs will provide a verbal report on the executive officer recruitment and selection process.

Action Requested:
No action requested.

Executive Officer recruitment process



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MEMORANDUM

DATE	October 28, 2021
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 11(c):** Discussion and Possible Action on Appointment of EO Selection Committee

Background:

The Board should identify two members who will have sufficient time and interest to commit to actively participating in the selection process. Statute requires the EO selection to be approved by the DCA Director. The Board should consider whether or not a designee of the Director should be part of the Selection Committee.

The Selection Committee will work with the Office of Human Resources Personnel Officer (OHR PO) or assigned Classification and Pay (C&P) Analyst, and the Deputy Director for Board and Bureau Relations to advertise, develop screening criteria, review applications, conduct initial interviews and obtain a manageable number of candidates to be interviewed by the full Board at a publicly noticed meeting.

Candidate Screening:
Initial (pre-)screening of qualified applicants can be performed by the C&P Analyst or by the Selection Committee, in accordance with the qualifications established by the Board or the Selection Committee. The screening criteria can be very general in nature and is intended to eliminate those candidates who clearly do not meet the criteria established by the Board or Selection Committee.

A final screening by the Selection Committee will identify a target number of candidates for an initial interview. Typically, a candidate pool of at least five to six applicants is recommended.

Applicants who were screened out during the initial screening process should be notified by mail of the results. These notifications can be done by Board staff or the C&P Analyst. Per Government Code Section 12946, OHR will retain the applications a minimum of two years following the completion of the section process.

Selection Committee Initial Interviews:
If initial interviews are held to narrow the field of candidates, the Selection Committee is responsible for conducting the interviews. Board staff or the C&P Analyst may assist in scheduling the interviews on the date(s) and location(s) selected by the Selection Committee. If interviews are scheduled for more than one day, the interviews may be scheduled in different locations depending upon Board interest, candidate locations, and budget considerations.

In scheduling interviews, the notification should provide a least a one week advance notice for the candidates. In determining the location of the interviews, consideration should be given to where the majority of candidates reside, as candidates must endure any costs associated with appearing for an interview.

If references were not requested in the recruitment advertisement, candidates should be advised to bring a list of at least three professional references to the first interview.

Forty-five to fifty minutes should be allowed for each candidate interview. Prior to the interview, the duty statement should be provided.

In the initial interview, the following topics should be thoroughly covered:

- The exact duties of the position
- The supervision given and/or received
- The frequency and level of public contact
- The value of independent decision-making
- The responsibility of training staff, if applicable
- The EO's relationship with the Board
- The education desired/required
- The qualifications of the position

In closing the interview, advise the applicants when a decision is expected to be made and that all candidates will be notified in writing if they will proceed to the next step which is a final interview before the full Board.

Action Requested:
Appoint a two-person Selection Committee

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MEMORANDUM

DATE	October 26, 2021
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	**Agenda Item 11(d):** Review and Possible Action on Revised EO Duty Statement and Recruitment Announcement

Background:

Review Duty Statement:
The EO duty statement provides the foundation upon which recruitment is based, and should clearly and accurately describe the functions and responsibilities of the position. The duty statement will be used to develop recruitment flyers or advertisements for the position. In addition, it will be used to define the criteria for the screening of applications and the development of interview questions. The EO duty statement is attached.

Recruitment Announcement:
Recruitment and appointments of EOs shall be made in accordance with the provisions of civil service laws to ensure consistency and transparency throughout the department.

There are no specific qualifications established for EO positions. Board Members must determine the qualifications that will produce the best EO for the Board. Therefore, it is necessary for the Board (or the Selection Committee) to develop a set of qualifications to be used in the recruitment of EOs.

The following criteria are general in nature and may be used for many of the EO positions:

- Demonstrated supervisory and management skills
- Administrative experience including fiscal responsibility, budget preparation, development of regulations, policy development and implementation
- Legislative or lobbying experience and a working knowledge of the state and federal statutes and rules pertaining to the particular board

- Regulatory and/or enforcement experience such as processing complaints, monitoring investigations or hearings on disciplinary matters
- Ability to communicate effectively both orally and in writing and deal effectively with a broad spectrum of people interacting with the board
- Prior experience working with boards
- Experience with licensure including, but not limited to, professional examination or testing procedures and techniques
- Knowledge of current consumer issues in the licensed profession

Initial recruitment will include advertising on the California Department of Human Resources' website (www.calhr.ca.gov). Other recruitment activities can include advertising the position in regional newspapers, minority publications and professional publications, depending on the available budget and the needs of the board. Reaching a group of candidates whom the Board considers to be the most likely to be excellent candidates will dictate the focus and direction of the advertising. A recommended Recruitment Notice is attached.

Action Requested:

1. Approve the EO Duty Statement
2. Approve the Recruitment Announcement

Department of Consumer Affairs
Exempt Position Duty Statement
HR-041E (new 1/2015)

Exempt Employee's Name	
Classification Title Executive Officer	**Board / Bureau / Commission / Committee** Dental Board of California
Exempt Level / Salary Range J / $10,064-$11,209 (per month)	**Geographic Location** Sacramento
Position Number 624-110-8840-001	**Effective Date of Appointment**

General Statement: Under the general direction and leadership of the 15-member Board, the Executive Officer of the Board functions as operations officer for management of the Board's resources and staff. The Executive Officer is further responsible for interpreting and executing the intent of all Board policies to the public and to other governmental agencies. This position is an at-will position and the incumbent serves at the pleasure of the Board. These duties include, but are not limited to, the following:

A. **Specific Assignments** [Essential (E) / Marginal (M) Functions]:

40% **(E)** Acts as principal operations officer for the Board; manages all Board offices; oversees the procurement and management of space, equipment, vehicles, and supplies; identifies need for augmentation of operating budget and ensures that all budget change proposals, finance letters, and other fiscal documents are accurate and that they support the Board's goals and mission; oversees the development of the Board's strategic plan; implements Board-approved policies and actions; confers with attorneys and administrators on issues requiring policy decisions and legal opinions; maintains overall responsibility for managing all personnel, including recruiting, orientation, training, motivating, evaluating and managing staff through subordinate supervisors, and professional staff development and evaluation of senior level staff.

30% **(E)** Functions as administrative agent for the Board; coordinates and manages all Board and Committee meetings; sees that all meetings and hearings are noticed to the public and follows proper administrative procedures; ensures compliance with the Open Meetings Act; prepares agendas and minutes for all Board meetings and committee meetings; acts as Board spokesperson at all meetings and hearings as delegated by the Board; coordinates and manages all Board communications; serves as liaison between Board, Committees, and staff; conducts orientation for new Board members; informs, advises and consults the Board on programs and activities administered by staff; oversees the processing of applications for licensure or registration, ensuring only qualified applicants are issued licensure or registration; manages and directs the Board's Continuing Professional Development (continuing education) Program; oversees the administration of examinations for providers of Board services to ensure compliance with applicable statutes, regulations, and policies; coordinates periodic occupational analyses and examination validation studies.

10% **(E)** Responsible for interpretation and execution of the Business and Professions Code and all Board policies and guidelines related to the Board; seeks wide dissemination of the above information in a structured manner through informational hearings, workshops, and seminars conducted by Board staff and members; seeks legal counsel from the Department of Consumer Affairs in carrying out the above activities; advocates on behalf of consumers and the Board.

Responsible for the regulatory change process from notice of hearing to implementation of approved regulations; provides for initial and continued approval of programs; implements

legislation and legislative mandates; identifies the need for new legislation; recommends modification of existing statutes or regulations to conform to Board policy; reviews drafts of specific language to effect statutory or regulatory change; oversees the preparation of author's statements and fact sheets; obtains authors for legislation, as needed; testifies before legislative committees and at public hearings regarding Board policies, programs and activities; oversees and ensures compliance with all aspects of the legislative and rulemaking processes and the Administrative Procedure Act; prepares the sunset review report to the Legislature as required by law.

10% **(E)** Oversees the handling of enforcement cases, the processing of complaints, investigations, and all prosecution and disciplinary actions performed by the Office of the Attorney General, and Office of Administrative Hearings; provides for the preparation of accusations or statements of issue; signs final accusations; consults with legal counsel on problem cases; monitors flow of cases in system and monitors costs; advises Attorney General's Office and hearing officer of Board's disciplinary guidelines; ensures that Administrative Procedure Act timelines are followed and that all Board disciplinary decisions are appropriately implemented; meets and confers with outside legal agencies on cases; serves as Board's liaison to media and public on all publicized cases; ensures that the Board's diversion and citation and fine programs are in compliance with its mandates and operating pursuant to Board policies and procedures. Maintains confidentiality of information and records in accordance with Public Records Act.

10% **(E)** Disseminates information concerning the Board's licensure act (B&P Code Section 1601, et. seq.), regulations and policies before professional associations, other governmental agencies, dental school administrators and consumer groups; acts as the Board's designated spokesperson when responding to inquiries from the media, state agencies and other interested groups; serves as the Board's liaison to a wide array of governmental and voluntary organizations; serves as liaison to professional organizations; participates and serves as Board's staff representative to various associations.

B. **Supervision Received**

The Executive Officer serves under the administrative direction of the Board and reports directly to the Board President.

C. **Supervision Exercised**

The Executive Officer is delegated the authority by the Board to provide leadership and oversight for all Board programs and activities. The Executive Officer directly supervises two dental consultants, the Assistant Executive Officer, and one Supervising Investigator II who is responsible for the Board's peace officers.

D. **Administrative Responsibility**

The Executive Officer is responsible for all administrative and fiscal functions and aspects of the Board.

E. **Personal Contacts**

The Executive Officer has regular contact with all levels of Board staff, DCA Executive Management and staff, legislators, the Governor's Office, members of the public and members of the trade and industry groups.

F. **Functional Requirements**

No specific physical requirements are present. The Executive Officer works in an office setting with artificial light and temperature control. Daily access to and use of a personal computer and telephone are essential. Sitting and standing requirements are consistent with office work. This position requires frequent travel including overnight travel by all available transportation methods.

G. **Other Information**

This position has access to Criminal Offender Record Information (CORI). Title 11, Section 703(d) of the California Code of Regulations requires criminal record checks of all personnel who have access to CORI. Pursuant to this requirement, incumbents in this position will be

required to submit fingerprints to the Department of Justice and be cleared prior to appointment.

This position also requires the incumbent to take an Oath of Office prior to appointment.

Additionally, this position is subject to the Department of Consumer Affairs' Conflict of Interest Code (16 CCR § 3830) and the incumbent must file a Statement of Economic Interests Form upon appointment, annually, and upon separation.

I have read and understand the duties listed above and I can perform these duties with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will discuss your concerns with the Health & Safety analyst.)

____

Employee Signature Date

____

Employee's Printed Name, Classification

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

____

Board President / Chairperson Signature Date

____

Board President / Chairperson's Printed Name

Revised November 2021

THE DENTAL BOARD OF CALIFORNIA
INVITES APPLICATIONS FOR THE POSITION OF
EXECUTIVE OFFICER
Position Number 624-110-8840-001
$10,064 – $11,209 (per month)

The Department of Consumer Affairs' (DCA) Dental Board of California (Board) licenses and regulates over 100,000 licensees, consisting of dentists, registered dental assistants, registered dental assistants in extended functions, Orthodontic Assistants, Dental Sedation Assistants and dental businesses. The Board's highest priority is the protection of the public when exercising its licensing, regulatory, and disciplinary functions. The primary methods by which the Board achieves this goal are: issuing licenses to eligible applicants; investigating complaints against unlicensed individuals and licensees and disciplining licensees for violations of the Dental Practice Act; monitoring licensees whose licenses have been placed on probation; and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Board is looking for a talented and exceptional Executive Officer to take the helm of a high performing team to support and carryout the mission of the Board. The position requires a dynamic leader with demonstrated executive-level experience who can exhibit strong interpersonal and mentoring skills, including promoting a high-performance culture where employees are motivated and enabled to perform to their greatest potential.

The Executive Officer manages the Board staff and is responsible for carrying out the policies of the 15-member Board and for planning, organizing and directing the activities of the Board in areas of administration, enforcement and licensure. The Executive Officer also serves as the liaison between the Board and stakeholders. The Executive Officer enforces the overall policies established by the Board relating to Board programs, under the authority of Business and Professions Code section 1600 *et. seq.*

The Executive Officer, with the approval of the DCA Director, is appointed by the Board and serves at its pleasure. The Executive Officer position is exempt from civil service and is located in Sacramento, California. Starting salary and raises are subject to approval from the Business, Consumer Services and Housing Agency and the California Department of Human Resources.

Desirable Qualifications and Experience:

- Administrative experience with government operations and processes, including legislation, regulations, budgeting, personnel, and equal employment opportunity;
- Progressive experience with executive-level leadership, management and problem-solving, especially past success in working for a board and/or commission on complex issues;
- Familiarity with the Dental Practice Act, Business and Professions Code, and regulations relating to the practice of dentistry. Regulatory and/or enforcement experience and

knowledge of current consumer issues facing the Board or other healing arts boards, commissions and/or committees;
- Experience establishing, promoting and maintaining cooperative working relationships with representatives of all levels of government, the public and special interest groups;
- Experience working with and/or in taking direction from a board, committee or commission;
- Legislative or lobbying experience and/or coordination, testifying before legislative committees, and familiarity with the sunset review process;
- Ability to think strategically and creatively, work well under pressure, and meet deadlines;
- Ability to promote internal and external teamwork and cross-functional collaboration and communication in support of an organization's mission and goals;
- Experience with public speaking and ability to deliver speeches and presentations on sensitive, technically complex and controversial subject matters, in front of diverse audiences including the public;
- A consultative approach to problem solving and the ability to facilitate coalition building; and
- A baccalaureate degree from an accredited college or university.

Special Requirements:

Conflict of Interest Filing - This position is subject to the requirements of California Code of Regulations, title 16, section 3830, the DCA Conflict of Interest Regulations. The incumbent is required to submit a Statement of Economic Interests (Form 700) within 30 days of assuming office, annually by April 1st, and within 30 days of leaving office.

Criminal Offender Record Information (CORI) - California Code of Regulations, title 11, section 703, subsection (d) requires criminal record checks of all personnel who have access to CORI. Pursuant to this requirement, applicants for this position will be required to submit fingerprints to the Department of Justice and be cleared before hiring. In accordance with DCA's CORI procedures, clearance shall be maintained while employed in a CORI-designated position. Additionally, the incumbent routinely works with sensitive and confidential issues and/or materials and is expected to maintain the privacy and confidentiality of documents and topics pertaining to individuals or to sensitive program matters at all times.

Interested persons must submit the following:

1) Statement of Qualifications, not to exceed six (6) pages, single-sided, that specifically addresses the Desirable Qualifications and Experience section outlined above;

2) A State application (Std 678);

3) A resume or curriculum vitae; and

4) Minimum of three (3) letters of professional reference.

Filing Instructions

Application packages may be submitted via U.S. Postal Service mail to:

Department of Consumer Affairs
Office of Human Resources
1625 N. Market Blvd., Suite N-321

Sacramento, CA 95834
Attn: OHR Staff

Application packages submitted via U.S. Postal Service must be postmarked on or before the final filing date. Application packages submitted via hand delivery must be delivered to the Office of Human Resources by 5:00 p.m. on the final filing date. Dates printed on Mobile Bar Codes, such as the Quick Response (QR) Codes available at the USPS, are not considered Postmark dates for the purpose of determining timely filing of an application.

Application packages may also be submitted electronically via CalCareers at www.jobs.ca.gov for Job Control (JC) XXXXX. Application packages submitted via CalCareers must be received by 11:59 p.m. Pacific Standard Time on the final filing date.

The final filing date for this recruitment is Month, XX, 20XX.

For further information or questions regarding the position or application process, please contact OHR Staff, Office of Human Resources, Department of Consumer Affairs, at (916) 574-XXXX or via email at OHR Staff email.

All applications will be screened and only the most qualified candidates will be scheduled for a preliminary interview. Finalists will be invited to a full Board interview at a public Board meeting. Travel expenses for these interviews are the responsibility and at the expense of each candidate. Upon being contacted for interviews, it is the candidate's responsibility to notify the interview scheduler of any need for reasonable accommodation to participate in the interview. You may direct any additional questions regarding reasonable accommodations or Equal Employment Opportunity (EEO) for this position to the DCA EEO Office at (916) 574-8280.

DCA is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

MEMORANDUM

DATE	November 2, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 19:** President's Report on Closed Session Items

Background:
Ms. Joanne Pacheco, President of the Dental Board of California, will provide a verbal report.

Action Requested:
No action requested.

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DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	October 27, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 20:** Dental Assisting Council (DAC) Meeting Report

Background:
Ms. Jeri Fowler, Vice Chair of the Dental Assisting Council (Council), will provide a verbal report on the November 18, 2021 meeting of the Council. Additionally, attachments have been included for the Board to take action on the following items:

A. Discussion and Possible Action on RDAEF Occupational Analysis

B. Discussion on RDAEF Licensing Update and Examination Outline

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION

DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION

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This occupational analysis report is mandated by California Business and Professions (B&P) Code § 139 and by DCA Licensure Examination Validation Policy OPES 18-02.

EXECUTIVE SUMMARY

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of the registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define practice in terms of critical tasks that RDAEFs must be able to perform safely and competently at the time they are licensed. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

OPES test specialists began by researching the profession extensively and meeting with RDAEFs working throughout California. The purpose of these meetings was to identify the tasks performed by RDAEFs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and meetings, OPES test specialists developed a preliminary list of tasks performed by RDAEFs in their practice, along with a list of the knowledge needed to perform those tasks.

In March 2021, OPES convened a workshop to review and refine the preliminary lists of tasks and knowledge statements describing RDAEF practice in California. RDAEFs participated in the workshops as subject matter experts (SMEs). The SMEs were from diverse backgrounds in the profession (e.g., location of practice, years licensed). In May 2021, OPES convened a second workshop to review and finalize the preliminary lists of tasks and knowledge statements describing RDAEF practice in California. The SMEs also linked each task with the knowledge required to perform that task and reviewed demographic questions to be used on a two-part OA questionnaire to be completed by a sample of RDAEFs statewide.

After the second workshop, OPES test specialists developed the OA questionnaire. The development included a pilot study that was conducted using a group of RDAEFs who participated in the March and May 2021 workshops. The pilot study participants' feedback was incorporated into the final questionnaire, which was administered in June and July 2021.

In the first part of the OA questionnaire, RDAEFs were asked to provide demographic information related to their work settings and practice. In the second part, RDAEFs were asked to rate specific tasks by frequency (i.e., how often the RDAEF performs the task in their current practice) and importance (i.e., how important the task is to effective performance in their current practice). They were also asked to rate each knowledge statement by importance (i.e., how important the knowledge is to effective performance of their current practice).

In June 2021, on behalf of the Board, OPES sent an email to a sample of 557 actively practicing RDAEFs, inviting them to complete the online OA questionnaire. The email invitation was sent to RDAEFs for whom the Board had an email address on file. Reminder emails were sent weekly after the initial invitation was made.

A total of 212 RDAEFs, or approximately 38.1% of the RDAEFs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the

data analysis was 119 (21.4%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDAEFs in California. Second, OPES excluded data from questionnaires that contained a large portion of incomplete responses.

OPES test specialists then performed data analyses of the task ratings obtained from the OA questionnaire respondents. The task frequency and importance ratings were combined to derive an overall criticality index for each task statement.

Once the data were analyzed, OPES conducted a third workshop with SMEs in August 2021. The SMEs evaluated the criticality indices and determined whether any task statements should be excluded from the examination outline. They also reviewed the list of knowledge statements to verify that all knowledge statements were critical for safe and competent entry level performance as an RDAEF in California. The SMEs established the final linkage between tasks and knowledge statements, organized the tasks and knowledge statements into content areas, and wrote descriptions of those content areas. The SMEs then evaluated the preliminary content area weights and determined the final weights for the Registered Dental Assistant in Extended Functions Written Examination outline.

The examination outline is structured into four content areas weighted relative to the other content areas. The new outline identifies the tasks and knowledge critical to safe and competent RDAEF practice in California at the time of license issuance.

The examination outline developed as a result of this OA provides a basis for developing the Registered Dental Assistant in Extended Functions Written Examination.

OVERVIEW OF THE RDAEF WRITTEN EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Preliminary Patient Evaluations	This area assesses the candidate's knowledge of evaluating patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.	25
2. Treatment Procedures	This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations. These services are performed under the supervision of a licensed dentist.	57
3. Health and Safety	This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.	8
4. Laws and Regulations	This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.	10
	Total	**100**

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) as part of the Board's comprehensive review of the registered dental assistant in extended functions (RDAEF) profession in California. The purpose of the OA is to define RDAEF practice in terms of critical tasks that practitioners must be able to perform safely and competently when they are issued a license. The results of this OA provide a description of practice for the RDAEF profession and provide the basis for constructing a valid and legally defensible Registered Dental Assistant in Extended Functions Written Examination.

PARTICIPATION OF SUBJECT MATTER EXPERTS

Fifteen licensed RDAEFs participated as subject matter experts (SMEs) during the phases of the OA to ensure that the description of practice directly reflects the current RDAEF profession in California. These SMEs represented the occupation in terms of geographic location of practice and years of experience. In workshops, SMEs provided technical expertise and information regarding different aspects of current RDAEF practice. During these workshops, the SMEs developed and reviewed the tasks and knowledge statements describing RDAEF practice, organized the tasks and knowledge statements into content areas, evaluated the results of the OA, and developed the examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions (B&P) Code § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

DESCRIPTION OF OCCUPATION

The registered dental assistant in extended functions occupation is described as follows in California B&P Code § 1753.5:

(a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and those duties that the board may prescribe by regulation.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Cord retraction of gingiva for impression procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Take final impressions for permanent indirect restorations.

(7) Take final impressions for tooth-borne removable prosthesis.

(8) Polish and contour existing amalgam restorations.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and cement permanent indirect restorations.

(11) Other procedures authorized by regulations adopted by the board.

(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

CHAPTER 2 | OCCUPATIONAL ANALYSIS QUESTIONNAIRE

TASKS AND KNOWLEDGE STATEMENTS

To develop a preliminary list of tasks and knowledge statements, OPES test specialists integrated information gathered from literature reviews of practice-related sources (e.g., previous OA reports, articles, laws and regulations, and industry publications) and from meetings with SMEs. The statements were then organized into major content areas of practice.

OPES test specialists facilitated two workshops in March and May 2021. SMEs from diverse backgrounds (e.g., years licensed and geographic location) participated in these workshops. During the first workshop in March, SMEs evaluated the tasks and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of assessment of practice. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

During the second workshop in May, the SMEs accomplished three tasks. First, they performed a preliminary linkage of the task and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each identified knowledge statement was important for safe and competent performance as an RDAEF. The linkage ensured that all task statements were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task statement. Second, SMEs evaluated the scales that would be used for rating task and knowledge statements. Finally, the SMEs reviewed and revised the proposed demographic questions for an online OA questionnaire.

OPES used the final list of task statements, associated knowledge statements, demographic questions, and rating scales to develop the online OA questionnaire that was sent to a sample of California RDAEFs.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire designed to solicit RDAEFs' ratings of the tasks and knowledge statements. The surveyed RDAEFs were asked to rate how often they perform each task in their current practice (Frequency) and how important each task is to effective performance of their current practice (Importance). In addition, they were asked to rate how important each knowledge statement is to effective performance of their current practice (Importance). The OA questionnaire also included a demographic section to obtain relevant professional background information about responding RDAEFs. The OA questionnaire can be found in Appendix E.

PILOT STUDY

Before administering the final questionnaire, OPES conducted a pilot study of the online questionnaire. The draft questionnaire was reviewed by the Board and then sent to the 12 SMEs who had participated in the OA workshops. OPES received feedback to the pilot study from six respondents. The SMEs reviewed the task and knowledge statements in the questionnaire for technical accuracy and for whether they reflected RDAEF practice. The SMEs also provided feedback about the estimated time for completion, online navigation, and ease of use of the questionnaire. OPES used this feedback to refine the final questionnaire, which was administered from June 29, 2021 to July 23, 2021.

CHAPTER 3 | RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

In June 2021, on behalf of the Board, OPES sent an email to a sample of 557 actively practicing RDAEFs for whom the Board had an email address on file, inviting them to complete the online OA questionnaire. Reminder emails were sent weekly after the initial invitation. The email invitation is displayed in Appendix D.

A total of 212 RDAEFs, or approximately 38.1% of the RDAEFs who received an email invitation, responded to the OA questionnaire. The final number of respondents included in the data analysis was 119 (21.4%). This response rate reflects two adjustments. First, OPES excluded data from respondents who indicated they were not currently holding a license and practicing as RDAEFs in California. Second, OPES excluded data from questionnaires with a large portion of incomplete responses.

DEMOGRAPHIC SUMMARY

As shown in Table 1 and Figure 1, the responding RDAEFs reported a range of years of experience and were distributed across the predefined experience level categories. A majority of respondents (51.3%) reported holding an RDAEF license for 5 years or fewer, while 48.7% reported holding an RDAEF license for 6 years or longer.

Table 2 and Figure 2 show that 28.6% of the respondents reported that they held a registered dental assistant (RDA) license for 5 years or fewer before obtaining their RDAEF license, while 33.6% reported that they held an RDA license for 6–10 years, and 37.8% reported that they held an RDA license for 11 years or longer. Table 3 and Figure 3 show that 43.7% of respondents reported that they had also worked as an unlicensed dental assistant for 1 year or less before obtaining an RDA license, while 46.2% reported that they had worked as a dental assistant for 1–5 years, and 9.2% reported that they had worked as a dental assistant for 6 years or longer.

Table 4 and Figure 4 show other licenses or certificates that respondents reported holding in addition to their RDAEF license. Most respondents reported holding an RDA license (75.6%), while 26.9% of respondents reported that they held an ultrasonic scaling certificate. A small proportion of respondents reported that they held an orthodontic assistant permit (6.7%) or a dental sedation assistant permit (3.4%).

Table 5 and Figure 5 show that 81.5% of the respondents reported that their primary work setting was located in an urban area, and 18.5% reported that it was located in a rural area. When asked about their primary work setting, 49.6% of respondents reported working in a private dental practice with two or more dentists, while 32.8% reported working in a private dental practice with one dentist. Approximately 11% of the respondents reported that they worked in either a public health dentistry or a school clinic setting (see Table 6 and Figure 6). When asked to describe the type of dentistry practiced in their primary work setting, 85.7% of

respondents reported that they worked in general dentistry, while 3.4% described their primary work setting as pedodontics, 1.7% as prosthodontics, and 0.8% as oral surgery (see Table 7 and Figure 7).

Table 8 and Figure 8 show that 56.3% of respondents reported being the only RDAEF working in their primary work setting, while 23.5% reported one additional RDAEF in their primary work setting, and (approximately) 20% reported 2–3 additional RDAEFs. Table 9 and Figure 9 show that approximately 13% of respondents reported that their work setting did not include any RDAs; 22.7% reported that their work setting included only 1 RDA; 37.8% reported 2–3 RDAs; and 26.1% reported 4 or more RDAs. Table 10 and Figure 10 show that 31.9% of respondents reported that their practice setting did not use unlicensed dental assistants, while 37% reported that one dental assistant worked in their primary work setting, 26.1% reported 2–3 dental assistants, and 5.1% reported 4 or more dental assistants.

Table 11 and Figure 11 show the breakdown of procedures performed in the respondent’s primary work setting. Respondents were asked to select all that apply. Approximately 91.6% of respondents reported using manual impressions in their primary work setting, and 65.5% reported that digital scan impressions were being used in their primary work setting. In addition, 43.7% of respondents reported that CAD/CAM were used to fabricate restorations, and 38.7% reported using silver diamine fluoride.

Additional demographic information from respondents can be found in Tables 1–12 and Figures 1–11.

TABLE 1 – YEARS HOLDING RDAEF LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	1	0.9
1–5 years	60	50.4
6–10 years	27	22.7
11–15 years	13	10.9
16–20 years	8	6.7
More than 20 years	10	8.4
Total	119	100

FIGURE 1 – YEARS HOLDING RDAEF LICENSE

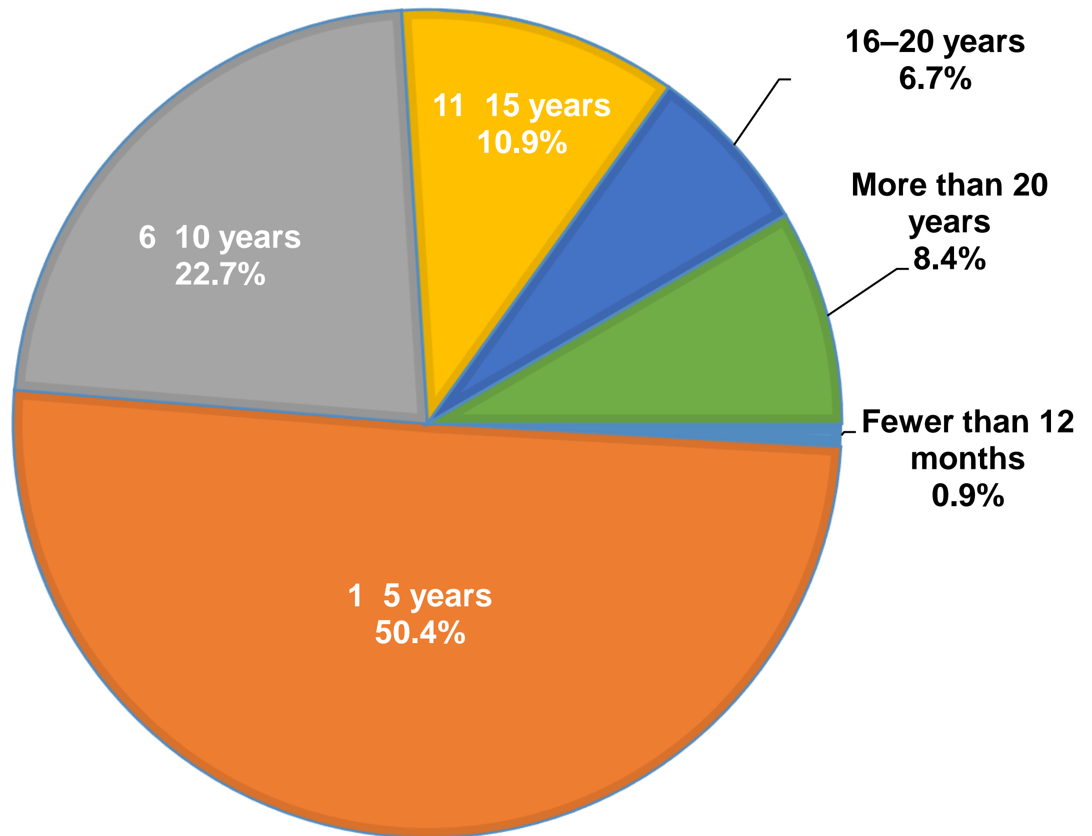

TABLE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	3	2.5
1–5 years	31	26.1
6–10 years	40	33.6
11–15 years	20	16.8
16–20 years	15	12.6
More than 20 years	10	8.4
Total	119	100

FIGURE 2 – YEARS AS AN RDA BEFORE OBTAINING RDAEF LICENSE

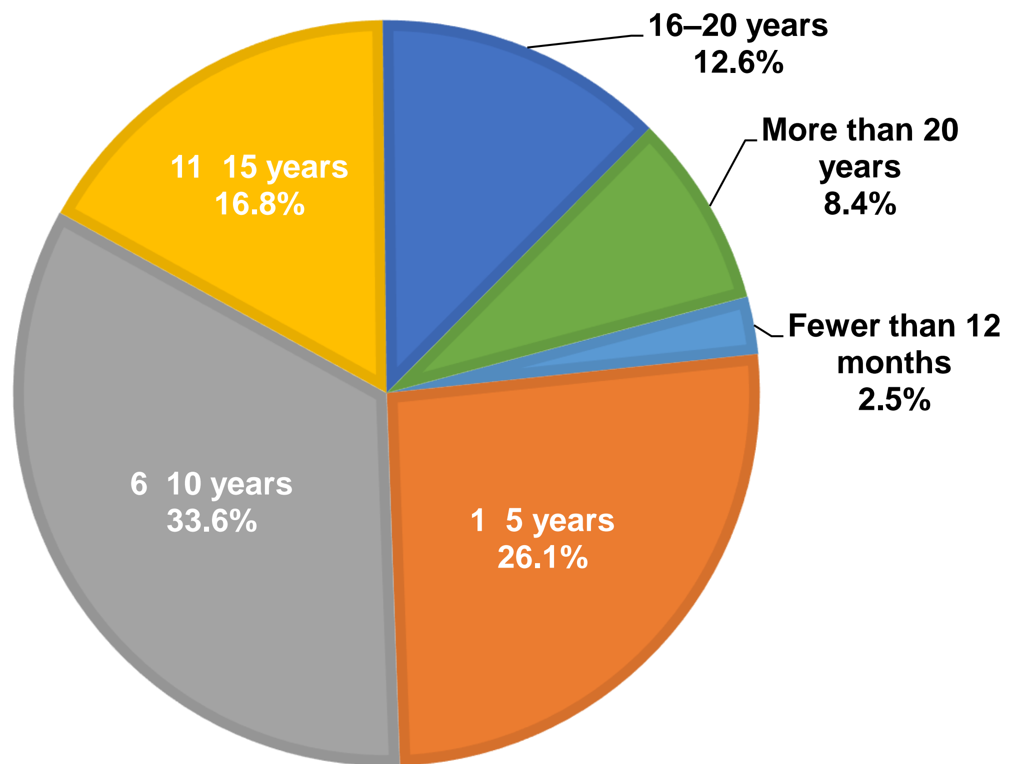

TABLE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE

YEARS	NUMBER (N)	PERCENT
Fewer than 12 months	52	43.7
1–5 years	55	46.2
6–10 years	6	5.0
11–15 years	5	4.2
Missing	1	0.9
Total	119	100

FIGURE 3 – YEARS AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSE

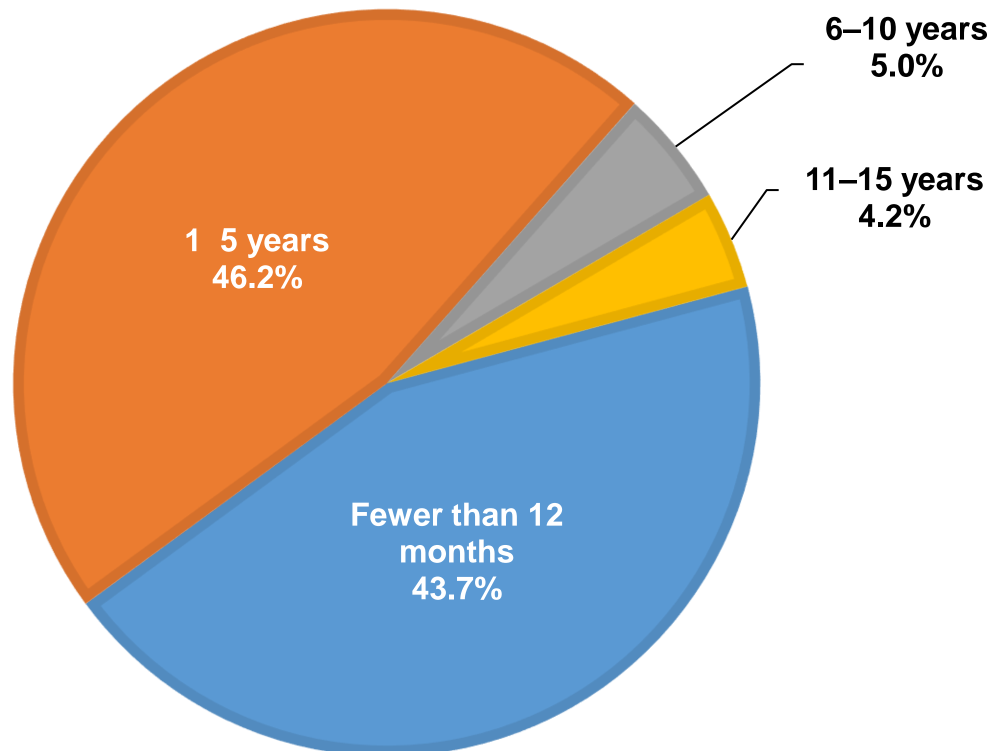

TABLE 4 – OTHER LICENSES AND CERTIFICATIONS HELD*

LICENSE/CERTIFICATE	NUMBER (N)	PERCENT**
Not applicable	15	12.6
Registered Dental Assistant (RDA)	90	75.6
Orthodontic Assistant Permit (OAP)	8	6.7
Dental Sedation Assistant (DSA)	4	3.4
Ultrasonic Scaling Certificate	32	26.9
Other	16	13.4

**NOTE: Respondents were asked to select all that apply.*
***NOTE: Percentages indicate the proportion in the sample of respondents.*

FIGURE 4 – OTHER LICENSES AND CERTIFICATIONS HELD

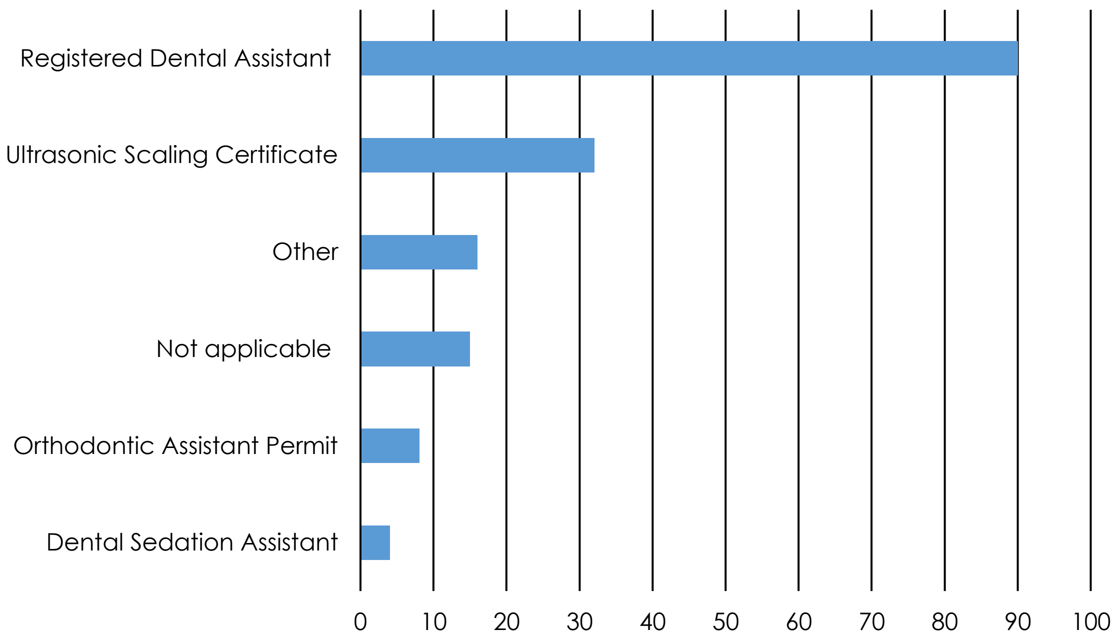

TABLE 5 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (more than 50,000 people)	97	81.5
Rural (fewer than 50,000 people)	22	18.5
Total	119	100

FIGURE 5 – LOCATION OF PRIMARY WORK SETTING

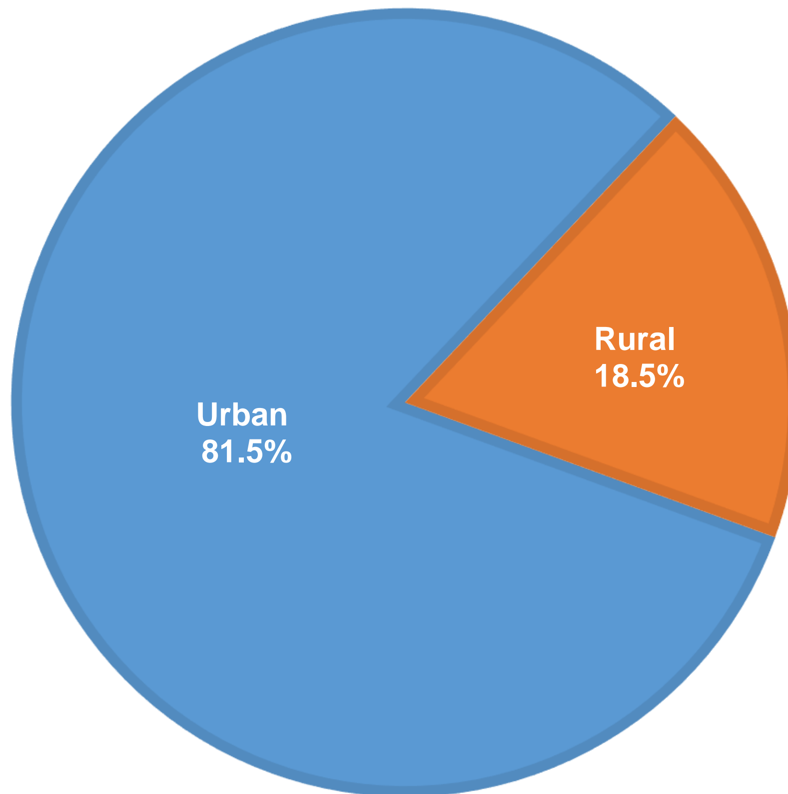

TABLE 6 – PRIMARY WORK SETTING DESCRIPTION

WORK SETTING	NUMBER (N)	PERCENT
Private dental practice with one dentist	39	32.8
Private dental practice with two or more dentists	59	49.6
Public health dentistry	12	10.1
Dental school clinic	1	0.8
Other	8	6.7
Total	119	100

FIGURE 6 – PRIMARY WORK SETTING DESCRIPTION

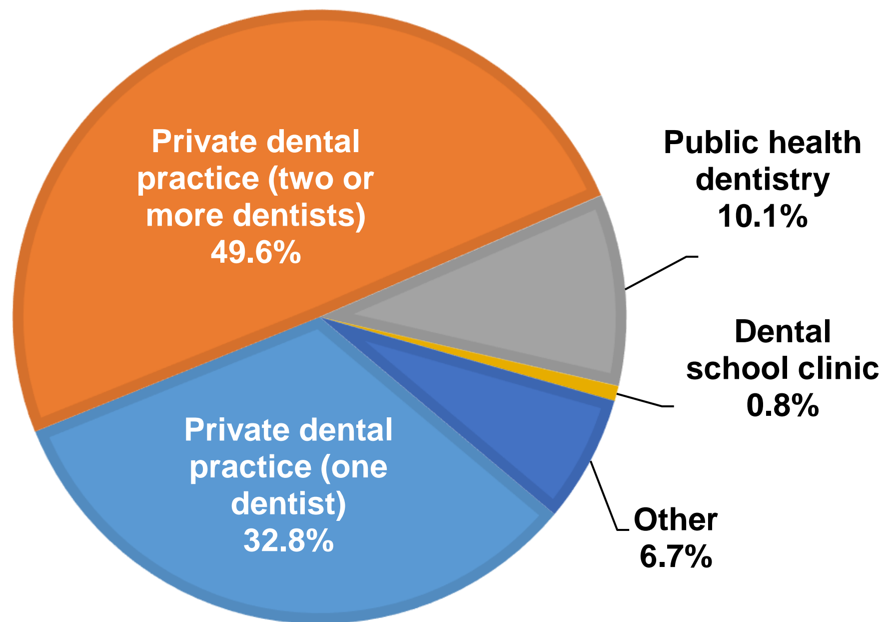

TABLE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING

DENTAL PRACTICE	NUMBER (N)	PERCENT
General dentistry	102	85.7
Pedodontic dentistry	4	3.4
Prosthodontic dentistry	2	1.7
Oral surgery	1	0.8
Other	10	8.4
Total	119	100

FIGURE 7 – DESCRIPTION OF DENTAL PRACTICE IN PRIMARY WORK SETTING

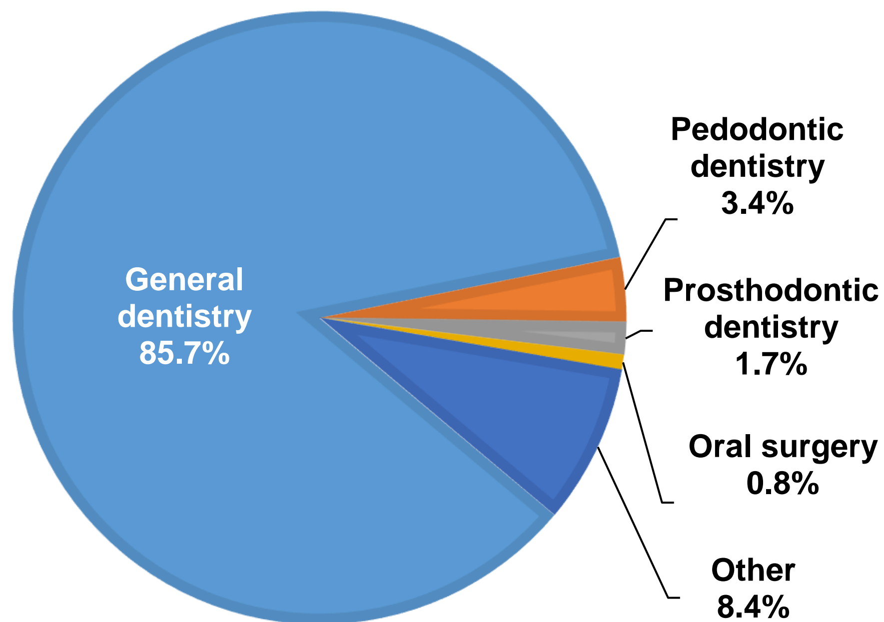

TABLE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING (NOT INCLUDING YOURSELF)

RDAEFs	NUMBER (N)	PERCENT
0	67	56.3
1	28	23.5
2	12	10.1
3	12	10.1
Total	119	100

FIGURE 8 – LICENSED RDAEFs IN PRIMARY WORK SETTING (NOT INCLUDING YOURSELF)

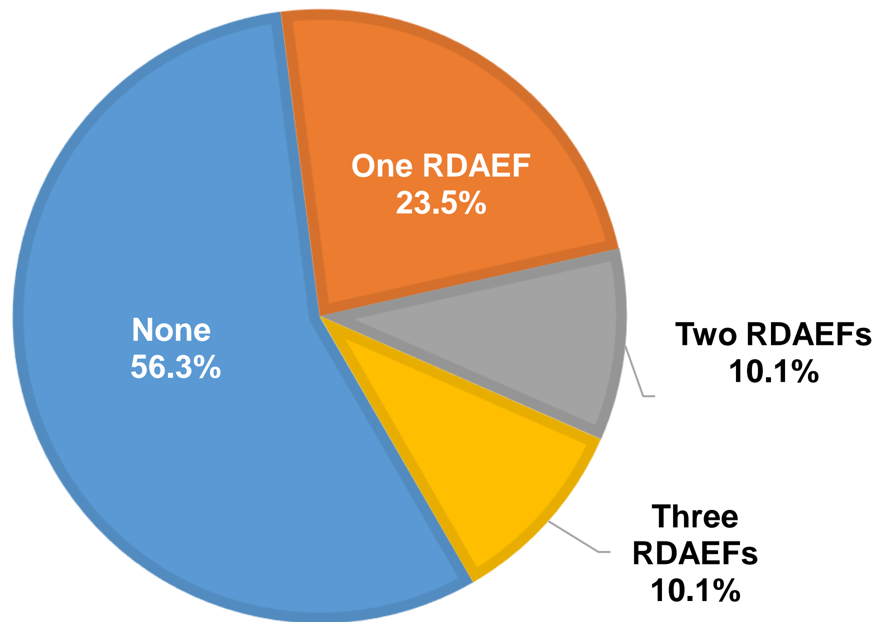

TABLE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING (DO NOT HOLD RDAEF LICENSE)

REGISTERED DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	16	13.4
1	27	22.7
2–3	45	37.8
4–5	7	5.9
More than 5	24	20.2
Total	119	100

FIGURE 9 – LICENSED CALIFORNIA REGISTERED DENTAL ASSISTANTS IN PRIMARY WORK SETTING (DO NOT HOLD RDAEF LICENSE)

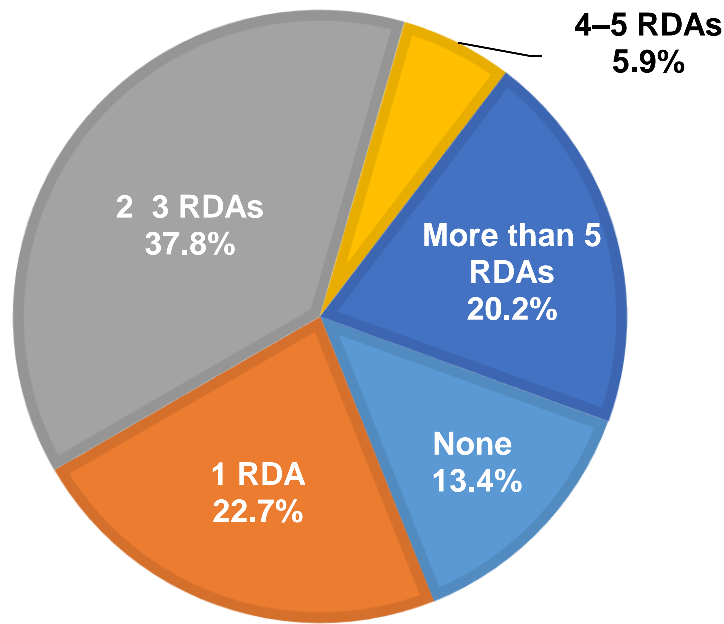

TABLE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

DENTAL ASSISTANTS	NUMBER (N)	PERCENT
0	38	31.9
1	44	37.0
2–3	31	26.1
4–5	4	3.4
More than 5	2	1.7
Total	119	100*

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 10 – UNLICENSED DENTAL ASSISTANTS IN PRIMARY WORK SETTING

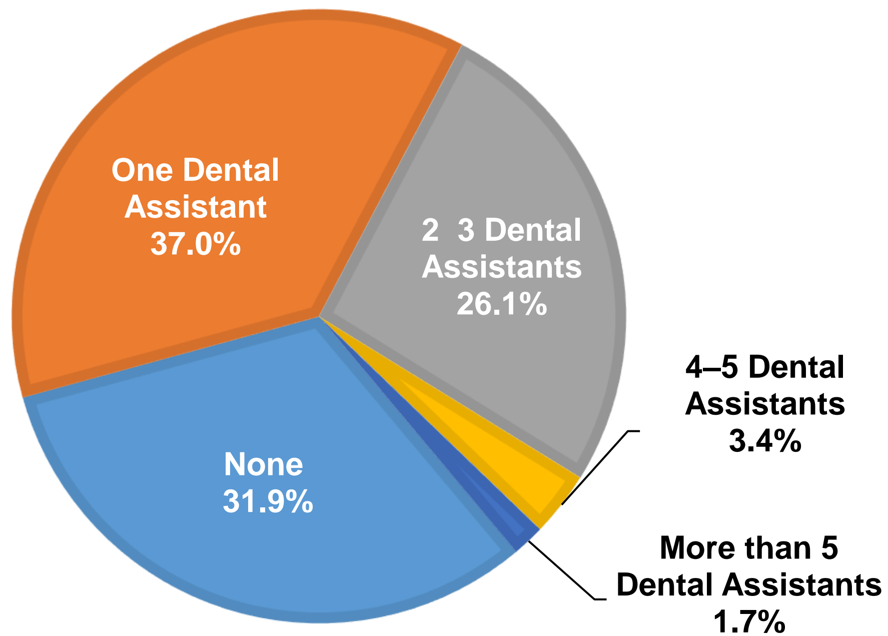

TABLE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING*

PROCEDURES	NUMBER (N)	PERCENT**
Not applicable	4	3.4
Digital scan impressions	78	65.5
Manual impressions	109	91.6
CAD/CAM restorations	52	43.7
Silver diamine fluoride	46	38.7
Other	13	10.9

**NOTE: Respondents were asked to select all that apply.*
***NOTE: Percentages indicate the proportion in the sample of respondents.*

FIGURE 11 – PROCEDURES PERFORMED IN PRIMARY WORK SETTING

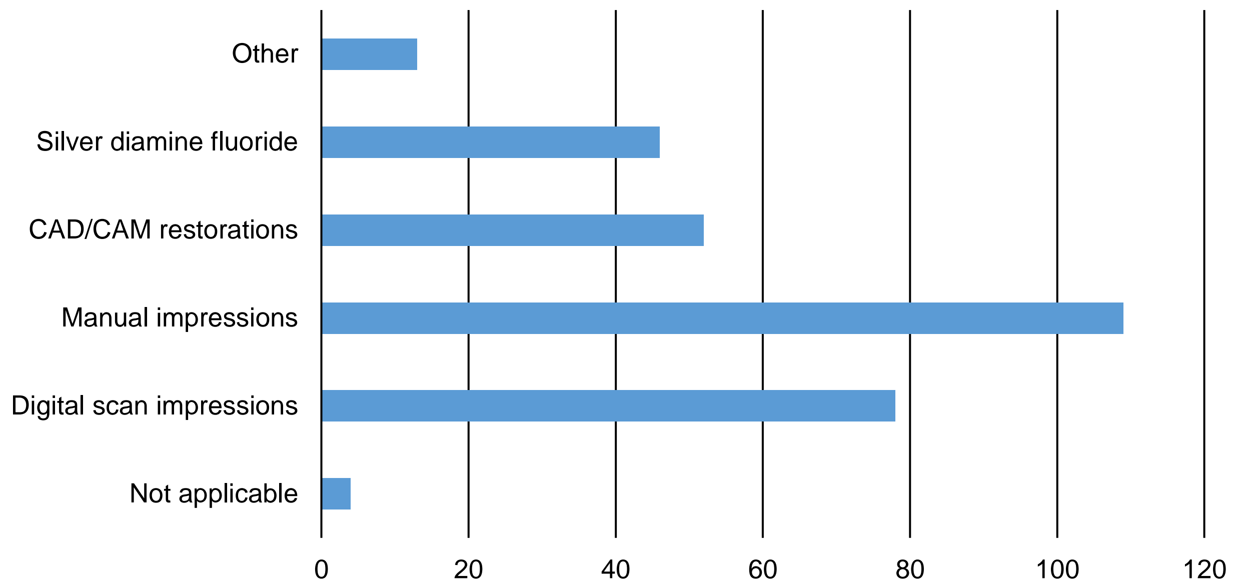

TABLE 12 – RESPONDENTS BY REGION

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	20	16.8
San Francisco Bay Area	20	16.8
San Joaquin Valley	14	11.8
Sacramento Valley	23	19.3
San Diego County and Vicinity	5	4.2
Shasta-Cascade	2	1.7
Riverside and Vicinity	17	14.3
Sierra Mountain Valley	3	2.5
North Coast	5	4.2
South Coast and Central Coast	10	8.4
Total	119	100

**NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.*

CHAPTER 4 | DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

OPES evaluated the task ratings obtained by the questionnaire with a standard index of reliability, coefficient alpha (α), that ranges from 0 to 1. Coefficient alpha is an estimate of the internal consistency of the respondents' ratings of the task statements. A higher coefficient value indicates more consistency between respondent ratings. Coefficients were calculated for all respondent ratings.

Table 13 displays the reliability coefficients for the task statement rating scale in each content area. The overall ratings of task frequency and task importance across content areas were highly reliable (Frequency α = .915; Importance α = .902). Table 14 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance across content areas were highly reliable (α = .980). These results indicate that the responding RDAEFs rated the tasks and knowledge statements consistently throughout the questionnaire.

TABLE 13 – TASK SCALE RELIABILITY

CONTENT AREA	NUMBER OF TASKS	α FREQUENCY	α IMPORTANCE
1. Preliminary Patient Evaluations	7	.847	.875
2. Treatment Procedures	20	.899	.847
3. Health and Safety	4	.768	.770
4. Laws and Regulations	6	.771	.796
Overall	37	.915	.902

TABLE 14 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	NUMBER OF KNOWLEDGE STATEMENTS	α IMPORTANCE
1. Preliminary Patient Evaluations	25	.964
2. Treatment Procedures	44	.968
3. Health and Safety	11	.934
4. Laws and Regulations	10	.943
Overall	90	.980

TASK CRITICALITY INDICES

To calculate the criticality indices of the task statements, OPES test specialists used the following formula. For each respondent, OPES first multiplied the frequency rating (Fi) and the importance rating (Ii) for each task. Next, OPES averaged the multiplication products across respondents as shown below.

Task criticality index = mean [(Fi) X (Ii)]

The task statements were sorted in descending order by their criticality index and by content area. The task statements, their mean frequency and importance ratings, and their associated criticality indices are presented in Appendix B.

OPES convened a workshop consisting of RDAEF SMEs in August 2021. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and competent RDAEF practice. The SMEs reviewed the mean frequency and importance ratings for each task and its criticality index. Based on the SMEs' opinion of the relative importance of tasks to RDAEF practice, the SMEs determined that all tasks were important to practice; therefore, all tasks were retained.

SMEs made a grammatical change to task 9 in the content area "Treatment Procedures." The SMEs changed the word "sulcus" to "tissue" for increased accuracy.

KNOWLEDGE IMPORTANCE RATINGS

To determine the importance of each knowledge statement, the mean importance (K Imp) rating for each knowledge statement was calculated. The knowledge statements and their mean importance ratings, sorted by descending order and content area, are presented in Appendix C.

The SMEs who participated in the August 2021 workshop also reviewed the list of knowledge statements that was developed during the initial OA workshops to verify that all knowledge

statements were critical for safe and competent entry level performance as an RDAEF in California. The SMEs determined that all knowledge statements were important to practice; therefore, all knowledge statements were retained.

The SMEs made a lexical change to knowledge statement 64 in the content area “Treatment Procedures.” The SMEs changed the word “dental” to “oral” for increased accuracy.

TASK-KNOWLEDGE LINKAGE

The SMEs who participated in the August 2021 workshop then confirmed the final linkage of tasks and knowledge statements. The SMEs worked individually to verify that the knowledge statements linked to each task were critical to competent performance of that task.

CHAPTER 5 | EXAMINATION OUTLINE

CONTENT AREAS AND WEIGHTS

The SMEs in the August 2021 workshop were asked to verify the organization of task and knowledge statements within content areas. They were then asked to write descriptions of the content areas and to finalize the weights for the content areas.

To determine the weights for content areas, OPES test specialists presented the SMEs with preliminary weights that had been calculated by dividing the sum of the criticality indices for the tasks in each content area by the overall sum of the criticality indices for all tasks, as shown below.

$$\frac{\textit{Sum of Criticality Indices for Tasks in Content Area}}{\textit{Sum of Criticality Indices for All Tasks}} = \textit{Percent Weight of Content Area}$$

The SMEs evaluated the preliminary content area weights in terms of how well they reflected the relative importance of each content area to entry level RDAEF practice in California. Through discussion, the SMEs determined that adjustments to content area weights were necessary to more accurately reflect the relative importance of each area. The content area weights for content areas “Preliminary Patient Evaluations” and “Treatment Procedures” were increased, while the content area weights for “Health and Safety” and “Laws and Regulations” were decreased. A summary of the preliminary and final content area weights for the RDAEF Written Examination outline is presented in Table 15.

TABLE 15 – CONTENT AREA WEIGHTS

	CONTENT AREA	Preliminary Weights	Final Weights
1.	Preliminary Patient Evaluations	14%	25%
2.	Treatment Procedures	53%	57%
3.	Health and Safety	13%	8%
4.	Laws and Regulations	20%	10%
	Total	100%	100%

The SMEs who participated in the August 2021 workshop then organized the tasks and knowledge statements into subareas within each content area and distributed the content area weight across the subareas. The content areas, subareas, and associated weights were finalized by SMEs to form the basis of the examination outline for the RDAEF Written Examination. The RDAEF Written Examination outline is presented in Table 16.

TABLE 16 – REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS WRITTEN EXAMINATION OUTLINE

1. PRELIMINARY PATIENT EVALUATIONS (25%) – This area assesses the candidate's knowledge of evaluating the patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1A. Patient Information and Evaluations (18%)	T1. Review patient medical and dental history to identify conditions that may affect treatment.	K1. Knowledge of types of common medical conditions or medications that affect treatment. K2. Knowledge of dental conditions that affect treatment. K3. Knowledge of methods for collecting information about patient medical and dental history.
	T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	K4. Knowledge of methods for evaluating conditions of the oral cavity. K5. Knowledge of signs of decay or stain formations that cause oral health problems. K6. Knowledge of signs of periodontal disease. K7. Knowledge of effects of dietary habits on oral health. K8. Knowledge of effects of substance use on oral health. K9. Knowledge of effects of smoking or tobacco use on oral health.
	T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	K10. Knowledge of types of muscles and physiological structures in the head and neck. K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck. K12. Knowledge of signs of abnormal or limited myofunction of the head and neck. K13. Knowledge of signs of temporal mandibular dysfunction.
	T4. Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	K14. Knowledge of types of anatomical structures and landmarks of the oral cavity. K15. Knowledge of signs of healthy hard and soft tissue. K16. Knowledge of signs of intraoral and extra-oral pathology. K17. Knowledge of methods for performing intraoral and extra-oral evaluations. K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.
	T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	K19. Knowledge of classifications of occlusion and malocclusion. K20. Knowledge of effects of occlusion and malocclusion on oral health.

1. PRELIMINARY PATIENT EVALUATIONS (25%), continued – This area assesses the candidate's knowledge of evaluating the patient's medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
1B. Imaging and Documentation (7%)	T6. Determine type of imaging needed to assist in gathering diagnostic information.	K21. Knowledge of types of radiographic imaging. K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.
	T7. Chart oral conditions to document patient characteristics for treatment.	K23. Knowledge of types of dental nomenclature and morphology. K24. Knowledge of universal numbering and Palmer quadrant notation systems. K25. Knowledge of methods for charting oral conditions and problems.

2. TREATMENT PROCEDURES (57%) – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2A. Tissue Retraction and Final Impression Procedures (18%)	T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction. K27. Knowledge of types of medical conditions contraindicated for chemical retraction.
	T9. Select retraction cord or retraction material to displace tissue.	K28. Knowledge of types of chemical compounds associated with impregnated cords. K29. Knowledge of physiological effects of chemical compounds used in cord retraction. K30. Knowledge of types of retraction cords and their sizing. K31. Knowledge of criteria for selecting retraction cords based on clinical indications. K32. Knowledge of types of retraction pastes. K33. Knowledge of criteria for selecting retraction paste based on clinical indications.
	T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	K34. Knowledge of techniques for placing retraction cords or retraction paste. K35. Knowledge of types of instruments used to place retraction cords or retraction paste.
	T11. Observe patient during retraction process to monitor tissue or physiological responses.	K36. Knowledge of signs of irritation or tissue damage during cord retraction. K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.
	T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	K38. Knowledge of the relationship between retraction time and periodontal response. K39. Knowledge of techniques for removing retraction cords. K40. Knowledge of methods for preventing tissue damage during cord removal.
	T13. Take final impression to capture oral conditions for fixed indirect restorations.	K41. Knowledge of techniques for taking final impressions. K42. Knowledge of methods for managing sulcular fluids during final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.
	T14. Take final impression to capture oral conditions for tooth-borne removable prosthesis.	K41. Knowledge of techniques for taking final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2B. Direct and Indirect Restorations (34%)	T15. Isolate oral cavity to preserve integrity of restorative area.	K44. Knowledge of techniques for isolating restorative area. K45. Knowledge of types of devices and materials used to isolate restorative area.
	T16. Select materials for direct restoration to address clinical indications.	K46. Knowledge of types of material used for direct restorations and their indications. K47. Knowledge of methods for selecting material based on location and type of direct restoration. K48. Knowledge of contraindications associated with direct restoration materials.
	T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	K49. Knowledge of techniques for placing and contouring direct restorations. K50. Knowledge of methods for evaluating form and function of direct restorations.
	T18. Adjust direct restorations to customize them to patient's oral conditions.	K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies. K52. Knowledge of techniques for adjusting direct restorations.
	T19. Finish direct restorations to provide a smooth surface or prevent irritation.	K53. Knowledge of techniques for finishing and polishing direct restorations. K54. Knowledge of effects of improper or incomplete finishing and polishing.
	T20. Adjust indirect restorations to ensure proper fit.	K55. Knowledge of techniques for adjusting indirect restorations.
	T21. Cement final indirect restorations to restore tooth function.	K56. Knowledge of types of cement and their indications. K57. Knowledge of techniques for cementing indirect restorations. K58. Knowledge of types of instruments used to cement indirect restorations.
	T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	K59. Knowledge of techniques for removing subgingival cement. K60. Knowledge of instruments used to remove subgingival cement. K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.
	T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	K62. Knowledge of the relationship between occlusion and potential for damage or decay. K63. Knowledge of signs of postoperative complications.
	T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	K64. Knowledge of enamel and oral histology. K65. Knowledge of types of preparation characteristics associated with indirect restorations.
	T25. Select endodontic master and accessory points to fill canal.	K66. Knowledge of materials associated with master and accessory points.

2. TREATMENT PROCEDURES (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.

Section	Task Statements	Knowledge Statements
2C. Treatment Specialty Area (5%)	T26. Verify size of master points to ensure proper cone fit for canal.	K67. Knowledge of techniques for fitting master points and accessory points.
	T27. Cement endodontic master and accessory points to seal canal.	K68. Knowledge of types of endodontic cement material. K69. Knowledge of techniques for cementing endodontic master and accessory points.

3. HEALTH AND SAFETY (8%) – This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.

Task Statements	Knowledge Statements
T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K70. Knowledge of signs of allergic reaction or anaphylactic shock. K71. Knowledge of signs of medical crisis or emergency. K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	K73. Knowledge of guidelines for providing for patient safety during dental health care procedures. K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures. K75. Knowledge of types of adverse events or injury that can result from inadequate safety dental health care precautions.
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	K76. Knowledge of types of infections or communicable diseases and their route of transmission. K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens. K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	K79. Knowledge of types of waste associated with dental treatments and their contamination potential. K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.

4. LAWS AND REGULATIONS (10%) – This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.

Task Statements	Knowledge Statements
T32. Comply with laws regarding consent to respect patients' right to make informed treatment decisions.	K81. Knowledge of laws regarding patient consent.
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K83. Knowledge of signs of child abuse or neglect. K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K85. Knowledge of signs of elder adult abuse, neglect, or exploitation. K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.
T35. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K87. Knowledge of legal standards for patient record-keeping and documentation. K88. Knowledge of laws regarding the storage and disposal of patient charts or records.
T36. Comply with laws about professional conduct to maintain professional integrity.	K89. Knowledge of laws regarding professional conduct.
T37. Comply with laws about scope of practice to maintain professional boundaries.	K90. Knowledge of laws regarding scope of practice.

CHAPTER 6 | CONCLUSION

The OA of the registered dental assistant in extended functions (RDAEF) profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent RDAEF practice. Results of this OA provide information regarding current practice that can be used to make job-related decisions regarding occupational licensure.

By using the California Registered Dental Assistant in Extended Functions Written Examination outline contained in this report, the Board ensures that its examination program reflects current practice and complies with B&P Code § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

APPENDIX A | RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	13
Orange	7
TOTAL	20

NORTH COAST

County of Practice	Frequency
Del Norte	0
Humboldt	0
Mendocino	1
Sonoma	4
TOTAL	5

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	10
San Bernardino	7
TOTAL	17

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	4
Colusa	1
Glenn	0
Lake	3
Sacramento	15
Sutter	0
Yolo	0
Yuba	0
TOTAL	23

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	0
San Diego	5
TOTAL	5

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	5
Contra Costa	4
Marin	1
Napa	2
San Francisco	0
San Mateo	0
Santa Clara	4
Santa Cruz	2
Solano	2
TOTAL	20

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	1
Kern	7
Kings	2
Madera	0
Merced	0
San Joaquin	2
Stanislaus	2
Tulare	0
TOTAL	14

SHASTA-CASCADE

County of Practice	Frequency
Lassen	0
Plumas	0
Shasta	1
Siskiyou	1
Tehama	0
Trinity	0
TOTAL	2

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Alpine	0
Amador	0
Calaveras	1
El Dorado	1
Inyo	0
Mariposa	0
Nevada	0
Placer	1
Sierra	0
Tuolumne	0
TOTAL	3

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	3
San Benito	0
San Luis Obispo	0
Santa Barbara	3
Ventura	4
TOTAL	10

APPENDIX B | CRITICALITY INDICES FOR ALL TASKS BY CONTENT AREA

Content Area 1: Preliminary Patient Evaluations

Task Number	Task Statement	Mean Frequency	Mean Importance	Task Criticality Index
T1.	Review patient medical and dental history to identify conditions that may affect treatment.	4.41	4.48	20.34
T2.	Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	3.59	3.74	16.50
T3.	Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	2.12	2.78	14.85
T7.	Chart oral conditions to document patient characteristics for treatment.	4.05	4.15	11.45
T6.	Determine type of imaging needed to assist in gathering diagnostic information.	3.91	4.12	9.52
T4.	Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	2.83	3.41	9.13
T5.	Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	2.80	3.07	8.05

Content Area 2: Treatment Procedures

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T23.	Identify factors impacting proper placement of restorations to prevent damage or decay.	4.26	4.45	20.43
T25.	Select endodontic master and accessory points to fill canal.	1.28	2.31	20.26
T19.	Finish direct restorations to provide a smooth surface or prevent irritation.	4.59	4.58	19.97
T24.	Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	3.94	4.48	19.95
T18.	Adjust direct restorations to customize them to patient's oral conditions.	4.50	4.58	19.46
T17.	Place and contour direct restorations to restore proper tooth form, function, and margins.	4.51	4.67	19.24
T20.	Adjust indirect restorations to ensure proper fit.	4.37	4.50	19.06
T22.	Remove excess subgingival cement to prevent periodontal infection or inflammation.	4.34	4.75	18.91
T21.	Cement final indirect restorations to restore tooth function.	4.27	4.52	18.32
T13.	Take final impression to capture oral conditions for fixed indirect restorations.	4.33	4.55	18.15
T26.	Verify size of master points to ensure proper cone fit for canal.	1.32	2.47	17.98
T27.	Cement endodontic master and accessory points to seal canal.	1.16	2.41	17.91
T12.	Remove retraction cord according to guidelines to prevent soft tissue damage.	4.35	4.53	17.21

Content Area 2: Treatment Procedures (continued)

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T11.	Observe patient during retraction process to monitor tissue or physiological responses.	4.06	4.17	16.97
T16.	Select materials for direct restoration to address clinical indications.	4.46	4.48	15.23
T14.	Take final impression to capture oral conditions for tooth-borne removable prosthesis.	3.91	4.41	12.29
T10.	Place retraction cord or retraction paste to prepare tissue for impression procedures.	4.35	4.37	12.10
T15.	Isolate oral cavity to preserve integrity of restorative area.	4.53	4.64	11.58
T8.	Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	2.77	3.48	10.93
T9.*	Select retraction cord or retraction material to displace ~~sulcus~~ **tissue**.	4.29	4.31	10.75

**NOTE: SMEs in the August 2021 workshop changed “sulcus” to “tissue” for increased accuracy.*

Content Area 3: Health and Safety

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T29.	Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.	4.16	4.46	21.58
T30.	Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	4.69	4.80	20.73
T28.	Identify signs of medical emergencies to address situations that require immediate intervention.	2.97	4.26	20.48
T31.	Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	4.34	4.60	20.30

Content Area 4: Laws and Regulations

Task Number	Task Statement	Mean Importance	Mean Frequency	Task Criticality Index
T33.	Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.	4.66	4.65	21.66
T37.	Comply with laws about scope of practice to maintain professional boundaries.	4.62	4.66	21.53
T36.	Comply with laws about professional conduct to maintain professional integrity.	4.64	4.66	21.40
T34.	Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	1.93	4.35	21.39
T35.	Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	4.53	4.64	21.05
T32.	Comply with laws regarding consent to respect patient's right to make informed treatment decisions.	4.56	4.57	20.54

*NOTE: SMEs in the August 2021 workshop changed “document patient treatment” to “document, store, and dispose of patient chart or records” for increased accuracy.

APPENDIX C | KNOWLEDGE STATEMENT MEAN IMPORTANCE RATINGS BY CONTENT AREA

Content Area 1: Preliminary Patient Evaluations

Knowledge Number	Knowledge Statement	Importance
K2.	Knowledge of dental conditions that affect treatment.	3.50
K21.	Knowledge of types of radiographic imaging.	3.37
K1.	Knowledge of common types of medical conditions or medications that may affect treatment.	3.36
K25.	Knowledge of methods for charting oral conditions and problems.	3.32
K5.	Knowledge of signs of decay or stain formations that cause oral health problems.	3.30
K22.	Knowledge of criteria for determining type of digital or X-ray images to be performed.	3.30
K3.	Knowledge of methods for collecting information about patient medical and dental history.	3.27
K6.	Knowledge of signs of periodontal disease.	3.26
K15.	Knowledge of signs of healthy hard and soft tissue.	3.22
K4.	Knowledge of methods for evaluating conditions of the oral cavity.	3.22
K9.	Knowledge of effects of smoking or tobacco use on oral health.	3.21
K24.	Knowledge of universal numbering and Palmer quadrant notation systems.	3.19
K16.	Knowledge of signs of intraoral and extra-oral pathology.	3.15
K8.	Knowledge of effects of substance use on oral health.	3.15
K20.	Knowledge of effects of occlusion and malocclusion on oral health.	3.14
K14.	Knowledge of types of anatomical structures and landmarks of the oral cavity.	3.09

Content Area 1: Preliminary Patient Evaluations (continued)

Knowledge Number	Knowledge Statement	Importance
K23.	Knowledge of types of dental nomenclature and morphology.	3.07
K7.	Knowledge of effects of dietary habits on oral health.	3.06
K17.	Knowledge of methods for performing intraoral and extra-oral evaluations.	3.04
K19.	Knowledge of classifications of occlusion and malocclusion.	2.98
K18.	Knowledge of the relationship between facial or oral abnormalities and dental problems.	2.90
K13.	Knowledge of signs of temporal mandibular dysfunction.	2.71
K10.	Knowledge of types of muscles and physiological structures in the head and neck.	2.63
K11.	Knowledge of techniques for performing evaluations of myofunction of the head and neck.	2.53
K12.	Knowledge of signs of abnormal or limited myofunction of the head and neck.	2.51

Content Area 2: Treatment Procedures

Knowledge Number	Knowledge Statement	Importance
K51.	Knowledge of methods for evaluating occlusion, margins, and contact discrepancies.	3.65
K52.	Knowledge of techniques for adjusting direct restorations.	3.61
K49.	Knowledge of techniques for placing and contouring direct restorations.	3.60
K41.	Knowledge of techniques for taking final impressions.	3.58
K50.	Knowledge of methods for evaluating form and function of direct restorations.	3.58
K43.	Knowledge of methods for managing impression materials and conditions that impact quality of impression.	3.56
K44.	Knowledge of techniques for isolating restorative area.	3.56
K57.	Knowledge of techniques for cementing indirect restorations.	3.56
K53.	Knowledge of techniques for finishing and polishing direct restorations.	3.55
K62.	Knowledge of the relationship between occlusion and potential for damage or decay.	3.55
K42.	Knowledge of methods for managing sulcular fluids during final impressions.	3.54
K54.	Knowledge of effects of improper or incomplete finishing and polishing.	3.54
K59.	Knowledge of techniques for removing subgingival cement.	3.54
K46.	Knowledge of types of material used for direct restorations and their indications.	3.53
K61.	Knowledge of signs of infection or inflammation associated with residual subgingival cement.	3.53
K63.	Knowledge of signs of postoperative complications.	3.53
K56.	Knowledge of types of cement and their indications.	3.52

Content Area 2: Treatment Procedures (continued)

Knowledge Number	Knowledge Statement	Importance
K55.	Knowledge of techniques for adjusting indirect restorations.	3.52
K47.	Knowledge of methods for selecting material based on location and type of direct restoration.	3.49
K60.	Knowledge of instruments used to remove subgingival cement.	3.47
K36.	Knowledge of signs of irritation or tissue damage during cord retraction.	3.46
K45.	Knowledge of types of devices and materials used to isolate restorative area.	3.39
K48.	Knowledge of contraindications associated with direct restoration materials.	3.38
K34.	Knowledge of techniques for placing retraction cords or retraction paste.	3.37
K37.	Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.	3.35
K30.	Knowledge of types of retraction cords and their sizing.	3.31
K31.	Knowledge of criteria for selecting retraction cords based on clinical indications.	3.30
K58.	Knowledge of types of instruments used to cement indirect restorations.	3.29
K40.	Knowledge of methods for preventing tissue damage during cord removal.	3.24
K65.	Knowledge of types of preparation characteristics associated with indirect restorations.	3.24
K35.	Knowledge of types of instruments used to place retraction cords or retraction paste.	3.23
K38.	Knowledge of the relationship between retraction time and periodontal response.	3.23
K64.*	Knowledge of enamel and ~~dental~~ **oral** histology.	3.21
K39.	Knowledge of techniques for removing retraction cords.	3.14
K28.	Knowledge of types of chemical compounds associated with impregnated cords.	3.02
K27.	Knowledge of types of medical conditions contraindicated for chemical retraction.	2.98

**NOTE: SMEs in the August 2021 workshop changed “dental” to “oral” for increased accuracy.*

Content Area 2: Treatment Procedures (continued)

Knowledge Number	Knowledge Statement	Importance
K29.	Knowledge of physiological effects of chemical compounds used in cord retraction.	2.94
K26.	Knowledge of types of periodontal conditions contraindicated for chemical retraction.	2.87
K33.	Knowledge of criteria for selecting retraction paste based on clinical indications.	2.73
K32.	Knowledge of types of retraction pastes.	2.71
K68.	Knowledge of types of endodontic cement material.	2.27
K66.	Knowledge of materials associated with master and accessory points.	2.25
K69.	Knowledge of techniques for cementing endodontic master and accessory points.	2.21
K67.	Knowledge of techniques for fitting master points and accessory points.	2.18

Content Area 3: Health and Safety

Knowledge Number	Knowledge Statement	Importance
K78.	Knowledge of guidelines for sterilization and disinfection in dental health care delivery.	3.86
K72.	Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).	3.79
K71.	Knowledge of signs of medical crisis or emergency.	3.74
K77.	Knowledge of methods for preventing the spread of infectious and communicable pathogens.	3.74
K73.	Knowledge of guidelines for providing for patient safety during dental health care procedures.	3.72
K80.	Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.	3.71
K74.	Knowledge of guidelines for providing for health care personnel safety during dental health care procedures.	3.69
K79.	Knowledge of types of waste associated with dental treatments and their contamination potential.	3.68
K70.	Knowledge of signs of allergic reaction or anaphylactic shock.	3.67
K76.	Knowledge of types of infections or communicable diseases and their route of transmission.	3.64
K75.	Knowledge of the types of adverse events or injury that can result from inadequate dental health care safety precautions.	3.58

Content Area 4: Laws and Regulations

Knowledge Number	Knowledge Statement	Importance
K90.	Knowledge of laws regarding scope of practice.	3.77
K89.	Knowledge of laws regarding professional conduct.	3.50
K87.	Knowledge of legal standards for patient record-keeping and documentation.	3.48
K81.	Knowledge of laws regarding patient consent.	3.45
K82.	Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).	3.44
K83.	Knowledge of signs of child abuse or neglect.	3.43
K84.	Knowledge of signs of dependent adult abuse, neglect, or exploitation.	3.39
K85.	Knowledge of signs of elder adult abuse, neglect, or exploitation.	3.39
K86.	Knowledge of methods for reporting child, elder, or dependent adult abuse.	3.37
K88.	Knowledge of laws regarding the storage and disposal of patient charts or records.	3.22

APPENDIX D | EMAIL INVITATION TO PRACTITIONERS

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

Dear Registered Dental Assistants in Extended Functions:

Thank you for opening this online survey. You have been selected to participate in a study of the RDAEF profession by the Dental Board of California (DBC). The DBC is collecting information on the tasks performed by RDAEFs in California, the importance of the tasks, and the knowledge needed to perform the tasks safely and effectively. We will use this information to ensure that RDAEF licensing examinations reflect current practice in California.

We worked with a group of RDAEFs to develop a survey to capture this information. The survey should take less than an hour to complete.

For your convenience, you do not have to complete the survey in a single session. You can resume where you stopped as long as you reopen the survey from the same computer and use the same web browser. Before you exit, complete the page that you are on. The program will save responses only on completed pages. The weblink is available 24 hours a day, 7 days a week.

Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses from other RDAEFs, and only group data will be analyzed.

If you have any questions or need assistance with the survey, please contact [redacted] with the Office of Professional Examination Services at [redacted]

To begin the survey, click "Next". Please submit the completed survey by **Friday, July 23, 2021**.

We welcome your feedback and appreciate your time!

Thank you!

Dental Board of California

Begin Survey

Please do not forward this email as its survey link is unique to you.

Privacy | Unsubscribe

APPENDIX E | QUESTIONNAIRE

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

1. Message from the Dental Board of California

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

Dear RDAEF:

We are conducting an occupational analysis (OA) of the Registered Dental Assistant in Extended Functions (RDAEF) profession in California. An OA is a comprehensive study of a profession. Using this survey, the Board will identify the tasks currently performed by licensed professionals, the importance of those tasks, and the knowledge required to perform them safely and competently.

With your help, the Board is surveying licensed RDAEF professionals who collectively represent the profession based on their geographic location, years of experience, and practice specialty.

The results of the OA will be used to update the description of practice that provides the basis for the California Registered Dental Assistant in Extended Functions Written Examination.

The survey was developed by test specialists from the Office of Professional Examination Services (OPES) with the participation of licensed RDAEF professionals serving as subject matter experts (SMEs).

This survey does not need to be completed in a single session. You can exit the survey at any time and return to it later without losing your responses as long as you access the survey from the same computer using the same browser. The survey will save responses only from fully completed pages; responses to items on partially completed pages will not be saved.

We understand that your time is valuable. The survey is available online 24/7 and you can complete it at any time before the deadline of **July 23, 2021**.

If you need assistance, please contact [redacted] at [redacted]@dca.ca.gov.

We value your contribution and appreciate your time!

Respectfully,

Karen M. Fischer

Karen M. Fischer, MPA
Executive Officer

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

2. Part I - Personal Data

Complete this survey only if you currently hold a license and are working as a Registered Dental Assistant in Extended Functions (RDAEF) in California.

The DBC recognizes that every RDAEF may not perform all of the tasks and use all of the knowledge contained in this survey. However, your participation is essential to the success of this study, and your contributions will help establish standards for safe and effective RDAEF practice in the State of California.

The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Code section 1798 et seq.) and will be used only for the purpose of analyzing the data from this survey to generate a demographic profile of RDAEFs practicing in California.

*** 1. Are you currently licensed and practicing as a Registered Dental Assistant in Extended Functions (RDAEF) in California?**

- ◯ Yes
- ◯ No

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

3. Part I - Personal Data

2. How long have you held an RDAEF license in California?

- Less than 12 months
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- More than 20 years

3. How long did you work as a Registered Dental Assistant (RDA) before obtaining your RDAEF license?

- Less than 12 months
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- More than 20 years

4. How long did you work as a dental assistant before obtaining your RDA license?

- Less than 12 months
- 1–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- More than 20 years

5. How would you describe your primary work setting?

- Private dental practice with one dentist
- Private dental practice with two or more dentists
- Public health dentistry
- Dental school clinic
- Military
- Other (please specify)

6. How would you describe the dental practice of your primary work setting?

- General dentistry
- Orthodontic Dentistry
- Endodontic dentistry
- Periodontic dentistry
- Pedodontic dentistry
- Prosthodontic dentistry
- Oral surgery
- Other (please specify)

7. How many other licensed RDAEFs work in your primary work setting (not including yourself)?

- 0
- 1
- 2
- 3

8. Which of the following licenses or certificates do you possess in addition to your RDAEF license? (Select all that apply.)

- [ ] Not applicable (N/A)
- [ ] Registered Dental Assistant (RDA)
- [ ] Orthodontic Assistant Permit (OAP)
- [ ] Dental Sedation Assistant Permit (DSA)
- [ ] Ultrasonic Scaling Certificate
- [ ] Other (please specify)

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

4. Part I - Personal Data

9. How many licensed RDAs who do not hold an RDAEF license work in your primary work setting?

- 0
- 1
- 2–3
- 4–5
- More than 5

10. How many unlicensed dental assistants work in your primary work setting?

- 0
- 1
- 2–3
- 4–5
- More than 5

11. Which of the following procedures are performed with your assistance in your primary work setting? (Select all that apply.)

- [ ] Not applicable (N/A)
- [ ] Digital scan impressions
- [ ] Manual impressions
- [ ] CAD/CAM restorations
- [ ] Silver Diamine Fluoride
- [ ] Other (please specify)

12. How would you describe the location of your primary work setting?

- ( ) Urban (population greater than 50,000)
- ( ) Rural (population less than 50,000)

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

5. Part I - Personal Data

13. In what county do you perform the majority of your work?

- Alameda
- Alpine
- Amador
- Butte
- Calaveras
- Colusa
- Contra Costa
- Del Norte
- El Dorado
- Fresno
- Glenn
- Humboldt
- Imperial
- Inyo
- Kern
- Kings
- Lake
- Lassen
- Los Angeles
- Madera
- Marin
- Mariposa
- Mendocino
- Merced
- Modoc
- Mono
- Monterey
- Napa
- Nevada
- Orange
- Placer
- Plumas
- Riverside
- Sacramento
- San Benito
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

6. Part II - Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

In this part of the questionnaire you will be presented with 37 task statements. Please rate each task as it relates to your current practice as an RDAEF using the **Frequency** and **Importance** scales displayed below. Your frequency and importance ratings should be separate and independent ratings. Therefore, the ratings you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is NOT a part of your current practice, rate the task as "0" (zero) frequency and "0" (zero) importance.

The boxes for rating the frequency and importance of each task have drop-down lists. Click on the "down" arrow for each list to see the rating, and then select the value based on your current practice.

FREQUENCY RATING SCALE

HOW OFTEN are these tasks performed in your current practice? Use the following scale to make your ratings.

0 - DOES NOT APPLY. I do not perform this task in my current practice.

1 - RARELY. This task is one of the tasks I perform least often in my current practice relative to other tasks I perform.

2 - SELDOM. I perform this task less often than most other tasks I perform in my current practice.

3 - REGULARLY. I perform this task as often as other tasks I perform in my current practice.

4 - OFTEN. I perform this task more often than most other tasks I perform in my current practice.

5 - VERY OFTEN. This task is one of the tasks I perform most often in my current practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT are these tasks for effective performance of your current practice? Use the following scale to make your ratings.

0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE. This task is not important to my current practice; I do not perform this task in my current practice.

1 - OF MINOR IMPORTANCE. This task is of minor importance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.

2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; however, it does not have the priority of most other tasks I perform in my current practice.

3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current practice.

4 - VERY IMPORTANT. This task is very important for effective performance relative to other tasks; it has a higher degree of priority than most other tasks I perform in my current practice.

5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform relative to other tasks; it has the highest degree of priority of all the tasks I perform in my current practice.

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

7. Part II - Task Ratings

14. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 1. Patient Evaluations

	Frequency	Importance
T1. Review patient medical and dental history to determine implications for treatment.		
T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.		
T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.		
T4. Perform intraoral and extraoral evaluation of soft tissue to identify conditions related to patient's oral health.		
T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.		
T6. Determine type of imaging needed to assist in gathering diagnostic information.		
T7. Chart oral conditions to document patient characteristics for treatment.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

8. Part II - Task Ratings

15. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

<u>Content Area 2. Treatment Procedures</u>

	Frequency	Importance
T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.		
T9. Select retraction cord or retraction material to displace sulcus.		
T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.		
T11. Observe patient during retraction process to monitor tissue or physiological responses.		
T12. Remove retraction cord according to guidelines to prevent soft tissue damage.		
T13. Take final impression to capture oral conditions for fixed indirect restorations.		
T14. Take final impression to capture oral conditions for tooth-borne removable prostheses.		
T15. Isolate oral cavity to preserve integrity of restorative area.		
T16. Select materials for direct restoration to address clinical indications.		
T17. Place and contour direct restorations to restore proper tooth form, function, and margins.		
T18. Adjust direct restorations to customize them to patient's oral conditions.		
T19. Finish direct restorations to provide a smooth surface or prevent irritation.		
T20. Adjust indirect restorations to ensure proper fit.		
T21. Cement final indirect restorations to restore tooth function.		
T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.		
T23. Identify factors impacting proper placement of restorations to prevent damage or decay.		
T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.		
T25. Select endodontic master and accessory points to fill canal.		
T26. Verify size of master points to ensure proper cone fit for canal.		
T27. Cement endodontic master and accessory points to seal canal.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

9. Part II - Task Ratings

16. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 3. Health and Safety

	Frequency	Importance
T28. Identify signs of medical emergencies to address situations that require immediate intervention.		
T29. Implement safety precautions to minimize risk to patient and dental health care personnel during treatment.		
T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.		
T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

10. Part II - Task Ratings

17. Please rate the following tasks based on how often you perform the task (Frequency) and how important the task is for effective performance of your current practice (Importance).

Content Area 4. Law and Regulations

	Frequency	Importance
T32. Comply with laws regarding consent to respect patient's right to make informed treatment decisions.		
T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery.		
T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.		
T35. Comply with laws about record-keeping to document patient treatment.		
T36. Comply with laws about ethical conduct to maintain ethical integrity.		
T37. Comply with laws about scope of practice to maintain professional boundaries.		

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

11. Part III - Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

In this part of the questionnaire, you will be presented with 90 knowledge statements. Please rate each knowledge statement based on how important you believe that knowledge is to the effective performance of tasks in your current practice as an RDAEF.

If the knowledge does **NOT** apply to your current practice, rate the statement as "0" (zero) importance and go on to the next statement.

Please use the following importance scale to rate the knowledge statements:

IMPORTANCE SCALE

HOW IMPORTANT is this knowledge for effective performance of tasks in your current practice?

0 - NOT IMPORTANT; NOT REQUIRED. This knowledge does not apply to my current practice; it is not required for effective performance.

1 - OF MINOR IMPORTANCE. This knowledge is of minor importance for effective performance; it is useful for some relatively minor parts of my current practice.

2 - FAIRLY IMPORTANT. This knowledge is fairly important for effective performance in some relatively major parts of my current practice.

3 - MODERATELY IMPORTANT. This knowledge is moderately important for effective performance in some relatively major parts of my current practice.

4 - VERY IMPORTANT. This knowledge is very important for effective performance of tasks in my current practice.

5 - CRITICALLY IMPORTANT. This knowledge is critically important for effective performance of tasks in my current practice.

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

12. Part III - Knowledge Ratings

18. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 1. Patient Evaluations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K1. Knowledge of common medical conditions or medications that may affect treatment.	◯	◯	◯	◯	◯	◯
K2. Knowledge of dental conditions that may affect treatment.	◯	◯	◯	◯	◯	◯
K3. Knowledge of methods for collecting information about patient medical and dental history.	◯	◯	◯	◯	◯	◯
K4. Knowledge of methods for evaluating conditions of the oral cavity.	◯	◯	◯	◯	◯	◯
K5. Knowledge of signs of decay or stain formations that cause oral health problems.	◯	◯	◯	◯	◯	◯
K6. Knowledge of signs of periodontal disease.	◯	◯	◯	◯	◯	◯
K7. Knowledge of effects of dietary habits on oral health.	◯	◯	◯	◯	◯	◯
K8. Knowledge of effects of substance use on oral health.	◯	◯	◯	◯	◯	◯
K9. Knowledge of effects of smoking or tobacco use on oral health.	◯	◯	◯	◯	◯	◯
K10. Knowledge of types of muscles and physiological structures in the head and neck.	◯	◯	◯	◯	◯	◯
K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck.	◯	◯	◯	◯	◯	◯

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K12. Knowledge of signs of abnormal or limited myofunction of the head and neck.	◯	◯	◯	◯	◯	◯
K13. Knowledge of signs of temporal mandibular dysfunction.	◯	◯	◯	◯	◯	◯
K14. Knowledge of types of anatomical structures and landmarks of the oral cavity.	◯	◯	◯	◯	◯	◯
K15. Knowledge of signs of healthy hard and soft tissue.	◯	◯	◯	◯	◯	◯
K16. Knowledge of signs of intraoral and extraoral pathology.	◯	◯	◯	◯	◯	◯
K17. Knowledge of methods for performing intraoral and extraoral evaluations.	◯	◯	◯	◯	◯	◯
K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.	◯	◯	◯	◯	◯	◯
K19. Knowledge of classifications of occlusion and malocclusion.	◯	◯	◯	◯	◯	◯
K20. Knowledge of effects of occlusion and malocclusion on oral health.	◯	◯	◯	◯	◯	◯
K21. Knowledge of types of radiographic imaging.	◯	◯	◯	◯	◯	◯
K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.	◯	◯	◯	◯	◯	◯
K23. Knowledge of types of dental nomenclature and morphology.	◯	◯	◯	◯	◯	◯
K24. Knowledge of universal numbering and Palmer quadrant notation systems.	◯	◯	◯	◯	◯	◯
K25. Knowledge of methods for charting oral conditions and problems.	◯	◯	◯	◯	◯	◯

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

13. Part III - Knowledge Ratings

19. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 2. Treatment Procedures

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction.						
K27. Knowledge of types of medical conditions contraindicated for chemical retraction.						
K28. Knowledge of types of chemical compounds associated with impregnated cords.						
K29. Knowledge of physiological effects of chemical compounds used in cord retraction.						
K30. Knowledge of types of retraction cords and their sizing.						
K31. Knowledge of criteria for selecting retraction cords based on clinical indications.						
K32. Knowledge of types of retraction pastes.						
K33. Knowledge of criteria for selecting retraction paste based on clinical indications.						
K34. Knowledge of techniques for placing retraction cords or retraction paste.						
K35. Knowledge of types of instruments used to place retraction cords or retraction paste.						
K36. Knowledge of signs of irritation or tissue damage during cord retraction.						

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.	◯	◯	◯	◯	◯	◯
K38. Knowledge of the relationship between retraction time and periodontal response.	◯	◯	◯	◯	◯	◯
K39. Knowledge of techniques for removing retraction cords.	◯	◯	◯	◯	◯	◯
K40. Knowledge of methods for preventing tissue damage during cord removal.	◯	◯	◯	◯	◯	◯
K41. Knowledge of techniques for taking final impressions.	◯	◯	◯	◯	◯	◯
K42. Knowledge of methods for managing sulcular fluids during final impressions.	◯	◯	◯	◯	◯	◯
K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.	◯	◯	◯	◯	◯	◯
K44. Knowledge of techniques for isolating restorative area.	◯	◯	◯	◯	◯	◯
K45. Knowledge of types of devices and materials used to isolate restorative area.	◯	◯	◯	◯	◯	◯
K46. Knowledge of types of material used for direct restorations and their indications.	◯	◯	◯	◯	◯	◯
K47. Knowledge of methods for selecting material based on location and type of direct restoration.	◯	◯	◯	◯	◯	◯
K48. Knowledge of contraindications associated with direct restoration materials.	◯	◯	◯	◯	◯	◯
K49. Knowledge of techniques for placing and contouring direct restorations.	◯	◯	◯	◯	◯	◯
K50. Knowledge of methods for evaluating form and function of direct restorations.	◯	◯	◯	◯	◯	◯
K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies.	◯	◯	◯	◯	◯	◯
K52. Knowledge of techniques for adjusting direct restorations.	◯	◯	◯	◯	◯	◯
K53. Knowledge of techniques for finishing and polishing direct restorations.	◯	◯	◯	◯	◯	◯

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K54. Knowledge of effects of improper or incomplete finishing and polishing.	◯	◯	◯	◯	◯	◯
K55. Knowledge of techniques for adjusting indirect restorations.	◯	◯	◯	◯	◯	◯
T56. Knowledge of types of cement and their indications.	◯	◯	◯	◯	◯	◯
T57. Knowledge of techniques for cementing indirect restorations.	◯	◯	◯	◯	◯	◯
T58. Knowledge of types of instruments used to cement indirect restorations.	◯	◯	◯	◯	◯	◯
K59. Knowledge of techniques for removing subgingival cement.	◯	◯	◯	◯	◯	◯
K60. Knowledge of instruments used to remove subgingival cement.	◯	◯	◯	◯	◯	◯
K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.	◯	◯	◯	◯	◯	◯
K62. Knowledge of the relationship between occlusion, margin, and potential for damage or decay.	◯	◯	◯	◯	◯	◯
K63. Knowledge of signs of postoperative complications.	◯	◯	◯	◯	◯	◯
K64. Knowledge of enamel and dental histology.	◯	◯	◯	◯	◯	◯
K65. Knowledge of types of preparation characteristics associated with indirect restorations.	◯	◯	◯	◯	◯	◯
K66. Knowledge of materials associated with master and accessory points.	◯	◯	◯	◯	◯	◯
K67. Knowledge of techniques for fitting master points and accessory points.	◯	◯	◯	◯	◯	◯
K68. Knowledge of types of endodontic cement material.	◯	◯	◯	◯	◯	◯
K69. Knowledge of techniques for cementing endodontic master and accessory points.	◯	◯	◯	◯	◯	◯

20. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 3. Health and Safety

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K70. Knowledge of signs of allergic reaction or anaphylactic shock.	◯	◯	◯	◯	◯	◯
K71. Knowledge of signs of medical crisis or emergency.	◯	◯	◯	◯	◯	◯
K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).	◯	◯	◯	◯	◯	◯
K73. Knowledge of guidelines for providing for patient safety during dental health care procedures.	◯	◯	◯	◯	◯	◯
K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures.	◯	◯	◯	◯	◯	◯
K75. Knowledge of the types of adverse events or injury that can result from inadequate dental health care precautions.	◯	◯	◯	◯	◯	◯
K76. Knowledge of the types of infections or communicable diseases and their route of transmission.	◯	◯	◯	◯	◯	◯
K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens.	◯	◯	◯	◯	◯	◯
K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.	◯	◯	◯	◯	◯	◯
K79. Knowledge of types of waste associated with dental treatments and their contamination potential.	◯	◯	◯	◯	◯	◯
K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.	◯	◯	◯	◯	◯	◯

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

15. Part III - Knowledge Ratings

21. How important is this knowledge for effective performance of tasks in your current practice?

Content Area 4. Law and Regulations

	Not important; not required	Of minor importance	Fairly important	Moderately important	Very important	Critically important
K81. Knowledge of laws regarding patient consent.						
K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).						
K83. Knowledge of signs of child abuse or neglect.						
K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation.						
K85. Knowledge of signs of elder adult abuse, neglect, or exploitation.						
K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.						
K87. Knowledge of legal standards for patient record-keeping and documentation.						
K88. Knowledge of laws regarding the storage and disposal of patient charts or records.						
K89. Knowledge of laws regarding ethical conduct.						
K90. Knowledge of laws regarding RDAEF scope of practice.						

REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS SURVEY 2021

16. Thank you!

Thank you for taking the time to complete this survey. The Dental Board values your contribution to this study.

1. *Preliminary Patient Evaluations (25%) – This area assesses the candidate's knowledge of evaluating the patients' medical and dental history and identifying conditions that may impact treatment. This area also assesses the candidate's knowledge of preparing diagnostic records and charting conditions or oral abnormalities related to treatment. These functions are performed under the supervision of a licensed dentist.*

Section	*Task Statement*	*Knowledge Statement*
1A. Patient Information and Evaluations (18%)	T1. Review patient medical and dental history to identify conditions that may affect treatment.	K1. Knowledge of types of common medical conditions or medications that affect treatment. K2. Knowledge of dental conditions that affect treatment. K3. Knowledge of methods for collecting information about patient medical and dental history.
	T2. Evaluate patient's oral health under dentist's direction to assist with overall patient assessment.	K4. Knowledge of methods for evaluating conditions of the oral cavity. K5. Knowledge of signs of decay or stain formations that cause oral health problems. K6. Knowledge of signs of periodontal disease. K7. Knowledge of effects of dietary habits on oral health. K8. Knowledge of effects of substance use on oral health. K9. Knowledge of effects of smoking or tobacco use on oral health.
	T3. Conduct a preliminary myofunctional evaluation of the head and neck to identify function of oral and facial muscles.	K10. Knowledge of types of muscles and physiological structures in the head and neck. K11. Knowledge of techniques for performing evaluations of myofunction of the head and neck. K12. Knowledge of signs of abnormal or limited myofunction of the head and neck. K13. Knowledge of signs of temporal mandibular dysfunction.
	T4. Perform intraoral and extra-oral evaluation of soft tissue to identify conditions related to patient's oral health.	K14. Knowledge of types of anatomical structures and landmarks of the oral cavity. K15. Knowledge of signs of healthy hard and soft tissue. K16. Knowledge of signs of intraoral and extra-oral pathology. K17. Knowledge of methods for performing intraoral and extra-oral evaluations. K18. Knowledge of the relationship between facial or oral abnormalities and dental problems.
	T5. Determine classification of occlusions and malocclusions to identify the relationships of the maxillary and mandibular teeth.	K19. Knowledge of classifications of occlusion and malocclusion. K20. Knowledge of effects of occlusion and malocclusion on oral health.
1B. Imaging and Documentation (7%)	T6. Determine type of imaging needed to assist in gathering diagnostic information.	K21. Knowledge of types of radiographic imaging. K22. Knowledge of criteria for determining type of digital or X-ray images to be performed.
	T7. Chart oral conditions to document patient characteristics for treatment.	K23. Knowledge of types of dental nomenclature and morphology. K24. Knowledge of universal numbering and Palmer quadrant notation systems. K25. Knowledge of methods for charting oral conditions and problems.

2. *Treatment Procedures (57%) – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.*

Section	*Task Statement*	*Knowledge Statement*
2A. Tissue Retraction and Final Impression Procedures (18%)	T8. Evaluate patient periodontal or medical conditions to identify contraindications for chemical retraction.	K26. Knowledge of types of periodontal conditions contraindicated for chemical retraction. K27. Knowledge of types of medical conditions contraindicated for chemical retraction.
	T9. Select retraction cord or retraction material to displace tissue.	K28. Knowledge of types of chemical compounds associated with impregnated cords. K29. Knowledge of physiological effects of chemical compounds used in cord retraction. K30. Knowledge of types of retraction cords and their sizing. K31. Knowledge of criteria for selecting retraction cords based on clinical indications. K32. Knowledge of types of retraction pastes. K33. Knowledge of criteria for selecting retraction paste based on clinical indications.
	T10. Place retraction cord or retraction paste to prepare tissue for impression procedures.	K34. Knowledge of techniques for placing retraction cords or retraction paste. K35. Knowledge of types of instruments used to place retraction cords or retraction paste.
	T11. Observe patient during retraction process to monitor tissue or physiological responses.	K36. Knowledge of signs of irritation or tissue damage during cord retraction. K37. Knowledge of techniques for managing irritation or tissue damage in response to cord retraction.
	T12. Remove retraction cord according to guidelines to prevent soft tissue damage.	K38. Knowledge of the relationship between retraction time and periodontal response. K39. Knowledge of techniques for removing retraction cords. K40. Knowledge of methods for preventing tissue damage during cord removal.
	T13. Take final impression to capture oral conditions for fixed indirect restorations.	K41. Knowledge of techniques for taking final impressions. K42. Knowledge of methods for managing sulcular fluids during final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.
	T14. Take final impression to capture oral conditions for tooth-borne removable prosthesis.	K41. Knowledge of techniques for taking final impressions. K43. Knowledge of methods for managing impression materials and conditions that impact quality of impression.

2. *Treatment Procedures (57%), continued – This area assesses the candidate's knowledge of preparing for and providing treatment services. These services include preparing for and taking final impressions and activities related to placing and finishing direct and indirect restorations that restore tooth form and function. These functions are performed under the supervision of a licensed dentist.*

Section	*Task Statement*	*Knowledge Statement*
2B. Direct and Indirect Restorations (34%)	T15. Isolate oral cavity to preserve integrity of restorative area.	K44. Knowledge of techniques for isolating restorative area. K45. Knowledge of types of devices and materials used to isolate restorative area.
	T16. Select materials for direct restoration to address clinical indications.	K46. Knowledge of types of material used for direct restorations and their indications. K47. Knowledge of methods for selecting material based on location and type of direct restoration. K48. Knowledge of contraindications associated with direct restoration materials.
	T17. Place and contour direct restorations to restore proper tooth form, function, and margins.	K49. Knowledge of techniques for placing and contouring direct restorations. K50. Knowledge of methods for evaluating form and function of direct restorations.
	T18. Adjust direct restorations to customize them to patient's oral conditions.	K51. Knowledge of methods for evaluating occlusion, margins, and contact discrepancies. K52. Knowledge of techniques for adjusting direct restorations.
	T19. Finish direct restorations to provide a smooth surface or prevent irritation.	K53. Knowledge of techniques for finishing and polishing direct restorations. K54. Knowledge of effects of improper or incomplete finishing and polishing.
	T20. Adjust indirect restorations to ensure proper fit.	K55. Knowledge of techniques for adjusting indirect restorations.
	T21. Cement final indirect restorations to restore tooth function.	K56. Knowledge of types of cement and their indications. K57. Knowledge of techniques for cementing indirect restorations. K58. Knowledge of types of instruments used to cement indirect restorations.
	T22. Remove excess subgingival cement to prevent periodontal infection or inflammation.	K59. Knowledge of techniques for removing subgingival cement. K60. Knowledge of instruments used to remove subgingival cement. K61. Knowledge of signs of infection or inflammation associated with residual subgingival cement.
	T23. Identify factors impacting proper placement of restorations to prevent damage or decay.	K62. Knowledge of the relationship between occlusion and potential for damage or decay. K63. Knowledge of signs of postoperative complications.
	T24. Recognize conditions requiring additional attention to involve dentist in evaluation of preparation.	K64. Knowledge of enamel and oral histology. K65. Knowledge of types of preparation characteristics associated with indirect restorations.
2C. Treatment Specialty Area (5%)	T25. Select endodontic master and accessory points to fill canal.	K66. Knowledge of materials associated with master and accessory points.
	T26. Verify size of master points to ensure proper cone fit for canal	K67. Knowledge of techniques for fitting master points and accessory points.
	T27. Cement endodontic master and accessory points to seal canal.	K68. Knowledge of types of endodontic cement material. K69. Knowledge of techniques for cementing endodontic master and accessory points.

3. *Infection Control and Health and Safety (8%) – This area assesses the candidate's knowledge of maintaining a safe and sanitary work environment and adhering to infection control protocols and standard precautions.*

Section	*Task Statement*	*Knowledge Statement*
	T28. Identify signs of medical emergencies to address situations that require immediate intervention.	K70. Knowledge of signs of allergic reaction or anaphylactic shock. K71. Knowledge of signs of medical crisis or emergency. K72. Knowledge of methods for administering emergency first aid and Basic Life Support (BLS).
	T29. Implement safety precautions to minimize risk to patient and dental healthcare personnel during treatment.	K73. Knowledge of guidelines for providing for patient safety during dental health care procedures. K74. Knowledge of guidelines for providing for health care personnel safety during dental health care procedures. K75. Knowledge of types of adverse events or injury that can result from inadequate safety dental health care precautions.
	T30. Implement infection prevention and control procedures to mitigate disease transmission during dental treatment.	K76. Knowledge of types of infections or communicable diseases and their route of transmission. K77. Knowledge of methods for preventing the spread of infectious and communicable pathogens. K78. Knowledge of guidelines for sterilization and disinfection in dental health care delivery.
	T31. Implement protocols regarding hazardous or medical waste to manage materials used or generated during dental treatment.	K79. Knowledge of types of waste associated with dental treatments and their contamination potential. K80. Knowledge of guidelines for handling and disposing of hazardous or medical waste materials.

4. *Laws and Regulations (10%) – This area assesses the candidate's knowledge of laws and regulations regarding licensing requirements, scope of practice, professional conduct, and professional responsibilities.*

Section	*Task Statement*	*Knowledge Statement*
	T32. Comply with laws regarding consent to respect patients' right to make informed treatment decisions.	K81. Knowledge of laws regarding patient consent.
	T33. Comply with Health Insurance Portability and Accountability Act (HIPAA) laws to respect patient right to privacy in dental health care delivery	K82. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T34. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable populations.	K83. Knowledge of signs of child abuse or neglect. K84. Knowledge of signs of dependent adult abuse, neglect, or exploitation. K85. Knowledge of signs of elder adult abuse, neglect, or exploitation. K86. Knowledge of methods for reporting child, elder, or dependent adult abuse.
	T35. Comply with laws about record-keeping to document, store, and dispose of patient charts or records.	K87. Knowledge of legal standards for patient record-keeping and documentation. K88. Knowledge of laws regarding the storage and disposal of patient charts or records.
	T36. Comply with laws about professional conduct to maintain professional integrity.	K89. Knowledge of laws regarding professional conduct.
	T37. Comply with laws about scope of practice to maintain professional boundaries.	K90. Knowledge of laws regarding scope of practice.

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	November 2, 2021
TO	Members of the Dental Board of California (Board)
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	**Agenda Item 21:** Discussion and Possible Action on Draft Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as Required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code Section 1601.4, subdivision (a)(2)

Background

In 2018, SB 501 (Glazer, Chapter 929, Statutes of 2018) amended Business and Professions Code (BPC) section 1601.4, subdivision (a), to require the Board to review available data on all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry and relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care. SB 501, among other things, also required the Board, by January 1, 2022, to report to the California State Legislature any findings relevant to inform dental anesthesia and sedation standards.

To satisfy the report requirement in SB 501, Board staff worked with the Board's Anesthesia Committee (Committee) Chair, Alan Felsenfeld, MA, DDS, to develop the *Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards*. The draft report was presented to the Committee for review and comment during the Anesthesia Committee Meeting held on September 30, 2021. Based on the Committee's discussion and direction, staff revised the report to be brought before the Board at its November 2021 meeting for adoption. Once adopted, the report will be submitted to Legislature before the January 1, 2022 deadline.

The first half of the report summarizes the Board's statistical findings regarding adverse events reported to the Board after the administration of anesthesia and/or sedation before or during dental procedures. The adverse events reported to the Board were submitted by dental licensees, physicians and surgeons, anesthesiologists, and other various reporting

sources from the period of January 1, 2017, to June 30, 2021. The Board will continue to collect information on adverse effects of all sedation levels in dentistry, and the next Board report regarding pediatric deaths related to general anesthesia and deep sedation in dentistry will be submitted to the California State Legislature at the time of the Board's Sunset Review pursuant to the requirements of BPC section 1601.4, subdivision (b).

The second half of the report discusses relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care and how they compare to California laws and regulations effective January 1, 2022.

This report concludes that with the implementation of new minimal, moderate, and deep sedation and general anesthesia provisions enacted by SB 501 that become effective on January 1, 2022, California will have some of the highest patient monitoring standards for the administration of minimal, moderate, and deep sedation and general anesthesia to dental patients of all age groups and especially for children. California statutes meet and generally exceed the guidelines of all the organizations that are involved in the administration of anesthesia to children in dental offices.

Dr. Felsenfeld, Chair of the Committee, will be presenting this agenda item and the report to the Board.

Action Requested
The Board is requested to take the following actions:

1. Review, discuss, and provide comments on the *Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards*; and,
2. Direct staff to finalize the report and submit the final report to the California State Legislature before the January 1, 2022 deadline.

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DENTAL BOARD OF CALIFORNIA

REPORT TO CALIFORNIA STATE LEGISLATURE REGARDING FINDINGS RELEVANT TO INFORM DENTAL ANESTHESIA AND SEDATION STANDARDS

December 2021

(As required by SB 501 (Glazer, Ch. 929, Stats. 2018);
Bus. & Prof. Code, § 1601.4, subd. (a)(2))

Members of the Dental Board of California

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Steven Morrow, DDS, MS

Thomas Stewart, DDS

James Yu, DDS, MS

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EXECUTIVE SUMMARY

The Dental Board of California (Board) submits this Report to California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards as required by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018) and Business and Professions Code (BPC) section 1601.4, subdivision (a)(2).

The first half of the report summarizes the Board's statistical findings regarding adverse events reported to the Board after the administration of anesthesia and/or sedation before or during dental procedures. The adverse events reported to the Board were submitted by dental licensees, physicians and surgeons, anesthesiologists, and other various reporting sources from the period of January 1, 2017, to June 30, 2021. The Board will continue to collect information on adverse effects of all sedation levels in dentistry, and the next Board report regarding pediatric deaths related to general anesthesia and deep sedation in dentistry will be submitted to the California State Legislature at the time of the Board's Sunset Review pursuant to the requirements of BPC section 1601.4, subdivision (b).

The second half of the report discusses relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care and how they compare to California laws and regulations effective January 1, 2022.

This report concludes that with the implementation of new minimal, moderate, and deep sedation and general anesthesia provisions enacted by SB 501 that become effective on January 1, 2022, California will have some of the highest patient monitoring standards for the administration of minimal, moderate, and deep sedation and general anesthesia to dental patients of all age groups and especially for children. California statutes meet and generally exceed the guidelines of all the organizations that are involved in the administration of anesthesia to children in dental offices.

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INTRODUCTION

In 2018, SB 501 (Glazer, Chapter 929, Statutes of 2018) amended BPC section 1601.4, subdivision (a), to require the Board to review available data on all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry and relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care. SB 501, among other things, also required the Board, by January 1, 2022, to report to the California State Legislature any findings relevant to inform dental anesthesia and sedation standards. This report is submitted in accordance with this requirement.

BPC section 1680, subdivision (z), requires licensees to report the death of a patient during the performance of any dental or dental hygiene procedure, the discovery of a death of a patient whose death is related to dental or dental hygiene procedure performed by the licensee, or, except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. In addition, this section requires the licensee to report a death or hospitalization when sedation and/or anesthesia is used for a dental procedure on a form approved by the Board and include all of the following information:

- the date of the procedure;
- the patient's age in years and months, weight, and sex;
- the patient's American Society of Anesthesiologists (ASA) physical status;
- the patient's primary diagnosis;
- the patient's coexisting diagnoses;
- the procedures performed;
- the sedation setting;
- the medications used;
- the monitoring equipment used;
- the category of the provider responsible for sedation oversight;
- the category of the provider delivering sedation;
- the category of the provider monitoring the patient during sedation;
- whether the person supervising the sedation performed one or more of the procedures;
- the planned airway management;
- the planned depth of sedation;
- the complications that occurred;
- a description of what was unexpected about the airway management;
- whether there was transportation of the patient during sedation;
- the category of the provider conducting resuscitation measures; and
- the resuscitation equipment utilized.

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In response to Assembly Bill (AB) 2235 (Thurmond, Chapter 519, Statutes of 2016), the Board created the "Courtesy Form for Reporting of Anesthesia Death or Hospitalization". The form is available on the Board's website.

STATISTICAL FINDINGS

The Board attempted to gather information from other state dental boards, however data regarding adverse events associated with anesthesia and/or sedation varies from state to state which therefore limits the value of the data. Instead, the Board will focus this report on the data received via the "Courtesy Form for Reporting of Anesthesia Death or Hospitalization" within the State of California.

Below are charts showing the statistical findings regarding adverse events after the administration of anesthesia and/or sedation before or during dental procedures. The data is based on the incident reports submitted by dental licensees, physicians and surgeons, anesthesiologists and other various reporting sources from the period of January 1, 2017, to June 30, 2021.

The Board presents its findings and provides a breakdown of the incident reports, which include the number of patient deaths and hospitalizations that may have been a result of complications due to any anesthesia and/or sedation used for the patient's dental procedure. For this reporting period, the Board has received a total of 210 incident reports. Of the 210 incident reports received, the Board has determined that a total of 88 reports included incidents in which anesthesia or sedation was administered and the patient was hospitalized, and 23 reports in which anesthesia or sedation was administered and the patient passed away during or shortly after the dental procedure. The data has been categorized by age group with the assistance of the Board's subject matter experts.

The different age groups are broken down as follows:

- Pediatric (Under 7 years)
- Older Pediatric (Ages 7-12)
- Adolescents (Ages 13-21)
- Young Adults (Ages 22-35)
- Adults (Ages 36-45)
- Middle-Aged (Ages 46-65)
- Senior (Ages 66+)

The data is sorted by fiscal year and includes the patient's age, sex, ASA physical status, if the patient had any coexisting diagnoses, the setting where the sedation and dental procedure took place, and the category of the provider responsible for sedation oversight.

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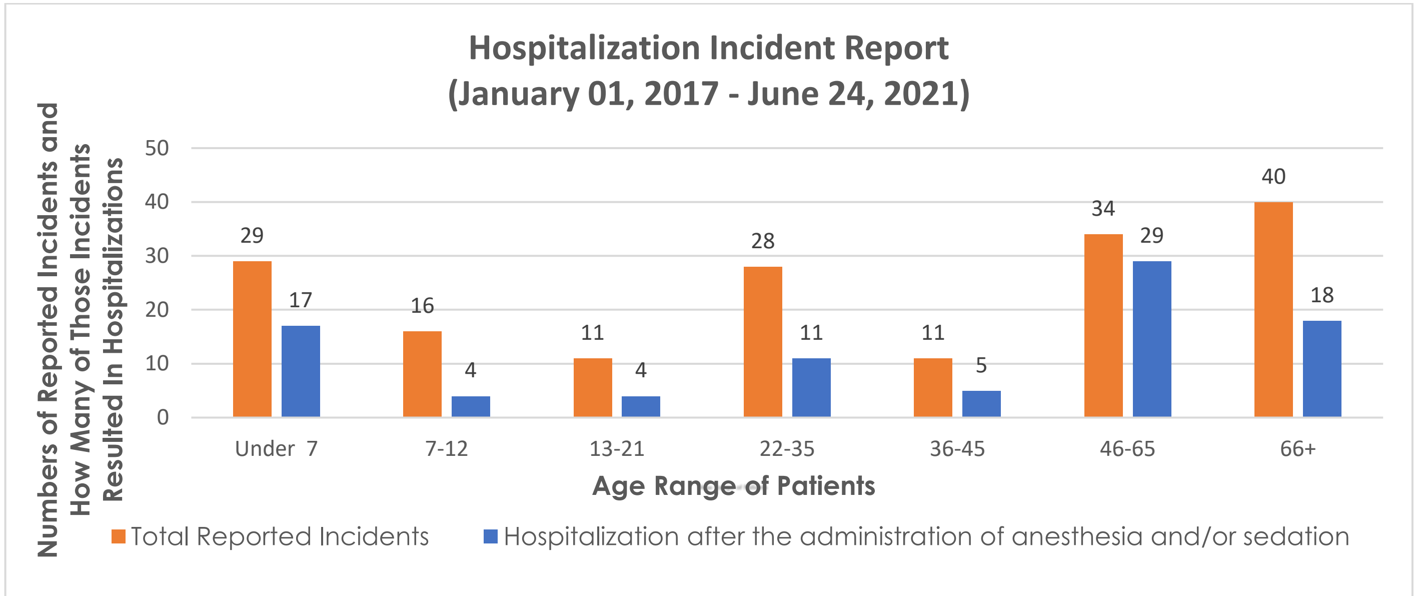
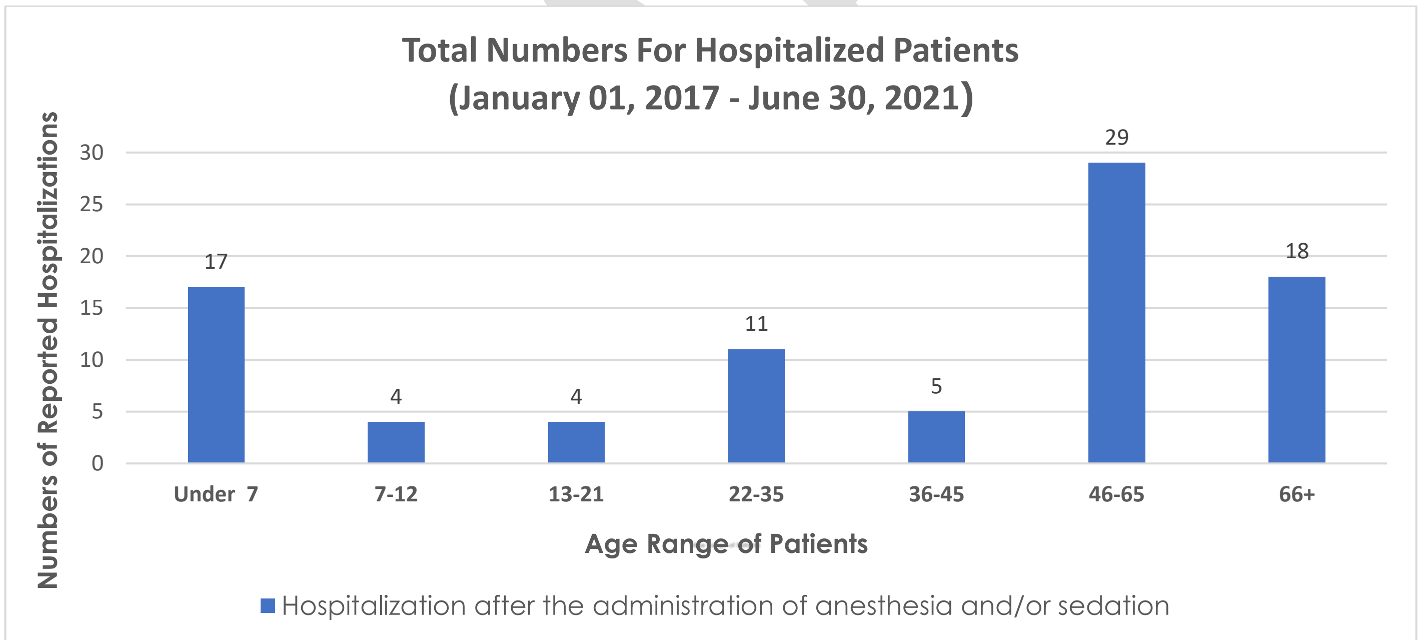
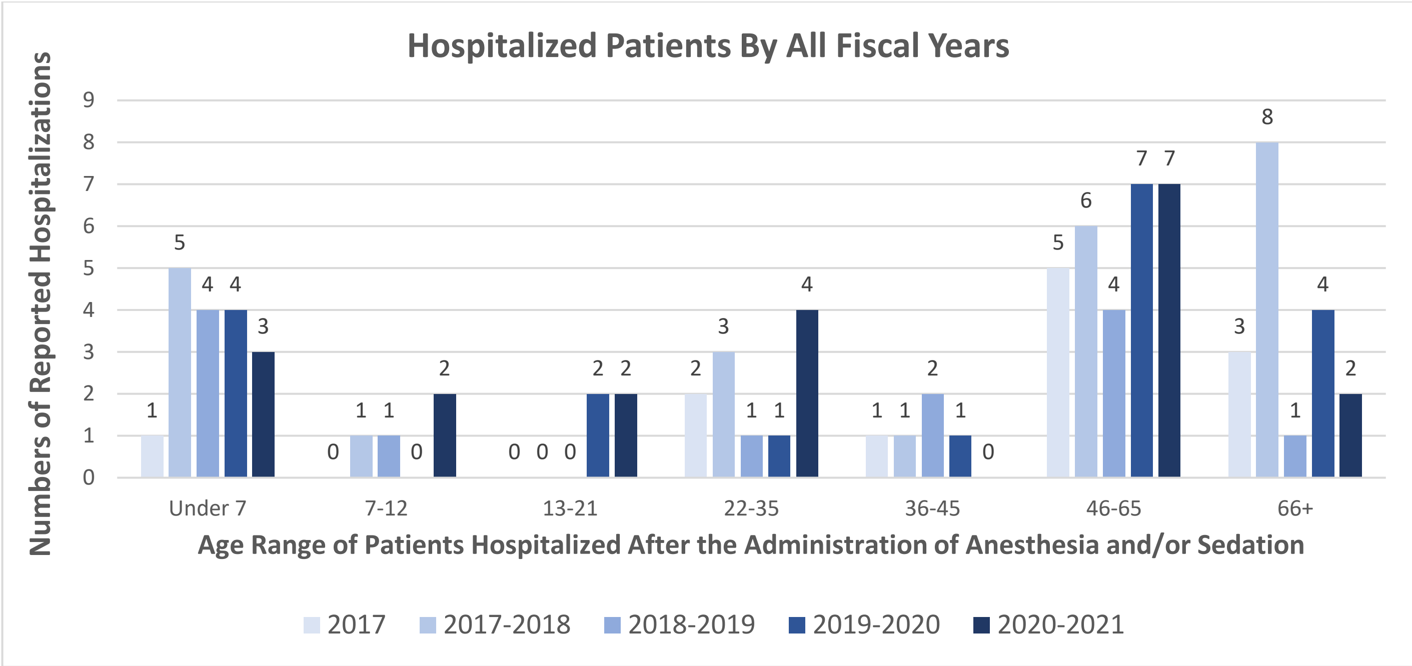
Hospitalization Incident Reports by Age Group





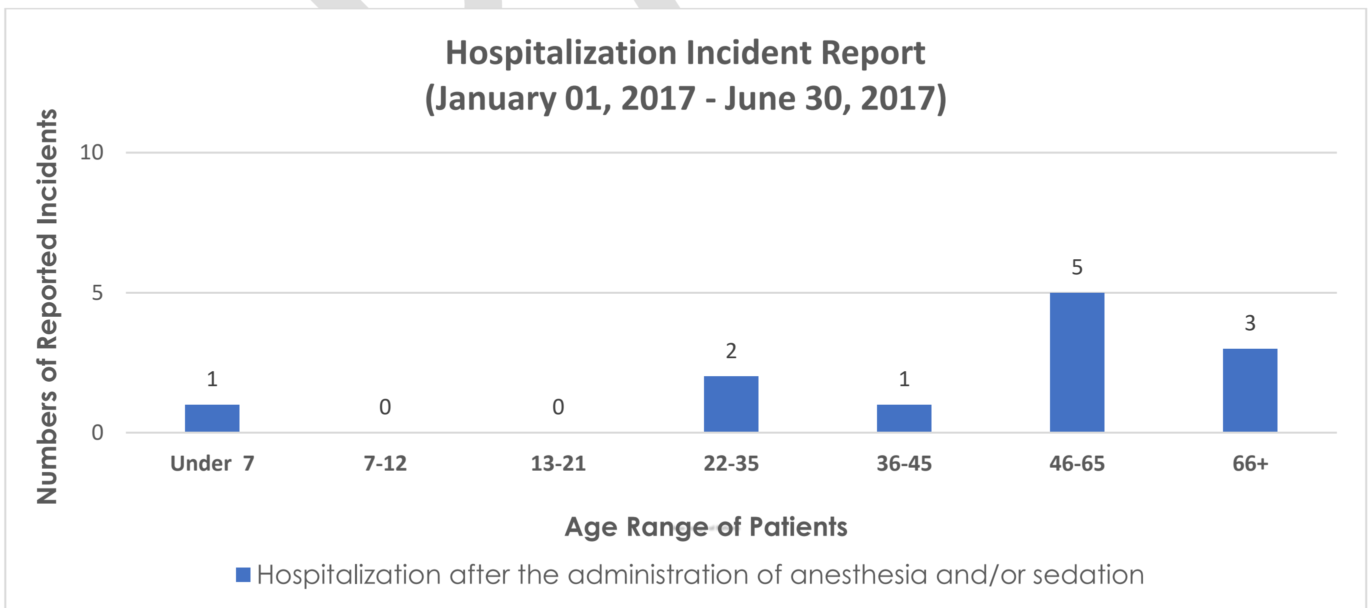


- The first chart reflects the total numbers of incident reports, and of those reports, how many patients were hospitalized after the administration of anesthesia and/or sedation during a four and one half-year span. The second chart is a reiteration of the first chart but represents the total numbers of reported hospitalizations for that same time frame. The third chart represents the numbers of patients hospitalized throughout the various fiscal years via their age groups. This chart is presented to provide a comparison of any possible trends during this period.
- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age, there were a total of 29 incident reports, and of those of 29, 17 were hospitalized possibly due to anesthesia and/or sedation related treatment.
  - For older pediatric patients ages 7-12, there were a total of 16 incident reports, and of those 16, six were hospitalized possibly due to anesthesia and/or sedation related treatment.
  - For adolescent patients ages 13-21, there were a total of 11 incident reports, and of those 11, four were hospitalized possibly due to anesthesia and/or sedation related treatment.
  - For young adult patients ages 22-35, there were a total of 28 incident reports and of those 28, 11 were hospitalized possibly due to anesthesia and/or sedation related treatment.

- For adult patients ages 36-45, there were a total of 11 incident reports, and of those 11, five were hospitalized possibly due to anesthesia and/or sedation related treatment.
- For middle-aged patients ages 46-65, there were a total of 34 incident reports, and of those 34, 29 were hospitalized possibly to due anesthesia and/or sedation related treatment.
- For senior patients ages 66 and up, there were a total of 40 incident reports, and of those 40, 18 were hospitalized possibly to due anesthesia and/or sedation related treatment.

○ From the date of the initial mandate (January 2017) through June 24, 2021, this is the data that the Board has for hospitalization due to possible complications from the administration of anesthesia and/or sedation before and during the patient's dental procedure. The specific reports indicate that anesthesia and/or sedation were given before or during the procedure prior to hospitalization. However, the reason for hospitalization may have been due to outside factors and not due to administration of anesthesia and/or sedation. Accordingly, the term "possibly" is used to accommodate for hospitalization that may or may not have been the result of anesthesia and/or sedation administered to the patient.

○ The charts below show the numbers of hospitalizations during each fiscal period:



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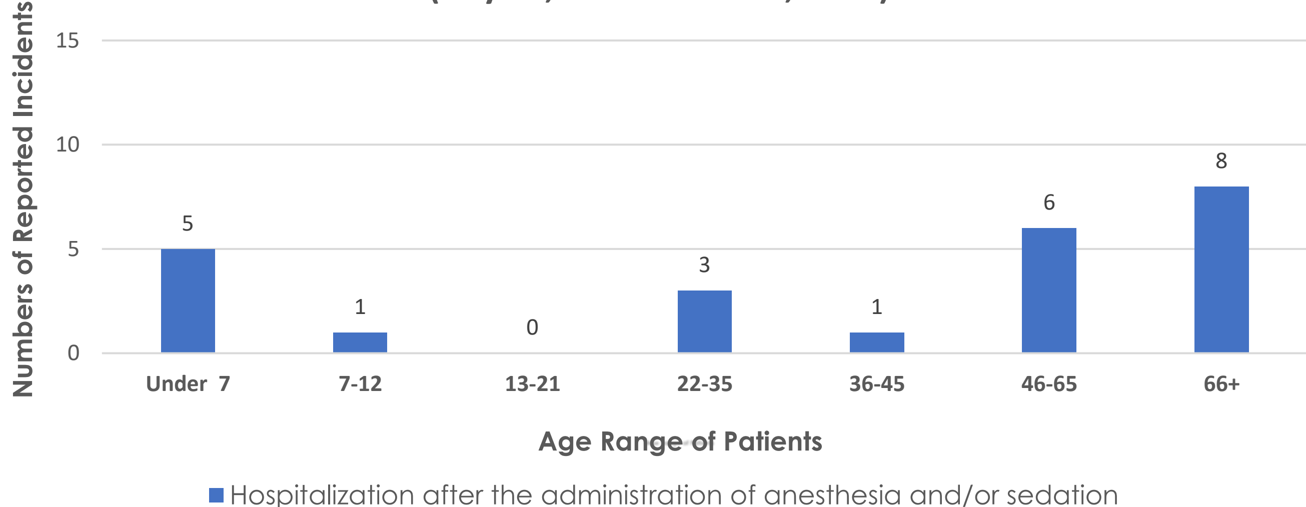
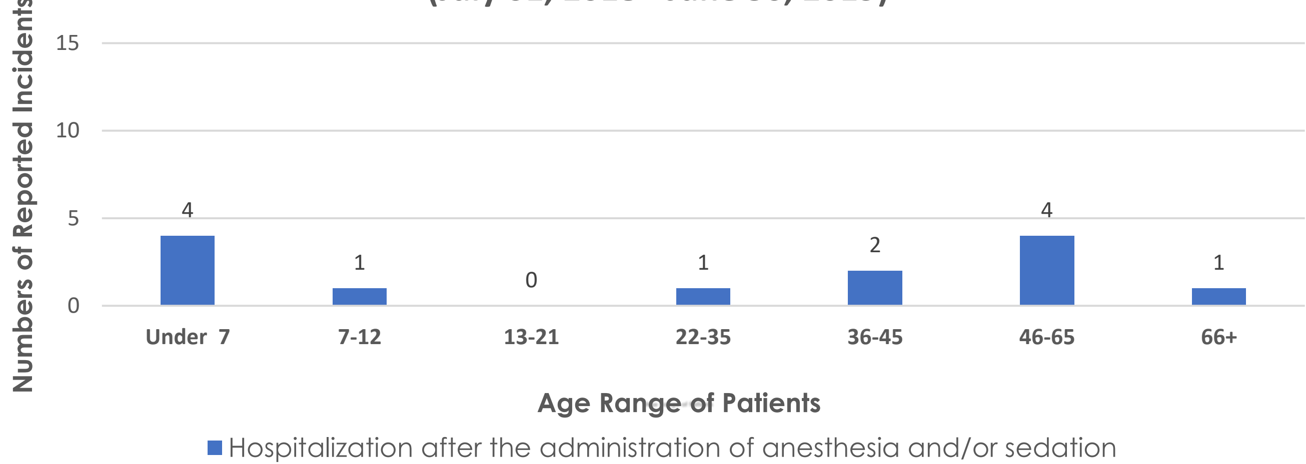
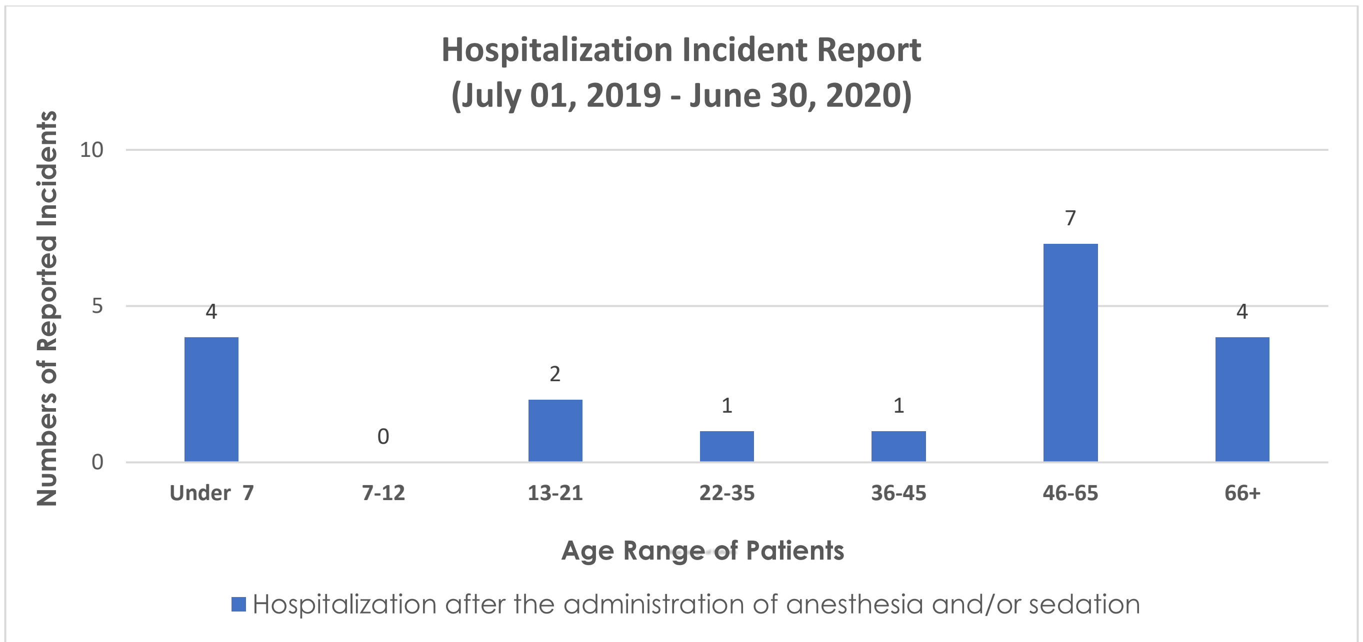
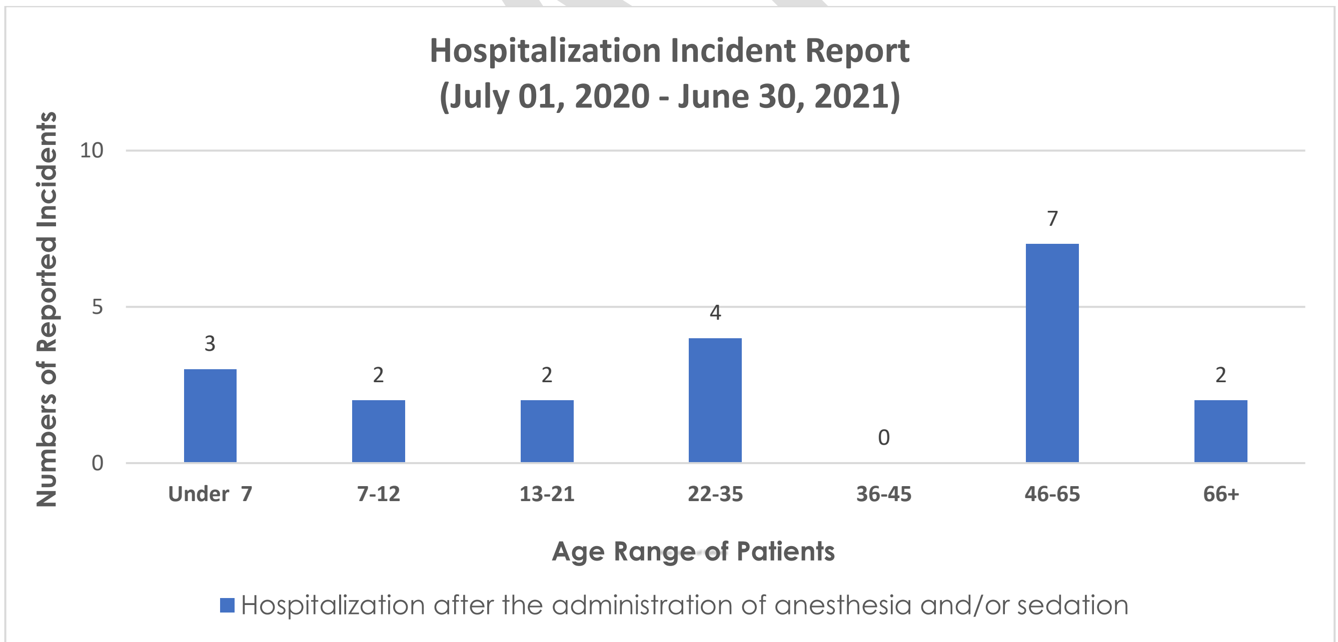
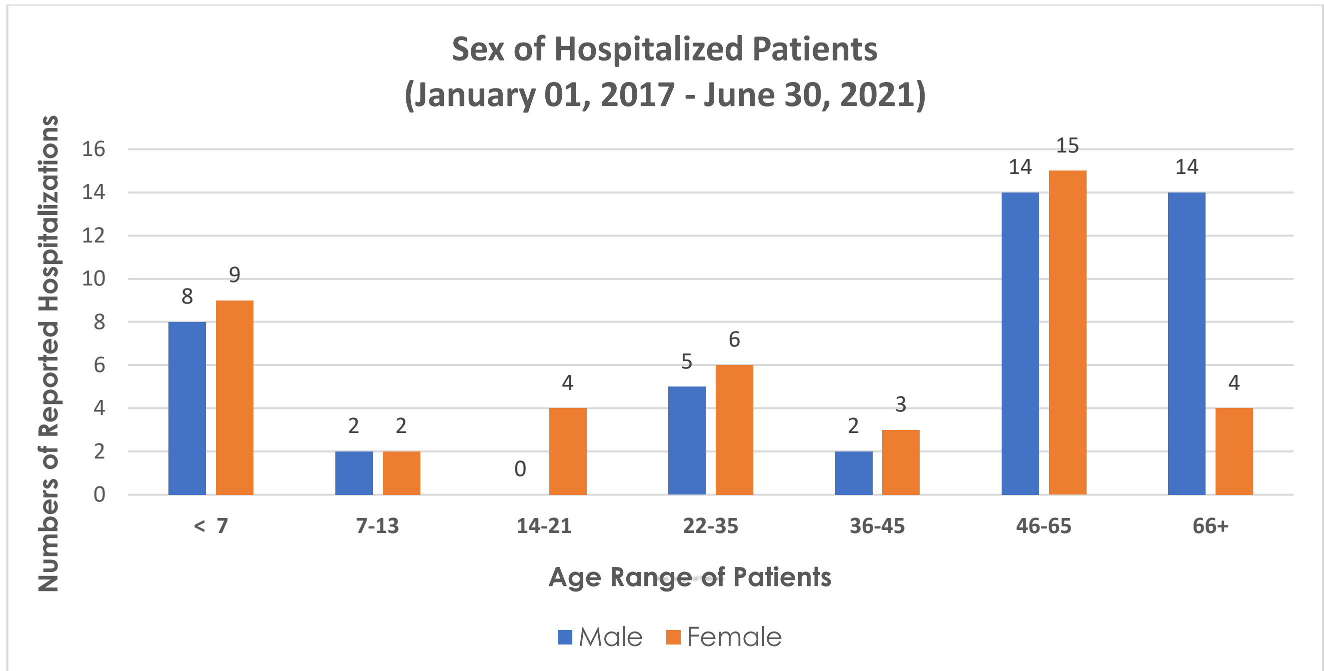

Hospitalization Incident Report
(July 01, 2017 - June 30, 2018)
Numbers of Reported Incidents
15
10
5
0
5
1
0
3
1
6
8
Under 7
7-12
13-21
22-35
36-45
46-65
66+
Age Range of Patients
Hospitalization after the administration of anesthesia and/or sedation

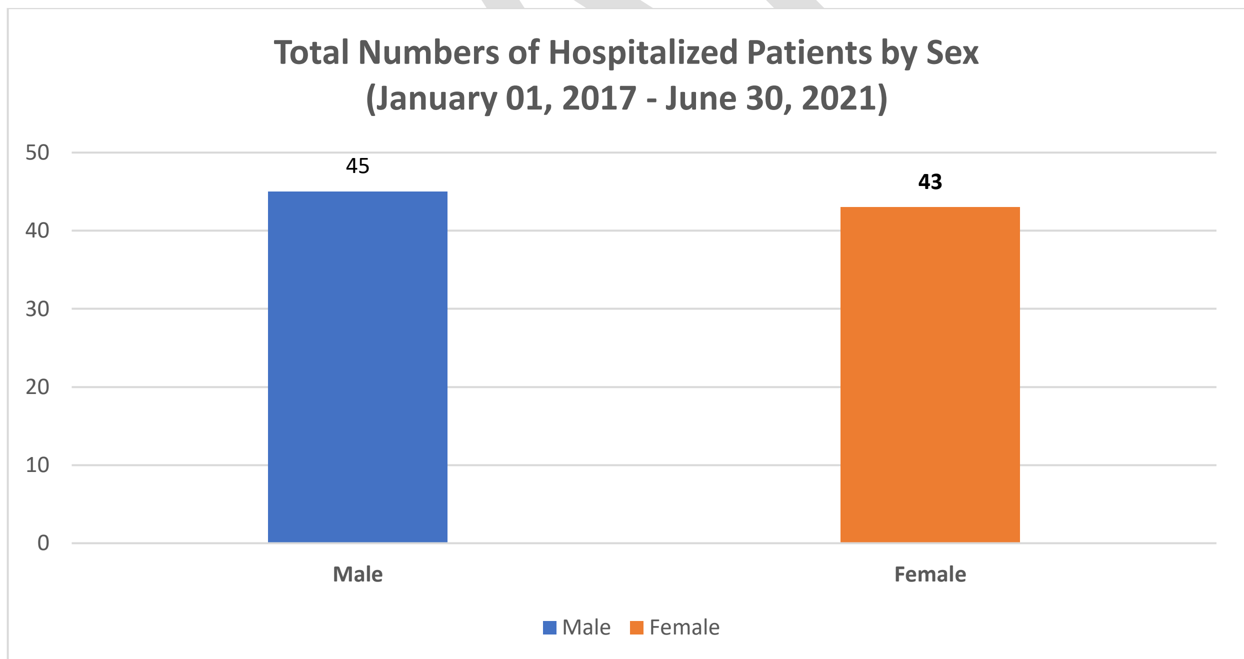

Hospitalization Incident Report
(July 01, 2018 - June 30, 2019)
Numbers of Reported Incidents
15
10
5
0
4
1
0
1
2
4
1
Under 7
7-12
13-21
22-35
36-45
46-65
66+
Age Range of Patients
Hospitalization after the administration of anesthesia and/or sedation


Hospitalization Incident Report
(July 01, 2019 - June 30, 2020)
Numbers of Reported Incidents
10
5
0
4
0
2
1
1
7
4
Under 7
7-12
13-21
22-35
36-45
46-65
66+
Age Range of Patients
Hospitalization after the administration of anesthesia and/or sedation


Hospitalization Incident Report
(July 01, 2020 - June 30, 2021)
Numbers of Reported Incidents
10
5
0
3
2
2
4
0
7
2
Under 7
7-12
13-21
22-35
36-45
46-65
66+
Age Range of Patients
Hospitalization after the administration of anesthesia and/or sedation

Sex of Hospitalized Patients by Age Group



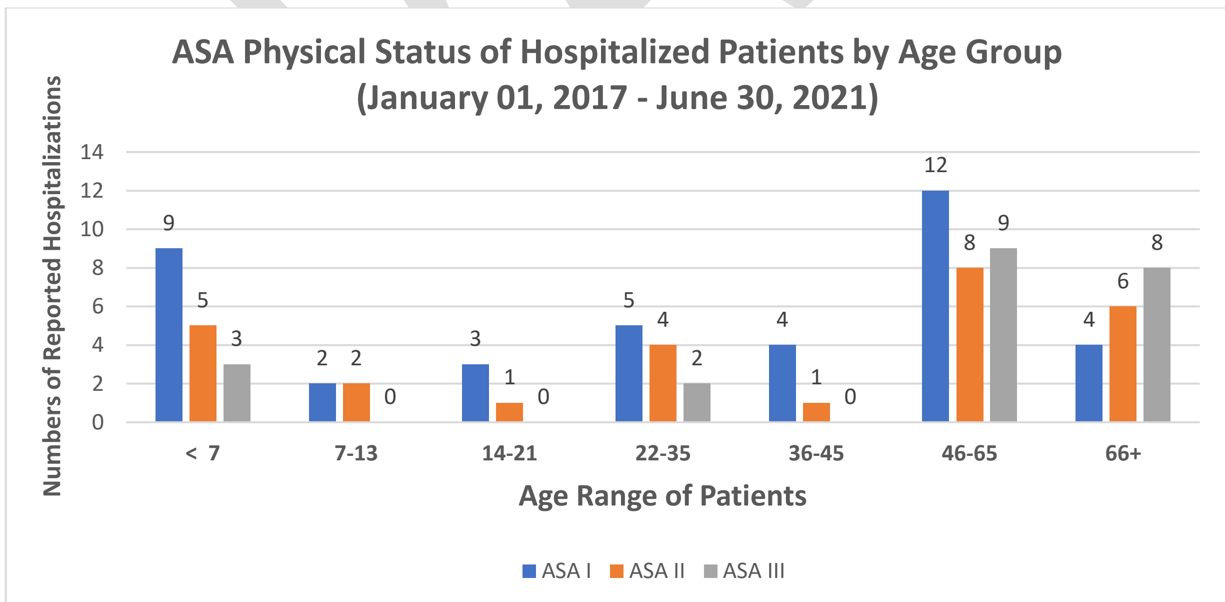


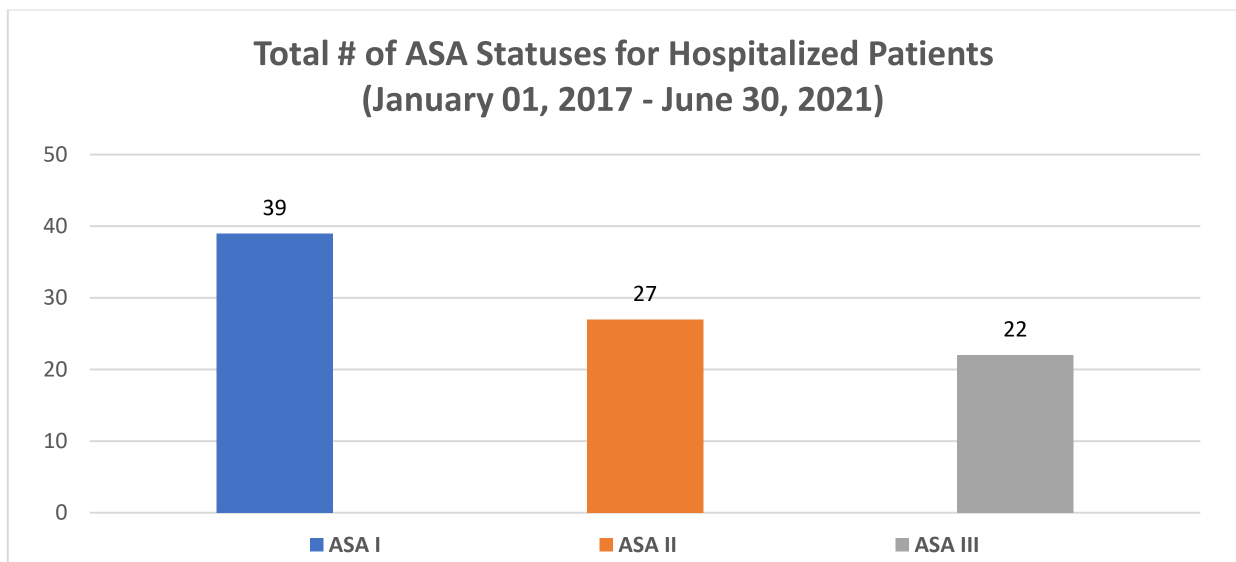
- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age, there were a total of 17 hospitalization reports (8 were males, and 9 were females).
  - For older pediatric patients ages 7-12, there were a total of four hospitalization reports (2 were males and 2 were females).

- For adolescent patients ages 13-21, there were a total of four hospitalization reports (no males; all 4 were females).
- For young adult patients ages 22-35, there were a total of 11 hospitalization reports (5 were males, and 6 were females).
- For adult patients ages 36-45, there were a total of five hospitalization reports (2 were males, and 3 were females).
- For middle-aged patients ages 46-65, there were a total of 29 hospitalization reports (14 were males, and 15 were females).
- For senior patients ages 66 and up, there were a total of 17 hospitalization reports (8 were males, and 9 were females).

○ According to the data collected, the ratio of males to females was overall similar in number, except for senior patients ages 66 and up. In this group, the number of males was 3.5 times more than that of females (14 to 4). Overall, there did not appear to be any significant discrepancy among the numbers to indicate that one sex is more prone than another when it comes to the number of those hospitalized due to possible anesthesia and or sedation related incidents.

ASA Physical Status of Hospitalized Patients by Age Group





- According to the ASA, the ASA Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. The classification does not predict the perioperative risks, but used with other factors (e.g., type of surgery, facility, level of deconditioning), it can be helpful in predicting perioperative risks.
- A general guidelines of the ASA Physical Status Classification System are outlined below:
  - ASA I: A normal healthy patient
  - ASA II: A patient with mild systemic disease
  - ASA III: A patient with severe systemic disease
  - ASA IV: A patient with severe systemic disease that is a constant threat to life (none reported)
  - ASA V: A moribund patient who is not expected to survive without the operation (none reported)
  - ASA VI: A declared brain-dead patient whose organs are being removed for donor purposes (none reported)
- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age: nine patients were considered healthy, five as having mild systemic disease, and three with severe systemic disease.

- For older pediatric patients ages 7-12: two patients were considered healthy, two as having mild systemic disease, and none with severe systemic disease.

- For adolescent patients ages 13-21: three patients were considered healthy, one as having mild systemic disease, and none with severe systemic disease.

- For young adult patients ages 22-35: five patients were considered healthy, four as having mild systemic disease, and two with severe systemic disease.

- For adult patients ages 36-45: four patients were considered healthy, one as having mild systemic disease, and none with severe systemic disease.

- For middle-aged patients ages 46-65: 12 patients were considered healthy, eight as having mild systemic disease, and nine with severe systemic disease.

- For senior patients ages 66 and up: four patients were considered healthy, six as having mild systemic disease, and eight with severe systemic disease.

- According to the data collected, the total number of patients in every age group combined that were considered "normal healthy patient" were 39; 27 were considered as those with mild systemic disease, and 22 were considered as those with severe systemic disease. Most younger patients hospitalized were normal healthy patients, but beginning with the middle-aged group, there are higher numbers of ASA statuses of II and III. It is known that health declines as one gets older. Although the ASA guidelines go up to level VI, there were no reports of any hospitalized patients who were considered greater than level III.

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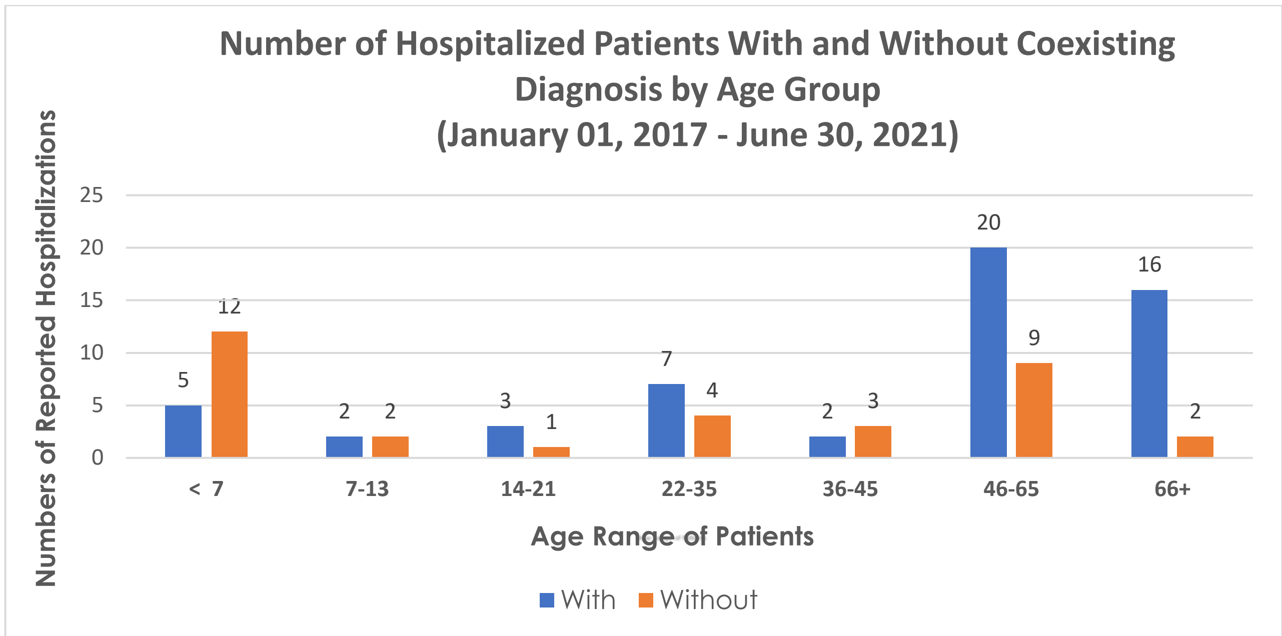
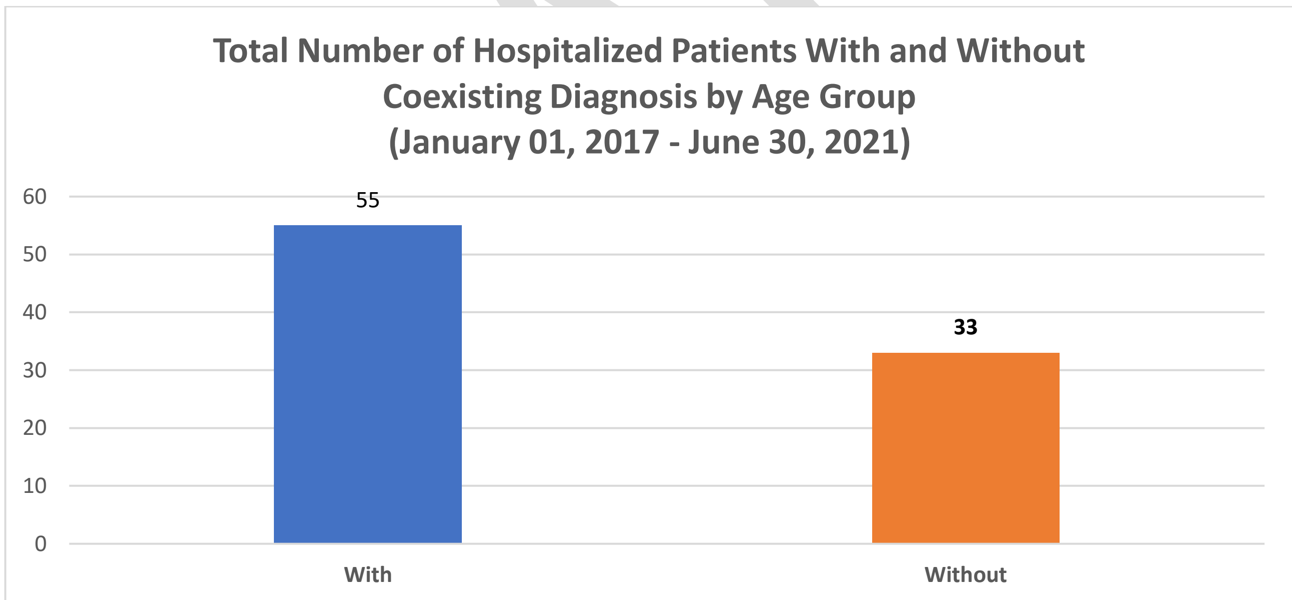
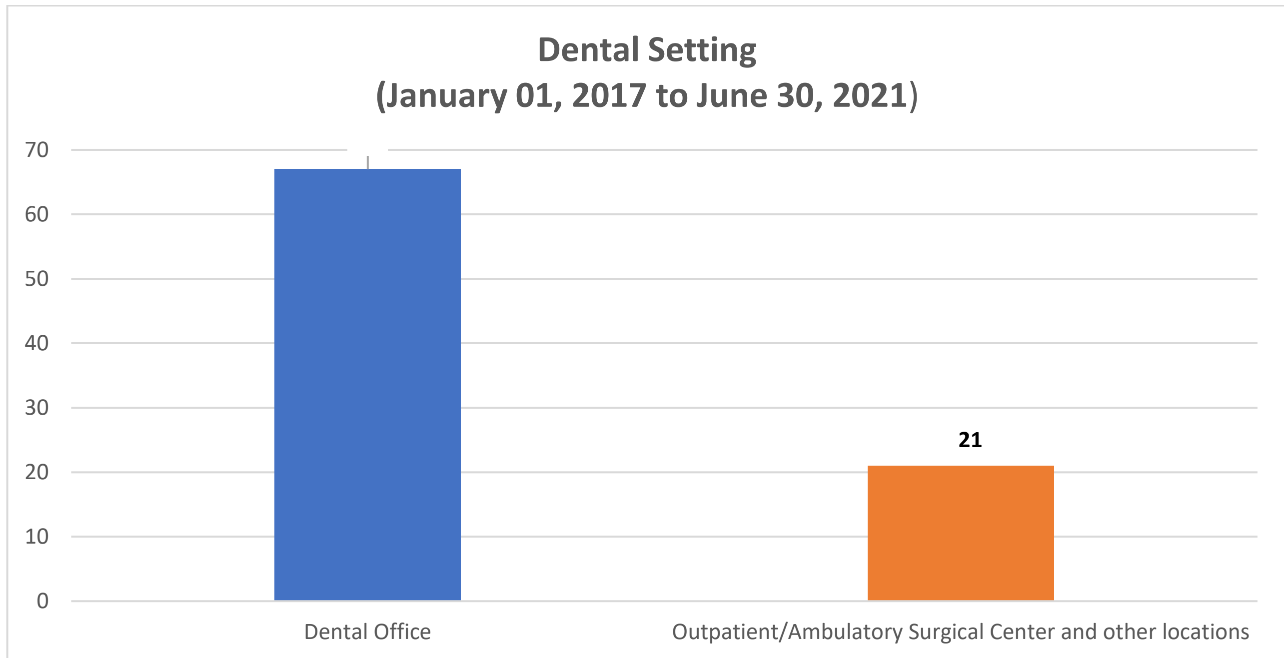
Number of Hospitalized Patients With and Without Coexisting Diagnosis by Age Group





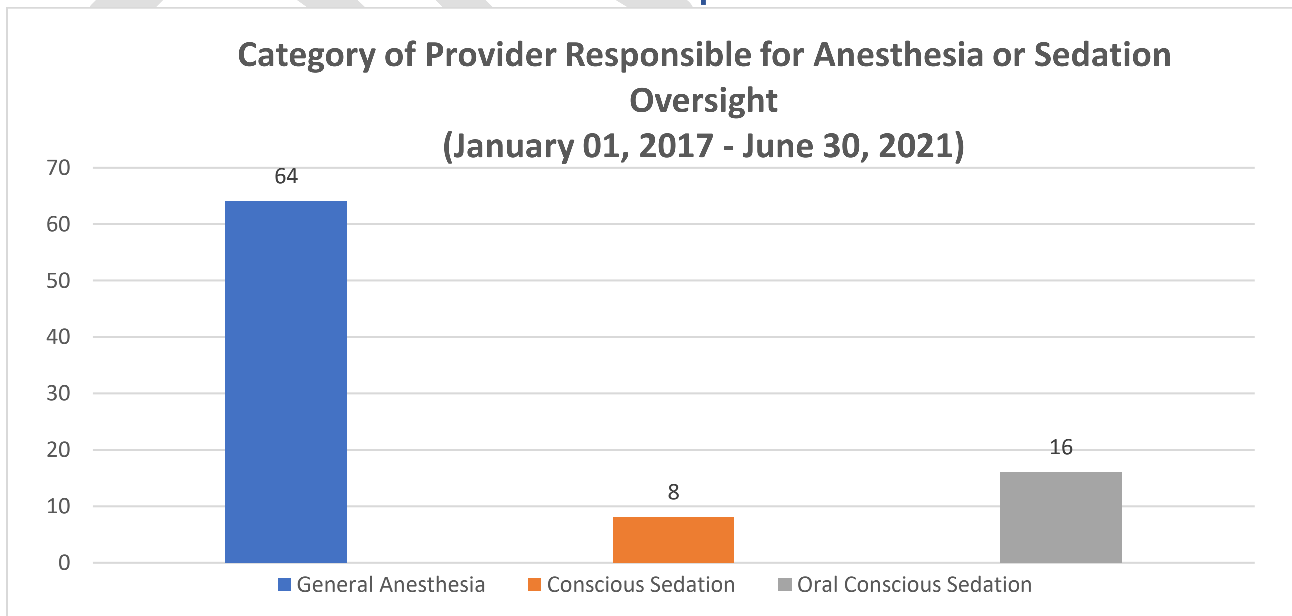
- These charts represent hospitalized patients who, before their dental procedure, either had or did not have coexisting diagnosis. A total of 55 hospitalized patients were found to have a coexisting diagnosis, while 33 did not. Predictably, there were higher numbers of serious coexisting diagnoses, such as hypertension, diabetes, liver disease, and other serious conditions, from age 46 and older. These numbers are for hospitalizations possibly due to the anesthesia and/or sedation administered, but the patients' coexisting diagnoses also could have played a role in their hospitalization, and this could hold truer for the older age groups.

Dental Setting of Those Who Were Hospitalized



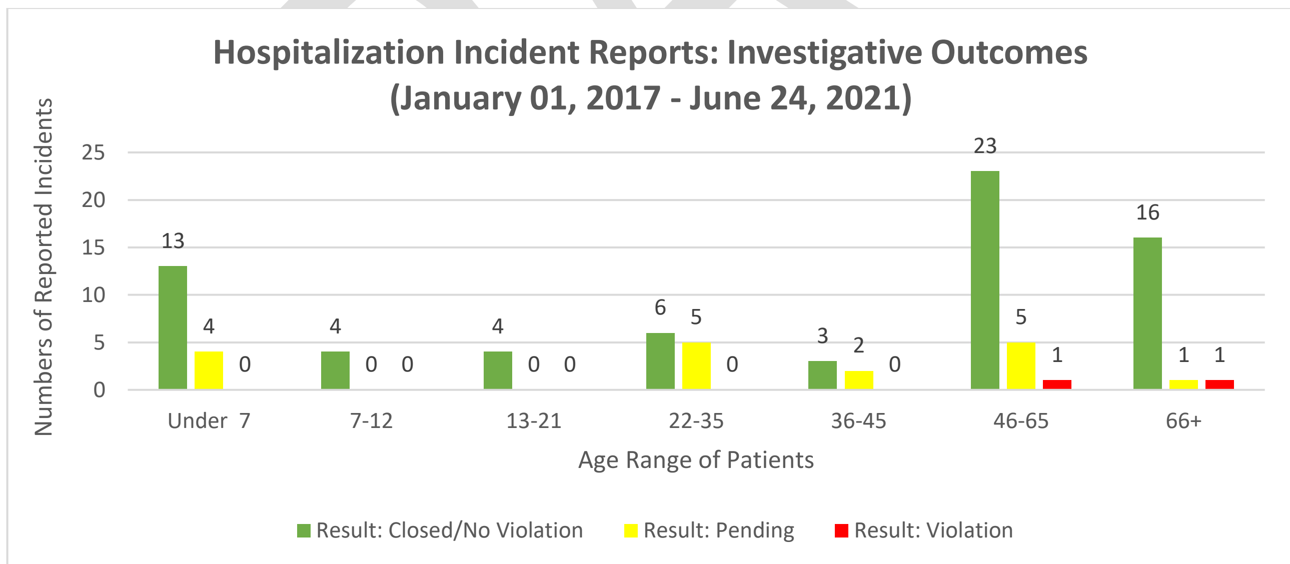
- This chart represents the setting of the dental procedures that resulted in hospitalization possibly due to the administration of anesthesia and/or sedation treatment. Out of the total 88 reports of dental treatment that resulted in hospitalization, 67 were conducted in a dental office; 21 were conducted in outpatient/ambulatory surgical centers and other locations that were not a dental office.

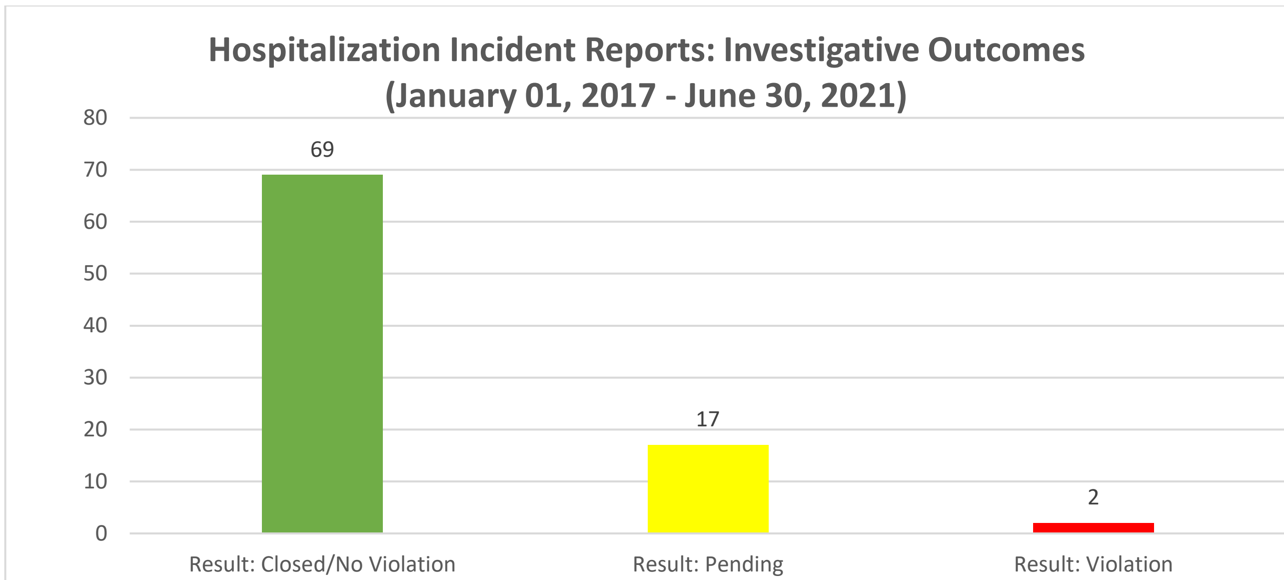
Category of Provider Responsible for Anesthesia or Sedation Oversight for Patients Who Were Hospitalized



- This chart represents the category (anesthesia or sedation certification) of the provider responsible for anesthesia or sedation oversight in cases where the patients were hospitalized possibly due to the administration of anesthesia and/or sedation under the dental provider's care or after they had left the premises.
  - Of the 88 cases of reported hospitalizations, 64 of the care providers possessed a current general anesthesia permit.
  - Eight of the care providers possessed a current conscious sedation permit.
  - Sixteen of the care providers possessed a current oral conscious sedation permit.
- Note that the provider responsible for anesthesia or sedation oversight was also the same provider who delivered the anesthesia and/or sedation and monitored the patient during the procedure. In the case of monitoring, aside from the provider, there were cases where registered dental assistants also participated in the monitoring.

Hospitalization Incident Reports: Investigative Outcomes





- These two charts represent the Board's investigative outcomes from January 1, 2017, to June 30, 2021, for all reported hospitalizations where anesthesia and/or sedation was given.
- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age, there were a total of 17 incident reports of hospitalization. Of those 17, 13 cases resulted in no violations, and four cases are currently pending.
  - For older pediatric patients ages 7-12, there were a total of four incident reports of hospitalization; all four cases resulted in no violations occurring.
  - For adolescent patients ages 13-21, there were a total of four incident reports of hospitalization; all four cases resulted in no violations occurring.
  - For young adult patients ages 22-35, there were a total of 11 incident reports of hospitalization. Of those 11, six cases resulted in no violations, and five cases are currently pending.
  - For adult patients ages 36-45, there were a total of five incident reports of hospitalization. Of those five, three cases resulted in no violations, and two cases are currently pending.
  - For middle-aged patients ages 46-65, there were a total of 29 incident reports of hospitalization. Of those 29, 23 cases resulted in no violations, one case resulted in a violation, and five cases are currently pending.

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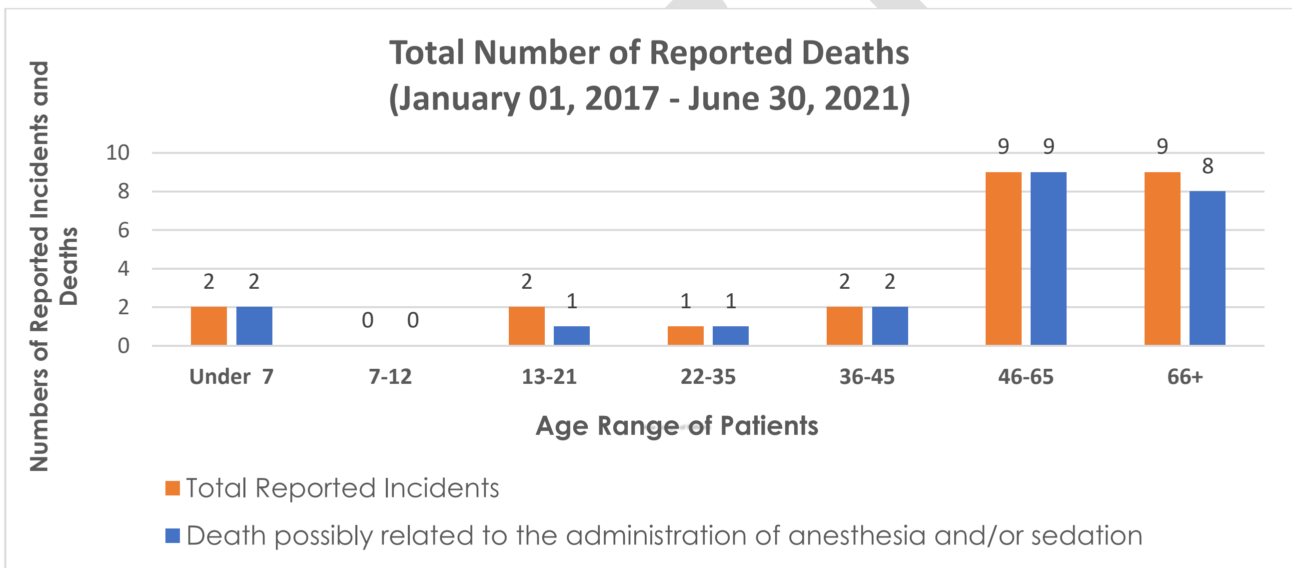
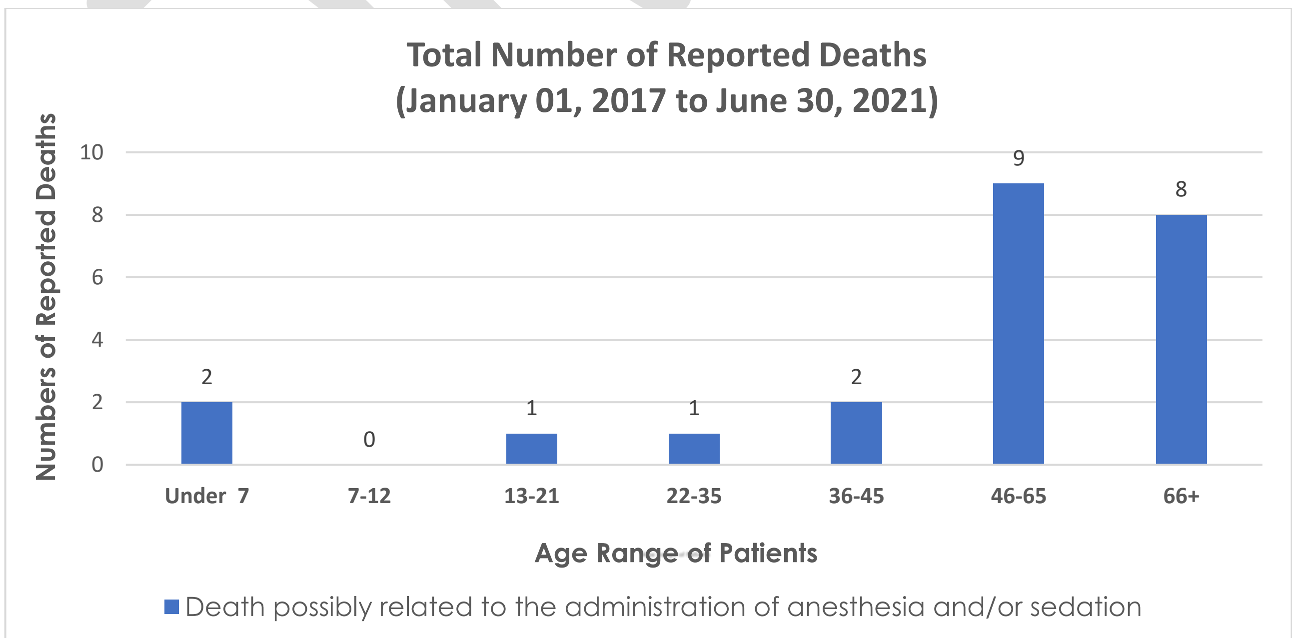
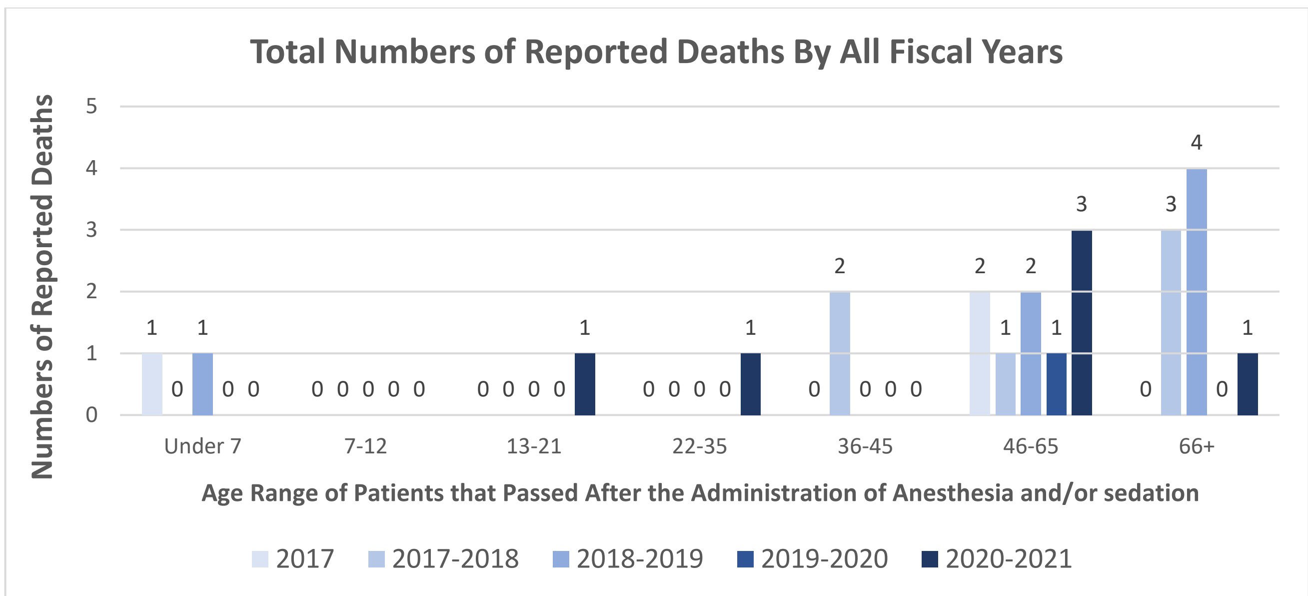
- For senior patients ages 66 and up, there were a total of 18 incident reports of hospitalization. Of those 18, 16 cases resulted in no violations, one case resulted in a violation, and one case is currently pending.

- Percentages of the case results are broken down as follows:
  - 78.4% of cases were "Closed – No Violations"
  - 19.3% of cases are in "Pending" status
  - 2.3% of cases were "Violations"

Death Incident Reports by Age Group







- The first chart reflects the total number of incident reports and how many resulted in deaths possibly related to the administration of anesthesia and/or sedation during dental treatments in a four and one half-year span. The second chart is a reiteration of the first chart, but represents only the total numbers of reported deaths for that same time frame. The third chart represents the numbers of reported deaths throughout the various fiscal years via their age groups. This chart is presented to provide a comparison of any possible trends throughout this period of review.
- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age, there were a total of two incident reports, and of those of 2, both resulted in death possibly due to anesthesia and/or sedation related treatment.
  - For older pediatric patients ages 7-12, there were no reported deaths.
  - For adolescent patients ages 13-21, there were a total of two incident reports, and of those two, one resulted in death possibly due to anesthesia and/or sedation related treatment.
  - For young adult patients ages 22-35, there was only one incident report, which was reported as a death that was possibly due to anesthesia and/or sedation related treatment.
  - For adult patients ages 36-45, there were a total of two incident reports, and of those two, both resulted in death possibly to due to anesthesia and/or sedation related treatment.

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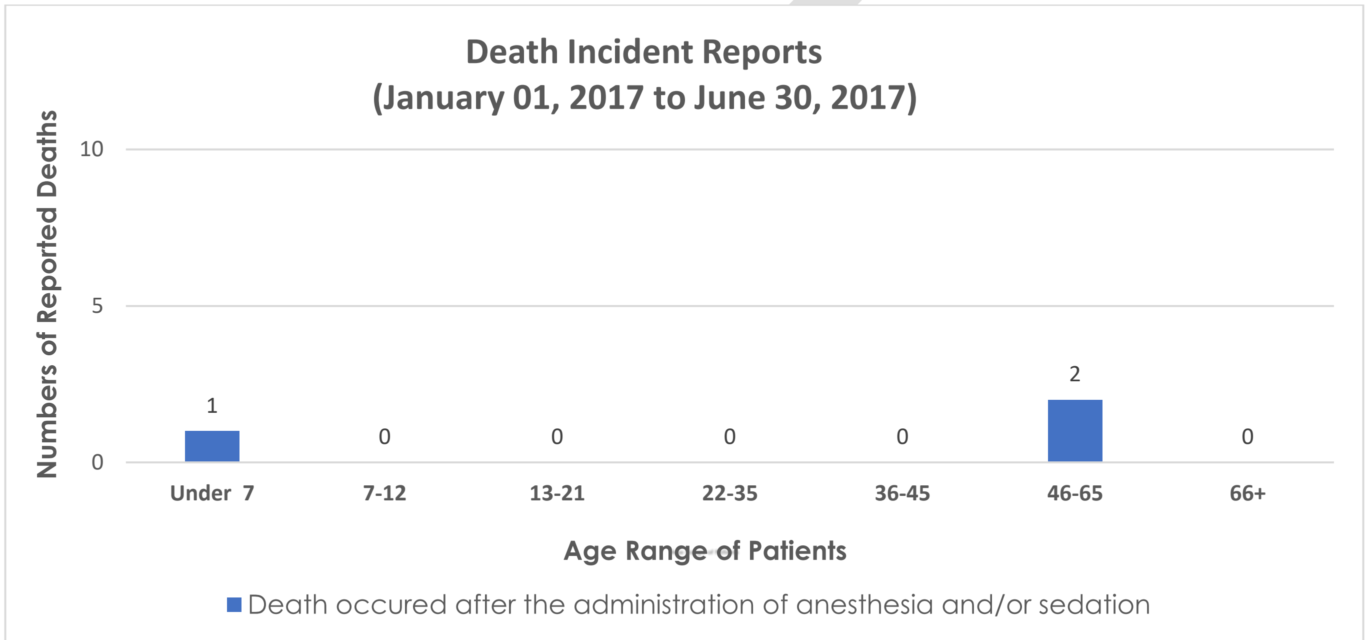
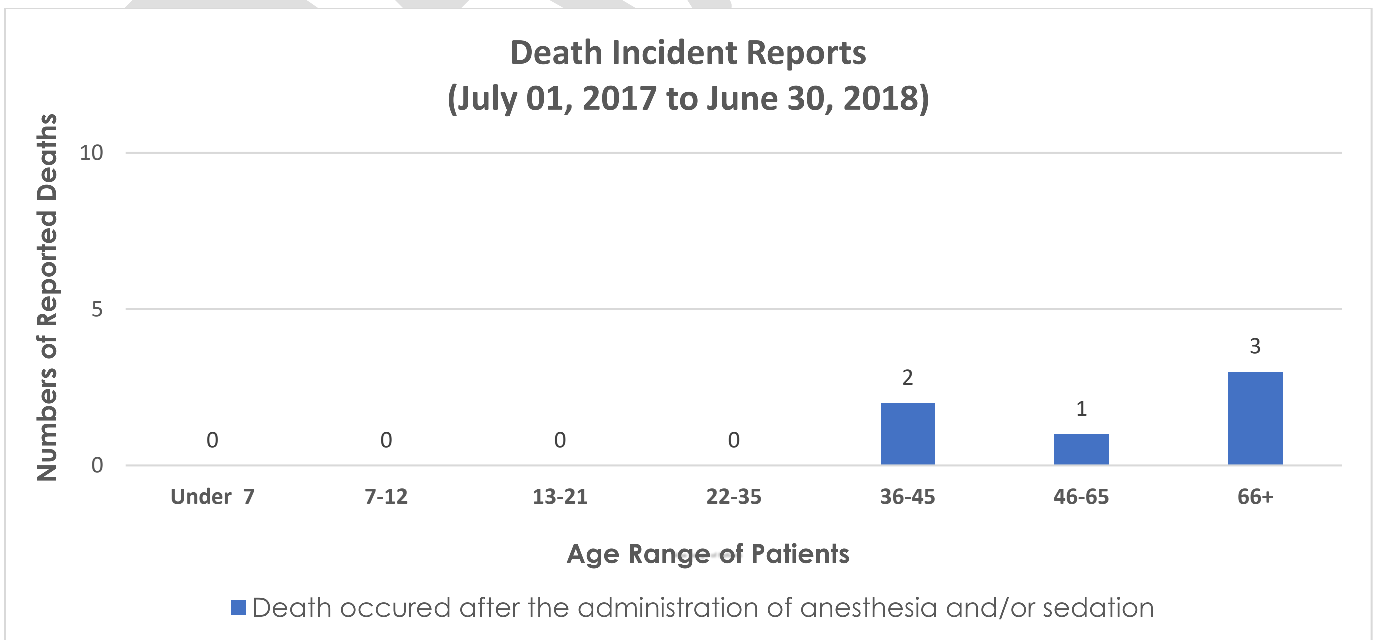
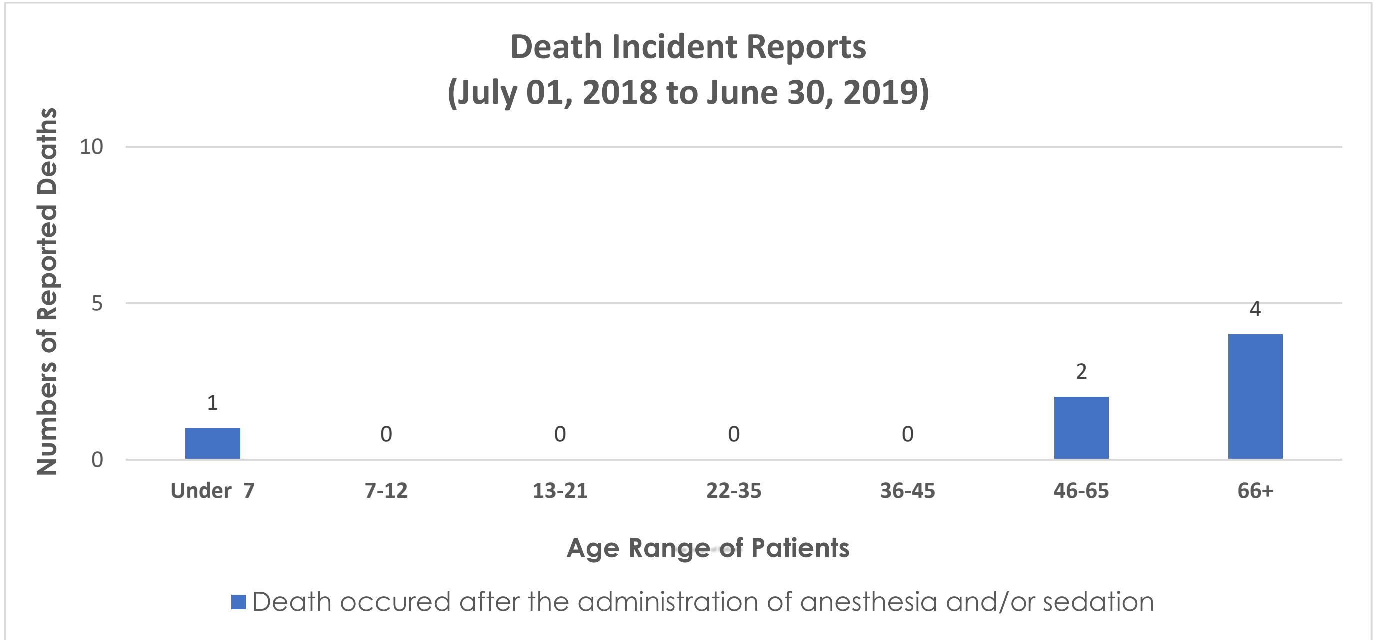
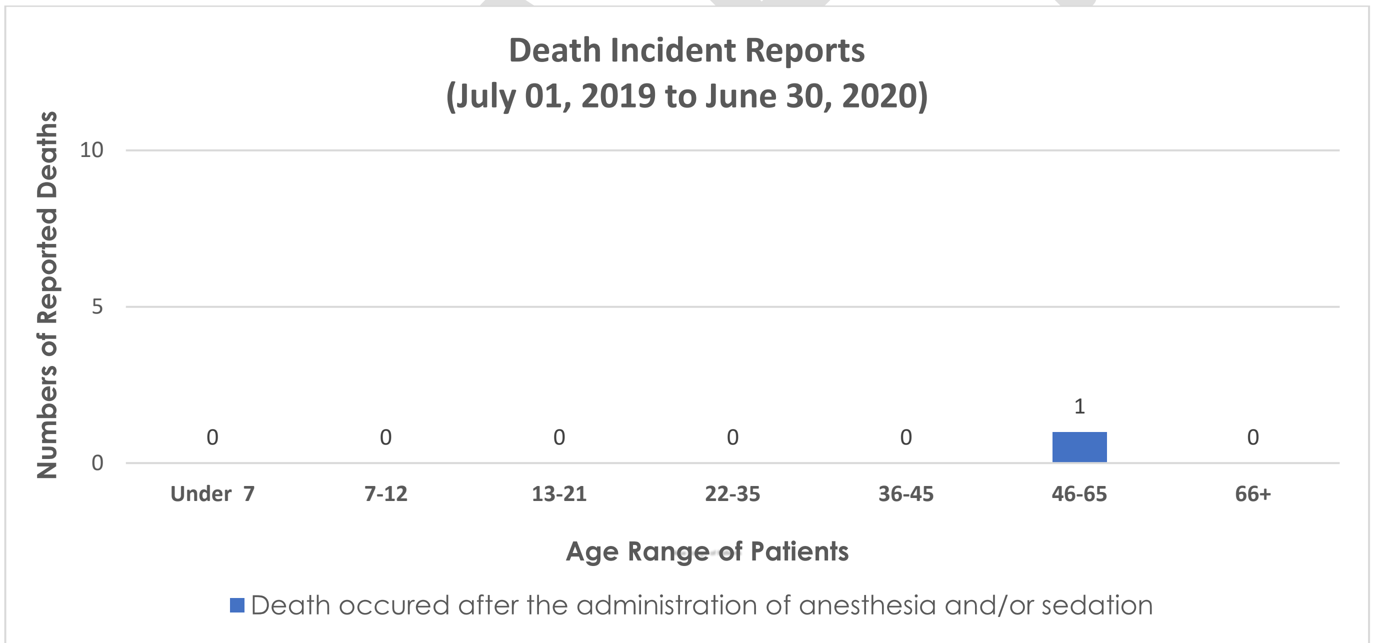
- For middle-aged patients ages 46-65, there were a total of nine incident reports, and all nine resulted in death possibly to due anesthesia and/or sedation related treatment.
- For senior patients ages 66 and up, there were a total of nine incident reports, and of those nine, eight resulted in death possibly to due anesthesia and/or sedation related treatment.

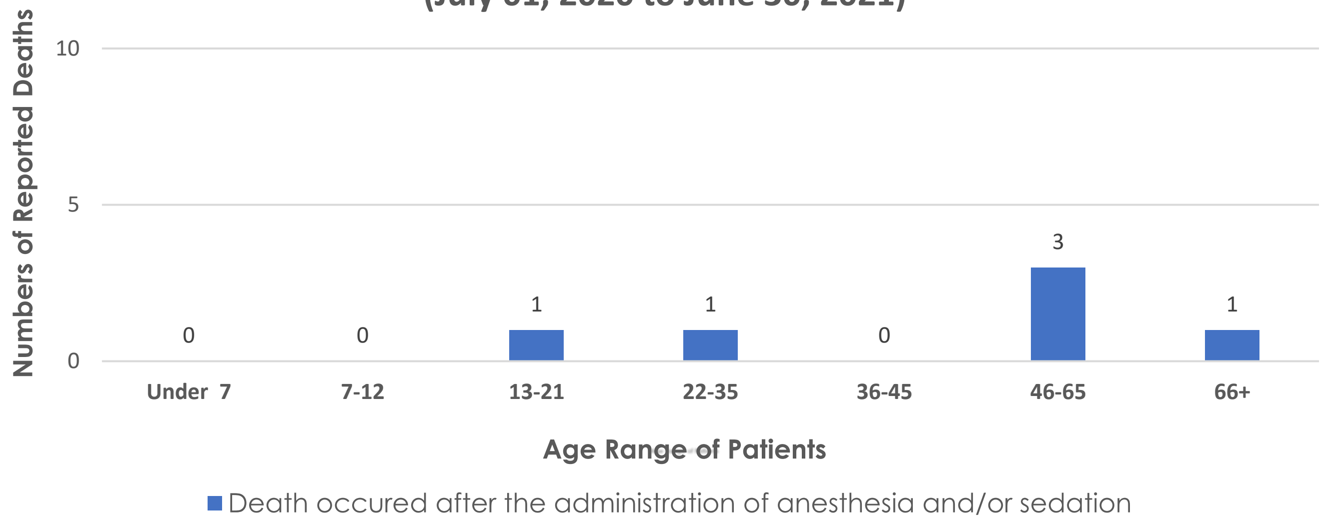
○ Below is a breakdown of the numbers of deaths for each fiscal period:






Death Incident Reports
(July 01, 2018 to June 30, 2019)
Numbers of Reported Deaths
10
5
0
1
0
0
0
0
2
4
Under 7
7-12
13-21
22-35
36-45
46-65
66+
Age Range of Patients
Death occured after the administration of anesthesia and/or sedation


Death Incident Reports
(July 01, 2019 to June 30, 2020)
Numbers of Reported Deaths
10
5
0
0
0
0
0
0
1
0
Under 7
7-12
13-21
22-35
36-45
46-65
66+
Age Range of Patients
Death occured after the administration of anesthesia and/or sedation



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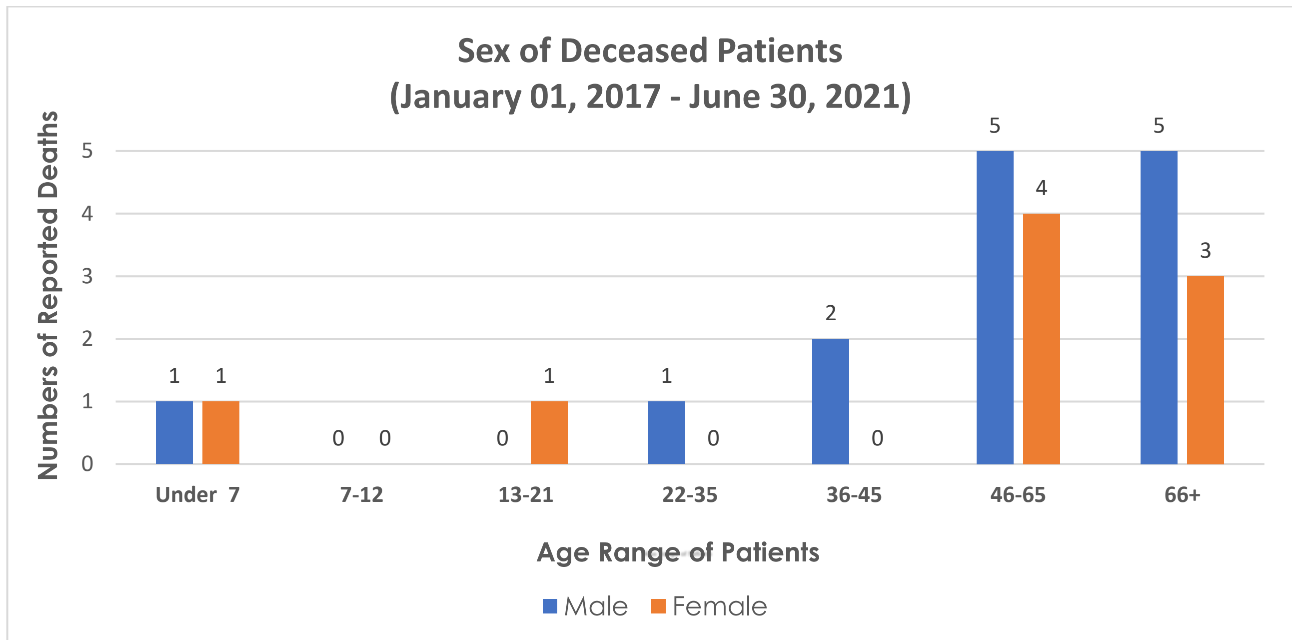
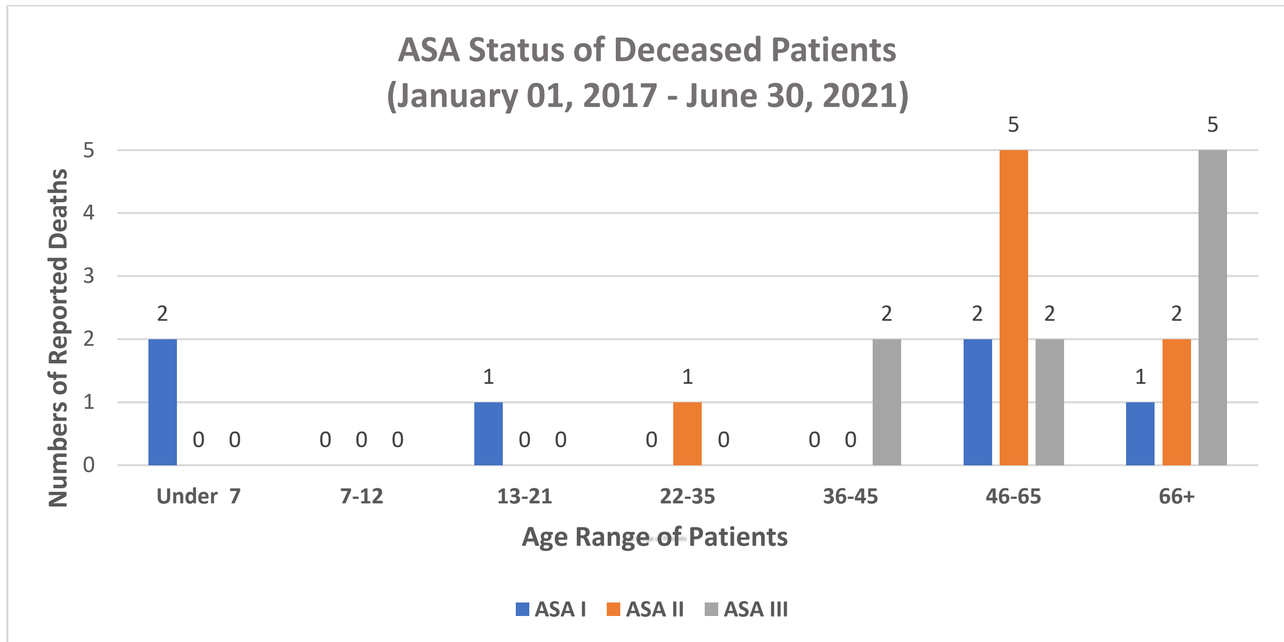
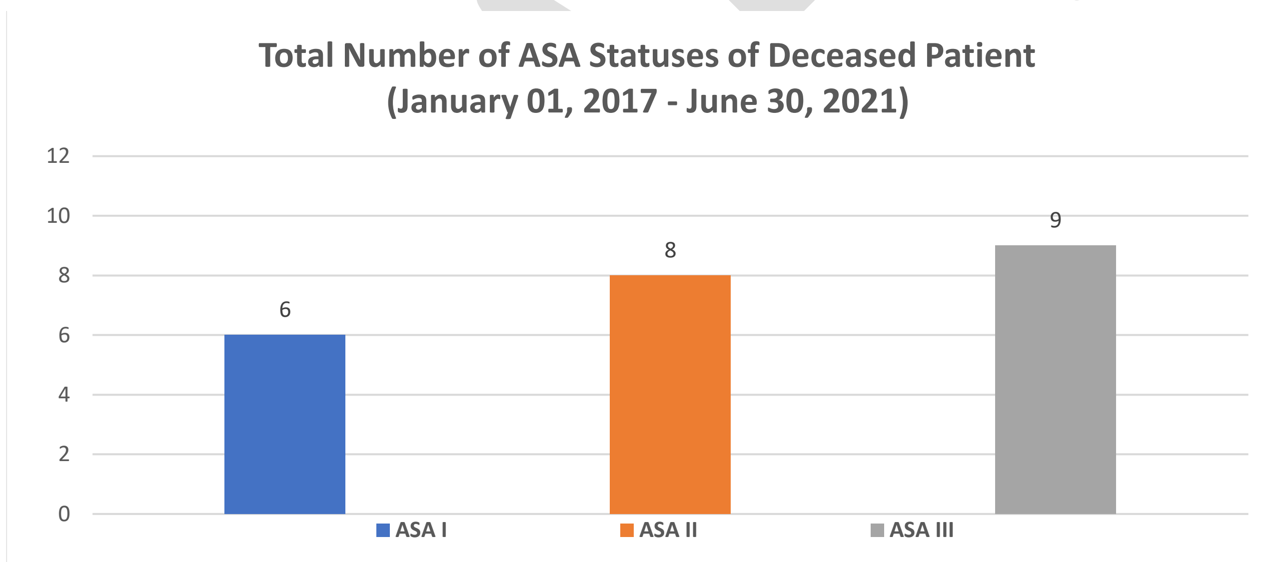
Sex of Deceased Patients by Age Group



- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age, there were a total of two death reports (1 male and 1 female).
  - For older pediatric patients ages 7-12, there were no reported deaths.
  - For adolescent patients ages 13-21, there was one death report (1 female).
  - For young adult patients ages 22-35, there was one hospitalization report (1 male).
  - For adult patients ages 36-45, there were a total of two death reports (2 males).
  - For middle-aged patients ages 46-65, there were a total of nine death reports (5 males and 4 females).
  - For senior patients ages 66 and up, there were a total of eight death reports (5 males and 3 females).
- The ratio of males to females was overall similar in number throughout the various age groups.

ASA Physical Status Classification (I, II, or III) of Deceased Patients by Age Group





- The general guidelines of the ASA Physical Status Classification System are outlined below:
  - ASA I: A normal healthy patient
  - ASA II: A patient with mild systemic disease
  - ASA III: A patient with severe systemic disease
  - ASA IV: A patient with severe systemic disease that is a constant threat to life (none reported)

- ASA V: A moribund patient who is not expected to survive without the operation (none reported)
- ASA VI: A declared brain-dead patient whose organs are being removed for donor purposes (none reported)

- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age: both patients were considered healthy.
  - For older pediatric patients ages 7-12: there no reports of death.
  - For adolescent patients ages 13-21: one patient was considered healthy.
  - For young adult patients ages 22-35: one patient was considered as having mild systemic disease.
  - For adult patients ages 36-45: two patients were considered as having severe systemic disease.
  - For middle-aged patients ages 46-65: two patients were considered healthy, five as having mild systemic disease, and two with severe systemic disease.
  - For senior patients ages 66 and up: one patient was considered healthy, two as having mild systemic disease, and five with severe systemic disease.
- In every age group combined, there were six patients considered "normal healthy patient," eight were considered as those with mild systemic disease, and nine were considered as those with severe systemic disease. Both of the patients from the younger age group were considered healthy, but in the adult patients age group, there were higher numbers of ASA status of II and III similar to the hospitalization statistics. Although the ASA guidelines go up to level VI, there were no reports of any hospitalized patients who were considered a level IV, V, or VI.

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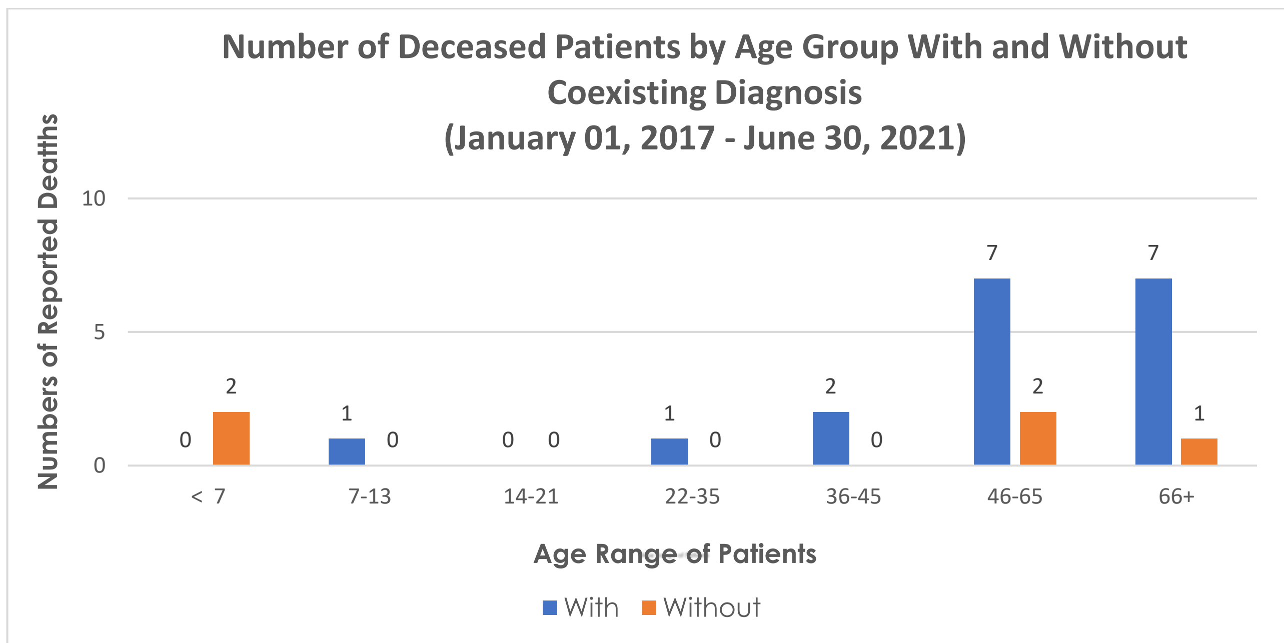
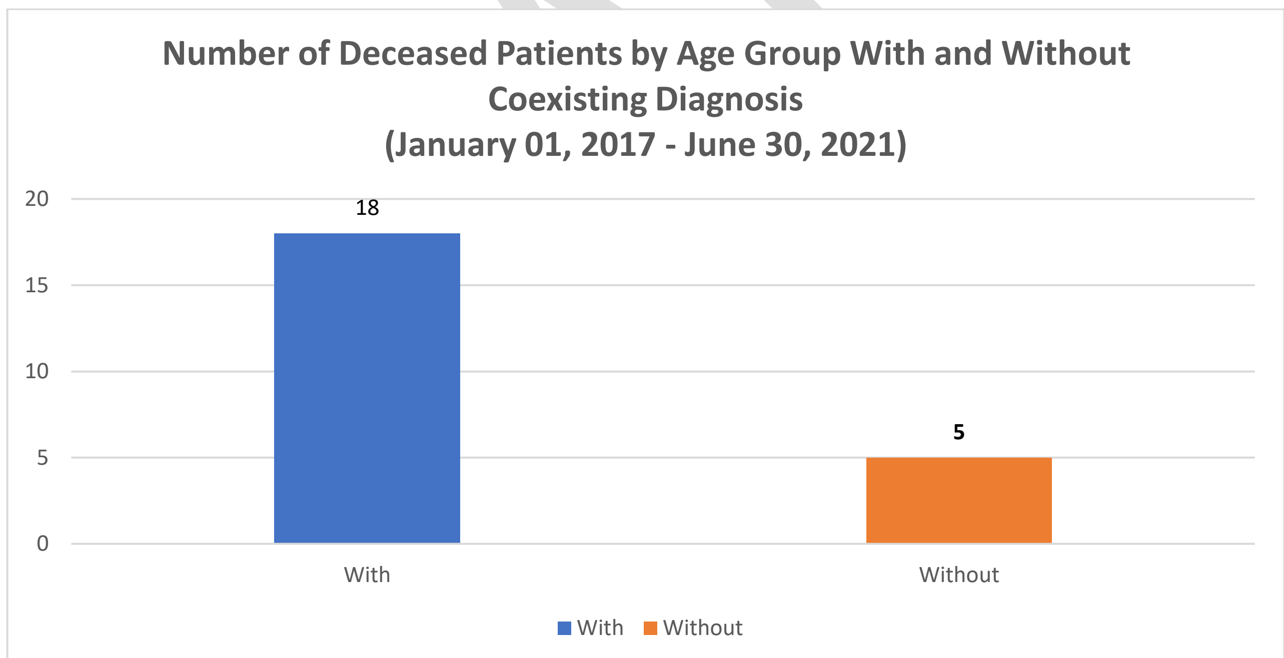
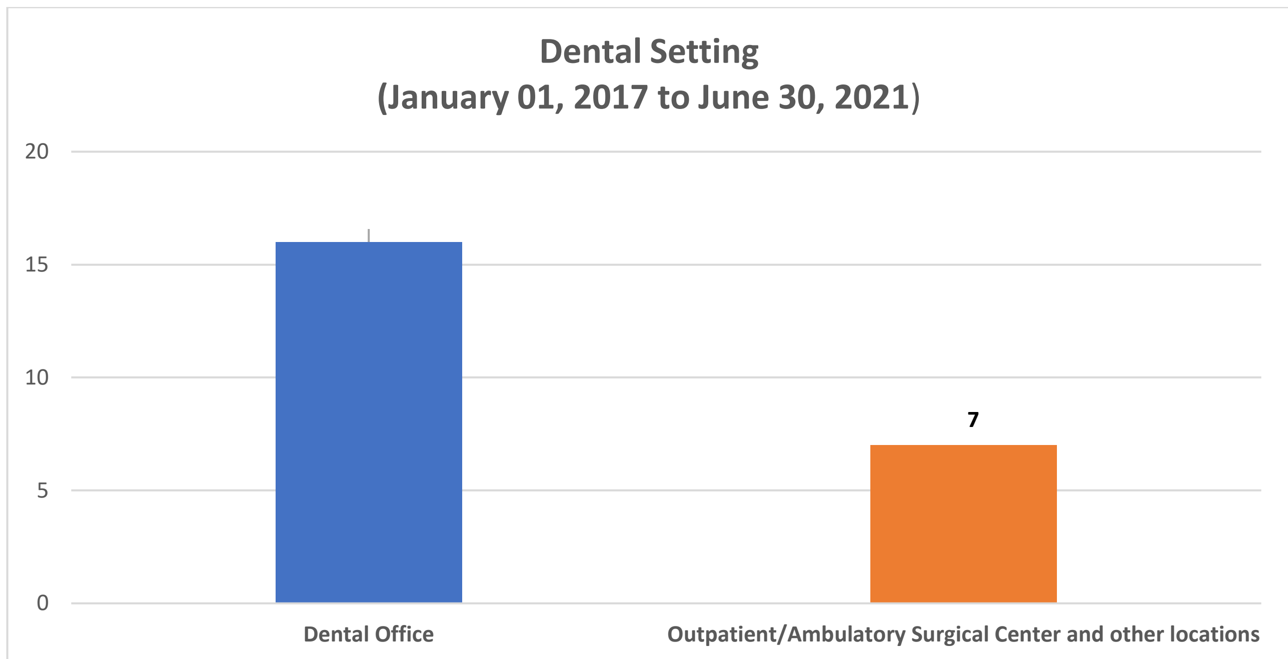
Number of Deceased Patients by Age Group With and Without Coexisting Diagnosis





- These charts represent deceased patients who, before their dental procedure, either had or did not have coexisting diagnosis. A total of 18 deceased patients were found to have a coexisting diagnosis; only five did not. Predictably, there were higher numbers of serious coexisting diagnoses, such as hypertension, diabetes, liver disease, and other serious conditions, beginning at age 46 and older.

Dental Setting Where Anesthesia and/or Sedation May Have Resulted in Patient's Death



- This chart represents the setting of the dental procedures that resulted in the death of patients possibly due to the administration of anesthesia and/or sedation. Out of the total 23 dental treatments that possibly resulted in death, 16 were conducted in a dental office, while seven were conducted in outpatient/ambulatory surgical centers and other locations that were not a dental office.

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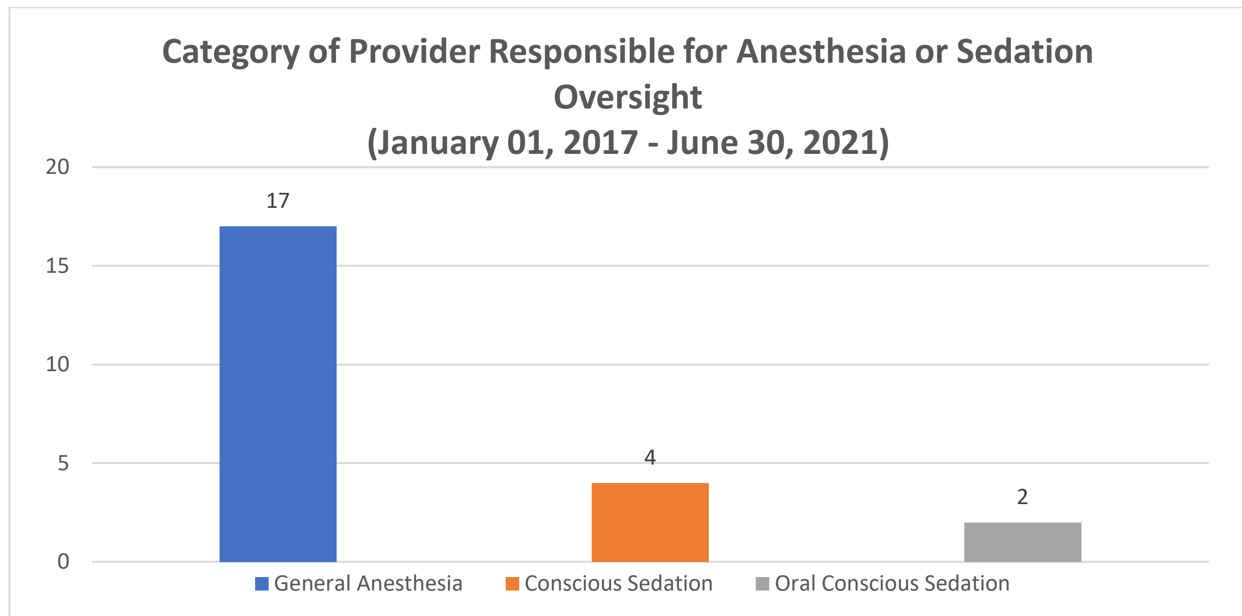
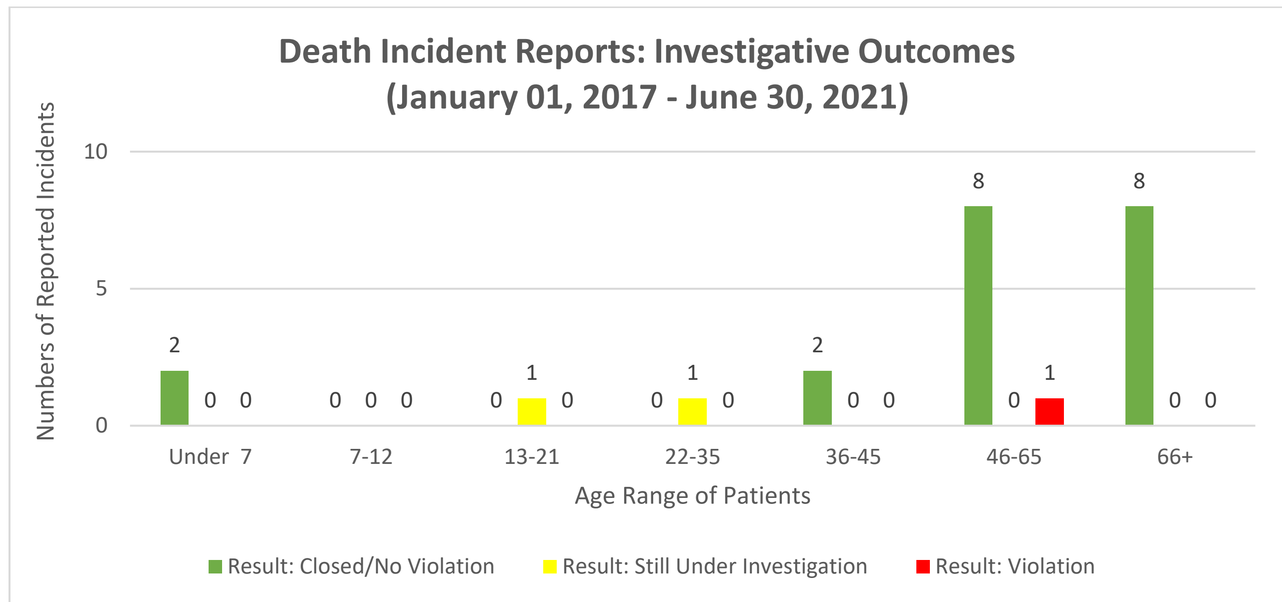
Category of Provider Responsible for Anesthesia or Sedation Oversight of Deceased Patient



- This chart represents the permit category (anesthesia or sedation) of the provider responsible for anesthesia or sedation oversight in cases where the patient had passed away possibly due to the administration of anesthesia and/or sedation under the dental provider's care or after they had left the premises.
  - Of the 23 cases of reported deaths, 17 of the care providers possessed a current general anesthesia permit at the time of the procedure.
  - Four of the care providers possessed a current conscious sedation permit
  - Two of the care providers possessed a current oral conscious sedation permit
- The provider responsible for anesthesia or sedation oversight was also the same provider who delivered the anesthesia and/or sedation and monitored the patient during the procedure. In the case of monitoring, aside from the provider, there were cases where registered dental assistants also participated in the monitoring.

Death Incident Reports: Investigative Outcomes



- This chart represents the Board's investigative outcomes from January 1, 2017, to June 30, 2021, for all reported deaths where anesthesia and/or sedation was administered.
- The Board has compiled and presents the following data:
  - For pediatric patients under 7 years of age, there were a total of two incident reports of death, and both of those cases resulted in no violations.
  - For older pediatric patients ages 7-12, there were no reported cases of death.
  - For adolescent patients ages 13-21, there was one incident report of death, which is pending further investigation.
  - For young adult patients ages 22-35, there was one incident report of death, which is pending further investigation.
  - For adult patients ages 36-45, there were a total of two incident reports of death, and both of those cases resulted in no violations.
  - For middle-aged patients ages 46-65, there were a total of nine incident reports of death. Of those nine, eight cases resulted in no violations, and only one case resulted in violation.
  - For senior patients ages 66 and up, there were a total of eight incident reports of death, none of which resulted in violations.

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- Percentages of the case results are broken down as follows:
    - 86.96% of cases were “Closed – No Violations”
    - 8.69% of cases are in “Pending” status
    - 4.35% of cases were “Violations”

RELEVANT PROFESSIONAL GUIDELINES, RECOMMENDATIONS, OR BEST PRACTICES FOR THE PROVISION OF DENTAL ANESTHESIA AND SEDATION CARE

To prepare its findings relevant to inform dental anesthesia and sedation standards, the Board reviewed the following professional organization guidelines, with pertinent highlights and excerpts.

- **American Dental Association (ADA) “Guidelines for Use of Sedation and General Anesthesia by Dentists” (2016)**
    - These guidelines defer to the American Academy of Pediatrics (AAP) and American Academy of Pediatric Dentistry (AAPD) guidelines relative to children.
    - Sedation and anesthesia are categorized as minimal sedation, moderate sedation, deep sedation, and general anesthesia with attendant definitions and physiologic parameters.
    - Concerns are raised about the continuum of anesthesia levels and that providers need to be able to identify and rescue patients who have gone to a level deeper than initially intended.
    - For minimal sedation, all providers and their staff need to be certified in Basic Life Support (BLS). A focused physical examination, including vital signs, must be performed on patients before this level of sedation. Positive pressure oxygen must be available and pulse oximetry should be considered for some patients.
    - For moderate sedation, providers must complete a training program consistent with the ADA guidelines for training programs or a Commission on Dental Accreditation (CODA) approved residency with appropriate training. Patients must be appropriately evaluated with the necessity of physician consultation when appropriate. Positive pressure oxygen must be available and end tidal carbon dioxide and auscultation of breath sounds must be available as well. Pulse oximetry, heart

rate, respiratory rate, blood pressure, and level of consciousness must be continually monitored.

- For deep sedation and general anesthesia, certification and BLS and Advanced Cardiac Life Support (ACLS) is indicated, and only providers who have completed a CODA-approved training program that includes deep sedation and general anesthesia as part of the curriculum may administer those levels of anesthesia. Patients must be physically assessed prior to anesthesia, including Body-Mass Index (BMI). Three individuals must be present in the operatory at the time of anesthesia, including two in addition to the operator who are BLS certified, one of whom needs to be designated to monitor the patient only during the procedure if the operator is doing the anesthetic as well. End tidal carbon dioxide and a precordial stethoscope are not mandated but must be immediately available.

- **<u>AAP "Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures" (2019)</u>**
  - These guidelines are a collaborative effort of the AAP and AAPD for the monitoring and management of pediatric patients undergoing sedation.
  - Appropriate physiologic monitoring by personnel not involved in the procedure allow for accurate and rapid diagnosis of complications.
  - Children younger than six years pose the greatest risk for adverse problems.
  - It is common for children to pass from levels of sedation to deeper unintended levels.
  - The patient chart shall contain a time-based record that includes the name, route, site, time, dosage, and patient effect of administered drugs.
  - Level of consciousness and responsiveness, heart rate, blood pressure, respiratory rate, end tidal carbon dioxide, and oxygen saturation must be documented in the chart.

- For moderate sedation, the practitioner must have Pediatric Advanced Life Support (PALS) certification, and a support person must be designated to monitor the physiologic parameters of the patient under sedation or anesthesia. This individual must have PALS certification. Monitoring includes oxygen saturation and heart rate. When communication is possible, capnography or precordial stethoscope is recommended. When communication is not possible, capnography (is required and preferred) or a precordial stethoscope is required.

- For deep sedation and general anesthesia, two individuals must be present throughout the procedure. Each of them must have appropriate training and PALS certification. One of these two needs to be an independent member of the team to administer drugs and observe the patient. The guidelines suggest this individual must be a physician anesthesiologist, certified registered nurse anesthetist, oral and maxillofacial surgeon, or dentist anesthesiologist.

o **<u>American Society of Anesthesiology – "Standards for Basic Anesthetic Monitoring" (2015)</u>**

  - Standards apply to all anesthesia care, including general anesthesia and monitored anesthesia care (moderate sedation).

  - Oxygenation (pulse oximetry), ventilation (patient observation, breath sounds, and end tidal carbon dioxide monitoring), circulation (EKG with every five-minute evaluation of blood pressure and heart rate), and temperature shall be continually evaluated during all anesthetics.

  - Temperature should be monitored when clinically indicated.

o **<u>ADA "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" (2016)</u>**

  - Emphasizes that level of sedation and anesthesia is not dependent on the route of administration. Training must be consistent with protecting the patient.

  - Supports the AAP/AAPD guidelines for pediatric sedation and anesthesia.

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- Deep sedation and general anesthesia must be taught in CODA-accredited postgraduate programs.
- Offers definitions for minimal sedation, moderate sedation, deep sedation, and general anesthesia.
- Supports the ASA classification of patients for anesthesia.
- Reiterates ASA fasting guidelines.
- Provides a suggested curriculum content for teaching minimal and moderate sedation at the pre-doctoral level.

o **<u>ADA "Guidelines for Teaching Pediatric Pain Control and Sedation to Dentists and Dental Students" (2021)</u>**

- The guidelines are very similar to the ADA guidelines for teaching pain control and sedation dentist and dental students with emphasis on the fact that pediatric patients are particularly difficult to deal with in the dental office.
- Provides direction for teaching minimal and moderate sedation to dentist and dental students for office care of pediatric patients.
- Reinforces support of the AAP/AAPD guidelines for pediatric anesthesia.
- Identifies pediatric patients as under 10 to 13 years of age with emphasis on increased risk with patients under six.
- Suggest a pre-doctoral curriculum should include education in pharmacological and nonpharmacological methods of managing pediatric patients.
- Stresses the need to understand maximal doses of local anesthesia for children.
- Recognizes that training for moderate sedation is not within the normal scope of a pre-doctoral educational program.
- Stresses the continuum of levels of anesthesia and potential need for rescue during the administration of any anesthetic.
- Reiterates the definitions for levels of anesthesia and routes of administration.
- Offers curriculum guidelines for teaching pain control for

pediatric patients at the pre-doctoral level.

- Offers curriculum guidelines for an extended course of education in moderate sedation with a specific number of hours and clinical cases to determine competency including the number of patients who must be under six years of age.

- **<u>Practice Guidelines for Moderate Procedural Sedation and Analgesia (2018)</u>**

  - Prepared by a task force of six organizations, including the American Association of Oral and Maxillofacial Surgeons (AAOMS), ADA, and American Society of Dentist Anesthesiologists (ASDA).
  - Specific for moderate sedation and does not provide suggestions as to the educational requirements to be able to administer moderate sedation.
  - Each of the participating organizations sent representatives to serve as members of the task force.
  - Emphasizes the need for potential rescue of patients from deeper levels of anesthesia.
  - Used published research analysis to validate the guidelines.
  - Stresses the importance of pre-procedural patient evaluation for adequate history and physical findings.
  - Charting includes level of consciousness, ventilation by clinical signs capnography and pulse and oximetry, hemodynamic monitoring by blood pressure, heart rate and EKG, and availability of an individual responsible for patient monitoring.
  - Supports use of capnography, pulse oximetry, and EKG for monitoring based on literature review.
  - Literature is insufficient to determine whether or not an individual dedicated to patient monitoring will reduce adverse outcomes.
  - Survey of panel members differed somewhat from literature findings. Task force opinion survey served as a basis for practice parameters.
  - Recommends:

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- Periodic monitoring of patient response to verbal commands.
- Using capnography for all patients under moderate sedation unless precluded.
- Pulse oximetry for all patients.
- Continuous monitoring of blood pressure and heart rate.
- EKG monitoring in patients with clinically significant cardiovascular disease.
- Record level of consciousness filtering oxygenation status and hemodynamic variables on record.
- Designating an individual with appropriate training other than the practitioner to monitor the patient throughout but not be part of the procedural team.

▪ Benzodiazepines and opioids are acceptable pharmacologic methods of providing moderate sedation.

▪ Propofol, ketamine, and etomidate are considered general anesthetic agents and not part of moderate sedation.

- **<u>ASA "Guidelines for Office-Based Anesthesia (2019)</u>**

▪ Written by and for medical anesthesiologists who plan to perform ambulatory anesthesia in outpatient offices.

▪ Places the responsibility on their members to investigate the areas where they are going to be practicing.

▪ Significant infrastructure or comments, such as having a medical director or written policies and procedures, included in the document.

▪ Suggest that all operating room personnel are qualified to do what they are doing.

▪ Discharge of patients is the responsibility of the physician.

▪ Personnel with advanced resuscitative technique training, such as ACLS and PALS, should be available until all patients are discharged.

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    - Generic statement that if children are being treated, all equipment, medication, and resuscitative capacities should be appropriately sized.
    - Nothing specific relative to dental offices.

- **<u>ASDA: Parameters of Care (2018)</u>**
    - Written specifically for dentist anesthesiologists.
    - Reinforces the concept of a continuum of anesthetic levels and supports the ASA definitions of levels of anesthesia.
    - Anesthesiologist must maintain ACLS certification for all patients and PALS certification for patients under 13.
    - For deep sedation or general anesthesia, three individuals must be present: operating dentist; dentist anesthesiologist; and a trained dental assistant.
    - If the dentist anesthesiologist is the operator, then a second licensed anesthesia provider should be present for deep sedation and general anesthesia.
    - For moderate sedation, the dentist anesthesiologist can be the operator but needs one appropriately trained support staff to help monitor the patient.
    - Agrees with ASA preoperative fasting guidelines.
    - Monitoring includes pulse oximetry, end tidal carbon dioxide, observation of chest excursions, EKG, and arterial blood pressure.
    - If triggering agents for malignant hyperthermia are used, monitoring of body temperature should be done, and agents to correct the emergency must be present.
    - A licensed general anesthesia provider is responsible for determining and documenting the criteria for discharge have been met.

COMPARATIVE REVIEW

Since the Board submitted its Pediatric Anesthesia Study in December 2016, there have been several statutory changes due to the enactment of SB 501. This report provides

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comment on contemporary California law in comparison to the above-referenced guidelines from other organizations where they are relevant.

The review of the guidelines did not produce significant differences in most of the publications as they were unchanged from prior to 2016. Several of the guidelines did put additional emphasis concerning pediatric anesthesia and are contrasted below with the minimal, moderate, and deep sedation and general anesthesia statutes enacted in SB 501 that become effective on January 1, 2022.

Monitoring Equipment

Most of the above guidelines reference the use of specific patient monitoring equipment or recommend specific monitoring information to be charted for the patient. Once the new statutes in SB 501 go into effect on January 1, 2022, California law will be more prescriptive in the monitoring equipment required to be used for both adults and children undergoing deep sedation or general anesthesia. SB 501 expanded an existing ground for discipline for unprofessional conduct and will require any dentist with patients undergoing deep sedation, general anesthesia, or moderate sedation to have the patients continuously monitored during the dental procedure with a pulse oximeter or similar or superior monitoring equipment and ventilation continuously monitored using at least two of the three following methods: (1) auscultation of breath sounds using a precordial stethoscope; (2) monitoring for the presence of exhaled carbon dioxide with capnography; and (3) verbal communication with a patient under moderate sedation (not applicable for a patient under deep sedation or general anesthesia). In addition, for patients under 13 years of age undergoing deep sedation or general anesthesia, SB 501 will require the additional dental personnel monitoring the patient to be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.

Personnel

Although the above guidelines vary with respect to the number of individuals (two or three) required to attend each patient under deep sedation, general anesthesia, or moderate sedation, California law will require three members for the operating/anesthesia team for children under the age of 13 undergoing moderate sedation, deep sedation, or general anesthesia. The operating dentist and one assistant must be PALS certified, with the PALS-certified assistant solely dedicated to monitoring the patient and trained to read and respond to monitoring equipment. For operating dentists who administer moderate sedation to children under 13, a pediatric endorsement will be required. For administration of deep sedation and general anesthesia to children under seven, the dentist must possess a pediatric endorsement.

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Education

The above guidelines generally recommend ACLS certification of operators treating all patients and PALS certification of operators treating patients under 13 years of age. The SB 501 education requirements for operating dentists are consistent with prior legislation in that a dentist who wishes to administer deep sedation or general anesthesia must have graduated either from a CODA-approved program in dental anesthesia or oral and maxillofacial surgery. Those who wish to administer moderate sedation to children under the age of 13 must complete a program that teaches moderate sedation with statutory requirements as to the number of hours and cases and obtain a pediatric endorsement, which further requires ACLS and PALS certification. Dental assistants who are involved in deep sedation, general anesthesia, or moderate sedation cases must undergo additional education, including PALS or other board-approved training in pediatric life support and airway management.

California law is more prescriptive than the above-referenced guidelines from the various organizations that are concerned about anesthesia and sedation administered in dental offices. California law provides a robust and articulated series of requirements to provide the best environment with potentially higher safety standards for in-office anesthesia and sedation in general and specifically for pediatric patients.

CONCLUSION

This report concludes that with the implementation of new minimal, moderate, and deep sedation and general anesthesia provisions enacted by SB 501 that become effective on January 1, 2022, California will have some of the highest patient monitoring standards for the administration of minimal, moderate, and deep sedation and general anesthesia to dental patients of all age groups and especially for children. California statutes meet and generally exceed the guidelines of all the organizations that are involved in the administration of anesthesia to children in dental offices.

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STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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MEMORANDUM

DATE	October 22, 2021
TO	Members of the Dental Board of California
FROM	Danielle Rogers, Attorney III Regulatory Legal Counsel Department of Consumer Affairs
SUBJECT	**Agenda Item 22:** Discussion and Possible Action to Consider Changes to Previously Proposed Text and Reauthorization of a Regular Rulemaking to Amend Title 16, California Code of Regulations Sections 1021, 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1044, 1044.1, 1044.2, 1044.3, and 1044.5,1070.8, Adopt sections 1017.1, 1043.8.1, 1043.9, 1043.9.1, 1043.9.2, and Repeal section 1044.4 (SB 501 Anesthesia and Sedation) and a Regular Rulemaking to Amend Title 16, California Code of Regulations Sections 1016 and 1017, and Adopt Section 1016.2 (Consolidated Continuing Education)

Background:

The Board has previously initiated two other rulemakings to amend California Code of Regulations, Title 16, Section 1017 relating to continuing education. The first rulemaking was initiated at the Board's November 2017 meeting and included amendments to sections 1016 and 1017. The second rulemaking was initiated at the Board's February 2019 meeting and included amendments to require a mandatory course on the responsibilities and requirements of prescribing Schedule II opioids as a condition of licensure renewal for dentists and made other clarifying amendments in a rulemaking to amend sections 1016 and 1017.

At the Board's May 2021 meeting, the Board consolidated amendments to sections 1016, 1016.2, and 1017 into a single rulemaking (consolidated package). The Board also voted at this meeting to initiate a rulemaking to make amendments related to Senate Bill (SB) 501 (Glazer, Chapter 929, Stats. of 2018). Amendments to section 1017 in the consolidated package included amendments to subdivisions (v) and (w) relating to SB 501 to enact continued competency requirements for licensees with general anesthesia and moderate sedation permits with pediatric endorsements.

Since the May 2021 meeting, Board staff have worked with Board Regulatory Legal Counsel to develop and obtain approval of the initial rulemaking documents required to accompany proposed language for the consolidated package for submission to the Office of Administrative Law (OAL) for publication and 45-day public comment. In the course of that review, counsel determined that a clarity issue existed as a result of the inclusion of certain SB 501 related amendments to section 1017 in the consolidated package. Specifically, counsel proposes to: (1) add subdivisions (v) and (w) of section 1017 into the SB 501 rulemaking package; (2) create a new section 1017.1 in the SB 501 package to include former subdivisions (v) and (w) from the consolidated package as new subdivisions (a) and (b); (3) amend section 1043.8 in the SB 501 package to include a reference to new section 1017.1; and (4) amend Form PE-1 to add a reference to section 1017.1 which currently refers only to section 1017.

The rationale: Subdivision (v) in section 1017 refers to section 1043.8.1, which would create new requirements for renewal of pediatric general anesthesia and moderate sedation permits contained in the SB 501 rulemaking package. However, those requirements in Section 1043.8.1 are currently being submitted in the SB 501 package so it makes more sense to locate that section 1017 subdivision in the SB 501 package. Otherwise, there will be cross-references to sections in the proposals for both packages that do not currently exist in law or regulation, thus creating a clarity problem. Moving these provisions of 1017 back into the SB 501 package would remove the clarity issue by having all new proposed sections that refer to one another in the same regulatory package.

In short, we request the Board authorize: (1) the addition of previously approved text for subdivisions (v) and (w) of section 1017 from the consolidated package into the SB 501 rulemaking package; (2) the creation of a new section 1017.1 in the SB 501 package to include former subdivisions (v) and (w) as new subdivisions (a) and (b) of section 1017.1; and (3) the amendment of section 1043.8 in the SB 501 package to include a reference to new section 1017.1. The consolidated proposed language of the SB 501 rulemaking package and the language of the consolidated package are enclosed for the Board's review and consideration.

Action Requested:

Approve consolidation of the text and the changes to the proposed text as provided in the meeting materials, and reauthorize a regular rulemaking as follows: Direct staff to submit this text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.

SB 501 ANESTHESIA AND SEDATION PROPOSED LANGUAGE AND FORMS INCORPORATED BY REFERENCE

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. DENTAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE
SB 501 (2018) Anesthesia and Sedation

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

Amend section 1021 of Article 6 of Chapter 1, sections 1043, 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, and 1043.8 of Article 5, sections 1044, 1044.1, 1044.2, 1044.3, and 1044.5 of Article 5.5 of Chapter 2, and section 1070.8 of Article 2 of Chapter 3, and add section 1017.1 of Article 4, section 1043.8.1 of Article 5 and sections 1043.9, 1043.9.1, 1043.9.2 of Article 5.1 of Chapter 2, and repeal section 1044.4 of Article 5.5 of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

§ 1017.1. ~~Processing Times. [Repealed]~~ Continued Competency Requirements for Renewal of Permits with Pediatric Endorsements.

(a) As a condition of renewal, each licensee who holds a general anesthesia permit with a pediatric endorsement shall provide documentation to the Board showing completion of twenty (20) cases of general anesthesia to pediatric patients as provided in Section 1043.8.1, subsections (c)-(e).

(b) As a condition of renewal each dentist licensee who holds a moderate sedation permit with a pediatric endorsement shall confirm to the Board in writing the following:

> (1) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under thirteen years of age either independently and/or under the direct supervision of another permit holder;
>
> (2) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under seven years of age either independently and/or under the direct supervision of another permit holder, and;
>
> (3) If applicable, if the licensee lacks sufficient cases, whether the licensee is administering moderate sedation to patients under seven years of age only the direct supervision of a permit holder who meets the qualifications of 1647.3 of the Code.

Note: Authority cited: Section 1614, Business and Professions Code
Reference: Sections 1646.2, and 1647.3, Business and Professions Code.

Article 6. Fees

§ 1021. Examination, Permit and License Fees for Dentists.

The following fees are set for dentist examination and licensure by the board**:

(a) Initial application for those applicants qualifying pursuant to Section 1632(c)(2) of the Business and Professions Code (the Code)	$400
(b) Initial application for those applicants qualifying pursuant to Section 1634.1 of the Code	$800
(c) Initial application for those applicants qualifying pursuant to Section 1632(c)(1) of the Code	$400
(d) Initial application fee for those applicants applying pursuant to Section 1635.5 of the Code	$525
(e) Initial license	$650*
(f) Biennial license renewal fee	$650
(g) Biennial license renewal fee for those qualifying pursuant to Section 1716.1 of the ~~c~~Code shall be one half of the renewal fee prescribed by subsection (f).	
(h) Delinquency fee -license renewal - The delinquency fee for license renewal shall be the amount prescribed by section 1724(f) of the ~~c~~Code.	
(i) Substitute certificate	$50
(j) Application for an A~~a~~dditional O~~o~~ffice P~~p~~ermit	$350
(k) Biennial renewal of A~~a~~dditional O~~o~~ffice P~~p~~ermit	$250
(l) Late change of practice registration	$50
(m) Fictitious N~~n~~ame P~~p~~ermit	
The fee prescribed by Section 1724.5 of the Code	
(n) Fictitious N~~n~~ame renewal	$325

(o) Delinquency fee -Ffictitious Nname renewal. The delinquency fee for fictitious name permits shall be one-half of the Ffictitious Nname Ppermit renewal fee	
(p) Continuing Eeducation Rregistered Pprovider fee	$410
(q) Application for General Aanesthesia or consciousModerate Ssedation Ppermit	$500524
(r) Oral Conscious Sedation Certificate Renewal Application for Pediatric Minimal Sedation Permit	$168459
(s) General Aanesthesia or consciousModerate Ssedation Ppermit renewal fee	$325
(t) Pediatric Minimal Sedation Permit renewal fee	$182
(tu) General Aanesthesia or consciousModerate Sedation Oon-site Iinspection and Eevaluation fee	$2,000
(uv) Application for a Special Permit	$1,000
(vw) Special Permit Renewal	$125
(wx) Initial Application for an Elective Facial Cosmetic Surgery Permit	$850
(xy) Elective Facial Cosmetic Surgery Permit Renewal	$800
(yz) Application for an Oral and Maxillofacial Surgery Permit	$500
(zaa) Oral and Maxillofacial Surgery Permit Renewal	$650
(aab) Continuing Education Registered Provider Renewal	$325
(abc) License Certification	$50
(acd) Application for Law and Ethics Examination	$125
(ade) Application for Adult or minor Ooral Cconscious Ssedation Ccertificate	$368459
(af) Adult Oral Conscious Sedation Certificate Renewal	$168
(ag) Application for Pediatric Endorsement for General Anesthesia Permit	$532
(ah) Application for Pediatric Endorsement for Moderate Sedation Permit	$532

*Fee pro-rated based on applicant's birth date.

**Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the ~~Business and Professions~~ Code.

Note: Authority cited: Sections 1614, 1635.5, 1634.2(c), 1724 and 1724.5, Business and Professions Code. Reference: Sections 1632, 1634.1, 1646.2, 1646.6, 1647.3, 1647.8, ~~1647.12,~~ 1647.~~15~~20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.

Chapter 2. Dentists

Article 5. General Anesthesia and ~~(~~Moderate~~) Conscious~~ Sedation

§ 1043. Definitions.

(a) For purposes of this article, “direct supervision” of deep sedation or general anesthesia means the permittee is in the immediate presence of a patient while deep sedation or general anesthesia is being administered to that patient and that the permittee or a member of the permittee's staff directly monitors the patient at all times.

(b) For purposes of this article, “outpatient” means a patient treated in a treatment facility which is not accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a “general acute care hospital” as defined in subdivision (a) of Section 1250 of the Health & Safety Code.

(c) For purposes of section 1682(a) of the ~~c~~Code:

(1) a patient under deep sedation or general anesthesia shall be considered “sedated” for that period of time beginning with the first administration of deep sedation or general anesthetic agents until that time when the patient is again conscious with a full return of protective reflexes, including the ability to respond purposely to physical stimulation and/or verbal command, when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient;

(2) a patient under ~~conscious~~moderate sedation shall be considered “sedated” for that period of time beginning with the first administration of ~~conscious~~moderate sedation agents until that time when no additional agents will be administered, the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(d) For purposes of ~~s~~Section 1682(b) of the ~~c~~Code, a patient shall be deemed to be “recovering from” ~~conscious~~moderate sedation, deep sedation, or general anesthesia from the time the patient is no longer “sedated” as that term is defined in subsection (c) above until the dentist has evaluated the patient and has determined the patient is

responsive, alert, has stable vital signs and is ambulatory and/or capable of being safely transported.

(e) For purposes of this article, “applicant” refers to applicants without permits, as well as permit holders subject to re-evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.1 and 1682, Business and Professions Code.

§ 1043.1. Permit Application Requirements.

(a) A licensed dentist does not need a general anesthesia or ~~conscious~~ moderate sedation permit if the deep sedation, general anesthesia, or ~~conscious~~ moderate sedation administered in that dentist's office is directly administered by a licensed dentist or physician and surgeon who possesses a general anesthesia or ~~conscious~~ moderate sedation permit, whichever is applicable to the type of anesthesia or sedation services being provided.

(b) For the purposes of Sections 1646.2 and 1646.9 of the Code, ~~A~~an applicant for a permit to administer deep sedation or general anesthesia ~~or order the administration of general anesthesia by a nurse anesthetist must be a licensed dentist in California who:~~ shall submit a completed “Application for General Anesthesia Permit” Form GAP-1 (New 05/2021) to the Board, which is hereby incorporated by reference. The application shall be accompanied by the application fee set forth in Section 1021.

~~(1) Has completed a residency program in general anesthesia of not less than one calendar year, that is approved by the board; or~~
~~(2) Has completed a graduate program in oral and maxillofacial surgery which has been approved by the Commission on Dental Accreditation.~~

(c) If the applicant wishes to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age, the applicant shall apply for a pediatric endorsement to their general anesthesia permit as set forth in Section 1043.8.1 and receive approval from the Board.

(~~c~~d) For the purposes of Section 1647.2 and 1647.3 of the Code, ~~A~~an applicant for a permit to administer or order the administration of ~~conscious~~ moderate sedation ~~must be a licensed dentist in California who meets the requirements set forth in section 1647.3 of the code~~shall submit a completed “Application for Moderate Sedation Permit” Form MSP-1 (New 05/2021), which is hereby incorporated by reference. The application shall be accompanied by the following:

(1) A completed “Certification of Moderate Sedation Training” Form MSP-2 (New 05/2021), which is hereby incorporated by reference; and

(2) The application fee set forth in Section 1021.

(e) If the applicant wishes to administer or order the administration of moderate sedation to patients under thirteen years of age, the applicant shall apply for a pediatric endorsement to their moderate sedation permit as set forth in Section 1043.8.1 and receive approval from the Board.

~~(d) The processing times for a general anesthesia or conscious sedation permit are set forth in section 1061.~~

Note: Authority cited: Sections 1614 and 1646.2, Business and Professions Code. Reference: Sections 1646.1, 1646.2, 1646.9, 1647.2, 1647.3 and 2827, Business and Professions Code.

§ 1043.2. Composition of Onsite Inspection and Evaluation Teams.

(a) An evaluation team shall consist of two or more persons chosen and approved by the board for the first evaluation, or in the event that an applicant has failed an evaluation. For each subsequent evaluation only one evaluator shall be required.

(b) The evaluators must meet one of the criteria in ~~subdivision~~subsection (b) of ~~s~~Section 1043.1 for general anesthesia or the criteria in ~~s~~Section 1647.3 of the ~~c~~Code for ~~conscious~~ moderate sedation and must have utilized general anesthesia, deep sedation, or ~~conscious~~ moderate sedation, whichever is applicable, in a dental practice setting for a minimum of three years immediately preceding their application to be an evaluator, exclusive of any general anesthesia, deep sedation, or ~~conscious~~ moderate sedation training.

(c) At least one of the evaluators must have experience in evaluation of dentists administering general anesthesia, deep sedation, or ~~conscious~~ moderate sedation. At least one member of the team must have substantial experience in the administration of the method of delivery of general anesthesia, deep sedation, or ~~conscious~~ moderate used by the dentist being evaluated.

(d) Evaluators shall possess a current, active, and unrestricted license from the Board or, the Medical Board of California for applicants qualifying under Section 1646.9 of the Code. For purposes of this section, “unrestricted” means not subject to any disciplinary action such as revocation, suspension, or probation.

(~~d~~e) The board may appoint a licensee member of the board to serve as a consultant at any evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, 1646.9, Business and Professions Code.

§ 1043.3. Onsite Inspections.

All offices in which general anesthesia, deep sedation, or ~~conscious~~ moderate sedation is conducted under the terms of this article shall, unless otherwise indicated, meet the standards set forth below. In addition, an office may in the discretion of the board be required to undergo an onsite inspection. For the applicant who administers in both an outpatient setting and at an accredited facility, the onsite must be conducted in an outpatient setting. The evaluation of an office shall consist of three parts:

(a) Office Facilities and Equipment. All equipment should be maintained, tested and inspected according to the manufacturers' specifications. In an office where anesthesia services are to be provided to pediatric patients, the required equipment, medication and resuscitative capabilities shall be appropriately sized for use on a pediatric population. The following office facilities and equipment shall be available ~~and shall be maintained in good operating condition~~:

(1) An operating theatre large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(2) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any operation underway at the time of general power failure.

(4) Suction equipment which permits aspiration of the oral and pharyngeal cavities. A backup suction device which can operate at the time of general power failure must also be available.

(5) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of allowing the administering of greater than 90% oxygen at a 10 liter/minute flow at least sixty minutes (650 liter "E" cylinder) to the patient under positive pressure, together with an adequate backup system which can operate at the time of general power failure.

(6) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theatre.

(7) Ancillary equipment:

(A) Laryngoscope complete with adequate selection of blades and spare batteries and bulb. (This equipment is not required for ~~conscious~~ moderate sedation.)

(B) Endotracheal tubes and appropriate connectors. (This equipment is not required for ~~conscious~~ moderate sedation.)

(C) Emergency airway equipment (oral airways, laryngeal mask airways or combitubes, cricothyrotomy device).

(D) Tonsillar or pharyngeal type suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps. (This equipment is not required for ~~conscious~~ moderate sedation.)

(F) Sphygmomanometer and stethoscope.

(G) Electrocardioscope and defibrillator. (This equipment is not required for ~~conscious~~ moderate sedation.)

(H) Adequate equipment for the establishment of an intravenous infusion.

(I) Precordial/pretracheal stethoscope.

(J) Pulse oximeter.

(K) Capnograph and temperature device. ~~A capnograph and temperature measuring device are required for the intubated patient receiving general anesthesia. (This equipment is not required for conscious sedation.)~~ Patients receiving moderate sedation, deep sedation, or general anesthesia shall have ventilation continuously monitored during the procedure by two of the following three methods:

(i) Auscultation of breath sounds using a precordial stethoscope.

(ii) Monitoring for the presence of exhaled carbon dioxide with capnography.

(iii) Verbal communication with a patient under moderate sedation. This method shall not be used for a patient under deep sedation or general anesthesia.

(b) Records. The following records shall be maintained:

(1) Adequate medical history and physical evaluation records updated prior to each administration of ~~general anesthesia or conscious sedation~~ moderate sedation, deep

sedation, or general anesthesia. Such records shall include, but are not limited to the recording of the age, sex, weight, physical status (American Society of Anesthesiologists Classification), medication use, any known or suspected medically compromising conditions, rationale for sedation of the patient, and visual examination of the airway, and for general anesthesia or deep sedation only, auscultation of the heart and lungs~~ as medically required~~.

(2) Moderate sedation, deep sedation, and/or general anesthesia~~ General Anesthesia and/or conscious sedation~~ records, which shall include a time-oriented record with preoperative, multiple ~~interaoperative~~intraoperative, and postoperative pulse oximetry (every 5 minutes intraoperatively and every 15 minutes postoperatively for general anesthesia or deep sedation) and blood pressure and pulse readings, (both every 5 minutes intraoperatively for general anesthesia or deep sedation), drugs [amounts administered and time administered], length of the procedure, any complications of anesthesia or sedation and a statement of the patient's condition at time of discharge.

(3) Records shall include the category of the provider responsible for sedation oversight, the category of the provider delivering sedation, the category of the provider monitoring the patient during sedation, and whether the person supervising the sedation performed one or more of the procedures. Categories of providers are defined in Section 1680(z)(3) of the Code.

(~~3~~4) Written informed consent of the patient or, as appropriate, patient’s conservator, or the informed consent of a person authorized to give such consent for the patient, or if the patient is a minor, his or her parent or guardian, pursuant to Section 1682(e) of the Code.

(c) Drugs. Emergency drugs of the following types shall be available:

(1) Epinephrine

(2) Vasopressor (other than epinephrine)

(3) Bronchodilator

(4) Muscle relaxant (This is not required for ~~conscious~~ moderate sedation.)

(5) Intravenous medication for treatment of cardiopulmonary arrest (This is not required for ~~conscious~~ moderate sedation.)

(6) Appropriate drug antagonist

(7) Antihistaminic

(8) Anticholinergic

(9) Antiarrhythmic (This is not required for ~~conscious~~ moderate sedation.)

(10) Coronary artery vasodilator

(11) Antihypertensive (This is not required for ~~conscious~~ moderate sedation.)

(12) Anticonvulsant

(13) Oxygen

(14) 50% dextrose or other antihypoglycemic

(d) Prior to an onsite inspection and evaluation, the dentist shall provide a complete list of his/her emergency medications to the evaluator.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.2, 1646.3, 1647.3 and 1647.6, Business and Professions Code.

§ 1043.4. Evaluation Standards.

The evaluation of an applicant for a permit shall consist of two parts:

(a) Demonstration of a General Anesthesia or Deep Sedation. A dental procedure utilizing general anesthesia or deep sedation administered by the applicant must be observed and evaluated. Any anesthesia or deep sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while anesthetized or sedated and during recovery from anesthesia or sedation in the manner prescribed by ~~s~~Section 1682 of the ~~c~~Code.

The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by ~~s~~Section 1043.3(a) and is capable of using that equipment.

(b) Demonstration of a ~~Conscious~~Moderate Sedation. A dental procedure utilizing ~~conscious~~ moderate sedation administered by the applicant must be observed and evaluated. Any ~~conscious~~ moderate sedation technique that is routinely employed can be demonstrated. The patient shall be monitored while sedated and during recovery from sedation in the manner prescribed by ~~s~~Section 1682 of the ~~c~~Code. The applicant for a permit must demonstrate that he or she has knowledge of the uses of the equipment required by ~~s~~Section 1043.3(a) and is capable of using that equipment.

(c) Simulated Emergencies. Knowledge of and a method of treatment must be physically demonstrated by the dentist and his or her operating team for the following emergencies:

(1) Airway obstruction

(2) Bronchospasm

(3) Emesis and aspiration of foreign material under anesthesia

(4) Angina pectoris

(5) Myocardial infarction

(6) Hypotension

(7) Hypertension

(8) Cardiac arrest

(9) Allergic reaction

(10) Convulsions

(11) Hypoglycemia

(12) Syncope

(13) Respiratory depression

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.5. Cancellation of an Onsite Inspection and Evaluation.

(a) Whenever a ~~conscious~~ <u>moderate</u> sedation or general anesthesia permittee or applicant cancels an onsite inspection and evaluation, that permittee or applicant shall provide the board with a written reason for the cancellation. If the first cancellation occurs 14 calendar days or more before the date of the scheduled inspection and evaluation, the fee paid shall be applied toward the next scheduled inspection and evaluation. If the cancellation occurs less than 14 calendar days before the scheduled inspection and evaluation, the fee shall be forfeited and a new fee shall be paid before the inspection and evaluation will be rescheduled.

(b) If a permittee or applicant cancels the inspection and evaluation for a second time, all fees are forfeited and the permit shall be automatically suspended or denied unless a new fee has been paid and an onsite inspection and evaluation has been completed within 30 calendar days from the date of the second cancellation.

(c) If a permittee or applicant cancels the scheduled onsite inspection and evaluation for a third time, all fees are forfeited and that cancellation shall be deemed a refusal to submit to an inspection and evaluation, and in accordance with Sections 1646.4 and 1647.7 of the ~~c~~Code, the permit shall be automatically revoked or denied as of the date of the third cancellation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1646.7, Business and Professions Code.

§ 1043.6. Grading of Inspection and Evaluation.

(a) The inspection and evaluation shall be graded on a pass/fail system. The grade shall be determined by the board, based upon a recommendation of the evaluators, who shall make independent evaluations and recommendations.

(b) The evaluation team shall recommend one of the following grades:

(1) Passed Evaluation. Permit holder met all required components of the onsite inspection and evaluation as provided in sections 1043.3 and 1043.4; or

(2) Conditional Approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. "Conditional approval" means the applicant must submit written proof of correcting the deficiencies to the Board within fifteen (15) days of receiving notice of the deficiencies by showing the action taken by the applicant, including retention of proper equipment or documentation, to correct the deficiencies before a permit is issued; or

(3) Failed Simulated Emergency. Permit holder failed one or more simulated emergency scenario(s) required for the on-site inspection and evaluation; or

(4) Failed Evaluation. Permit holder failed due to multiple deficient components required for the on-site inspection and evaluation or failed to comply with the conditions for issuance of a conditional approval as provided in subsection (b)(2) of this section.

(~~b~~c) ~~An applicant who has failed the evaluation may appeal that decision to the board and request a reevaluation. This appeal must be made in writing to the board stating the grounds for the appeal within thirty (30) days after the date on which the evaluation results were mailed. However, p~~Pursuant to ~~s~~Sections 1646.4(a), 1646.9(d) and 1647.7(a) of the ~~c~~Code, the permit of any applicant who has failed an onsite inspection and evaluation shall be automatically suspended 30 days after the date on which the board notifies the applicant of the failure unless, within that time period, the applicant has retaken and passed an onsite inspection and evaluation.
~~Upon receipt of the appeal request and an additional evaluation fee, the board will schedule an independent reevaluation of the appellant.~~ If an applicant has failed two

evaluations, the board will decide the matter and may grant or deny a permit or request further evaluation of the appellant with a board member or other board appointed representative being present. The applicant must successfully complete remedial education in a subject within the scope of the onsite inspection and evaluation as determined by the Board prior to being retested if a third onsite inspection and evaluation is granted or prior to the issuance of a new permit.

(~~c~~d) An applicant who has failed the inspection and evaluation solely on the basis of a failure to demonstrate knowledge and ability in recognition and treatment of any or all of the simulated emergencies may be reevaluated only on the simulated emergencies provided the reevaluation is within 30 days.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4, 1646.9, and 1647.7, Business and Professions Code.

§ 1043.7. Manner of Giving Notice of Evaluation.

Upon receipt of either an application for a general anesthesia permit or a ~~conscious~~ moderate sedation permit or where the board determines in any other case that there shall be an onsite inspection and evaluation, the board shall determine the date and time of such evaluation and shall so inform the dentist.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.4 and 1647.7, Business and Professions Code.

§ 1043.8. Renewal.

A general anesthesia or ~~conscious~~ moderate sedation permit shall be renewed biennially upon certification by the permit holder that he/she has met all applicable continuing education requirements in section 1017 and continuing competency requirements for the particular permit in section 1017.1, payment of the required fee in section 1021 and if required, successful completion of an onsite inspection and evaluation.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1646.1, 1646.2, 1646.5, 1646.6, 1647.2, 1647.3, 1647.5 and 1647.8, Business and Professions Code.

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;
(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;
(3) A completed Form PE-1 (05/2021) "Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement," which is hereby incorporated by reference;
(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
(5) An application fee as set forth in section 1021; and,
(6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;
(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;
(3) A completed Form PE-1 as provided in this section;
(4) A certificate or other documentary evidence of current certification in Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
(6) An application fee as set forth in section 1021; and,
(7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.

(c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.

(d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form

PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.

(e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.

Article 5.1. Pediatric Minimal Sedation

§ 1043.9. Definitions.

For purposes of this Article, the terms set forth below shall be defined as follows:

(a) “Another sedation permit” means a current permit for deep sedation or general anesthesia, a current moderate sedation permit with pediatric endorsement, or a current permit described in subdivision (a)(2) of Section 1647.31 of the Code.

(b) “Outpatient basis” as used in Section 1647.31 of the Code means all settings where pediatric minimal sedation is being provided to dental patients with the exception of a treatment facility which is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a “general acute care hospital” as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(c) “Pediatric patient” means a patient under 13 years of age.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.31, Business and Professions Code.

§ 1043.9.1. Requirements; Standards.

(a) A licensed dentist who desires to administer or order the administration of pediatric minimal sedation on an outpatient basis is not required to apply to the Board for a pediatric minimal sedation permit if they possess another sedation permit from the Board.

(b) For the purposes of Sections 1647.31 and 1647.32 of the Code, an applicant for a pediatric minimal sedation permit shall submit a completed “Application for Pediatric Minimal Sedation Permit” PMSP-1 (New 05/2021), which is hereby incorporated by reference, to the Board and shall be accompanied by the applicable fee as set by Section 1021. The application shall be accompanied by a “Certification of Pediatric Minimal Sedation Training” Form PMSP-2 (New 05/2021), which is hereby incorporated by reference.

(c) The office in which the pediatric minimal sedation is administered shall meet the facilities and equipment standards set forth in Section 1043.9.2.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.31 and 1647.32, Business and Professions Code.

§ 1043.9.2. Facility and Equipment Standards.

A facility in which minimal sedation is administered to pediatric patients pursuant to this article shall meet the standards set forth herein.

(a) Facility and Equipment. A facility shall possess:

(1) An operatory large enough to adequately accommodate the pediatric patient and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair that permits the patient to be positioned so the attending team can maintain the airway, quickly alter a patient's position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system adequate to permit evaluation of the pediatric patient's skin and mucosal color and a backup lighting system that is battery powered and of sufficient intensity to permit completion of any treatment that may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be appropriate for use on and capable of accommodating the pediatric patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment. If used in conjunction with oral sedation, it must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for a pediatric patient's size and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(b) An emergency cart or kit available and readily accessible that shall include the necessary and appropriate emergency drugs and size-appropriate equipment to resuscitate a nonbreathing and unconscious pediatric patient and provide

continuous support while the pediatric patient is transported to a medical facility. Emergency drugs of the following types shall be available:

(1) Epinephrine,

(2) Bronchodilator,

(3) Appropriate drug antagonists,

(4) Antihistaminic,

(5) Anticholinergic,

(6) Anticonvulsant,

(7) Oxygen, and,

(8) Dextrose or other antihypoglycemic.

(c) Ancillary equipment must include the following, and be maintained in good operating condition:

(1) Oral airways capable of accommodating pediatric patients of all sizes.

(2) A sphygmomanometer with cuffs of appropriate size for pediatric patients of all sizes.

(3) A precordial/pretracheal stethoscope.

(4) A pulse oximeter.

(d) A facility must maintain the following records:

(1) An adequate medical history and physical evaluation, updated prior to each administration of pediatric minimal sedation. Such records shall include, but are not limited to, an assessment including an evaluation of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the pediatric patient and written informed consent of the parent or legal guardian of the pediatric patient.

(2) Pediatric minimal sedation records that include baseline vital signs. If obtaining baseline vital signs is prevented by the pediatric patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local

and inhalation anesthetics, the length of the procedure, any complications of oral sedation, and a statement of the pediatric patient's condition at the time of discharge.

(3) Documentation that all emergency equipment is checked to determine operability and safety for the patient consistent with the manufacturer’s recommendation.

(4) Documentation that all drugs maintained at the facility are checked at least quarterly for expired drugs and an adequate supply for the patient population served.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.30 and 1647.32, Business and Professions Code.

Article 5.5. Oral Conscious Sedation

§ 1044. Definitions.

For purposes of this Article and of Article~~s 2.85 and~~ 2.86, of Chapter 4, of Division 2 of the Code, the terms set forth below shall be defined as follows:

(a) “Outpatient basis” means “outpatient setting” as used in Health and Safety Code Sections 1248 and 1248.1 and means all settings where oral conscious sedation is being provided to dental patients with the exception of a treatment facility which is accredited by the Joint Commission on Health Care Organizations or licensed by the California Department of Health Services as a “general acute care hospital” as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(b) A patient under oral conscious sedation shall be considered “sedated” for that period of time beginning with the administration of oral conscious sedation and continuing until that time when the dental procedures have been completed, and after the maximum effects of all agents have been experienced by the patient.

(c) “Age-appropriate” means ~~under 13 years of age for the oral conscious sedation certificate for minor patients and~~ 13 years or older for the oral conscious sedation certificate for adult patients.

(d) For the purposes of adult oral conscious sedation, administering a drug to a patient in a dose that exceeds the maximum recommended dose as established and listed by the United States Food and Drug Administration (FDA) on the drug's FDA-approved professional labeling insert or packaging information shall be considered to exceed the single maximum dose that can be prescribed for home use.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section~~s 1647.10 and~~ 1647.18, Business and Professions Code.

§ 1044.1. Requirements; Standards.

An applicant for an oral conscious sedation certificate shall submit to the Board ~~either an "Application for Oral Conscious Sedation for Minors Certificate" OCS-1 (Rev. 01/05) or~~ an completed ~~"Application for Adult Oral Conscious Sedation Certificate" OCS-3 (Rev. 03/07)~~"Application for Use of Oral Conscious Sedation on Adult Patients" Form OCS-C (New 05/2021), which is hereby incorporated by reference, ~~and shall be~~ accompanied by the applicable fee as set by Section 1021. A dentist is not required to possess an oral conscious sedation certificate if the oral conscious sedation administered to his or her patient is directly administered and monitored by a dentist who possesses a general anesthesia permit, a ~~conscious~~moderate sedation permit~~, or an oral conscious sedation certificate for a minor patient~~ or is administered by a licensed physician and surgeon who possesses a general anesthesia permit. ~~A dentist who only possesses an adult oral conscious sedation certificate may not provide oral conscious sedation to a minor patient.~~ Notwithstanding the above, the office in which the oral conscious sedation is administered shall meet the facilities and equipment standards set forth in Section 1044.5.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.11,~~ 1647.18 and 1647.19, Business and Professions Code.

§ 1044.2. Board Approved Programs.

(a) For purposes of ~~Section 1647.12(b) and~~ Section 1647.20(b) of the Code, a post-doctoral program in periodontics, a general practice residency or advanced education in a general dentistry post-doctoral program accredited by the Commission on Dental Accreditation that meets the didactic and clinical requirements of Section 1044.3 shall be deemed to be approved by the B~~b~~oard. A dentist must submit a copy of his or her certificate of completion from a B~~b~~oard approved educational program as defined in Section 1044.3 or diploma from a recognized dental residency or post-doctoral program as defined in this section.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.12,~~ 1617.18 and 1647.20, Business and Professions Code.

§ 1044.3. Board Approved Education.

(a) The goal of an instructional program in oral medications and sedation is to provide the educational opportunity for dentists to receive training in the techniques and skills required to safely and effectively administer oral pharmacologic agents, alone or in combination with nitrous oxide-oxygen inhalation, for the purpose of obtaining conscious sedation in the ~~minor or~~ adult dental patient.

(b) The educational program shall be approved by the B~~b~~oard and shall consist of satisfactory completion of at least 25 hours of instruction including a clinical component utilizing at least one age-appropriate patient. ~~The program shall be directed solely toward either the administration of oral conscious sedation to adult patients or the~~

~~administration of oral conscious sedation to minor patients.~~ The program shall include but not be limited to, the following areas:

(1) Historical, philosophical, and legal aspects of age-appropriate oral conscious sedation of dental patients, including the ~~Business and Professions~~ Code.
(2) Indications and contraindications for the utilization of age-appropriate oral conscious sedation in dental patients.
(3) Patient evaluation and selection through a review of the medical history, physical assessment, and medical consultation.
(4) Definitions and characteristics for levels of sedation achieved with oral sedative agents, with special emphasis on the distinctions between ~~conscious~~moderate sedation, deep sedation, and general anesthesia as recognized by such organizations as the American Dental Association ~~and the American Academy of Pediatric Dentistry~~ and the board
(5) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on, and clinical experience in, establishing and maintaining an age-appropriate patent airway in the patient.
(6) Pharmacology of agents used in contemporary oral conscious sedation techniques, including drug interactions, incompatibilities and side effects and adverse reactions.

(7) Indications, contraindications, and technique considerations in the use of different contemporary age-appropriate oral conscious sedation modalities for dental patients.

(8) Patient monitoring during all stages of the procedure by clinical observation and appropriate mechanical devices for responsiveness, airway patency, and recording of vital signs.

(9) Importance of and techniques for maintaining proper documentation of the procedure, including aspects of informed consent, pre- and post-operative instructions, dietary considerations, preoperative health evaluation, rationale for the procedure, baseline and intermittent vital signs, a detailed record of all oral and inhalation drugs administered, the patient response to the drugs, and recovery and discharge criteria.

(10) Prevention, recognition and management of complications and life-threatening situations that may arise during age-appropriate oral conscious sedation of the dental patient, including the principles of advanced life support.

(c) A provider of a course in oral medications and sedation intending to meet the requirements of this section shall submit to the board an application, on form OCS-6 (rev. 07/07), “Application for Course Approval for Oral Conscious Sedation,” incorporated herein by reference. The board may approve or deny approval of any such course. Approval shall be granted after an evaluation of all components of the course

has been performed and such evaluation indicates that the course meets the requirements of this section.

(d) Approval by the board of a course in oral medications and sedation shall remain in effect for a period of twenty-four months, unless withdrawn sooner, after which a new application for approval must be submitted to the board.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section~~s~~ ~~1647.10, 1647.12 and~~ 1647.20, Business and Professions Code.

§ 1044.4. Documentation of 10 Cases.[Repealed]

~~(a) For the purposes of Section 1647.20(d), an applicant for an oral conscious sedation certificate for adult patients who has been using oral conscious sedation in connection with the treatment of adult patients shall submit the following documentation for each of the 10 cases of oral conscious sedation on form OCS-4 (Rev 03/07) "Documentation of Oral Conscious Sedation Cases," incorporated herein by reference.~~

~~(1) Patient's sex, age, and weight.~~

~~(2) Date of oral conscious sedation procedure.~~

~~(3) Type of dental procedure performed and duration of sedation.~~

~~(4) A description of the method, amount, and specific oral conscious sedation agent administered.~~

~~(5) A statement on how the patient was monitored and by whom.~~

~~(6) Patient's condition at discharge.~~

~~(b) Applicants shall also provide documentation or patient records for each oral conscious sedation case, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge for each patient.~~

~~(c) Applicants shall submit legible copies of the above required information with patient identifying information redacted.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1647.10, 1647.12, 1647.20 and 1647.22, Business and Professions Code.~~

§ 1044.5. Facility and Equipment Standards.

All equipment shall be maintained, tested and inspected according to the manufacturers' specifications. A facility in which oral conscious sedation is administered to patients pursuant to this article shall also meet the standards set forth below.

(a) Facility and Equipment.

(1) An operatory large enough to adequately accommodate the patient and permit a team consisting of at least three individuals to freely move about the patient.

(2) A table or dental chair which permits the patient to be positioned so the attending team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the management of cardiopulmonary resuscitation.

(3) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system which is battery powered and of sufficient intensity to permit completion of any treatment which may be underway at the time of a general power failure.

(4) An appropriate functional suctioning device that permits aspiration of the oral and pharyngeal cavities. A backup suction device that can function at the time of general power failure must also be available.

(5) A positive-pressure oxygen delivery system capable of administering greater than 90% oxygen at a 10 liter/minute flow for at least sixty minutes (650 liter "E" cylinder), even in the event of a general power failure. All equipment must be age-appropriate and capable of accommodating the patients being seen at the permit-holder's office.

(6) Inhalation sedation equipment, if used in conjunction with oral sedation, must have the capacity for delivering 100%, and never less than 25%, oxygen concentration at a flow rate appropriate for an age appropriate patient's size, and have a fail-safe system. The equipment must be maintained and checked for accuracy at least annually.

(b) Ancillary equipment, which must include the following, and be maintained in good operating condition:

(1) Age-appropriate oral airways capable of accommodating patients of all sizes.

(2) An age-appropriate sphygmomanometer with cuffs of appropriate size for patients of all sizes.

(3) A precordial/pretracheal stethoscope.

(4) A pulse oximeter.

(c) The following records shall be maintained:

(1) An adequate medical history and physical evaluation, updated prior to each administration of oral conscious sedation. Such records shall include, but are not limited to, an assessment including at least visual examination of the airway, the age, sex, weight, physical status (American Society of Anesthesiologists Classification), and rationale for sedation of the ~~minor~~ patient as well as written informed consent of the patient or, as appropriate, patient's conservator, or the informed consent of a person authorized to give such consent for the patient ~~parent or legal guardian of the patient~~.

(2) Oral conscious sedation records shall include baseline vital signs. If obtaining baseline vital signs is prevented by the patient's physical resistance or emotional condition, the reason or reasons must be documented. The records shall also include intermittent quantitative monitoring and recording of oxygen saturation, heart and respiratory rates, blood pressure as appropriate for specific techniques, the name, dose and time of administration of all drugs administered including local and inhalation anesthetics, the length of the procedure, any complications of oral sedation, and a statement of the patient's condition at the time of discharge.

(d) An emergency cart or kit shall be available and readily accessible and shall include the necessary and appropriate drugs and age- and size-appropriate equipment to resuscitate a nonbreathing and unconscious patient and provide continuous support while the patient is transported to a medical facility. There must be documentation showing that all emergency equipment and drugs are checked and maintained on a prudent and regularly scheduled basis. Emergency drugs of the following types shall be available:

(1) Epinephrine

(2) Bronchodilator

(3) Appropriate drug antagonists

(4) Antihistaminic

(5) Anticholinergic

(6) Anticonvulsant

(7) Oxygen

(8) Dextrose or other antihypoglycemic

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1647.10, 1647.16,~~ 1647.22 and 1647.24, Business and Professions Code.

Chapter 3. Dental Auxiliaries

Article 2. Educational Programs

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this ~~S~~section, the following definitions apply: "IV" means intravenous, "AED" means automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and "EKG" both mean electrocardiogram.

(a)(1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or ~~conscious~~ moderate sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer ~~conscious~~ moderate sedation, deep sedation, or general anesthesia, who shall be at the patient's chairside while ~~conscious~~ moderate sedation, deep sedation, or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in ~~subdivisions~~subsections (j), (k), (l), (m), and (n) ~~of this Section~~ during no less than twenty (20) supervised cases utilizing ~~conscious~~ moderate sedation, deep sedation, or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank;

one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by ~~Cal. Code Regs., Title 16,~~ Section 1043 for the administration of general anesthesia, deep sedation, or ~~conscious~~ moderate sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to ~~Business and Professions Code~~ Section 1750.5 of the Code.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in ~~subdivisions~~subsections (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this ~~S~~section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between ~~conscious~~ moderate sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support and resuscitation of pediatric patients.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia, deep sedation, or ~~conscious~~ moderate sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:
(A) Characteristics of pretracheal/precordial stethoscope.
(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.
(C) Characteristics of rhythm interpretation and waveform analysis basics.
(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.
(E) Characteristics and use of an AED.
(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.
(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this ~~S~~section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.
(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in ~~S~~section 1070.8(a)(3), and shall then be eligible to complete an examination on this ~~S~~section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.
(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.
(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.
(D) Characteristics of manual and automatic respiration assessment.
(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.
(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.
(G) Procedure for use and maintenance of capnograph.
(H) Characteristics for monitoring blood and skin color and other related factors.
(I) Procedures and use of an oxygen delivery system.
(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this ~~S~~section.

(A) Assessment of respiration rates.
(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
(C) Monitoring oxygen saturation with a pulse oximeter.
(D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this ~~S~~section.

(A) Assessment of respiration rates.
(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
(C) Monitoring oxygen saturation with a pulse oximeter.
(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this ~~S~~section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.
(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.
(D) Procedures for adding drugs, medications, and fluids by IV bolus.
(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this ~~S~~section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this ~~S~~section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this ~~S~~section.

(o) 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.

(p) 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 Dental Sedation 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 1750.4, 1750.5 and 1752.4, Business and Professions Code.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR GENERAL ANESTHESIA PERMIT

FEES Application Fee: $524.00 (Must be enclosed with application) **APPLICATION FEES ARE NON-REFUNDABLE**	*For Office Use Only* Rec # ________________ Fee Pd ________________ Date Cashiered________________ Entity# ________________ File #____________________	*For Office Use Only* Date Received

*This application for a permit to administer deep sedation or general anesthesia ("general anesthesia permit") must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.
* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.
* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:		2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS [ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX]:		
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):		
6. EMAIL ADDRESS [OPTIONAL]:		
7. TELEPHONE NUMBER:		
8. FAX NUMBER [OPTIONAL]		
9. DENTAL OR MEDICAL LICENSE NUMBER:		

10. **APPLICANT RESIDENCY TRAINING.** A. **FOR DENTAL LICENSEES**: HAVE YOU COMPLETED A RESIDENCY PROGRAM IN GENERAL ANESTHESIA OR A RESIDENCY PROGRAM IN ORAL OR MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION? PLEASE SUBMIT WITH THIS APPLICATION A CERTIFICATE OF COMPLETION OR OTHER DOCUMENTARY EVIDENCE SHOWING COMPLETION OF ONE OF THE FOLLOWING: (1) A RESIDENCY PROGRAM IN GENERAL ANESTHESIA ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION COMMISSION ON DENTAL ACCREDITATION; OR (2) A RESIDENCY PROGRAM IN ORAL AND MAXILLOFACIAL SURGERY ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION'S COMMISSION ON DENTAL ACCREDITATION.	YES ☐ NO ☐
B. **FOR PHYSICIAN AND SURGEON LICENSEES**: HAVE YOU COMPLETED A POSTGRADUATE RESIDENCY TRAINING PROGRAM IN ANESTHESIOLOGY THAT IS RECOGNIZED BY THE AMERICAN COUNCIL ON GRADUATE MEDICAL EDUCATION? IF YOU ANSWERED "YES" TO THIS QUESTION, YOU ARE ALSO REQUIRED TO SUBMIT A COPY OF THIS COMPLETED APPLICATION TO THE MEDICAL BOARD OF CALIFORNIA SO THAT THE DENTAL BOARD OF CALIFORNIA MAY VERIFY WITH THAT AGENCY THAT YOU HAVE COMPLETED THE REQUIRED TRAINING (BUSINESS AND PROFESSIONS CODE SECTION 2079).	YES ☐ NO ☐
11. IN ADDITION TO A GENERAL ANESTHESIA PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINISTER DEEP SEDATION AND GENERAL ANESTHESIA TO A PATIENT UNDER 7? IF YOU ANSWERED "YES" TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1. NOTICE: PLEASE SEE ATTACHED MONITORING REQUIREMENTS IN BUSINESS AND PROFESSIONS CODE, SECTION 1646.1, 1646.2, AND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1043.8.1. PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: ☐	YES ☐ NO ☐
12. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES ☐ NO ☐

13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLYDISCHARGED MEMBERS OF THE U.S. ARMED FORCES? *MILITARY HONORABLE DISCHARGE REQUIREMENTS* NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES ☐ NO ☐
14. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW. *MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS* NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA	YES ☐ NO ☐
15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; OR • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163,OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8 [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING. "EVIDENCE" SHALL INCLUDE: • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THAT THEAPPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4.	YES ☐ NO ☐

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT MUST BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE SEDATION SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.	
16. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAMCONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES ☐ NO ☐
17. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES ☐ NO ☐
18. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
19. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
20. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULLFACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THE PATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
21. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.	YES ☐ NO ☐
22. DOES THE FACILITY HAVE ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING: (a) LARYNGOSCOPE COMPLETE WITH ADEQUATE SELECTION OF BLADES AND SPARE BATTERIES AND BULB. (b) ENDOTRACHEAL TUBES AND APPROPRIATE CONNECTORS. (c) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (d) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (e) ENDOTRACHEAL TUBE FORCEPS. (f) SPHYGMOMANOMETER AND STETHOSCOPE. (g) ELECTROCARDIOSCOPE AND DEFIBRILLATOR. (h) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (i) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (j) PULSE OXIMETER (k) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING DEEP SEDATION, GENERAL ANESTHESIA, OR MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING METHODS: (i) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (ii) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY.	YES ☐ NO ☐

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF DEEP SEDATION AND GENERAL ANESTHESIA. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND AN EVALUATION OF THE AIRWAY, AND AUSCULTATION OF THE HEART AND LUNGS AS MEDICALLY REQUIRED.	YES ☐ NO ☐
24. GENERAL ANESTHESIA OR DEEP SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY AND EVERY 15 MINUTES POSTOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) AND BLOOD PRESSURE AND PULSE READINGS, (BOTH EVERY 5 MINUTES INTRAOPERATIVELY FOR GENERAL ANESTHESIA OR DEEP SEDATION) DRUGS, AMOUNTS ADMINISTERED AND TIME ADMINISTERED, LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ANESTHESIA OR SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.	YES ☐ NO ☐
25. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.	YES ☐ NO ☐
26. WRITTEN INFORMED CONSENT OF THE PATIENT, OR, AS APPROPRIATE, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT IF THE PATIENT IS A MINOR, OR HIS OR HER PARENT OR GUARDIAN, PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 1682(e).	YES ☐ NO ☐
27. **DRUGS** - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA? • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • MUSCLE RELAXANT • INTRAVENOUS MEDICATION FOR TREATMENT OF CARDIOPULMONARY ARREST • APPROPRIATE DRUGS ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINGERGIC • ANTIARRHYTHMIC • CORONARY ARTERY VASODILATOR • ANTIHYPERTENSIVE • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC	YES ☐ NO ☐
28. **EMERGENCIES** - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION	YES ☐ NO ☐
29. **STAFF**- ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING DEEP SEDATION OR GENERAL ANESTHESIA CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?	YES ☐ NO ☐

30. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF DEEP SEDATION OR GENERAL ANESTHESIA IF YOU ARE A PHYSICIAN AND SURGEON APPLYING FOR THIS PERMIT, PROVIDE THE NAMES OF ANY HOSPITALS WHERE YOU HAVE MEMBERSHIP ON THE MEDICAL STAFF.

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IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attached statements, is true and correct.

____

Date   Signature of Applicant

INFORMATION COLLECTION AND ACCESS Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) sections1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4. 480, 494.5, 1646.1, 1646.2, 1646.9, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

BUSINESS AND PROFESSIONS CODE § 1646.1. Requirements for administration of deep sedation or general anesthesia on outpatient basis; Requirements for administration to pediatric patients; Applicability [Operative January 1, 2022]
(a) A dentist shall possess either a current license in good standing and a general anesthesia permit issued by the board or a permit under Section 1638 or 1640 and a general anesthesia permit issued by the board in order to administer or order the administration of deep sedation or general anesthesia on an outpatient basis for dental patients.
(b) A dentist shall possess a pediatric endorsement of their general anesthesia permit to administer or order the administration of deep sedation or general anesthesia to patients under seven years of age. (c) A dentist shall be physically within the dental office at the time of ordering, and during the administration of, general anesthesia or deep sedation.
(d) For patients under 13 years of age, all of the following shall apply:
(1) The operating dentist and at least two additional personnel shall be
present throughout the procedure involving deep sedation or general anesthesia.
(2) If the operating dentist is the permitted anesthesia provider, then both of the following shall apply:
(A) The operating dentist and at least one of the additional personnel shall maintain current certification in Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The additional personnel who is certified in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be solely dedicated to monitoring the patient and shall be trained to read and respond to monitoring equipment including, but not limited to, pulse oximeter, cardiac monitor, blood pressure, pulse, capnograph, and respiration monitoring devices.
(B) The operating dentist shall be responsible for initiating and administering any necessary emergency response.
(3) If a dedicated permitted anesthesia provider is monitoring the patient and administering deep sedation or general anesthesia, both of the following shall apply:
(A) The anesthesia provider and the operating dentist, or one other trained personnel, shall be present throughout the procedure and shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.
(B) The anesthesia provider shall be responsible for initiating and administering any necessary emergency response and the operating dentist, or other trained and designated personnel, shall assist the anesthesia provider in
emergency response.
(e) This article does not apply to the administration of local anesthesia,
minimal sedation, or moderate sedation.
(Added Stats 2018 ch 929 § 4 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1646.2. General anesthesia permit application procedure and requirements; Pediatric endorsement requirements [Operative January 1, 2022]
(a) A dentist who desires to administer or order the administration of deep sedation or general anesthesia shall apply to the board on an application form prescribed by the board. The dentist must submit an application fee and produce evidence showing that he or she has successfully completed a minimum of one year of advanced training in anesthesiology and related academic subjects approved by the board, or equivalent training or experience approved by the board, beyond the undergraduate school level.
(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.
(c) A dentist may apply for a pediatric endorsement for the general anesthesia permit by providing proof of successful completion of all of the following:
(1) A Commission on Dental Accreditation (CODA)-accredited or equivalent residency training program that provides competency in the administration of deep sedation and general anesthesia on pediatric patients.
(2) At least 20 cases of deep sedation or general anesthesia to patients under seven years of age in the 24-month time period directly preceding application for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three
permit renewal periods.
(3) Current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or other board-approved training in pediatric life support and airway management, pursuant to Section 1601.8, for
the duration of the permit.
(d) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant’s pediatric endorsement.
(Added Stats 2018 ch 929 § 4 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant’s general anesthesia permit number, if any;
(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;
(3) A completed Form PE-1 (05/2021) “Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement,” which is hereby incorporated by reference;
(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric

Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
(5) An application fee as set forth in section 1021; and,
(6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:
(1) Name, mailing address or address of record, physical address, dental license number, and applicant's moderate sedation permit number, if any;
(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;
(3) A completed Form PE-1 as provided in this section;
(4) A certificate or other documentary evidence of current certification in ~~Advanced Cardiac Life Support (ACLS) and~~ Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
(6) An application fee as set forth in section 1021; and,
(7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
(c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.
(d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.
(e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.
Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.

STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR MODERATE SEDATION PERMIT

FEES Application Fee: $524.00 (Must be enclosed with application) **APPLICATION FEES ARE NON-REFUNDABLE**	*For Office Use Only* Rec # ______________ Fee Pd ______________ Date Cashiered______________ Entity# ______________ File #______________	*For Office Use Only* Date Received

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.
* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.
* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):	
3. LEGAL NAME: LAST	FIRST	MIDDLE
4. MAILING ADDRESS (ADDRESS OF RECORD -- ADDRESS MAY BE A P.O. BOX):		
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS)		
6. EMAIL ADDRESS [OPTIONAL):		
7. TELEPHONE NUMBER:		
8. FAX NUMBER [OPTIONAL]		
9. DENTAL LICENSE NUMBER:		

10. **MODERATE SEDATION TRAINING**. HAVE YOU SUCCESSFULLY COMPLETED TRAINING IN MODERATE SEDATION? FOR PURPOSES OF THIS SECTION, TRAINING CONSISTS OF ALL OF THE FOLLOWING: (1) AT LEAST 60 HOURS OF INSTRUCTION; (2) SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.; AND, (3) COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENTS FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS. IF YES, PLEASE SUBMIT A COMPLETED “CERTIFICATION OF MODERATE SEDATION TRAINING” (MSP-2 (New 05/21) WITH THIS APPLICATION.	YES NO	☐ ☐
11. IN ADDITION TO THE MODERATE SEDATION PERMIT, ARE YOU APPLYING FOR A PEDIATRIC ENDORSEMENT TO ADMINSTER MODERATE SEDATION TO A PEDIATRIC PATIENT UNDER 13 YEARS OF AGE? IF YOU ANSWERED “YES” TO THIS QUESTION, YOU MUST COMPLETE A SEPARATE APPLICATION FOR A PEDIATRIC ENDORSEMENT AND MEET THE REQUIREMENTS IN SECTION 1043.8.1 OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS. YOU MAY APPLY FOR A PEDIATRIC ENDORSEMENT SIMULTANEOUSLY BY SUBMITTING BOTH APPLICATIONS AT THE SAME TIME. YOU MAY ALSO APPLY SEPARATELY FOR A PEDIATRIC ENDORSEMENT AT A LATER DATE BY COMPLETING THE APPLICATION AND MEETING THE REQUIREMENTS IN SECTION 1043.8.1. NOTICE: PLEASE SEE ATTACHED MONITORING REQUIREMENTS IN BUSINESS AND PROFESSIONS CODE, SECTION 1647.2, 1647.3, AND CALIFORNIA CODE OF REGULATIONS, TITLE 16, SECTION 1043.8.1. PLEASE CHECK THIS BOX IF YOU WOULD LIKE THE PEDIATRIC ENDORSEMENT APPLICATION PROCESSED ALONG WITH THIS APPLICATION: ☐	YES NO	☐ ☐
12. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES NO	☐ ☐
13. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLYDISCHARGED MEMBERS OF THE U.S. ARMED FORCES? *MILITARY HONORABLE DISCHARGE REQUIREMENTS* NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND TYPE OF DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES NO	☐ ☐

14. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW. *MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS* NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA	YES NO	☐ ☐
15. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163,OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE: • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THATTHE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4.	YES NO	☐ ☐

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE SEDATION SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR USE ON A PEDIATRIC POPULATION.	
16. DOES THE FACILITY HAVE AN OPERATING THEATER LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT ON A TABLE OR IN AN OPERATING CHAIR AND PERMIT AN OPERATING TEAMCONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES ☐ NO ☐
17. DOES THE FACILITY HAVE AN OPERATING TABLE OR CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE OPERATING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES ☐ NO ☐
18. DOES THE FACILITY HAVE A LIGHTING SYSTEM THAT IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OFANY OPERATION UNDERWAY AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
19. DOES THE FACILITY HAVE SUCTION EQUIPMENT THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
20. DOES THE FACILITY HAVE AN OXYGEN DELIVERY SYSTEM WITH ADEQUATE FULLFACE MASKS AND APPROPRIATE CONNECTORS THAT IS CAPABLE OF ALLOWING THE ADMINISTERING OF GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER) TO THEPATIENT UNDER POSITIVE PRESSURE, TOGETHER WITH AN ADEQUATE BACKUP SYSTEM THAT CAN OPERATE AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
21. DOES THE FACILITY HAVE A RECOVERY AREA THAT HAS AVAILABLE OXYGEN, ADEQUATE LIGHTING, SUCTION AND ELECTRICAL OUTLETS? THE RECOVERY AREA CAN BE THE OPERATING THEATER.	YES ☐ NO ☐
22. ANCILLARY EQUIPMENT MAINTAINED IN GOOD OPERATING CONDITION, WHICH MUST INCLUDE ALL OF THE FOLLOWING: (a) EMERGENCY AIRWAY EQUIPMENT (ORAL AIRWAYS, LARYNGEAL MASK AIRWAYS OR COMBITUBES, CRICOTHYROTOMY DEVICE). (b) TONSILLAR OR PHARYNGEAL TYPE SUCTION TIPS ADAPTABLE TO ALL OFFICE OUTLETS. (c) SPHYGMOMANOMETER AND STETHOSCOPE. (d) ADEQUATE EQUIPMENT FOR THE ESTABLISHMENT OF AN INTRAVENOUS INFUSION. (e) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (f) PULSE OXIMETER (g) CAPNOGRAPH AND TEMPERATURE DEVICE. PATIENTS RECEIVING MODERATE SEDATION SHALL HAVE VENTILATION CONTINUOUSLY MONITORED DURING THE PROCEDURE BY TWO OF THE FOLLOWING THREE METHODS: (I) AUSCULTATION OF BREATH SOUNDS USING A PRECORDIAL STETHOSCOPE. (II) MONITORING FOR THE PRESENCE OF EXHALED CARBON DIOXIDE WITH CAPNOGRAPHY. (III) VERBAL COMMUNICATION WITH A PATIENT UNDER MODERATE SEDATION.	YES ☐ NO ☐

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?		
23. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION RECORDS UPDATED PRIOR TO EACH ADMINISTRATION OF MODERATE SEDATION. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO THE RECORDING OF THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), MEDICATION USE, ANY KNOWN OR SUSPECTED MEDICALLY COMPROMISING CONDITIONS, RATIONALE FOR SEDATION OF THE PATIENT, AND AN EVALUATION OF THE AIRWAY	YES NO	☐ ☐
24. MODERATE SEDATION RECORDS, WHICH SHALL INCLUDE A TIME-ORIENTED RECORD WITH PREOPERATIVE, MULTIPLE INTRAOPERATIVE, AND POSTOPERATIVE PULSE OXIMETRY (EVERY 5 MINUTES INTRAOPERATIVELY), DRUGS (AMOUNTS ADMINISTERED AND TIME ADMINISTERED), LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT TIME OF DISCHARGE.	YES NO	☐ ☐
25. RECORDS INCLUDING THE CATEGORY OF THE PROVIDER RESPONSIBLE FOR SEDATION OVERSIGHT, THE CATEGORY OF THE PROVIDER DELIVERING SEDATION, THE CATEGORY OF THE PROVIDER MONITORING THE PATIENT DURING SEDATION, AND WHETHER THE PERSON SUPERVISING THE SEDATION PERFORMED ONE OR MORE OF THE PROCEDURES.	YES NO	☐ ☐
26. WRITTEN INFORMED CONSENT OF THE PATIENT, OR, AS APPROPRIATE, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT IF THE PATIENT IS A MINOR, OR HIS OR HER PARENT OR GUARDIAN, PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 1682(e).	YES NO	☐ ☐
27. **DRUGS** - DO YOU MAINTAIN EMERGENCY DRUGS OF THE FOLLOWING TYPES AT ALL TIMES IN CONNECTION WITH THE ADMINISTRATION OF MODERATE SEDATION? • EPINEPHRINE (EPI) • VASOPRESSOR (OTHER THAN EPI) • BRONCHODILATOR • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINGERGIC • CORONARY ARTERY VASODILATOR • ANTICONVULSANT • OXYGEN • 50% DEXTROSE OR OTHER ANTIHYPOGLYCEMIC	YES NO	☐ ☐
28. **EMERGENCIES** - ARE YOU COMPETENT TO TREAT ALL OF THE FOLLOWING EMERGENCIES? • AIRWAY OBSTRUCTION • BRONCHOSPASM • EMESIS AND ASPIRATION OF FOREIGN MATERIAL UNDER ANESTHESIA • ANGINA PECTORIS • MYOCARDIAL INFARCTION • HYPOTENSION • HYPERTENSION • CARDIAC ARREST • ALLERGIC REACTION • CONVULSIONS • HYPOGLYCEMIA • SYNCOPE • RESPIRATORY DEPRESSION	YES NO	☐ ☐
29. **STAFF**- ARE DENTAL OFFICE PERSONNEL DIRECTLY INVOLVED WITH THE CARE OF PATIENTS UNDERGOING MODERATE SEDATION CERTIFIED IN BASIC CARDIAC LIFE SUPPORT (CPR)?	YES NO	☐ ☐

30. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF MODERATE SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN THE BOARD'S REGULATIONS IN ARTICLE 5 (COMMENCING WITH SECTION 1043) OF TITLE 16 OF THE CALIFORNIA CODE OF REGULATIONS.

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IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

____

Date | Signature of Applicant

INFORMATION COLLECTION AND ACCESS Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC)sections1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.2, 1647.3, 1715, and Title 16, California Code of Regulations sections 1043.1, 1043.3, and 1043.4. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

BUSINESS AND PROFESSIONS CODE § 1647.2. Requirements for administration of moderate sedation on outpatient basis; Requirements for administration to pediatric patients; Applicability [Operative January 1, 2022]
(a) A dentist may administer or order the administration of moderate sedation on an outpatient basis for a dental patient if one of the following conditions is met:
(1) The dentist possesses a current license in good standing and either holds a valid general anesthesia permit or obtains a moderate sedation permit.
(2) The dentist possesses a current permit under Section 1638 or 1640 and either holds a valid general anesthesia permit or obtains a moderate sedation permit.
(b) A dentist shall obtain a pediatric endorsement on the moderate sedation permit prior to administering moderate sedation to a patient under 13 years of age.
(c)(1) A dentist who orders the administration of moderate sedation shall be physically present in the treatment facility while the patient is sedated.
(2) For patients under 13 years of age, there shall be at least two support personnel in addition to the operating dentist present at all times during the procedure involving moderate sedation. The operating dentist and one personnel member shall maintain current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8. The personnel member with current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management shall be dedicated to monitoring the patient during the procedure involving moderate sedation and may assist with interruptible patient-related tasks of short duration, such as holding an instrument.
(d) A dentist with a moderate sedation permit or a moderate sedation permit with a pediatric endorsement shall possess the training, equipment, and supplies to rescue a patient from an unintended deeper level of sedation.
(e) This article shall not apply to the administration of local anesthesia, minimal sedation, deep sedation, or general anesthesia.
(Added Stats 2018 ch 929 § 6 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1647.3. Moderate sedation permit application procedure and requirements; Pediatric endorsement requirements [Operative January 1, 2022]
(a) A dentist who desires to administer or to order the administration of moderate sedation shall apply to the board on an application form prescribed by the board. The dentist shall submit an application fee and produce evidence showing that he or she has successfully completed training in moderate sedation that meets the requirements of subdivision (c).
(b) The application for a permit shall include documentation that equipment and drugs required by the board are on the premises.
(c) Training in the administration of moderate sedation shall be acceptable if it meets all of the following as approved by the board:
(1) Consists of at least 60 hours of instruction.
(2) Requires satisfactory completion of at least 20 cases of administration of moderate sedation for a variety of dental procedures.
(3) Complies with the requirements of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students of the American Dental Association, including, but not limited to, certification of competence in rescuing patients from a deeper level of sedation than intended, and managing the airway, intravascular or intraosseous access, and reversal medications.
(d) A dentist may apply for a pediatric endorsement for a moderate sedation permit by confirming all of the following:
(1) Successful completion of residency in pediatric dentistry accredited by the Commission on Dental Accreditation (CODA) or the equivalent training in pediatric moderate sedation, as determined by the board.
(2) Successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.
(3) In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age in the 24-month period immediately preceding application for the pediatric endorsement and for each permit renewal period.
(4) Current certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8.
(e) A permitholder shall maintain current and continuous certification in Pediatric Advanced Life Support (PALS) and airway management or other board-approved training in pediatric life support and airway management, adopted pursuant to Section 1601.8, for the duration of the permit.
(f) Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.
(g) Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications.
(Added Stats 2018 ch 929 § 6 (SB 501), effective January 1, 2019, operative January 1, 2022.)

§ 1043.8.1. Application for Pediatric Endorsement; Documentation of 20 General Anesthesia or Moderate Sedation Cases; Additional Requirements for Applicant Investigation; Legible Copies of Records.

(a) For the purposes of Sections 1646.2(c) and 1646.9 of the Code, submission of a completed application to the Board for a pediatric endorsement for a general anesthesia permit shall include the following information and documents:

(1) Name, mailing address or address of record, physical address, dental or medical license number, and applicant's general anesthesia permit number, if any;
(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1646.2 for a dental licensee or Section 1646.9 for a physician and surgeon licensee;

(3) A completed Form PE-1 (05/2021) “Documentation of Deep Sedation and General Anesthesia or Moderate Sedation Cases for Pediatric Endorsement,” which is hereby incorporated by reference;
(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
(5) An application fee as set forth in section 1021; and,
(6) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
(b) For the purpose of Section 1647.3(d) of the Code, submission of a completed application to the Board for a pediatric endorsement for a moderate sedation permit for patients under thirteen years of age shall include the following information and documents:
(1) Name, mailing address or address of record, physical address, dental license number, and applicant’s moderate sedation permit number, if any;
(2) A certificate of completion or other documentary evidence showing completion of a residency training program as required by Section 1647.3 of the Code;
(3) A completed Form PE-1 as provided in this section;
(4) A certificate or other documentary evidence of current certification in Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) as provided by the American Red Cross (ARC), the American Heart Association (AHA), or the American Safety and Health Institute (ASHI);
(6) An application fee as set forth in section 1021; and,
(7) A certification, under penalty of perjury, by the applicant that the information on the application is true and correct.
(c) An applicant for a pediatric endorsement who seeks to use general anesthesia or moderate sedation in the treatment of pediatric patients under 13 years of age or seven years of age shall submit to the Board information to document each of the 20 cases of deep sedation and general anesthesia or moderate sedation required by Sections 1646.2 and 1647.3 of the Code on Form PE-1 which is hereby incorporated by reference.
(d) Upon request by the Board in any investigation of the information provided on Form PE-1, applicants shall also provide documentation or patient records for each deep sedation and general anesthesia or moderate sedation pediatric case listed on Form PE-1, including preoperative evaluation, medical history, monitoring of vital signs throughout the procedure, and condition at discharge.
(e) Applicants shall submit legible copies of the information required by this section with pediatric patient identifying information redacted.
Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 27, 108, 1611.5, 1646.1, 1646.2, 1647.2 and 1647.3, 1646.9, Business and Professions Code.

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

CERTIFICATION OF MODERATE SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a moderate sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.1 or your application may be rejected as incomplete. The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.3 and Title 16 CCR section 1043.1. The information provided will be used to determine qualification for a moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME: LAST FIRST MIDDLE

2. LICENSE NUMBER:

3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION:

4. MODERATE SEDATION TRAINING VERIFICATION:

THIS DENTIST IS APPLYING FOR A MODERATE SEDATION PERMIT TO ADMINISTER OR ORDER THE ADMINSTRATION OF MODERATE SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN MODERATE SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION.

THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MODERATE SEDATION THAT INCLUDES ALL OF THE FOLLOWING:

☐ AT LEAST 60 HOURS OF INSTRUCTION

☐ REQUIRES SATISFACTORY COMPLETION OF AT LEAST 20 CASES OF ADMINISTRATION OF MODERATE SEDATION FOR A VARIETY OF DENTAL PROCEDURES.

☐ COMPLIES WITH THE REQUIREMENTS OF THE GUIDELINES FOR TEACHING PAIN CONTROL AND SEDATION TO DENTISTS AND DENTAL STUDENTS OF THE AMERICAN DENTAL ASSOCIATION, INCLUDING, BUT NOT LIMITED TO, CERTIFICATION OF COMPETENCE IN RESCUING PATIENT FROM A DEEPER LEVEL OF SEDATION THAN INTENDED, AND MANAGING THE AIRWAY, INTRAVASCULAR OR INTRAOSSEOUS ACCESS, AND REVERSAL MEDICATIONS

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS,______________________(NAME OF STUDENT) SATISFACTORILY COMPLETED THE ABOVE-REFERENCED TRAINING AT______________(NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A____________________ (NAME OF PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING FROM ____________ (MONTH/DAY/YEAR) TO ______________ (MONTH/DAY/YEAR).

EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)

SIGNATURE DATE

PRINTED NAME/TITLE TELEPHONE

FORM MSP-2 (NEW 05/2021)

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

DOCUMENTATION OF DEEP SEDATION AND GENERAL ANESTHESIA OR MODERATE SEDATION CASES FOR PEDIATRIC ENDORSEMENT

This document shall be completed in its entirety as part of the initial application for a pediatric endorsement or as a condition of the renewal application for either a general anesthesia or moderate sedation permit that includes a pediatric endorsement as provided in Section 1017.1 of Title 16 of the California Code of Regulations (16 CCR) or your application may be rejected as incomplete. The requirements for a completed initial application for a pediatric endorsement to a general anesthesia permit or a moderate sedation permit are listed in 16 CCR section 1043.1.8. Attach additional sheets to this form as necessary. Any material misrepresentation of any information on this form is grounds for denial or subsequent revocation of the permit.

The information requested on this form is mandatory pursuant to Business and Professions Code sections 1646.2 and 1647.3 and Title 16 CCR section 1043.1.8. The information provided will be used to determine qualifications for a pediatric endorsement to a general anesthesia or moderate sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300.

Notice for General Anesthesia Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1646.1 of the Business and Professions Code.

Each applicant must provide proof of at least 20 cases of deep sedation or general anesthesia to patients under seven years of age **in the 24-month time period directly preceding application** for a pediatric endorsement to establish competency, both at the time of initial application and at renewal. The applicant or permitholder shall maintain and be able to provide proof of these cases upon request by the board for up to three permit renewal periods.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of pediatric sedation to patients under seven years of age may administer deep sedation and general anesthesia to patients under seven years of age under the direct supervision of a general anesthesia permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 cases required to qualify for the applicant's pediatric endorsement. (Business and Professions Code section 1646.2.)

Notice for Moderate Sedation Permit Applicants Seeking Pediatric Endorsement or Renewal of Endorsement:

All applicants must meet the patient monitoring and staff qualification requirements listed in Section 1647.2 of the Business and Professions Code.

Each applicant must provide proof of successful completion of at least 20 cases of moderate sedation to patients under 13 years of age to establish competency in pediatric moderate sedation, both at the time of the initial application and at renewal. The applicant or permitholder shall maintain and shall provide proof of these cases upon request by the board for up to three permit renewal periods.

In order to provide moderate sedation to children under seven years of age, a dentist shall establish and maintain current competency for this pediatric population by completing 20 cases of moderate sedation for children under seven years of age **in the 24-month period immediately preceding application** for the pediatric endorsement and for each permit renewal period.

Applicants for a pediatric endorsement who otherwise qualify for the pediatric endorsement but lack sufficient cases of moderate sedation to patients under 13 years of age may administer moderate sedation to patients under 13 years of age under the direct supervision of a general anesthesia or moderate sedation permitholder with a pediatric endorsement. The applicant may count these cases toward the 20 required in order to qualify for the applicant's pediatric endorsement.

Moderate sedation permit holders with a pediatric endorsement seeking to provide moderate sedation to children under seven years of age, but who lack sufficient cases of moderate sedation to patients under seven years of age pursuant to paragraph (3) of subdivision (d), may administer moderate sedation to patients under seven years of age under the direct supervision of a permitholder who meets those qualifications. (Business and Professions Code section 1647.3.)

1. APPLICANT'S LEGAL NAME: LAST FIRST MIDDLE

2. MEDICAL OR DENTAL LICENSE NUMBER:

3. SPECIFY THE TYPE OF PEDIATRIC ENDORSEMENT YOU ARE REQUESTING.

☐ DEEP SEDATION AND GENERAL ANESTHESIA FOR PEDIATRIC PATIENTS UNDER 7.
- (FOR GENERAL ANESTHESIA PERMIT APPLICATION)

☐ MODERATE SEDATION FOR PEDIATRIC PATIENTS UNDER THE AGE OF 13.
- (FOR MODERATE SEDATION PERMIT APPLICATION)

4. **FOR APPLICANTS FOR A MODERATE SEDATION PERMIT ONLY (**see requirements above for providing moderate sedation to children under seven years of age):

PLEASE PROVIDE ALL THE FOLLOWING INFORMATION IN ATTACHMENTS BY CASE NUMBER:
(1) Pediatric patient's sex, age, and weight;
(2) Date of general anesthesia or moderate sedation procedure;
(3) Type of dental procedure performed and duration of general anesthesia or moderate sedation;
(4) A description of the method, amount, and specific general anesthesia or moderate sedation agent administered;
(5) A statement on how the pediatric patient was monitored and by whom; and,
(6) Pediatric patient's condition at discharge.

A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER THIRTEEN YEARS OF AGE?

YES ____ NO ____

B. IF YES TO QUESTION 4.A., PLEASE CHECK ALL THAT APPLY:

☐ I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS

☐ I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS

☐ I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER THIRTEEN YEARS OF AGE BOTH INDEPENDENTLY AND UNDER DIRECT SUPERVISION BY ANOTHER PERMITHOLDER AS NOTED ON THIS FORM OR RELATED ATTACHMENTS

5. A. ARE YOU SEEKING TO PROVIDE MODERATE SEDATION TO CHILDREN UNDER SEVEN YEARS OF AGE?

YES ____ NO ____

B. IF YES TO QUESTION 5.A., PLEASE CHECK ONE OF THE FOLLOWING:

☐ I COMPLETED AT LEAST 20 CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE AS NOTED ON THIS FORM OR RELATED ATTACHMENTS.

☐ I DID NOT COMPLETE AT LEAST 20 TOTAL CASES OF MODERATE SEDATION FOR CHILDREN UNDER SEVEN YEARS OF AGE INDEPENDENTLY BUT I ADMINISTER MODERATE SEDATION TO PATIENTS UNDER SEVEN YEARS OF AGE UNDER THE DIRECT SUPERVISION OF A PERMITHOLDER WHO MEETS THOSE QUALIFICATIONS.

<table>
<tr><td colspan="4">APPLICANTS MUST PROVIDE THE FOLLOWING FOR EACH CASE OCCURRING <u>WITHIN 24 MONTHS PRECEDING</u> APPLICATION FOR THE PEDIATRIC ENDORSEMENT.</td></tr>
<tr><td rowspan="4">CASE 1</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
<tr><td rowspan="4">CASE 2</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
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</table>

<table>
<tr><td rowspan="4">CASE 3</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
<tr><td rowspan="4">CASE 4</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
</table>

<table>
<tr><td rowspan="4">CASE 5</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
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</table>

<table>
<tr><td rowspan="4">CASE 6</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
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<table>
<tr><td rowspan="4">CASE 7</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
<tr><td rowspan="4">CASE 8</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<table>
<tr><td rowspan="4">CASE 9</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
<tr><td rowspan="4">CASE 10</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
<tr><td colspan="3">BRIEFLY DESCRIBE THE METHOD, AMOUNT, AND SPECIFIC SEDATION AGENT ADMINISTERED: WHO ADMINISTERED THE SEDATION, WHO MONITORIED THE PATIENT AND WHO PERFORMED THE PROCEDURE:</td></tr>
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<table>
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GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
<tr><td rowspan="4">CASE 12</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<table>
<tr><td rowspan="4">CASE 13</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<tr><td rowspan="4">CASE 14</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
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<tr><td rowspan="4">CASE 16</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
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GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<tr><td rowspan="4">CASE 18</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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GENERAL ANESTHESIA (GA), OR
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<table>
<tr><td rowspan="4">CASE 19</td><td></td><td>PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td></td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<tr><td rowspan="4">CASE 20</td><td>DATE OF PROCEDURE:</td><td>DEEP SEDATION (DS),
GENERAL ANESTHESIA (GA), OR
MODERATE SEDATION (MS)
PROCEDURE:
☐ DS
☐ GA
☐ MS</td><td>TYPE OF PROCEDURE:</td></tr>
<tr><td>PEDIATRIC PATIENT AGE:</td><td>PEDIATRIC PATIENT SEX:</td><td>PEDIATRIC PATIENT WEIGHT:</td></tr>
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<tr><td colspan="3">PLEASE DESCRIBE PEDIATRIC PATIENT’S CONDITION AT DISCHARGE:</td></tr>
<tr><td colspan="4">Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including all attachments, is true and correct.

____
Date Signature of Applicant</td></tr>
</table>

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR PEDIATRIC MINIMAL SEDATION PERMIT

FEES	*For Office Use Only*	*For Office Use Only*
Application Fee: $459.00 (Must be enclosed with application) **APPLICATION FEES ARE NON-REFUNDABLE**	Rec # ______________ Fee Pd ______________ Date Cashiered______________ Entity# ______________ File #______________	Date Received

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.
* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.
* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.
*Please include your "Certification of Pediatric Minimal Sedation Training" (Form PMSP-2(new 05/21) and fee with this application.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST FIRST MIDDLE	
4. MAILING ADDRESS (ADDRESS OF RECORD – ADDRESS MAY BE A P.O. BOX):	
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):	
6. EMAIL ADDRESS (OPTIONAL):	
7. TELEPHONE NUMBER:	
8. FAX NUMBER (OPTIONAL)	
9. DENTAL LICENSE NUMBER:	

10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES ☐ NO ☐
11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES? *MILITARY HONORABLE DISCHARGE REQUIREMENTS* NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214) OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES ☐ NO ☐
12. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW. *MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS* NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION ON THE ATTACHMENTS PAGE OF THIS APPLICATION: • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA	YES ☐ NO ☐
13. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE; • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OFTITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163,OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE: • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THATTHE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4.	YES ☐ NO ☐

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS. IN AN OFFICE WHERE ANESTHESIA SERVICES ARE TO BE PROVIDED PEDIATRIC PATIENTS, THE REQUIRED EQUIPMENT, MEDICATION AND RESUSCITATIVE CAPABILITIES SHALL BE APPROPRIATELY SIZED FOR A PEDIATRIC POPULATION.

14. DOES THE FACTILITY HAVE:	
(1) AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PEDIATRIC PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT. (2) A TABLE OR DENTAL CHAIR THAT PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION. (3) A LIGHTING SYSTEM ADEQUATE TO PERMIT EVALUATION OF THE PEDIATRIC PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM THAT IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAY BE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE. (4) AN APPROPRIATE FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES. A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE MUST ALSO BE AVAILABLE. (5) A POSITIVE-PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITER/MINUTE FLOW FOR AT LEAST SIXTY MINUTES (650 LITER "E" CYLINDER), EVEN IN THE EVENT OF A GENERAL POWER FAILURE. ALL EQUIPMENT MUST BE APPROPRIATE FOR USE ON AND CAPABLE OF ACCOMMODATING THE PEDIATRIC PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE. (6) INHALATION SEDATION EQUIPMENT, WHICH IF USED IN CONJUNCTION WITH ORAL SEDATION, IT MUST HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR A PEDIATRIC PATIENT'S SIZE AND HAVE A FAIL-SAFE SYSTEM. THE EQUIPMENT MUST BE MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY. (7) ANCILLARY EQUIPMENT, WHICH MUST INCLUDE THE FOLLOWING, AND BE MAINTAINED IN GOOD OPERATING CONDITION: (1) ORAL AIRWAYS CAPABLE OF ACCOMMODATING PEDIATRIC PATIENTS OF ALL SIZES. (2) A SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PEDIATRIC PATIENTS OF ALL SIZES. (3) A PRECORDIAL/PRETRACHEAL STETHOSCOPE. (4) A PULSE OXIMETER.	YES ☐ NO ☐

15. DO YOU MAINTAIN THE FOLLOWING RECORDS? (1) AN ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. SUCH RECORDS SHALL INCLUDE, BUT ARE NOT LIMITED TO, AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PEDIATRIC PATIENT AND WRITTEN INFORMED CONSENT OF THE PARENT OR LEGAL GUARDIAN OF THE PEDIATRIC PATIENT. (2) PEDIATRIC MINIMAL SEDATION RECORDS THAT INCLUDE BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PEDIATRIC PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTITATIVE MONITORING AND RECORDING OF OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION, AND A STATEMENT OF THE PEDIATRIC PATIENT'S CONDITION AT THE TIME OF DISCHARGE. (3) DOCUMENTATION THAT ALL EMERGENCY EQUIPMENT IS CHECKED AND MAINTAINED TO DETERMINE OPERABILITY AND SAFETY FOR THE PATIENT CONSISTENT WITH MANUFACTURER'S RECOMMENDATIONS. (4) DOCUMENTATION THAT ALL DRUGS MAINTAINED AT THE FACILITY ARE CHECKED AT LEAST QUARTERLY FOR EXPIRED DRUGS AND AN ADEQUATE SUPPLY FOR THE PATIENT POPULATION SERVED.	YES ☐ NO ☐
16. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE FOLLOWING ITEMS? (A)THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PEDIATRIC PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PEDIATRIC PATIENT IS TRANSPORTED TO A MEDICAL FACILITY. (B) EMERGENCY DRUGS OF THE FOLLOWING TYPES: (1) EPINEPHRINE, (2) BRONCHODILATOR, (3) APPROPRIATE DRUG ANTAGONISTS, (4) ANTIHISTAMINIC, (5) ANTICHOLINERGIC, (6) ANTICONVULSANT, (7) OXYGEN, AND, (8) DEXTROSE OR OTHER ANTIHYPOGLYCEMIC	YES ☐ NO ☐
17. STAFF: ARE YOU AND AT LEAST ONE STAFF MEMBER TRAINED IN THE MONITORING AND RESUSCITATION OF PEDIATRIC PATIENTS? (TRAINED STAFF ARE REQUIRED TO BE PRESENT DURING THE ADMINISTRATION OF MINIMAL SEDATION PER BUSINESS AND PROFESSIONS CODE SECTION 1647.32.)	YES ☐ NO ☐
18. DID YOU OBTAIN A WRITTEN INFORMED CONSENT FROM THE PARENT OR GUARDIAN OF THE MINOR PATIENT PRIOR TO EACH ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION?	YES ☐ NO ☐

19. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF PEDIATRIC MINIMAL SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1043.9.2.

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IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including any attachments, is true and correct.

____

Date Signature of Applicant

INFORMATION COLLECTION AND ACCESS: Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC)sections1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.31, 1647.32, 1647.33, 1715, and Title 16, California Code of Regulations sections 1043.9.1 and 1043.9.2. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed. INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 92815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

CERTIFICATION OF PEDIATRIC MINIMAL SEDATION TRAINING

Notice to Applicants

This completed form must be submitted to the Dental Board of California (Board) with your application for a pediatric minimal sedation permit as required by Title 16, California Code of Regulations (CCR) section 1043.9.1 or your application may be rejected as incomplete. The information requested on this form is mandatory pursuant to Business and Professions Code section 1647.32 and Title 16 CCR section 1043.9.1. The information provided will be used to determine qualification for a pediatric minimal sedation permit. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.

(APPLICANT TO COMPLETE QUESTIONS 1-3 AND EDUCATIONAL INSTITUTION TO COMPLETE QUESTION 4)

1. LEGAL NAME: LAST FIRST MIDDLE

2. LICENSE NUMBER:

3. NAME OF SCHOOL/EDUCATIONAL INSTITUTION

4. MINIMAL SEDATION TRAINING VERIFICATION:

THIS DENTIST IS APPLYING FOR A PEDIATRIC MINIMAL SEDTION PERMIT TO ADMINISTER OR ORDER THE ADMINSTRATION OF PEDIATRIC MINIMAL SEDATION IN A DENTAL OFFICE IN CALIFORNIA. IN ORDER TO QUALIFY FOR A PERMIT, THE APPLICANT IS REQUIRED TO PROVIDE PROOF OF COMPLETION OF TRAINING IN PEDIATRIC MINIMAL SEDATION. PLEASE CHECK THE APPROPRIATE BOXES BELOW RELATING TO THE TRAINING THE ABOVE-NAMED APPLICANT COMPLETED AT YOUR EDUCATIONAL INSTITUTION.

THE APPLICANT LISTED ON THIS FORM SUCCESSFULLY COMPLETED THIS INSTITUTION'S EDUCATIONAL PROGRAM IN MINIMAL SEDATION THAT INCLUDES EITHER OF THE FOLLOWING:

☐ AT LEAST 24 HOURS OF PEDIATRIC MINIMAL SEDATION INSTRUCTION IN ADDITION TO ONE CLINICAL CASE. AND TRAINING IN PEDIATRIC MONITORING, AIRWAY MANAGEMENT, AND RESUSCITATION AND PATIENT RESCUE FROM MODERATE SEDATION, OR,

☐ A COMMISSION ON DENTAL ACCREDITATION (CODA) RESIDENCY IN PEDIATRIC DENTISTRY.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS SECTION OF THE FORM IS TRUE AND CORRECT AND CONFIRM THAT, ACCORDING TO THIS INSTITUTION'S RECORDS,________________________________(NAME OF APPLICANT) SATISFACTORILY COMPLETED THE ABOVE REFERENCED TRAINING AT __________________________ (NAME OF INSTITUTION). THIS STUDENT WAS ENROLLED IN A____________________________________(NAME OF EDUCATIONAL PROGRAM) PROGRAM WHEN OBTAINING MODERATE SEDATION TRAINING ON THE FOLLOWING DATES: ____

EDUCATIONAL PROGRAM SEAL (IF APPLICABLE)

____
SIGNATURE DATE

____
PRINTED NAME/TITLE TELEPHONE

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

APPLICATION FOR USE OF ORAL CONSCIOUS SEDATION ON ADULT PATIENTS

FEES Application Fee: $459.00 (Must be enclosed with application) **APPLICATION FEES ARE NON-REFUNDABLE**	*For Office Use Only* Rec # ________ Fee Pd ________ Date Cashiered________ Entity# ________ File #________	*For Office Use Only* Date Received

*This application must be completed in its entirety or the application may be rejected as incomplete. Attach additional sheets if necessary.
* Any material misrepresentation of any information on the application is grounds for denial or subsequent revocation of the permit.
* Under Business and Professions Code sections 31 and 494, the State Board of Equalization (BOE) and the Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation. This application may be denied or your permit may be suspended if you have a state tax obligation and the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

(PLEASE PRINT CLEARLY OR TYPE)

1. SSN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST FIRST MIDDLE	
4. MAILING ADDRESS (ADDRESS OF RECORD – MAY BE A P.O. BOX):	
5. PRIMARY PRACTICE LOCATION (PHYSICAL ADDRESS):	
6. EMAIL ADDRESS (OPTIONAL):	
7. TELEPHONE NUMBER:	
8. FAX NUMBER (OPTIONAL)	
9. DENTAL LICENSE NUMBER:	

10. ARE YOU SERVING IN, OR HAVE YOU PREVIOUSLY SERVED IN, THE U.S. MILITARY?	YES ☐ NO ☐
11. ARE YOU REQUESTING EXPEDITING OF THIS APPLICATION FOR HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES? *MILITARY HONORABLE DISCHARGE REQUIREMENTS* NOTE: PLEASE SCAN AND ATTACH A COPY OF THE FOLLOWING DOCUMENTATION: CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (DD-214), OR OTHER DOCUMENTARY EVIDENCE SHOWING DATE AND HONORABLE DISCHARGE TO RECEIVE EXPEDITED REVIEW.	YES ☐ NO ☐
12. DO YOU ALREADY HOLD A VALID LICENSE, OR COMPARABLE AUTHORITY, TO PRACTICE DENTISTRY IN ANOTHER U.S. STATE OR TERRITORY, AND YOUR SPOUSE OR DOMESTIC PARTNER IS AN ACTIVE DUTY MEMBER OF THE ARMED FORCES OF THE UNITED STATES AND WAS ASSIGNED TO A DUTY STATION IN CALIFORNIA UNDER OFFICIAL ORDERS? IF YES, YOUR APPLICATION WILL RECEIVE AN EXPEDITED REVIEW. *MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS* NOTE: IF YOU MEET THE MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENT PLEASE SCAN AND ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION: • CERTIFICATE OF MARRIAGE OR CERTIFIED DECLARATION/REGISTRATION OF DOMESTIC PARTNERSHIP FILED WITH THE SECRETARY OF STATE OR OTHER DOCUMENTARY EVIDENCE OF LEGAL UNION WITH AN ACTIVE-DUTY MEMBER OF THE ARMED FORCES • A COPY OF YOUR CURRENT DENTAL LICENSE IN ANOTHER STATE, DISTRICT, OR TERRITORY OF THE UNITED STATES. • A COPY OF THE MILITARY ORDERS ESTABLISHING YOUR SPOUSE OR PARTNER'S DUTY STATION IN CALIFORNIA	YES ☐ NO ☐
13. DO ANY OF THE FOLLOWING STATEMENTS APPLY TO YOU: • YOU WERE ADMITTED TO THE UNITED STATES AS A REFUGEE PURSUANT TO SECTION 1157 OF TITLE 8 OF THE UNITED STATES CODE. • YOU WERE GRANTED ASYLUM BY THE SECRETARY OF HOMELAND SECURITY OR THE ATTORNEY GENERAL OF THE UNITED STATES PURSUANT TO SECTION 1158 OF TITLE 8 OF THE UNITED STATES CODE; OR, • YOU HAVE A SPECIAL IMMIGRANT VISA AND WERE GRANTED A STATUS PURSUANT TO SECTION 1244 OF THE PUBLIC LAW 110-181, PUBLIC LAW 109-163,OR SECTION 602(b) OF TITLE VI OF DIVISION F OF PUBLIC LAW 111-8, [RELATING TO IRAQI AND AFGHAN TRANSLATORS/INTERPRETERS OF THOSE WHO WORKED FOR OR ON BEHALF OF THE UNITED STATES GOVERNMENT]. IF YOU SELECTED YES, YOU MUST ATTACH EVIDENCE OF YOUR STATUS AS A REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER AS PROVIDED BELOW. FAILURE TO DO SO MAY RESULT IN APPLICATION PROCESSING DELAYS. "EVIDENCE" SHALL INCLUDE: • FORM I-94, ARRIVAL/DEPARTURE RECORD, WITH AN ADMISSION CLASS CODE SUCH AS "RE" (REFUGEE) OR "AY" (ASYLEE) OR OTHER INFORMATION DESIGNATING THE PERSON A REFUGEE OR ASYLEE. • SPECIAL IMMIGRANT VISA THAT INCLUDES THE "SI" OR "SQ" • PERMANENT RESIDENT CARD (FORM I-551), COMMONLY KNOWN AS A "GREEN CARD," WITH A CATEGORY DESIGNATION INDICATING THAT THE PERSON WAS ADMITTED AS A REFUGEE OR ASYLEE. • AN ORDER FROM A COURT OF COMPETENT JURISDICTION OR OTHER DOCUMENTARY EVIDENCE THAT PROVIDES REASONABLE ASSURANCES TO THE BOARD THATTHE APPLICANT QUALIFIES FOR EXPEDITED LICENSURE PER BUSINESS AND PROFESSIONS CODE SECTION 135.4.	YES ☐ NO ☐

FACILITIES AND EQUIPMENT REQUIREMENTS - ALL EQUIPMENT SHOULD BE MAINTAINED, TESTED, AND INSPECTED ACCORDING TO THE MANUFACTURERS' SPECIFICATIONS.	
14. DOES THE FACILITY HAVE AN OPERATORY LARGE ENOUGH TO ADEQUATELY ACCOMMODATE THE PATIENT AND PERMIT A TEAM CONSISTING OF AT LEAST THREE INDIVIDUALS TO FREELY MOVE ABOUT THE PATIENT?	YES ☐ NO ☐
15. DOES THE FACILITY HAVE A TABLE OR DENTAL CHAIR WHICH PERMITS THE PATIENT TO BE POSITIONED SO THE ATTENDING TEAM CAN MAINTAIN THE AIRWAY, QUICKLY ALTER PATIENT POSITION IN AN EMERGENCY, AND PROVIDE A FIRM PLATFORM FOR THE MANAGEMENT OF CARDIOPULMONARY RESUSCITATION?	YES ☐ NO ☐
16. DOES THE FACILITY HAVE A LIGHTING SYSTEM WHICH IS ADEQUATE TO PERMIT EVALUATION OF THE PATIENT'S SKIN AND MUCOSAL COLOR AND A BACKUP LIGHTING SYSTEM WHICH IS BATTERY POWERED AND OF SUFFICIENT INTENSITY TO PERMIT COMPLETION OF ANY TREATMENT WHICH MAYBE UNDERWAY AT THE TIME OF A GENERAL POWER FAILURE?	YES ☐ NO ☐
17. DOES THE FACILITY HAVE A FUNCTIONAL SUCTIONING DEVICE THAT PERMITS ASPIRATION OF THE ORAL AND PHARYNGEAL CAVITIES AND A BACKUP SUCTION DEVICE THAT CAN FUNCTION AT THE TIME OF GENERAL POWER FAILURE?	YES ☐ NO ☐
18. A. DOES THE FACILITY HAVE A POSITIVE PRESSURE OXYGEN DELIVERY SYSTEM CAPABLE OF ADMINISTERING GREATER THAN 90% OXYGEN AT A 10 LITRE/MINUTE FLOW FOR A LEAST SIXTY MINUTES (650 LITRE "E" CYLINDER) EVEN IN THE EVENT OF A GENERAL POWER FAILURE? B. IS ALL EQUIPMENT AT THE FACILITY AGE-APPROPRIATE AND CAPABLE OF ACCOMMODATING THE PATIENTS BEING SEEN AT THE PERMIT-HOLDER'S OFFICE?	YES ☐ NO ☐ YES ☐ NO ☐
19. A. DOES THE FACILITY HAVE INHALATION SEDATION EQUIPMENT, AND IF USED IN CONJUNCTION WITH ORAL SEDATION, DOES IT HAVE THE CAPACITY FOR DELIVERING 100%, AND NEVER LESS THAN 25%, OXYGEN CONCENTRATION AT A FLOW RATE APPROPRIATE FOR AN AGE-APPROPRIATE PATIENT'S SIZE, AND HAVE A FAIL-SAFE SYSTEM? B. IF THE ANSWER ABOVE IS YES, IS THE EQUIPMENT MAINTAINED AND CHECKED FOR ACCURACY AT LEAST ANNUALLY?	YES ☐ NO ☐ YES ☐ NO ☐
20. DO YOU HAVE ANCILLARY EQUIPMENT AND IS ALL ANCILLARY EQUIPMENT AT THE FACILITY MAINTAINED IN GOOD OPERATING CONDITION? FOR THE PURPOSES OF THIS QUESTION, ANCILLARY EQUIPMENT" MUST INCLUDE ALL OF THE FOLLOWING: (1) AGE APPROPRIATE ORAL AIRWAYS CAPABLE OF ACCOMMODATING PATIENTS OF ALL SIZES. (2) AGE APPROPRIATE SPHYGMOMANOMETER WITH CUFFS OF APPROPRIATE SIZE FOR PATIENTS OF ALL SIZES. (3) PRECORDIAL/PRETRACHEAL STETHOSCOPE. (4) PULSE OXIMETER	YES ☐ NO ☐

RECORDS - DO YOU MAINTAIN THE FOLLOWING RECORDS?	
21. ADEQUATE MEDICAL HISTORY AND PHYSICAL EVALUATION UPDATED PRIOR TO EACH ADMINISTRATION OF ORAL CONSCIOUS SEDATION. SUCH RECORDS SHALL INCLUDE BUT ARE NOT LIMITED TO AN ASSESSMENT INCLUDING AT LEAST VISUAL EXAMINATION OF THE AIRWAY, THE AGE, SEX, WEIGHT, PHYSICAL STATUS (AMERICAN SOCIETY OF ANESTHESIOLOGISTS CLASSIFICATION), AND RATIONALE FOR SEDATION OF THE PATIENT AS WELL AS WRITTEN INFORMED CONSENT OF THE PATIENT, PATIENT'S CONSERVATOR, OR THE INFORMED CONSENT OF A PERSON AUTHORIZED TO GIVE SUCH CONSENT FOR THE PATIENT.	YES ☐ NO ☐
22. ORAL CONSCIOUS SEDATION RECORDS INCLUDING BASELINE VITAL SIGNS. IF OBTAINING BASELINE VITAL SIGNS IS PREVENTED BY THE PATIENT'S PHYSICAL RESISTANCE OR EMOTIONAL CONDITION, THE REASON OR REASONS MUST BE DOCUMENTED. THE RECORDS SHALL ALSO INCLUDE INTERMITTENT QUANTITATIVE MONITORING AND RECORD OR OXYGEN SATURATION, HEART AND RESPIRATORY RATES, BLOOD PRESSURE AS APPROPRIATE FOR SPECIFIC TECHNIQUES, THE NAME, DOSE AND TIME OF ADMINISTRATION OF ALL DRUGS ADMINISTERED INCLUDING LOCAL AND INHALATION ANESTHETICS, THE LENGTH OF THE PROCEDURE, ANY COMPLICATIONS OF ORAL SEDATION AND A STATEMENT OF THE PATIENT'S CONDITION AT THE TIME OF DISCHARGE.	YES ☐ NO ☐
23. DO YOU MAINTAIN DOCUMENTATION SHOWING THAT ALL EMERGENCY EQUIPMENT AND DRUGS ARE CHECKED AND MAINTAINED ON A PRUDENT AND REGULARLY SCHEDULED BASIS?	YES ☐ NO ☐
24. DO YOU HAVE AVAILABLE AND READILY ACCESSIBLE AN EMERGENCY KIT OR CART THAT INCLUDES THE ITEMS LISTED AS FOLLOWS? (A) THE NECESSARY AND APPROPRIATE EMERGENCY DRUGS AND SIZE-APPROPRIATE EQUIPMENT TO RESUSCITATE A NONBREATHING AND UNCONSCIOUS PATIENT AND PROVIDE CONTINUOUS SUPPORT WHILE THE PATIENT IS TRANSPORTED TO A MEDICAL FACILITY. (B) EMERGENCY DRUGS OF THE FOLLOWING TYPES: • EPINEPHRINE • BRONCHODILATOR • APPROPRIATE DRUG ANTAGONIST • ANTIHISTAMINIC • ANTICHOLINERGIC • ANTICONVULSANT • OXYGEN • DEXTROSE OR OTHER ANTIHYPOGLYCEMIC	YES ☐ NO ☐

25. PROVIDE THE ADDRESSES OF ALL LOCATIONS OF PRACTICE WHERE YOU ADMINISTER OR ORDER THE ADMINISTRATION OF ORAL CONSCIOUS SEDATION. ALL OFFICES SHALL MEET THE STANDARDS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD AT TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1044.5.

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IF NECESSARY, CONTINUE ON THE BACK OF THIS PAGE.

Certification - I certify under the penalty of perjury under the laws of the State of California that the foregoing information, including attachments, is true and correct.

____

Date: Signature of Applicant

INFORMATION COLLECTION AND ACCESS: Except for the email address and fax number, the information requested herein is mandatory and is maintained by the Dental Board of California (Board), 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC)sections1600 et seq. The Board collects the personal information requested on the following form as authorized by BPC sections 27, 30, 31, 114.5, 115.4, 135.4, 480, 494.5, 1647.31, 1647.32, 1647.33, 1715, and Title 16, California Code of Regulations sections 1044.1 and 1044.5. The Board uses this information to identify and evaluate applicants for permit or licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory, and collection is authorized by sections 29.5, 30, 31, and 494.5 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. § 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges as required by BPC section 30, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

CONSOLIDATED CE PROPOSED LANGUAGE

TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

PROPOSED LANGUAGE

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strikethrough~~ for deleted text.

Amend Section 1016 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations as follows:

§ 1016. Continuing Education Courses and Providers

(a) Definition of Terms:

(1) Course of Study Defined. “Course of study” means an orderly learning experience in an area of study pertaining to dental and medical health, preventive dental services, diagnosis and treatment planning, clinical procedures, basic health sciences, dental practice management and administration, communication, ethics, patient management or the Dental Practice Act and other laws specifically related to dental practice.

(2) Coursework Defined. The term “Coursework” used herein refers to materials presented or used for continuing education and shall be designed and delivered in a manner that serves to directly enhance the licensee's knowledge, skill and competence in the provision of service to patients or the community.

(b) Courses of study for continuing education credit shall include:

(1) Mandatory courses required by the Board for license renewal ~~to~~ shall include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act, ~~and~~ completion of certification in Basic Life Support, and a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioids.

(A) At a minimum, course content for a Board-approved course in Infection Control shall include all content of Section 1005 and the application of the regulations in the dental environment.

(B) At a minimum, course content for the Dental Practice Act [Division 2, Chapter 4 of the Code (beginning with §1600)] shall instruct on acts in violation of the Dental Practice Act and attending regulations, and other statutory mandates relating to the dental practice. This includes utilization and scope of practice for auxiliaries and dentists; laws governing the prescribing of drugs; professional ethics, citations, fines, revocation and

suspension of a license, and license renewal; and the mandatory reporter obligations set forth in the Child Abuse and Neglect Reporting Act (Penal Code Section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code Section 15600 et seq.) and the clinical signs to look for in identifying abuse.

(C) The mandatory requirement for certification in Basic Life Support shall be met by completion of ~~either~~:

(i) An American Heart Association (AHA) or American Red Cross (ARC) course in Basic Life Support (BLS) or,

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

(iii) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

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

1. Instruction in both adult and pediatric CPR, including 2-rescuer scenarios;

2. Instruction in foreign-body airway obstruction;

3. Instruction in relief of choking for adults, child and infant;

4. Instruction in the use of automated external defibrillation with CPR; and;

5. A live, in-person skills practice session, a skills test and a written examination;

The course provider shall ensure that the course meets the required criteria.

(D) At a minimum, course content for a Board-approved course on the responsibilities and requirements of prescribing Schedule II opioid drugs shall include the practices for pain management in dentistry, regulatory requirements for prescribers and dispensers, and dental office procedures for managing vulnerable or substance use disorder patients.

(2) Courses in the actual delivery of dental services to the patient or the community, such as:

(A) Courses in preventive services, diagnostic protocols and procedures (including physical evaluation, radiography, dental photography) comprehensive treatment planning, charting of the oral conditions, informed consent protocols and recordkeeping.

(B) Courses dealing primarily with nutrition and nutrition counseling of the patient.

(C) Courses in esthetic, corrective and restorative oral health diagnosis and treatment.

(D) Courses in dentistry's role in individual and community health emergencies, disasters, and disaster recovery.

(E) Courses that pertain to the legal requirement governing the licensee in the areas of auxiliary employment and delegation of responsibilities; the Health Insurance Portability and Accountability Act (HIPAA); actual delivery of care.

(F) Courses pertaining to federal, state and local regulations, guidelines or statutes regarding workplace safety, fire and emergency, environmental safety, waste disposal and management, general office safety, sexual harassment prevention, and all training requirements set forth by the California Division of Occupational Safety and Health (Cal-DOSH) including the Bloodborne Pathogens Standard.

(G) Courses pertaining to the administration of general anesthesia, conscious sedation, oral conscious sedation or medical emergencies.

(H) Courses pertaining to the evaluation, selection, use and care of dental instruments, sterilization equipment, operatory equipment, and personal protective attire.

(I) Courses in dependency issues and substance abuse such as alcohol and drug use as it relates to patient safety, professional misconduct, ethical considerations or malpractice.

(J) Courses in behavioral sciences, behavior guidance, and patient management in the delivery of care to all populations including special needs, pediatric and sedation patients when oriented specifically to the clinical care of the patient.

(K) Courses in the selection, incorporation, and use of current and emerging technologies.

(L) Courses in cultural competencies such as bilingual dental terminology, cross-cultural communication, provision of public health dentistry, and the dental professional's role in provision of care in non-traditional settings when oriented specifically to the needs of the dental patient and will serve to enhance the patient experience.

(M) Courses in dentistry's role in individual and community health programs.

(N) Courses pertaining to the legal and ethical aspects of the insurance industry, to include management of third party payer issues, dental billing practices, patient and provider appeals of payment disputes and patient management of billing matters.

(3) Courses in the following areas are considered to be primarily of benefit to the licensee and shall be limited to a maximum of 20% of a licensee's total required course unit credits for each license or permit renewal period:

(A) Courses to improve recall and scheduling systems, production flow, communication systems and data management.

(B) Courses in organization and management of the dental practice including business planning and operations, office computerization and design, ergonomics, and the improvement of practice administration and office operations.

(C) Courses in leadership development and team development.

(D) Coursework in teaching methodology and curricula development.

(E) Coursework in peer evaluation and case studies that include reviewing clinical evaluation procedures, reviewing diagnostic methods, studying radiographic data, study models and treatment planning procedures.

(F) Courses in human resource management and employee benefits.

(4) Courses considered to be of direct benefit to the licensee or outside the scope of dental practice in California include the following, and shall not be recognized for continuing education credit:

(A) Courses in money management, the licensee's personal finances or personal ~~business~~ matters such as financial ~~planning,~~ or estate planning, and personal investments.

(B) Courses in general physical fitness, weight management or the licensee's personal health.

(C) Presentations by political or public figures or other persons that do not deal primarily with dental practice or issues impacting the dental profession

(D) Courses designed to make the licensee a better business person or designed to improve licensee personal profitability, including motivation and marketing.

(E) Courses pertaining to the purchase or sale of a dental practice, business or office; courses in transfer of practice ownership, acquisition of partners and associates, practice valuation, practice transitions, or retirement.

(F) Courses pertaining to the provision of elective facial cosmetic surgery as defined by the Dental Practice Act in Section 1638.1, unless the licensee has a special permit obtained from the Board to perform such procedures pursuant to Section 1638.1 of the Code.

(5) Completion of a course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.

(c) Registered Provider Application and Renewal

(1) An applicant for registration as a provider shall submit an “Application for Continuing Education Provider (Rev. 05/09)” that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that he or she will only offer courses and issue certificates for courses that meet the requirements in this section.

(2) To renew its registration, a provider shall submit a “Continuing Education Registered Provider Permit Renewal Application (12/15/08)” that is hereby incorporated by reference. The application shall be accompanied by the fee required by section 1021 and a biennial report listing each of the course titles offered, the 11-digit registration number issued to each course, the number of units issued for each course, the dates of all courses offered, the name and qualifications of each instructor, a summary of the content of each course of study, and a sample of the provider's written certification issued to participants during the last renewal period.

(d) Standards for Registration as an Approved Provider

(1) Each course of study shall be conducted on the same educational standards of scholarship and teaching as that required of a true university discipline and shall be supported by those facilities and educational resources necessary to comply with this requirement. Every instructor or presenter of a continuing education course shall possess education or experience for at least two years in the subject area being taught. Each course of study shall clearly state educational objectives that can realistically be accomplished within the framework of the course. Teaching methods for each course of study shall be described (e.g., lecture, seminar, audiovisual, clinical, simulation, etc.) on all provider reports.

(2) The topic of instruction and course content shall conform to this section.

(3) An opportunity to enroll in such courses of study shall be made available to all dental licensees.

(e) Enforcement, Provider Records Retention and Availability of Provider Records

(1) (A) The board may not grant prior approval to individual courses unless a course is required as a mandatory license renewal course. The minimum course content of all mandatory continuing education courses for all registered providers is set out in subsections (b)(1)(A-~~C~~D). Providers shall be expected to adhere to these minimum course content requirements or risk registered provider status.

(B) ~~Beginning January 1, 2006, all~~ All registered providers shall submit their course content outlines for Infection Control and California Dental Practice Act to the board staff for review and approval. If a provider wishes to make any significant changes to the content of a previously approved ~~mandatory~~ course in Infection Control and the California Dental Practice Act, the provider shall submit a new course content outline to the Board. A provider may not offer the ~~mandatory~~ significantly changed course until the Board approves the new course outline. All new applicants for provider status shall submit course content outlines for ~~mandatory education~~ courses in Infection Control and California Dental Practice Act to the board staff for review and approval at the time of application and prior to instruction~~ of mandatory education courses~~.

(2) Providers must possess and maintain the following:

(A) Speaker curriculum vitae;

(B) Course content outline;

(C) Educational objectives or outcomes;

(D) Teaching methods utilized;

(E) Evidence of registration numbers and units issued to each course;

(F) Attendance records and rosters

(3) The board may randomly audit a provider for any course submitted for credit by a licensee in addition to any course for which a complaint is received. If an audit is conducted, the provider shall submit to the Board the following information and documentation:

(A) Speaker curriculum vitae;

(B) Course content outline;

(C) Educational objectives or outcomes;

(D) Teaching methods utilized;

(E) Evidence of registration numbers and units issued to each course; and

(F) Attendance records and rosters.

(4) All provider records described in this article shall be retained for a period of no less than three provider renewal periods.

(f) Withdrawal of Provider Registration

(1) The board retains the right and authority to audit or monitor courses given by any provider. The board may withdraw or place restrictions on a provider's registration if the provider has disseminated any false or misleading information in connection with the continuing education program, fails to comply with regulations, misrepresents the course offered, makes any false statement on its application or otherwise violates any provision of the Dental Practice Act or the regulations adopted thereunder.

(2) Any provider whose registration is withdrawn or restricted shall be granted a hearing before the executive officer or his or her designee prior to the effective date of such action. The provider shall be given at least ten days notice of the grounds for the proposed action and the time and place of such hearing.

(g) Provider Issuance of Units of Credit for Attendance
One unit of credit shall be granted for every hour of contact instruction and may be issued in half-hour increments. Such increments shall be represented by the

use of a decimal point in between the first two numbers of the 11-digit registration number of the course. This credit shall apply to either academic or clinical instruction. Eight units shall be the maximum continuing education credits granted in one day.

(h) Additional Provider Responsibilities

(1) A provider shall furnish a written certification of course completion to each licensee certifying that the licensee has met the attendance requirements of the course. Such certification shall not be issued until completion of the course and shall contain the following:

(A) The licensee's, name and license or permit number, the provider's name, the 11-digit course registration number in the upper left hand corner of the certificate, date or dates attended, the number of units earned, and a place for the licensee to sign and date verifying attendance.

(B) An authorizing signature of the provider or the providing entity and a statement that reads: “All of the information contained on this certificate is truthful and accurate.”

(C) A statement on each certification that reads: “Completion of this course does not constitute authorization for the attendee to perform any services that he or she is not legally authorized to perform based on his or her license or permit type.”

(2) If an individual whose license or permit has been cancelled, revoked, or voluntarily surrendered attends and completes a continuing education course, the provider or attendee may document on the certificate of course completion the license or permit number the individual held before the license or permit was cancelled, revoked, or voluntarily surrendered.

(3) When two or more registered providers co-sponsor a course, only one provider number shall be used for that course and that provider must assume full responsibility for compliance with the requirements of this article.

(4) Only Board-approved providers whose course content outlines for Infection Control and California Dental Practice Act have been submitted and approved by the Board may issue continuing education certifications to participants of these courses.

(5) The instructor of a course who holds a current and active license or permit to practice issued by the Board may receive continuing education credit for up to 20% of their total required units per renewal period for the course or courses they teach for a provider other than themselves.

(6) Upon request, a provider shall issue a duplicate certification to a licensee whose name appears on the provider's original roster of course attendees. A provider may not issue a duplicate certification to a licensee whose name is not on the original roster of course attendees. The provider, not the licensee shall clearly mark on the certificate the word “duplicate.”

(7) Providers shall place the following statement on all certifications, course advertisements, brochures and other publications relating to all course offerings: “This course meets the Dental Board of California's requirements for _(number of)_units of continuing education.”

(i) Out of State Courses and Courses Offered by Other Authorized and Non-Authorized Providers

(1) Notwithstanding subdivision (b) of Section 1016, licensees who attend continuing education courses given by providers approved by the American Dental Association's Continuing Education Recognition Program (CERP) or the Academy of General Dentistry's Program Approval for Continuing Education (PACE) and who obtain a certification of attendance from the provider or sponsor shall be given credit towards his or her total continuing education requirement for renewal of his or her license with the exception of mandatory continuing education courses, if the course meets the requirements of continuing education set forth in this section.

(~~b~~i) A licensee who attends a course or program that meets all content requirements for continuing education pursuant to these regulations, but was presented outside California by a provider not approved by the Board, may petition the Board for consideration of the course by submitting information on course content, course duration and evidence from the provider of course completion.

When the necessary requirements have been fulfilled, the board may issue a written certificate of course completion for the approved number of units, which the licensee may then use for documentation of continuing education credits.

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Section 1645, Business and Professions Code.

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

Section 1016.2. Basic Life Support for Licensure of Dental Auxiliaries

(a) For the purpose of Code section 1752.1(e)(3) and for the purpose of licensure renewal, the following are deemed to be equivalent basic life support (BLS) courses to the American Heart Association (AHA) or the American Red Cross (ARC):

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

(2) A BLS course taught by a provider approved by the American Safety and Health Institute (ASHI).

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

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

(2) Instruction in foreign-body airway obstruction;

(3) Instruction in relief of choking for adults, children and infants;

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

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

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Sections 1645 ~~&~~ and 1752.1, Business and Professions Code.

Amend Section 1017 Article 4 of Chapter 1 of Division 10 of Title 16 of the California Code of Regulations as follows:

§ 1017. Continuing Education Units ~~and Continuing Competency~~ Required ~~Requirements~~ for Renewal of License or Permit.

(a) As a condition of renewal, all licensees are required to complete continuing education as follows:

(1) Two units of continuing education in Infection Control specific to California regulations as defined in S~~s~~ection 1016(b)(1)(A).

(2) Two units of continuing education in the California Dental Practice Act and its related regulations as defined in S~~s~~ection 1016(b)(1)(B).

(3) A maximum of four units of a course in Basic Life Support as specified in S~~s~~ection 1016(b)(1)(C).

(4) Only dentists shall be required to complete two units of continuing education on the subjects set forth in 1016(b)(1)(D).

(b) Mandatory continuing education units count toward the total units required to renew a license or permit; however, failure to complete the mandatory courses will result in non-renewal of a license or permit. ~~Any continuing education units accumulated before April 8, 2010 that meet the requirements in effect on the date the units were accumulated will be accepted by the Board for license or permit renewals taking place on or after April 8, 2010.~~

(c) All licensees shall accumulate the continuing education units equal to the number of units indicated below during the biennial license or permit renewal period assigned by the Board on each license or permit. All licensees shall verify to the Board that he or she who has been issued a license or permit to practice for a period less than two years shall begin accumulating continuing education credits within the next biennial renewal period occurring after the issuance of a new license or permit to practice.

(1) Dentists: 50 units.

(2) Registered dental hygienists: 25 units.

(3) Registered dental assistants: 25 units.

(4) Dental Sedation Assistant Permit Holders: 25 units.

(5) Orthodontic Assistant Permit Holders: 25 units.

(6) Registered dental hygienists in extended functions: 25 units.

(7) Registered dental assistants in extended functions: 25 units.

(8) Registered dental hygienists in alternative practice: 35 units.

(d) Each dentist licensee who holds a general anesthesia permit shall complete, as a condition of permit renewal, continuing education requirements pursuant to Section 1646.5 of the ~~Business and Professions~~ Code at least once every two years, and either

(1) an advanced cardiac life support course which is approved by the American Heart Association and which includes an examination on the materials presented in the course or (2) any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the course entitled “2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency

Cardiovascular Care" published by the American Heart Association December 13, 2005 which is incorporated herein by reference.

(e) Each dentist licensee who holds a ~~conscious~~ moderate sedation permit shall complete at least once every two years a minimum of 15 total units of coursework related to the administration of ~~conscious~~ moderate sedation and to medical emergencies, as a condition of permit renewal, in continuing education requirements pursuant to Section 1647.5 of the of the ~~Business and Professions~~ Code. Refusal to execute the required assurance shall result in non-renewal of the permit.

~~(f) Each dentist licensee who holds an oral conscious sedation permit for minors, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.13 of the Business and Professions Code.~~

(f)~~(g)~~ Each dentist licensee who holds an oral conscious sedation permit for adults, as a condition of permit renewal, shall complete at least once every two years a minimum of 7 total units of coursework related to the subject area in continuing education requirements pursuant to Section 1647.21 of the ~~of the Business and Professions~~ Code.

(g)~~(h)~~ Notwithstanding any other provisions of this section~~code~~, tape recorded courses, home study materials, video courses, and computer courses are considered correspondence courses, and will be accepted for credit up to, but not exceeding, 50% of the licensee's total required units.

(h)~~(i)~~ In the event that a portion of a licensee's units have been obtained through non-live instruction, as described in ~~Section~~ subsection (g) ~~(h)~~ above, all remaining units shall be obtained through live interactive course study with the option to obtain 100% of the total required units by way of interactive instruction courses. Such courses are defined as live lecture, live telephone conferencing, live video conferencing, live workshop demonstration, or live classroom study.

(i)~~(j)~~ Licensees who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic shall be issued continuing education credit of one unit per hour of providing unpaid volunteer dental services to patients, for up to three units of their total continuing education unit requirements for license renewal. Units of credit may be issued in half hour increments.

(j) Licensees who participate in the following activities shall be issued continuing education credit for up to 20% of their total continuing education unit requirements for license renewal:

(1) Participation in any Dental Board of California or Western Regional Examination Board (WREB) administered examination including attendance at calibration training, examiner orientation sessions, and examinations.

(2) Participation in any site visit or evaluation relating to issuance and maintenance of a general anesthesia, conscious sedation or oral conscious sedation permit.

(3) Participation in any calibration training and site evaluation training session relating to general anesthesia, conscious sedation or oral conscious sedation permits.

(4) Participation in any site visit or evaluation of an approved dental auxiliary program or dental auxiliary course.

(k) The Board shall issue to participants in the activities listed in ~~subdivision~~ subsection (j) a certificate that contains the date, time, location, authorizing signature, 11-digit course registration number, and number of units conferred for each activity consistent with all certificate requirements herein required for the purposes of records retention and auditing.

(l) The license or permit of any person who fails to accumulate the continuing education units set forth in this section or to assure the B~~b~~oard that he or she will accumulate such units, shall not be renewed until such time as the licensee complies with those requirements.

(m) A licensee who has not practiced in California for more than one year because the licensee is disabled need not comply with the continuing education requirements of this article during the renewal period within which such disability falls. Such licensee shall certify in writing that he or she is eligible for waiver of the continuing education requirements. A licensee who ceases to be eligible for such waiver shall notify the Board of such and shall comply with the continuing education requirements for subsequent renewal periods.

(n) A licensee shall retain, for a period of three renewal periods, the certificates of course completion issued to him or her at the time he or she attended a continuing education course and shall forward such certifications to the Board only upon request by the Board for audit purposes. A licensee who fails to retain a certification shall contact the provider and obtain a duplicate certification.

(o) Any licensee who furnishes false or misleading information to the Board regarding his or her continuing education units may be subject to disciplinary action. The Board may audit a licensee continuing education records as it deems necessary to ensure that the continuing education requirements are met.

(p) A licensee who also holds a ~~special~~ permit for general anesthesia, moderate ~~conscious~~ sedation, or oral conscious sedation ~~of a minor or~~ of an adult, may apply the continuing education units required in the specific subject areas to their dental license renewal requirements.

(q) A registered dental assistant or registered dental assistant in extended functions who holds a permit as an orthodontic assistant or a dental sedation assistant shall not be required to complete additional continuing education requirements beyond that which is required for licensure renewal in order to renew either permit.

(r) Pertaining to licen~~c~~sees holding more than one license or permit, the license or permit that requires the largest number of continuing education units for renewal shall equal the licensee's full renewal requirement. Dual licensure, or licensure with permit, shall not require duplication of continuing education requirements.

(s) Current and active licensees enrolled in a full-time educational program in the field of dentistry, including dental school program, residency program, postdoctoral specialty program, dental hygiene school program, dental hygiene in alternative practice program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, licensees shall be required to present school transcripts to the Board as evidence of enrollment and course completion.

(t) Current and active dental sedation assistant and orthodontic assistant permit holders enrolled in a full-time dental hygiene school program, dental assisting program, or registered dental assisting in extended functions program approved by the Board or the ADA Commission on Dental Accreditation shall be granted continuing education credits for completed curriculum during that renewal period. In the event of audit, assisting permit holders shall be required to present school transcripts to the committee or Board as evidence of enrollment and course completion.

(u) Continuing education for retired dentists in only uncompensated practice shall include mandatory courses described at Section 1016(b)(1) and courses directly related to the delivery of dental services to patients described at Section 1016(b)(2) and shall be no less than 30 units.

~~(v) As a condition of renewal, each licensee who holds a general anesthesia permit with a pediatric endorsement shall provide documentation to the Board showing completion of twenty (20) cases of general anesthesia to pediatric patients as provided in Section 1043.8.1, subsections (c)-(e).~~

~~(w) As a condition of renewal each dentist licensee who holds a moderate sedation permit with a pediatric endorsement shall confirm to the Board in writing the following:~~

~~(1) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under thirteen years of age either independently and/or under the direct supervision of another permit holder;~~

~~(2) Whether the licensee completed at least twenty (20) cases of moderate sedation for children under seven years of age either independently and/or under the direct supervision of another permit holder, and;~~

~~(3) If applicable, if the licensee lacks sufficient cases, whether the licensee is administering moderate sedation to patients under seven years of age under the direct supervision of a permit holder who meets the qualifications of 1647.3 of the Code.~~

Note: Authority cited: Sections 1614 and 1645, Business and Professions Code. Reference: Sections 1645, ~~1646.2,~~ 1646.5~~, 1647.3,~~ and 1647.5, Business and Professions Code.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	November 1, 2021
TO	Members of the Dental Board of California (Board)
FROM	Jessica Olney, Board Staff Services Manager I Dental Board of California
SUBJECT	**Agenda Item 23:** Discussion and Possible Action Regarding Board Implementation of SB 501 (Glazer, Chapter 929, Statutes of 2018) and Legislative Proposal to Add Section 1646.12 to Article 2.75, Amend Section 1646.10 of Article 2.7, Section 1646.11 of Article 2.75, Section 1647.9.5 of Article 2.8, Section 1647.10 of Article 2.84, Section 1647.17.15 of Article 2.85, Section 1647.35 of Article 2.87, and Section 1724 of Article 6, and Repeal Section 1646.13 of Article 2.75, Section 1647.12 of Article 2.84, and Section 1647.36 of Article 2.87, of Chapter 4 of Division 2 of the Business and Profession Code

Background

On September 29, 2018, Governor Brown signed SB 501. Although some provisions of the bill became effective on January 1, 2019, provisions governing the use of minimal, moderate, and deep sedation and general anesthesia will become effective on January 1, 2022, and will impact General Anesthesia (GA), Medical General Anesthesia (MGA), Conscious Sedation (CS), and Oral Conscious Sedation (OCS) for Minors permit holders in California.

SB 501, among other things, will repeal Business and Professions Code (BPC) sections 1646-1646.10 (General Anesthesia), 1647-1647.9.5 (Conscious Sedation), and 1647.10-1647.17.5 (Oral Conscious Sedation for Pediatric Patients), and add BPC sections 1601.8, 1646-1646.13 (Deep Sedation and General Anesthesia), 1647-1647.12 (Moderate Sedation), and 1647.30-1647.36 (Pediatric Minimal Sedation). As a result, significant updates to the current anesthesia and sedation permit program will need to be implemented. These changes will require new pediatric endorsement and patient monitoring requirements when administering anesthesia or sedation to a minor patient, and the new Pediatric Minimal Sedation (PMS) permit will be required to administer or order the administration of pediatric minimal sedation on a patient under the age of 13.

In 2020, Board staff began working with subject matter experts and legal counsel to develop draft regulations. The proposed regulatory language was presented and approved by the Board on May 14, 2021. The proposed rulemaking would update current application

and permit maintenance requirements to implement SB 501. The proposed rulemaking has been submitted to the Department of Consumer Affairs, Legal Affairs Division for review.

The proposed regulatory changes to implement SB 501 are outlined more specifically below:

- The current GA permit will remain; however, SB 501 will define deep sedation and general anesthesia (BPC, § 1646, subds. (a), (b)). Proposed regulatory language will clarify or make changes to the following:
  - Application for General Anesthesia Permit form.
  - Acceptable training in anesthesiology.
  - Facility and equipment standards.
  - Application for Pediatric Endorsement form and requirements for a pediatric endorsement for pediatric patients under the age of seven.
  - Renewal requirements for pediatric endorsement holders.
  - Specify approved providers of pediatric advanced life support (PALS) courses.

- The current MGA permit will remain; however, SB 501 will define deep sedation and general anesthesia (BPC, § 1646, subds. (a), (b)). Proposed regulatory language will clarify or make changes to the following:
  - Application for General Anesthesia Permit form.
  - Acceptable training in anesthesiology.
  - Facility and equipment standards.
  - Application for Pediatric Endorsement form and requirements for a pediatric endorsement for pediatric patients under the age of seven.
  - Renewal requirements for pediatric endorsement holders.
  - Specify approved providers of PALS courses.

- Current CS permit will no longer be issued as of January 1, 2022 and will be replaced with the Moderate Sedation (MS) permit. Proposed regulatory language will specify the following:
  - Application for Moderate Sedation Permit form.
  - Acceptable documentation for proof of training in moderate sedation.
  - Facility and equipment standards.
  - Application for Pediatric Endorsement form and requirements for a pediatric endorsement for pediatric patients aged seven to 13, and for patients under seven.
  - Specify approved providers of PALS courses.

- Current OCS for Minors permit will no longer be issued as of January 1, 2022 and will be replaced with the PMS permit. Proposed regulatory language will specify the following:
  - Application for Pediatric Minimal Sedation Permit form.
  - Acceptable documentation for proof of training in pediatric minimal sedation.
  - Facility and equipment standards.

- Current OCS for Adult permit will remain with no changes.

Additionally, SB 501 requires the Board to review all available data on: (1) all adverse events related to general anesthesia and deep sedation, moderate sedation, and minimal sedation in dentistry; and (2) relevant professional guidelines, recommendations, or best practices for the provision of dental anesthesia and sedation care. Board staff presented the report titled *Report to the California State Legislature Regarding Findings Relevant to Inform Dental Anesthesia and Sedation Standards* to the Anesthesia Committee on September 30, 2021. The Anesthesia Committee has recommended the Board accept the report with minor changes. The final report will be presented to the Board at its November meeting under another agenda item.

Implementation of SB 501 Before Regulations are in Effect

SB 501 will repeal and replace existing statutes and eliminate issuance of permits for the administration of conscious sedation and oral conscious sedation for minors on January 1, 2022. Existing GA, MGA, CS, and OCS for Minors permits that are issued or renewed before January 1, 2022, may continue to follow the terms of that existing permit until it expires. However, when the permits expire after January 1, 2022, the permit holders must comply with the new GA, MGA, MS, and PMS permit requirements and, as applicable, obtain a pediatric endorsement. (BPC, §§ 1646.11, 1647.10, 1647.35.)

In the event that the proposed regulatory language is not approved by January 1, 2022, the Board may not be able to issue new permits required for the administration of sedation and anesthesia in California. If the new MS and PMS permits and pediatric endorsements cannot be issued, dentists whose CS and OCS for Minors permits have expired and GA and MGA permitholders who do not have the new pediatric endorsement will not be able to administer sedation to adult or minor patients and will not be able to administer general anesthesia to patients under seven years of age.

The primary issue with implementing SB 501 before the proposed regulations go into effect is the Board's ability to charge fees related to MS and PMS permits, and pediatric endorsements. Although SB 501 established maximum application, on-site inspection, and evaluation fee amounts for the new MS permit (BPC, § 1724, subds. (p), (q)), and SB 607 (Min, Chapter 367, Statutes of 2021) would establish a maximum PMS application fee amount, the specific amounts of application, renewal, inspection, and evaluation fees to be charged for the newly enacted MS and PMS permits and pediatric endorsements have not yet been set. Those specific fee amounts are included in the proposed regulations (prop. CCR, § 1021, subs. (q)-(u), (aq), (ah)), but until the rulemaking is made effective, the Board cannot charge any fees to review MS and PMS permit and pediatric endorsement applications or perform inspections and evaluations of the MS permit applicants. Application, inspection, and evaluation fees are charged to pay for Board costs and staff time processing the applications and performing inspections and evaluations; without the ability to charge application fees, the Board is unable to cover the staff costs to support the permit application, evaluation, and inspection process.

In addition, there are specific impacts on each permit type, discussed below.

- **GA and MGA Permits**: Existing GA and MGA permit holders will be able to continue to administer or order the administration of general anesthesia under the existing terms of that permit, until the permit expires. (BPC, § 1646.11.) Once the permit expires, these permit holders will not be able to administer general anesthesia or deep sedation to a patient under the age of seven unless they hold a pediatric endorsement. Since the pediatric endorsement is a new requirement established in SB 501 and the proposed regulations specifying the requirements are not yet in effect, there are no implementing regulations at this time.

- **CS Permits**: Existing CS permit holders will be able to continue to administer or order the administration of conscious sedation under the existing terms of that permit, until the permit expires. (BPC § 1647.10.) Once the permit expires, it will no longer be renewable or valid. Board staff is working with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) to determine if the CS permit may be automatically cancelled upon expiration. Existing CS permit holders will need to apply for an MS permit if they will administer or order the administration of moderate sedation to dental patients. Since the MS permit is a new type of permit established in SB 501 and the proposed regulations specifying the requirements are not yet in effect, there are no implementing regulations in effect at this time.

- **OCS for Minors Permits**: Existing OCS for Minors permit holders will be able to continue to administer or order the administration of oral conscious sedation to minor patients under the existing terms, until the permit expires. (BPC section 1647.35.) Once the permit expires, the OCS for Minors permit will no longer be renewable or valid. Board staff is working with OIS to determine if the OCS for Minors permit may be automatically cancelled upon expiration. Existing OCS for Minors permit holders will need to apply for a PMS permit if they will administer or order the administration of pediatric minimal sedation to dental patients. Since the PMS permit is a new type of permit established in SB 501 and the proposed regulations specifying the requirements are not yet in effect, there are no implementing regulations in effect at this time.

In addition to the fee issues, the chart below identifies the SB 501 statutory application requirements, need for regulations to implement those requirements, BreEZe technology implementation issues, ability of the Board to issue the new permits without regulations, and the potential risks and impacts if the Board issues those permits.

SB 501 IMPLEMENTATION

Permit Type	Statutory Application Requirements	Why Regulations for Application Requirements are Needed	BreEZe Issues	Is it Possible to Issue a Permit with Statutes Only	Potential Risk & Impact
Deep Sedation & General Anesthesia (GA) Permit	**BPC §§ 1646.1, 1646.2** • Current dental license, oral and maxillofacial surgery permit, or special permit. • Application form with documentation that equipment/drugs required are on premises (specified in regulation). • Application fee per BPC § 1724(o). • Completion of one-year advanced training in anesthesiology or equivalent training approved by Board. **BPC § 1646.9** • Current physician and surgeon license issued by the Medical Board of California. • Application form. • Application fee per BPC § 1724(o). • Completion of a residency in anesthesiology that is recognized by the	**Application:** Equipment and drugs required for the administration of deep sedation and general anesthesia, which must be documented on the application per BPC § 1646.2(b), will be specified in regulation. **Training:** Equivalent training approved by the Board will be specified in regulation, since statute only includes completion of advanced training in anesthesiology and does not include what is "other Board approved". Completion of a residency program in oral and maxillofacial surgery (OMS) approved by the Commission on Dental Accreditation (CODA) is currently accepted by the Board. **Facility and Equipment Standards:**	The current application for initial permit issued in BreEZe includes questions to verify the facility, equipment, and sedation records. Without approved regulations that specify the additional information required to be submitted by the applicant to administer deep sedation or general anesthesia, the application questions in BreEZe cannot be updated to meet the new statutory requirements.	Yes, with a limited or courtesy application form that may not capture all components of requirements in proposed regulatory text. Current BreEZe system will not capture the proposed regulatory requirements until the regulations go into effect.	**Training:** Until the regulations go into effect, the Board can only accept training in anesthesiology approved by CODA, which will limit the number of applicants who may qualify for the permit. The Application for General Anesthesia Permit form, which is incorporated by reference in proposed text for CCR § 1043.1(b), will include the acceptance of CODA approved OMS programs that provide training in deep sedation and general anesthesia. **Facility and Equipment Standards:** Until the regulations go into effect, the Board will not have language that specifies the type of equipment and emergency drugs required to be on site when administering deep sedation or general

	American Council on Graduate Medical Education. • Current membership on hospital medical staffs.	Facility, equipment, and sedation record requirements are not specified in statute. Proposed CCR § 1043.3 will specify the record requirements.			anesthesia. This is a potential risk to the public if there is an adverse event related to the administration of deep sedation or general anesthesia during a dental procedure. The proposed regulations also specify that the equipment must be appropriate for the size and age of the patient.
Pediatric endorsement for use of deep sedation & general anesthesia of patients under 7 years of age	**BPC § 1646.2(c)** • A GA permit. • Application form. • CODA approved or equivalent training program in the administration of deep sedation and general anesthesia on pediatric patients. • Documentation of 20 cases of deep sedation or general anesthesia administered to patients under 7 years of age in the last 24 months. • Current certification in ACLS. • Current certification in PALS. **BPC § 1646.9(e)** • An MGA permit.	**Fees:** There is no set application fee to cover Board staff costs of application processing. **Training:** Statutes do not specify who are Board-approved advanced cardiac life support (ACLS) and PALS training providers. Proposed CCR § 1043.8.1(a)(4) will specify providers who will be accepted. **Documentation:** Statute requires documentation of 20 cases of deep sedation or general anesthesia to be submitted with application. Proposed	The BreEZe system currently does not have the functionality needed for the initial application for a pediatric endorsement. As such, OIS and the vendor will need to make significant changes to BreEZe to develop the application and website changes for the online user, which are typically implemented once regulations have been approved.	No; there is no set application fee, and application for pediatric endorsement is not available in current BreEZe system; BreEZe updates will not be implemented until proposed regulations go into effect.	**Training:** Statute does not identify approved or acceptable providers. Proposed regulations will specify providers who will be accepted for ACLS and PALS training. **Documentation:** Proposed text in CCR § 1043.8.1 has been developed to require an applicant for the pediatric endorsement provide specific documentation that can be reviewed by subject matter experts to determine that the applicants meets the experiences needed.

	• Documentation of 20 cases of deep sedation or general anesthesia administered to patients under 7 years of age in the last 24 months. • Current certification in ACLS. • Current certification in PALS.	CCR § 1043.8.1 will specify the information required to be documented.			
Moderate Sedation (MS) Permit	**BPC §§ 1647.2, 1647.3** • Current dental license, oral and maxillofacial surgery permit, or special permit. • Application form with documentation that equipment/drugs required are on premises (specified in regulation). • Application fee per BPC § 1724(q). • Completion of training in moderate sedation administration that includes: 1. 60 hours of instruction. 2. 20 cases of administration of moderate sedation. 3. Complies with ADA Guidelines per BPC § 1643.3(c)(3).	**Fees:** There is no set application fee to cover Board staff costs of application processing. **Application:** Equipment and drugs required for the administration of moderate sedation that must be documented on the application per BPC § 1647.3(b) will be specified in regulation. **Facility and Equipment Standards:** Statute does not specify the facility, equipment, and sedation record standards required when moderate sedation is administered. Proposed CCR § 1043.3 will specify these requirements.	The BreEZe system currently does not have the functionality needed for the initial application and 16 additional transactions identified for an MS permit. As such, OIS and the vendor will need to make significant changes to develop the BreEZe applications and website changes for the online user, which are typically implemented once regulations have been approved.	No; there is no set application fee, and application for MS permit is not available is current BreEZe system. BreEZe updates will not be implemented until proposed regulations go into effect.	**Training:** Proposed regulations will specify that applicants must submit the Certification of Moderate Sedation Training form. The certification form directs the educational institution to indicate whether the permit applicant has completed each of the requirements for obtaining the MS permit and asks the educational institution to apply a stamp or seal to ensure that it is the educational institution providing the information. **Facility and Equipment Standards:** Until the regulations go into effect, the Board does not have language that specifies the type of

					equipment and emergency drugs required to be on site when administering moderate sedation. This is a potential risk to the public if there is an adverse event related to the administration of moderate sedation during a dental procedure. Proposed regulations also specify that the equipment must be appropriate for the size and age of the patient.
Pediatric endorsement for use of moderate sedation of patients under 13 years of age, and under 7 years of age	**Under 13 years of age BPC §§ 1647.2, 1647.3** • An MS permit. • CODA approved or equivalent pediatric residency training program. • Documentation of 20 cases of moderate sedation administered to patients under 13 years of age in the last 24 months. • Current certification in PALS. **Under 7 years of age BPC § 1647.3(d)** • An MS permit.	**Fees:** There is no set application fee to cover Board staff costs of application processing. **Training:** Statutes do not specify who are Board-approved PALS training providers. Proposed text in CCR § 1043.8.1(a)(4) will specify providers who will be accepted. **Documentation:** Statute requires documentation of 20 cases of deep sedation or general anesthesia to	The BreEZe system currently does not have the functionality needed for the initial application for a pediatric endorsement. As such, OIS and the vendor will need to make significant changes to develop the BreEZe applications and website changes for the online user, which are typically implemented once regulations have been approved.	No; there is no set application fee, and application for pediatric endorsement is not available in current BreEZe system. BreEZe updates will not be implemented until proposed regulations go into effect.	**Training:** Statute does not identify approved or acceptable providers. Proposed regulations will specify providers who will be accepted for PALS training. **Documentation:** Proposed text in CCR § 1043.8.1 has been developed in order to require that an applicant for the pediatric endorsement provide specific documentation that can be reviewed by subject matter experts to determine that the

	• CODA approved or equivalent pediatric residency training program. • Documentation of 20 cases of moderate sedation administered to patients under 7 years of age in the last 24 months. • Current certification in PALS.	be submitted with application. Proposed text in CCR § 1043.8.1 will specify the information required to be documented.			applicants meets the experiences needed.
Pediatric Minimal Sedation Permit	**BPC §§ 1647.2, 1647.3** • Current dental license, oral and maxillofacial surgery permit, or special permit. • Application form with documentation that equipment/drugs required are on premises (specified in regulation). • Application fee per BPC § 1724(s). • Completion of training in pediatric minimal sedation administration that includes: 1. 24 hours of instruction of pediatric minimal sedation and one clinical case, or 2. CODA approved residency in pediatric dentistry.	**Fees:** There is no set application fee to cover Board staff costs of application processing. **Application:** BPC § 1647.33(b) requires equipment and drugs required for the administration of pediatric minimal sedation to be documented on the application. Proposed CCR § 1043.9.2 will specify the information required to be documented. **Facility and Equipment Standards:** Statute does not specify the facility, equipment, and sedation record standards required when	The BreEZe system currently does not have the functionality needed for the initial application and 15 additional transactions identified for a PMS permit. As such, OIS and the vendor will need to make significant changes to develop the BreEZe applications and website changes for the online user, which are typically implemented once regulations have been approved.	No; there is no set application fee, and application for PMS permit is not available in current BreEZe system. BreEZe updates will not be implemented until proposed regulations go into effect.	**Training:** Proposed regulations will specify that applicants must submit the Certification of Pediatric Minimal Sedation Training form. The certification form directs the educational institution to indicate whether the permit applicant has completed each of the requirements for obtaining the PMS permit and asks the educational institution to apply a stamp or seal to ensure that it is the educational institution providing the information. **Facility and Equipment Standards:** Until the regulations are made effective, the

		pediatric minimal sedation is administered. Proposed CCR § 1043.9.2 will specify the information required to be documented.			Board does not have language that specifies the type of equipment and emergency drugs required to be on site when administering pediatric minimal sedation. This is a potential risk to the public if there is an adverse event related to the administration of pediatric minimal sedation during a dental procedure. Proposed regulations also specify that the equipment must be appropriate for the size and age of the patient.
Oral Conscious Sedation for Adults Permit	No change	N/A	N/A	Yes; SB 501 makes no changes to this permit.	N/A

Existing Permit Expirations and Application Issues

GA, MGA, CS, and OCS for Minors permit holders who renew by December 31, 2021, will be issued a permit that is valid for two years from the expiration date. In addition, BreEZe currently is configured to authorize permit holders to renew permits 90 days before permit expiration. Thus, GA, MGA, CS, and OCS for Minors permits that expire on or before February 28, 2022, would be able to renew the permit if the renewal application is submitted and the permit is issued by December 31, 2021.

As shown in the chart below, in 2021, 108 GA, 28 MGA, 60 CS, and 254 OCS for Minors permits will expire and are eligible for renewal. In 2022, 466 GA, 69 MGA, 267 CS, and 735 OCS for Minors permits will expire; only permit holders who renew and are

issued a permit before December 31, 2021 can continue to administer anesthesia and sedation under the old permit. In 2023, 369 GA, 50 MGA, 242 CS, and 537 OCS for Minors permits will expire and new permits and/or pediatric endorsements, as applicable, will be required to administer anesthesia and sedation in accordance with SB 501.

GA and MGA permits will be eligible for renewal after January 1, 2022, but until the rulemaking is effective, GA and MGA permit holders would not be able to administer or order the administration of deep sedation or general anesthesia to pediatric patients under the age of seven until those permit holders can apply for and receive the new pediatric endorsement. CS and OCS for Minors permit holders will no longer be eligible to renew, and the existing permits will be cancelled upon expiration. Until the rulemaking is effective, the Board is not able to issue MS and PMS permits and pediatric endorsements to administer or order the administration of moderate sedation to patients under the age of 13.

Below is a chart of the number of existing permits that will expire each month in calendar years 2021, 2022, and 2023.

Number of GA, MGA, CS, and OCS Permits Expiring Between January 31, 2021 and December 31, 2023													
GA (Dentist)	**1/31/21**	**2/28/21**	**3/31/21**	**4/30/21**	**5/31/21**	**6/30/21**	**7/31/21**	**8/31/21**	**9/30/21**	**10/31/21**	**11/30/21**	**12/31/21**	**TOTAL**
	1	2	1	2	1	8	2	7	8	15	26	35	108
	1/31/22	**2/28/22**	**3/31/22**	**4/30/22**	**5/31/22**	**6/30/22**	**7/31/22**	**8/31/22**	**9/30/22**	**10/31/22**	**11/30/22**	**12/31/22**	**TOTAL**
	43	29	45	46	37	46	32	41	50	29	28	40	466
	1/31/23	**2/28/23**	**3/31/23**	**4/30/23**	**5/31/23**	**6/30/23**	**7/31/23**	**8/31/23**	**9/30/23**	**10/31/23**	**11/30/23**	**12/31/23**	**TOTAL**
	39	28	40	45	37	38	43	34	30	18	17	0	369
MGA (Physicians & Surgeons)	**1/31/21**	**2/28/21**	**3/31/21**	**4/30/21**	**5/31/21**	**6/30/21**	**7/31/21**	**8/31/21**	**9/30/21**	**10/31/21**	**11/30/21**	**12/31/21**	**TOTAL**
	3	1	2	1	0	1	5	0	4	2	5	4	28
	1/31/22	**2/28/22**	**3/31/22**	**4/30/22**	**5/31/22**	**6/30/22**	**7/31/22**	**8/31/22**	**9/30/22**	**10/31/22**	**11/30/22**	**12/31/22**	**TOTAL**
	7	5	13	4	6	3	4	4	5	10	6	2	69
	1/31/23	**2/28/23**	**3/31/23**	**4/30/23**	**5/31/23**	**6/30/23**	**7/31/23**	**8/31/23**	**9/30/23**	**10/31/23**	**11/30/23**	**12/31/23**	**TOTAL**
	4	7	5	6	9	3	8	0	4	0	3	1	50
CS	**1/31/21**	**2/28/21**	**3/31/21**	**4/30/21**	**5/31/21**	**6/30/21**	**7/31/21**	**8/31/21**	**9/30/21**	**10/31/21**	**11/30/21**	**12/31/21**	**TOTAL**
	2	1	2	2	1	0	0	2	6	13	13	18	60
	1/31/22	**2/28/22**	**3/31/22**	**4/30/22**	**5/31/22**	**6/30/22**	**7/31/22**	**8/31/22**	**9/30/22**	**10/31/22**	**11/30/22**	**12/31/22**	**TOTAL**
	26	29	16	19	19	27	19	20	25	20	28	19	267
	1/31/23	**2/28/23**	**3/31/23**	**4/30/23**	**5/31/23**	**6/30/23**	**7/31/23**	**8/31/23**	**9/30/23**	**10/31/23**	**11/30/23**	**12/31/23**	**TOTAL**
	28	31	28	26	24	18	21	28	24	7	7	0	242

OCS (Minors)	**1/31/21**	**2/28/21**	**3/31/21**	**4/30/21**	**5/31/21**	**6/30/21**	**7/31/21**	**8/31/21**	**9/30/21**	**10/31/21**	**11/30/21**	**12/31/21**	**TOTAL**
	9	7	5	9	10	5	12	5	24	40	63	65	254
	1/31/22	**2/28/22**	**3/31/22**	**4/30/22**	**5/31/22**	**6/30/22**	**7/31/22**	**8/31/22**	**9/30/22**	**10/31/22**	**11/30/22**	**12/31/22**	**TOTAL**
	54	59	51	66	55	56	59	57	81	55	80	62	735
	1/31/23	**2/28/23**	**3/31/23**	**4/30/23**	**5/31/23**	**6/30/23**	**7/31/23**	**8/31/23**	**9/30/23**	**10/31/23**	**11/30/23**	**12/31/23**	**TOTAL**
	66	49	49	54	66	66	55	42	59	18	13	0	537

Legislative Proposal
Board staff have identified potential legislative solutions to resolve issues stemming from the implementation of SB 501, discussed further below.

Implementation Gap: SB 501 implementation date concerns were raised by the Board when SB 501 was moving through the legislative process. As discussed during the Board's August 23-24, 2018 meeting, Board staff did not anticipate being able to implement SB 501 until Spring 2024 (Board August 23-24, 2018 Meeting Minutes, p. 10). Board staff have reached out to Senate and Assembly Committee analysts to advise them of SB 501 implementation issues and the looming gap in anesthesia and/or sedation administration to dental patients between the effective date of the new MS and PMS permits and pediatric endorsement requirements on January 1, 2022, and the unknown effective date of the implementing regulations or BreEZe application and renewal updates for the new permits.

To address the gap in anesthesia and/or sedation administration between the old and new permit dates, Board staff presents the attached legislative proposals for the Board's consideration. The Board is being presented with two options, discussed in detail below.

Option 1: Extend issuance and renewal of the old general anesthesia and sedation permits until the Board can issue the new permits. This option would: (1) amend the January 1, 2022 sunset dates to instead sunset the older permits as soon as the Board can issue the new permits; and (2) repeal the January 1, 2022 sunrise dates of the new permits so those permits will be authorized as soon as the Board can issue such permits. Since the Board currently does not know when the Board's SB 501 rulemaking package will be made effective or when the BreEZe updates to include the new permit applications and renewals will occur, this option would allow new permit applicants to apply as soon as the Board can begin issuing the permits following regulation implementation and BreEZe updates. In addition, this option would avoid the potential need to return to the California State Legislature to recommend a further extension of the permit dates.

Option 2: Extend issuance and renewal of the old general anesthesia and sedation permits until January 1, 2024, and make the new permits effective on January 1, 2024. Although the current SB 501 regulations implementation date and BreEZe application update are unknown, this option would establish a date certain for expiration of old permits and implementation of new permits while providing the Board enough time to complete the rulemaking process to implement the new regulations and complete the necessary upgrades to the Board's anesthesia and sedation permit applications and renewals in BreEZe. However, in the event the Board is unable to implement the new permits due to lack of the regulations going into effect or BreEZe implementation delays, the Board would have to return to the Legislature to request further extension of the permit dates.

Both of these Options would include the fees and pediatric endorsement renewal proposals discussed below.

Fees: Board staff have identified two issues with the fees authorized to be charged for issuance and/or renewal of pediatric endorsements and MS permits. Although SB 501 established a maximum fee limitation for MS permit applications (BPC, § 1724, subd. (q)) and SB 607 established a maximum fee limitation for PMS permit applications and renewals (BPC, § 1724, subd. (s)), the fee statute does not include a maximum fee limitation for pediatric endorsement applications or renewals. In addition, MS permit renewals were inadvertently characterized as conscious sedation permit renewals.

To address these fee issues, Board staff presents the attached legislative proposal for the Board's consideration that would: (1) establish the maximum fee limitation for pediatric endorsement applications and renewals (prop. BPC, § 1724, subd. (t)); (2) correct the existing conscious sedation renewal fee provision and instead provide for MS permit renewal fees (prop. BPC, § 1724, subd. (q); and (3) renumber the section subdivisions to account for the new pediatric endorsement fee provisions.

Pediatric Endorsement Renewal: SB 501 did not establish the expiration date for pediatric endorsements. As such, Board staff recommend adding a new BPC section 1646.12 that would establish for pediatric endorsements the same expiration provisions as licenses.

Action Requested
The Board is asked to consider submitting to the California State Legislature the attached legislative proposals.

If the Board selects Option 1 to resolve the permit implementation gap, the Board is asked to make a motion to recommend to the California State Legislature a legislative proposal to amend the Business and Professions Code to add a new fee and establish the expiration of pediatric endorsements, correct the fee provision for moderate sedation, and extend implementation of the new anesthesia and sedation permits and pediatric endorsement until such time as the Board can issue such permits and endorsement, as provided in the Option 1 legislative proposal.

If the Board selects Option 2, the Board asked is asked to make a motion to recommend to the California State Legislature a legislative proposal to amend the Business and Professions Code to extend to January 1, 2024, implementation of the new anesthesia and sedation permits and pediatric endorsement, add a new fee and establish expiration of pediatric endorsements, and correct the fee provision for moderate sedation, as provided in the Option 2 legislative proposal.

Attachments:
1. Option 1 Legislative Proposal to Amend Business and Professions Code
2. Option 2 Legislative Proposal to Amend Business and Professions Code

DENTAL BOARD OF CALIFORNIA
OPTION 1 LEGISLATIVE PROPOSAL
TO AMEND BUSINESS AND PROFESSIONS CODE
REGARDING GENERAL ANESTHESIA AND SEDATION PERMITS EXTENSION
[Extend Old Permits Until New Permits can be Issued]

Additions are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

Add Section 1646.12 to Article 2.75, Amend Section 1646.10 of Article 2.7, Section 1646.11 of Article 2.75, Section 1647.9.5 of Article 2.8, Section 1647.10 of Article 2.84, Section 1647.17.5 of Article 2.85, Section 1647.35 of Article 2.87, and Section 1724 of Article 6, and repeal Section 1646.13 of Article 2.75, Section 1647.12 of Article 2.84, and Section 1647.36 of Article 2.87, of Chapter 4 of Division 2 of the Business and Professions Code

Article 2.7

1646.10. This article shall remain in effect only until ~~January 1, 2022~~ *the general anesthesia permits authorized under article 2.75 can be issued by the board*, and as of that date is repealed.

Article 2.75

1646.11. A general anesthesia permitholder who has a permit that was issued before ~~January 1, 2022,~~ *a permit can be issued by the board under this article* may follow the terms of that existing permit until it expires. ~~Any permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permitholder to follow the new requirements of this article.~~

1646.12. *A pediatric endorsement shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

~~**1646.13.** This article shall become operative on January 1, 2022.~~

Article 2.8

1647.9.5. This article shall remain in effect only until ~~January 1, 2022~~ *the moderate sedation permits authorized under article 2.84 can be issued by the board*, and as of that date is repealed.

Article 2.84

1647.10. A conscious sedation permitholder who has a permit that was issued before ~~January 1, 2022,~~ *a permit can be issued by the board under this article* may follow the terms of that existing permit until it expires. ~~Any permit issued or renewed pursuant to~~

~~this article on or after January 1, 2022, shall require the permitholder to follow the requirements of this article.~~

~~**1647.12.** This article shall become operative on January 1, 2022.~~

<u>Article 2.85</u>

1647.17.15. This article shall remain in effect only until ~~January 1, 2022~~ *the pediatric minimal sedation permits authorized under article 2.87 can be issued by the board*, and as of that date is repealed.

<u>Article 2.87</u>

1647.35. A permitholder who has a permit ~~that was issued before January 1, 2022,~~ that authorized the permitholder to administer or order the administration of oral conscious sedation for minor patients under prior Article 2.85 (commencing with Section 1647.10) *and was issued before a permit can be issued by the board under this article* may follow the terms of that existing permit until it expires. ~~Any permit issued or renewed pursuant to this article on or after January 1, 2022, shall require the permitholder to follow the requirements of this article.~~

~~**1647.36.** This article shall become operative on January 2022.~~

<u>Article 6</u>

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:
(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars ($1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars ($1,000).
(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars ($1,000).
(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars ($1,000).
(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars ($650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars ($650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars ($800), and the fee for the renewal of a license shall not exceed eight hundred dollars ($800).
(e) The fee for an application for a special permit shall not exceed one thousand dollars ($1,000), and the renewal fee for a special permit shall not exceed six hundred dollars ($600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.
(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).
(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars ($750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars ($375).
(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars ($125).
(j) The fee for a provider of continuing education shall not exceed five hundred dollars ($500) per year.
(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).
(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).
(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars ($4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars ($800).
(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars ($1,200).
(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars ($600).
(p) The fee for an onsite inspection and evaluation related to a general anesthesia or conscious sedation permit shall not exceed four thousand five hundred dollars ($4,500).
(q) The fee for an application for a conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a conscious sedation permit shall not exceed six hundred dollars ($600).
(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars ($600).
(s) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars ($125).
(t) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars ($250).
The board shall report to the appropriate fiscal committees of each house of the Legislature whenever the board increases any fee pursuant to this section and shall specify the rationale and justification for that increase.
(u) This section shall remain in effect only until ~~January 1, 2022~~ *the permits and endorsements authorized under articles 2.75, 2.84, and 2.87 can be issued by the board*, and as of that date is repealed.

(Amended by Stats. 2018, Ch. 929, Sec. 12. (SB 501) Effective January 1, 2019. Repealed as of January 1, 2022, by its own provisions. See later operative version added by Stats. 2018, Ch. 929.)

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars ($1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars ($1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars ($1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars ($1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars ($650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars ($650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars ($800), and the fee for the renewal of a license shall not exceed eight hundred dollars ($800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars ($1,000), and the renewal fee for a special permit shall not exceed six hundred dollars ($600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars ($750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars ($375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars ($125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars ($500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars ($4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars ($800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars ($1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars ($600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars ($4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a ~~conscious~~*moderate* sedation permit shall not exceed six hundred dollars ($600).

(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars ($600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars ($600).

(t) *The fee for an application for a pediatric endorsement for a general anesthesia permit, deep sedation or general anesthesia permit, or moderation sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars ($600).*

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars ($125).

(~~u~~v) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars ($250).

(~~v~~w) This section shall become operative ~~on January 1, 2022~~ *when the permits and endorsements authorized under articles 2.75, 2.84, and 2.87 can be issued by the board*. *(Repealed and added by Stats. 2018, Ch. 929, Sec. 13. (SB 501) Effective January 1, 2019. Section operative January 1, 2022, by its own provisions.)*

DENTAL BOARD OF CALIFORNIA
PROPOSED AMENDMENTS TO BUSINESS AND PROFESSIONS CODE
REGARDING GENERAL ANESTHESIA AND SEDATION PERMITS EXTENSION
[OPTION 2 – EXTEND SB 501 IMPLEMENTATION UNTIL JANUARY 1, 2024]

Additions are indicated in *blue italic text*; deletions are indicated in ~~red strikethrough text~~.

Add Section 1646.12 to Article 2.75, and Amend Section 1646.10 of Article 2.7, Sections 1646.11 and 1646.13 of Article 2.75, Section 1647.9.5 of Article 2.8, Sections 1647.10 and 1647.12 of Article 2.84, Section 1647.17.5 of Article 2.85, Sections 1647.35 and 1647.36 of Article 2.87, and Section 1724 of Article 6 of Chapter 4 of Division 2 of the Business and Professions Code

Article 2.7

1646.10. This article shall remain in effect only until January 1, 202~~2~~*4*, and as of that date is repealed.

Article 2.75

1646.11. A general anesthesia permitholder who has a permit that was issued before January 1, 202~~2~~*4*, may follow the terms of that existing permit until it expires. Any permit issued or renewed pursuant to this article on or after January 1, 202~~2~~*4*, shall require the permitholder to follow the new requirements of this article.

1646.12. *A pediatric endorsement shall expire on the date specified in Section 1715 that next occurs after its issuance, unless it is renewed as provided in this article.*

1646.13. This article shall become operative on January 1, 202~~2~~*4*.

Article 2.8

1647.9.5. This article shall remain in effect only until January 1, 202~~2~~*4*, and as of that date is repealed.

Article 2.84

1647.10. A conscious sedation permitholder who has a permit that was issued before January 1, 202~~2~~*4*, may follow the terms of that existing permit until it expires. Any permit issued or renewed pursuant to this article on or after January 1, 202~~2~~*4*, shall require the permitholder to follow the requirements of this article.

1647.12. This article shall become operative on January 1, 202~~2~~*4*.

Article 2.85

1647.17.15. This article shall remain in effect only until January 1, 202~~2~~*4*, and as of that date is repealed.

Article 2.87

1647.35. A permitholder who has a permit that was issued before January 1, 202~~2~~*4*, that authorized the permitholder to administer or order the administration of oral conscious sedation for minor patients under prior Article 2.85 (commencing with Section 1647.10) may follow the terms of that existing permit until it expires. Any permit issued or renewed pursuant to this article on or after January 1, 202~~2~~*4*, shall require the permitholder to follow the requirements of this article.

1647.36. This article shall become operative on January 202~~2~~*4*.

Article 6

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:
(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars ($1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars ($1,000).
(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars ($1,000).
(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars ($1,000).
(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars ($650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars ($650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars ($800), and the fee for the renewal of a license shall not exceed eight hundred dollars ($800).
(e) The fee for an application for a special permit shall not exceed one thousand dollars ($1,000), and the renewal fee for a special permit shall not exceed six hundred dollars ($600).
(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.
(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).
(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars ($750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars ($375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars ($125).
(j) The fee for a provider of continuing education shall not exceed five hundred dollars ($500) per year.
(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).
(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).
(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars ($4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars ($800).
(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars ($1,200).
(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars ($600).
(p) The fee for an onsite inspection and evaluation related to a general anesthesia or conscious sedation permit shall not exceed four thousand five hundred dollars ($4,500).
(q) The fee for an application for a conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a conscious sedation permit shall not exceed six hundred dollars ($600).
(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars ($600).
(s) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars ($125).
(t) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars ($250).
The board shall report to the appropriate fiscal committees of each house of the Legislature whenever the board increases any fee pursuant to this section and shall specify the rationale and justification for that increase.
(u) This section shall remain in effect only until January 1, 202~~2~~*4*, and as of that date is repealed.
(Amended by Stats. 2018, Ch. 929, Sec. 12. (SB 501) Effective January 1, 2019. Repealed as of January 1, 2022, by its own provisions. See later operative version added by Stats. 2018, Ch. 929.)

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

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(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars ($1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars ($1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars ($650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars ($650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars ($800), and the fee for the renewal of a license shall not exceed eight hundred dollars ($800).

(e) The fee for an application for a special permit shall not exceed one thousand dollars ($1,000), and the renewal fee for a special permit shall not exceed six hundred dollars ($600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars ($750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars ($375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars ($125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars ($500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars ($4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars ($800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars ($1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars ($600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars ($4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a ~~conscious~~*moderate* sedation permit shall not exceed six hundred dollars ($600).

(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars ($600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a pediatric minimal sedation permit shall not exceed six hundred dollars ($600).

(t) *The fee for an application for a pediatric endorsement for a general anesthesia permit, deep sedation or general anesthesia permit, or moderation sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a pediatric endorsement shall not exceed six hundred dollars ($600).*

(u) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars ($125).

(~~u~~v) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars ($250).

(~~v~~w) This section shall become operative on January 1, 202~~2~~*4*.
(Repealed and added by Stats. 2018, Ch. 929, Sec. 13. (SB 501) Effective January 1, 2019. Section operative January 1, 2022, by its own provisions.)

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
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MEMORANDUM

DATE	November 2, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item 24:** Enforcement – Review of Statistics and Trends

The following are the Enforcement Division statistics:

Complaint & Compliance Unit (CCU):

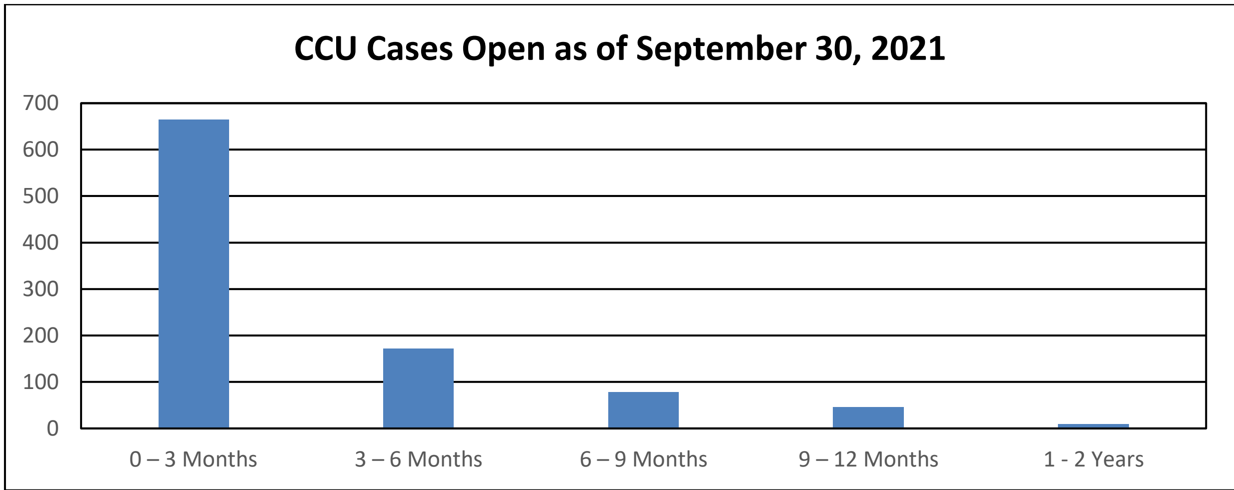
Number of Complaint Cases Received between July 1, 2021 and September 30, 2021:

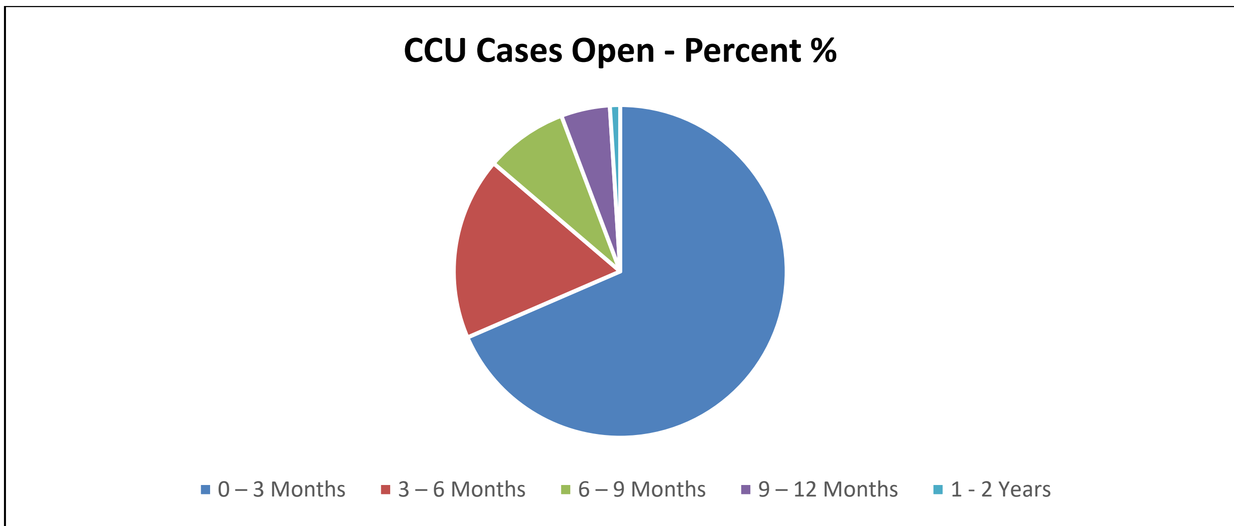
Between July 1, 2021 and September 30, 2021, CCU received **1,170** complaints. During this time. the monthly average of complaints received was **390**.

Number of Complaint Cases Open:

As of September 30, 2021, there are **969** complaint cases open in CCU. A breakdown of the case aging is as follows:

Complaint & Compliance Cases Open		
Complaint Age	**# As of September 30, 2021**	**Percent (%)**
0 – 3 Months	664	68.50%
3 – 6 Months	172	17.75%
6 – 9 Months	78	8%
9 – 12 Months	46	4.75%
1 - 2 Years	9	1%
Total	**969**	**100%**





Number of Complaint Cases Closed:

Between July 1, 2021 and September 30, 2021, a total of **636** complaint cases were closed in CCU. The monthly average of complaints closed during this time was **212.**

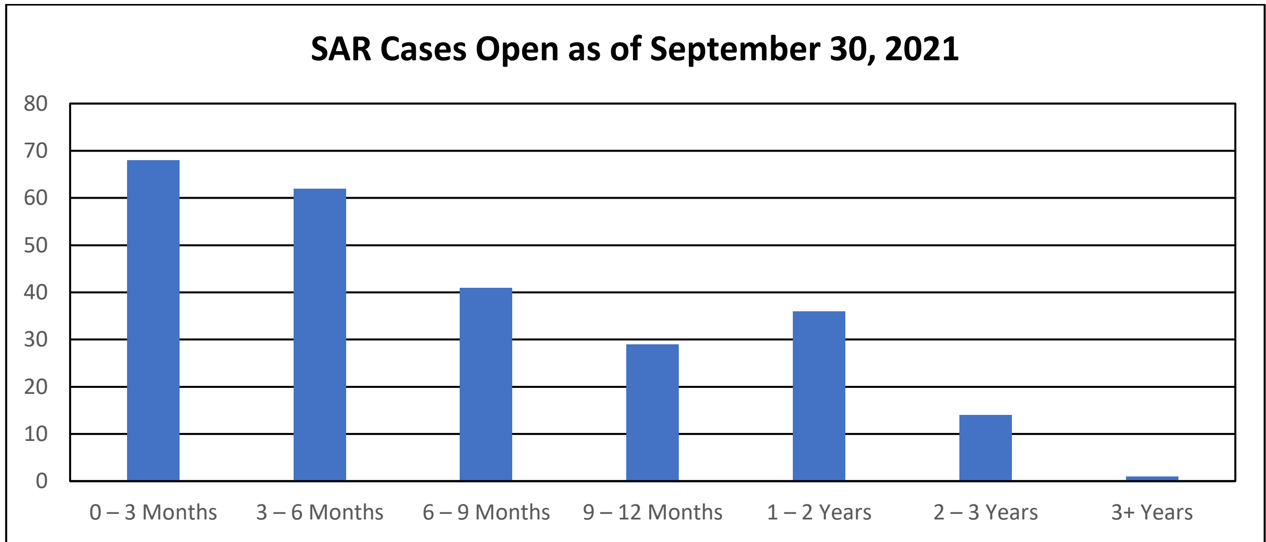
Investigative Analysis Unit (IAU):

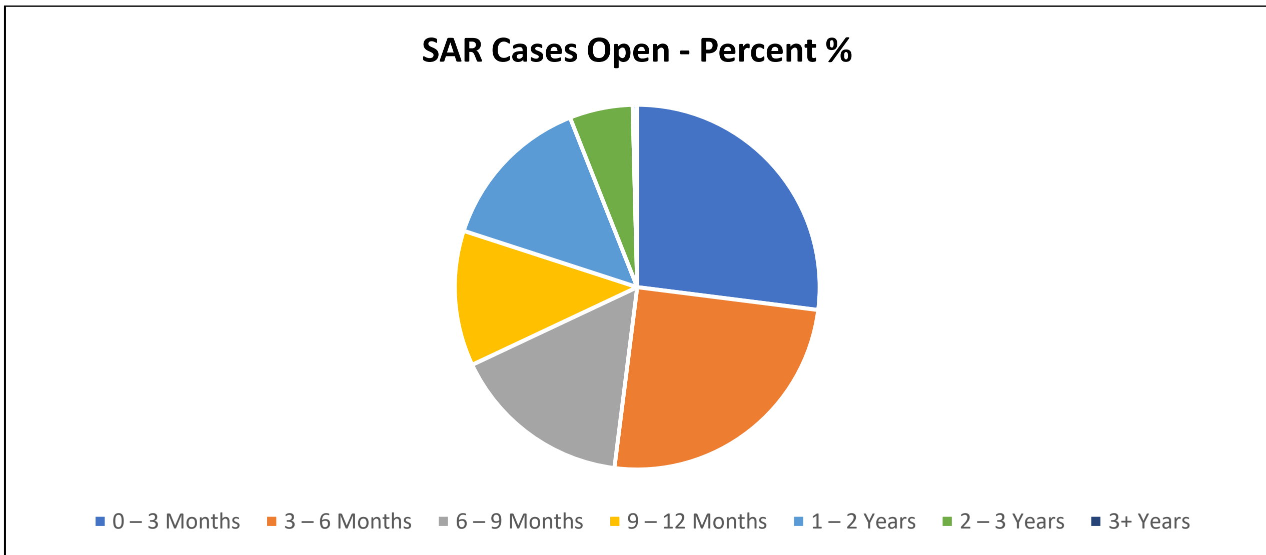
Number of Subsequent Arrest Report (SAR) Cases Open in the IAU:

As of September 30, 2021, there are **251** SAR cases are open in the IAU. A breakdown of the case aging is as follows:

SARS Cases Open		
SAR Age	**# As of September 30, 2021**	**Percent (%)**
0 – 3 Months	68	27%
3 – 6 Months	62	25%
6 – 9 Months	41	16%
9 – 12 Months	29	12%
1 – 2 Years	36	14%
2 – 3 Years	14	5.6%
3+ Years	1	0.4%
Total	**251**	**100%**

***SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief**





Number of SAR Cases Closed:

Between July 1, 2021 and September 30, 2021, a total of **71** SAR cases were closed in the Investigative Analysis Unit.

Enforcement Units:

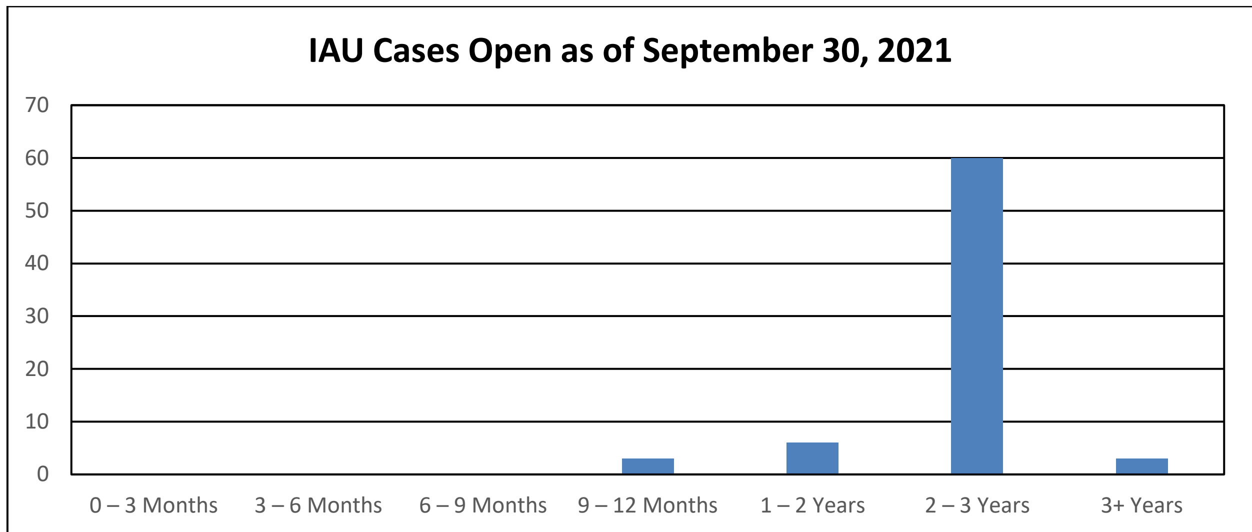
As of September 30, 2021, there are **1217** investigative cases open in the Board's Enforcement Units. A breakdown of the cases is as follows:

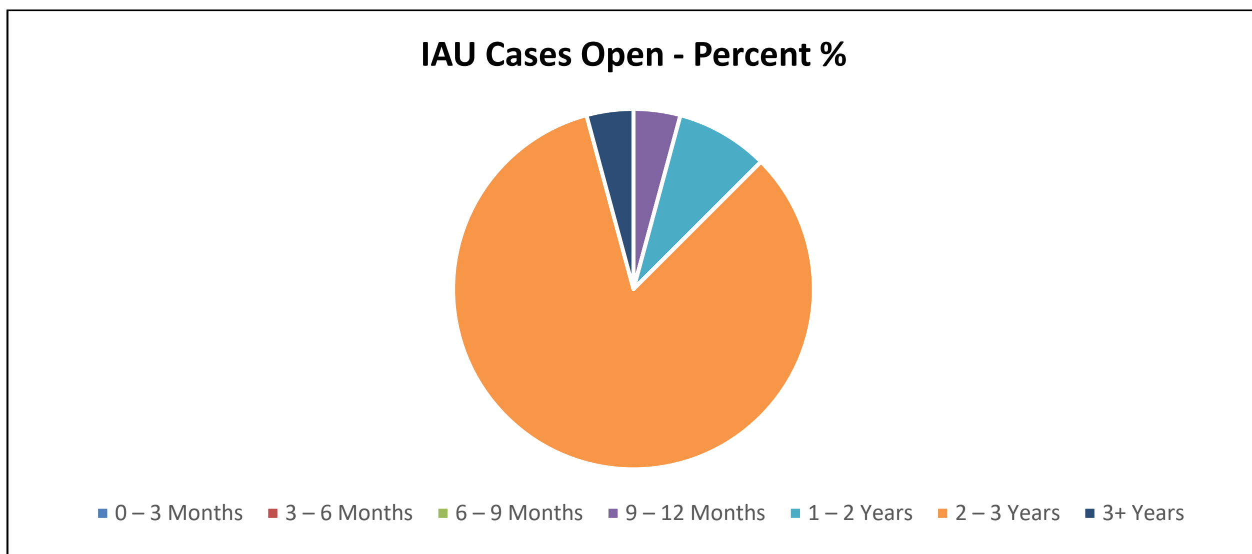
Enforcement Cases Open	
Enforcement Units	**# As of September 30, 2021**
IAU (Non-Sworn)	72
Orange Field Office (OFO) (Non-Sworn)	59
Sacramento Field Office (SFO) (Sworn)	126
Orange Field Office (OFO) (Sworn)	134
Pending Assignment	826
Total	1217

Number of Investigative Cases Open IAU (Non-Sworn):

As of September 30, 2021, there are **72** investigative cases open in the IAU. A breakdown of the cases is as follows:

IAU Cases Open		
Investigation Age	**# As of September 30, 2021**	**Percent (%)**
0 – 3 Months	0	0%
3 – 6 Months	0	0%
6 – 9 Months	0	0%
9 – 12 Months	3	4.2%
1 – 2 Years	6	8.3%
2 – 3 Years	60	83.3%
3+ Years	3	4.2%
Total	**72**	**100%**

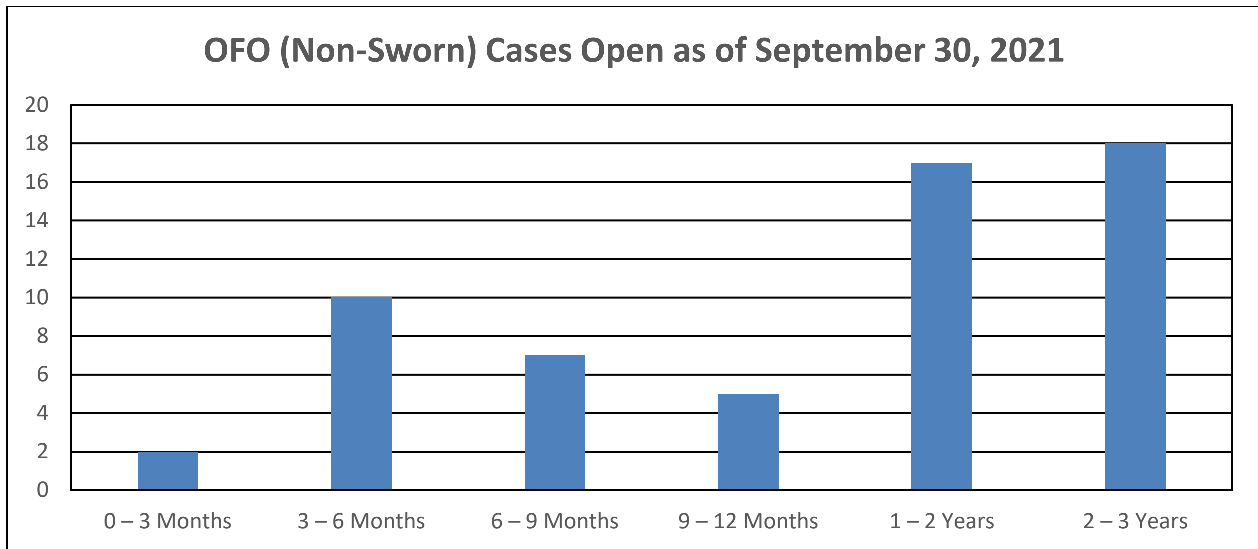


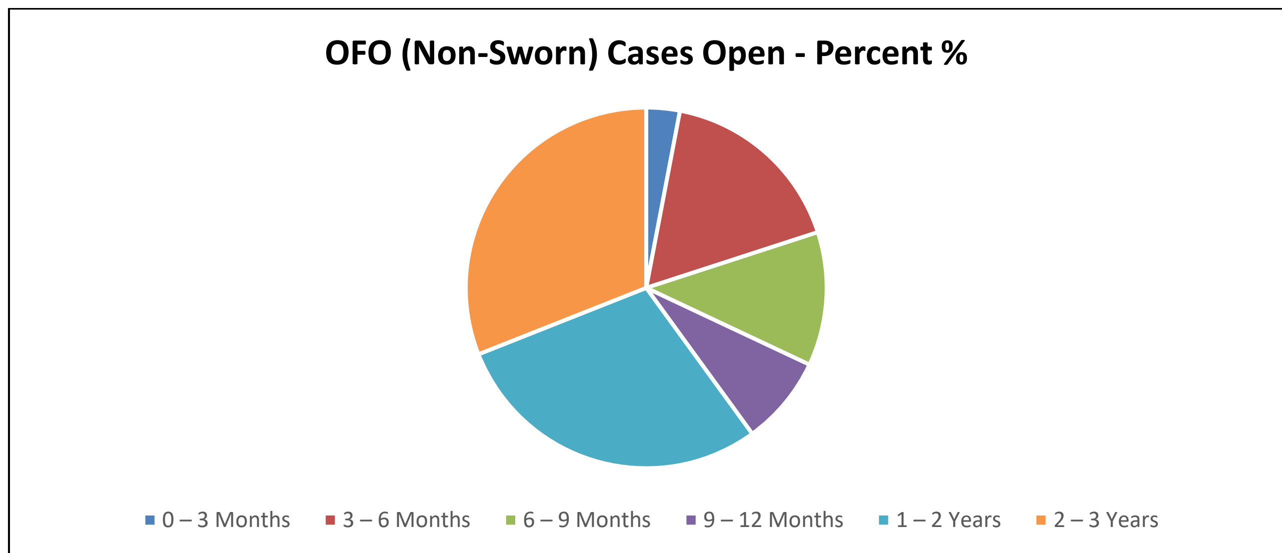


Number of Investigative Cases Open in the OFO (Non-Sworn):

As of September 30, 2021, there are **59** investigative cases open in the OFO (Non-Sworn). A breakdown of the case aging is as follows:

Orange Field Office (Non-Sworn) Cases Open		
Investigation Age	**# As of September 30, 2021**	**Percent (%)**
0 – 3 Months	2	3%
3 – 6 Months	10	17%
6 – 9 Months	7	12%
9 – 12 Months	5	8%
1 – 2 Years	17	29%
2 – 3 Years	18	31%
Total	**59**	**100%**

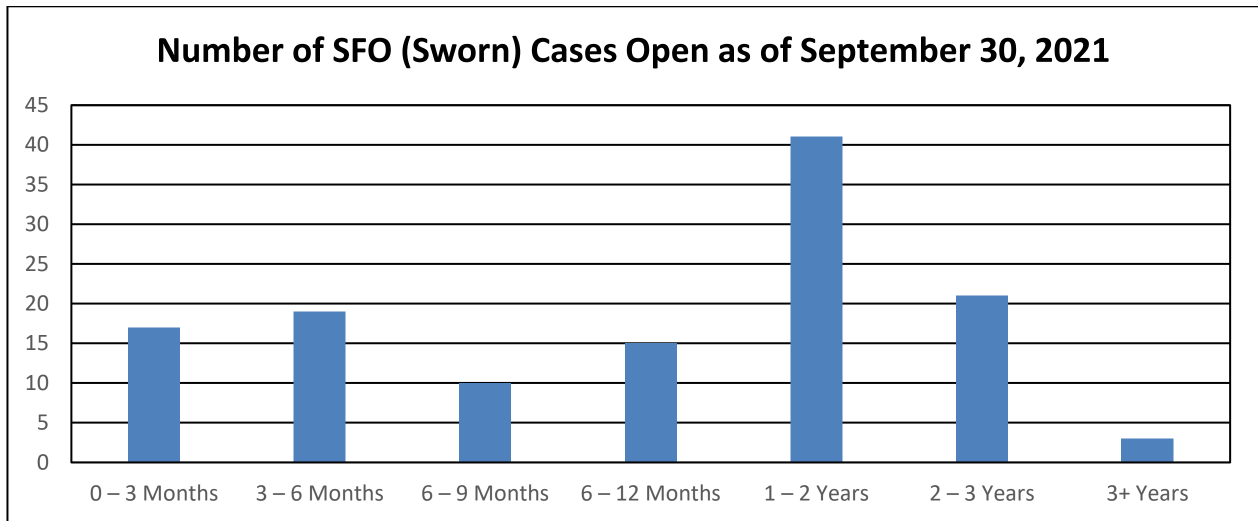


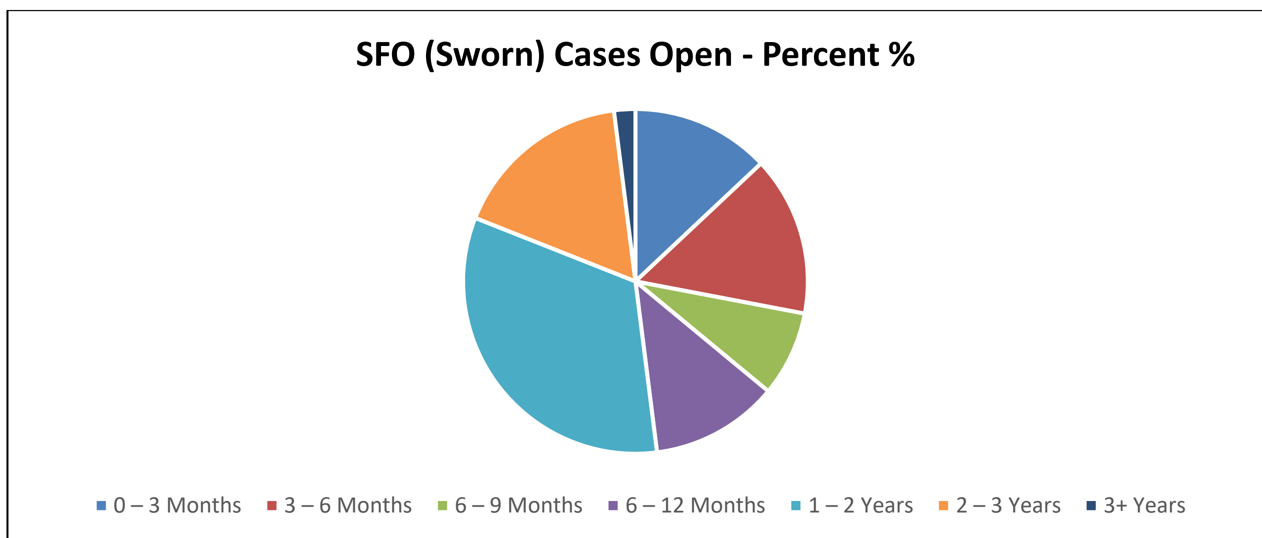


Number of Investigative Cases Open in the SFO (Sworn):

As of September 30, 2021, there are **126** investigative cases open in the SFO (Sworn). A breakdown of the case aging is as follows:

Sacramento Field Office (Sworn) Cases Open		
Investigation Age	**# As of September 30, 2021**	**Percent (%)**
0 – 3 Months	17	13%
3 – 6 Months	19	15%
6 – 9 Months	10	8%
9 – 12 Months	15	12%
1 – 2 Years	41	33%
2 – 3 Years	21	17%
3+ Years	3	2%
Total	**126**	**100%**

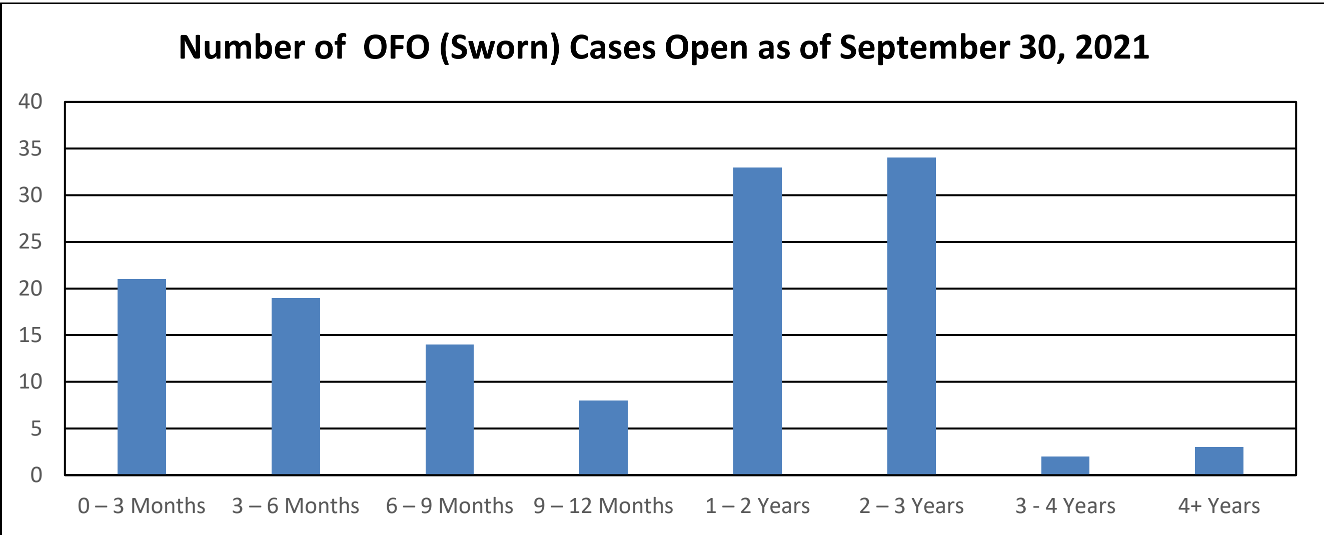


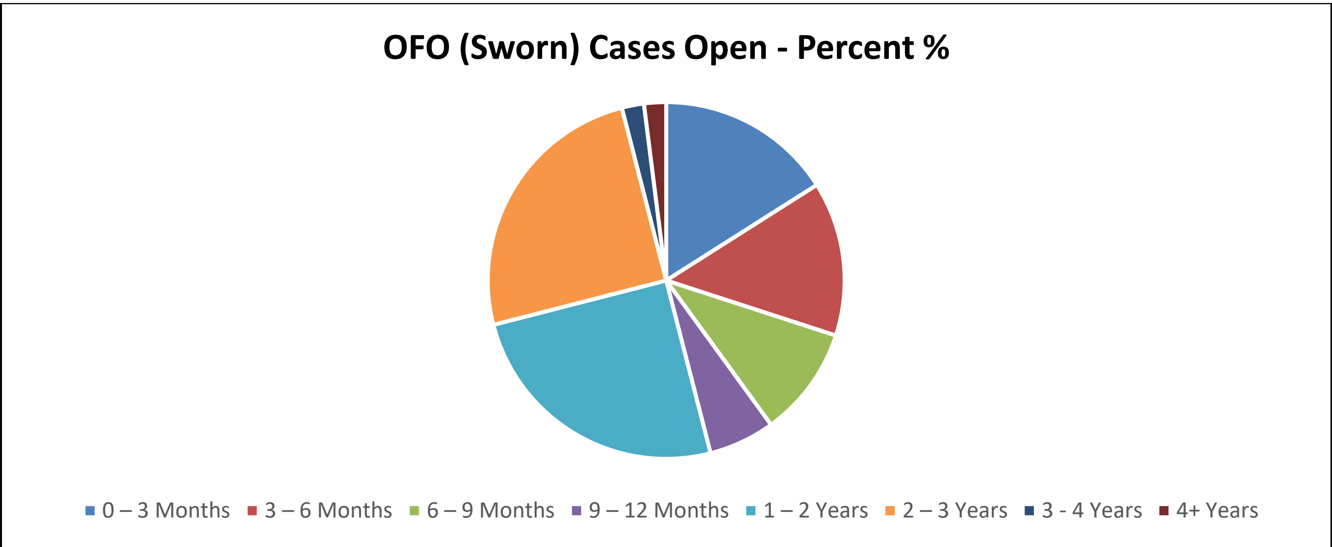


Number of Investigative Cases Open in the OFO (Sworn):

As of September 30, 2021, there are **134** investigative cases open with the Sworn investigators, in the Orange Field Office. A breakdown of the case aging is as follows

Orange Field Office (Sworn) Cases Open		
Investigation Age	**# As of September 30, 2021**	**Percent (%)**
0 – 3 Months	21	16%
3 – 6 Months	19	14%
6 – 9 Months	14	10%
9 – 12 Months	8	6%
1 – 2 Years	33	25%
2 – 3 Years	34	25%
3 - 4 Years	2	2%
4+ Years	3	2%
Total	**134**	**100%**





Number of Investigation Cases Closed:

Between July 1,2021 and September 30, 2021, a total of **225** investigative cases were closed in IAU, the Sacramento Field Office and the Orange Field Office.

Number of Inspection Cases Open:

As of September 30, 2021, there are **131** Inspection Cases open in the Sacramento and Orange Field Offices. A breakdown is as follows:

Field Office	Number of Cases
SFO	18
OFO	113
Total	**131**

Number of Inspection Cases Closed:

Between July 1,2021 and September 30, 2021, a total of **38** inspection cases were closed in the Sacramento Field Office and the Orange Field Office.

Administrative and Disciplinary Action

As of September 30, 2021, there are **222** open cases in the Board's Discipline Coordination Unit.

There are **3** cases in which the accusations have been withdrawn and are pending the issuance of a citation.

There is **1** case in which a WRIT has been filed to appeal the final decision.

There is **1** case in which a Petition for Reinstatement has been submitted and is awaiting a response from the licensee.

There is **1** citation case pending an Administrative Hearing.

The above-mentioned cases have not been referred to the Office of the Attorney General (AG) for disciplinary action, therefore they are not counted in the total pending cases at the AG.

Accusations:

Between July 1, 2021 and September 30, 2021, there were **20** accusations filed with the AG.

Cases Assigned to the Office of the Attorney General:

Between July 1, 2021 and September 30, 2021, there were **33** cases transmitted to the AG.

As of September 30, 2021, there are **216** cases pending at the AG.

Citations:

Between July 1, 2021 and September 30, 2021, there were **7** citations issued.

Number of Probation Cases Open:

As of September 30, 2021, there are **130** probationer cases being monitored. Of those, **120** are active probationers and **10** are tolling. A breakdown of the probation cases is as follows:

MEMORANDUM

DATE	October 18, 2021
TO	Members of the Dental Board of California
FROM	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
SUBJECT	**Agenda Item 25(a):** Diversion Program Report and Statistics

Background:
The Diversion Evaluation Committee (DEC) program statistics for the ending quarter of September 30, 2021, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for informational purposes only.

These statistics were derived from reports received from MAXIMUS.

Diversion	**FY 2021/2022**				**FY 20/21**	**FY 19/20**	**FY 18/19**
	Quarter 1			**YTD Totals**			
	Jul	**Aug**	**Sep**				
New Participants	0	1	1	2	3	1	6
Total Participants (Close of Qtr/FY)	9	9	9	11	12	15	18
Self-Referral	4	4	5	5	5	3	4
Enforcement Referral	1	1	1	1	2	5	6
Probation Referral	4	4	3	5	5	7	8
Total Completed Cases	1	1	1	3	3	6	4
Successful Completions	0	0	0	0	2	3	2
Terminations	1	1	1	3	1	3	2
Terminations for Public Threat	0	0	0	0	0	0	0
Drug Tests Ordered	44	28	31	103	415	498	727
Positive Drug Tests	1	0	1	2	1	0	0
Prescription Positive Tests	3	1	0	4	4	0	0

Of the nine (9) participants, there were five (5) self-referrals, one (1) enforcement referral, and three (3) probation referrals.

Action Requested:
No action requested.

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MEMORANDUM

DATE	October 11, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief Dental Board of California
SUBJECT	**Agenda Item 25(b):** 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 apply 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 35,099 active licensed dentists as of October 8, 2021.

The CURES registration statistics for the Dental Board of California as of September 30, 2021 are:

Month:	***Year:***	***Number of Registered DDS/DMD Users:***
January	2020	15,614
February	2020	15,660
March	2020	15,714
April	2020	15,767
May	2020	15,812
June	2020	15,839
July	2020	15,874
August	2020	15,660
September	2020	15,714

Month:	***Year:***	***Number of Registered DDS/DMD Users:***
October	2020	15,767
November	2020	16,062
December	2020	16,129
January	2021	16,209
February	2021	16,253
March	2021	16,294
April	2021	16,332
May	2021	16,338
June	2021	16,422
July	2021	16,458
August	2021	16,497
September	2021	16,552

The CURES usage statistics for the Dental Board of California as of September 2021 are:

Search Statistics*:

January	2021	15,225
February	2021	15,878
March	2021	16,322
April	2021	15,542
May	2021	17,402
June	2021	18,993
July	2021	18,408
August	2021	18,231
September	2021	16,735

Statistics indicate the combined total number of Web Application and Information Exchange Web Services.

Times System was Accessed:

October	2020	3,545
November	2020	3,438
December	2020	3,511
January	2021	3,734
February	2021	3,656
March	2021	4,407
April	2021	4,000
May	2021	3,639
June	2021	3,896
July	2021	3,700
August	2021	3,862
September	2021	3,634

Help Desk Statistics:

October	2020	107
November	2020	110
December	2020	112
January	2021	241*
February	2021	162*
March	2021	127*
April	2021	173*
May	2021	152*
June	2021	168*
July	2021	175*
August	2021	191*
September	2021	163*

*Statistics indicate the combined total number of phone and email help desk inquiries.

The number of prescriptions filled by schedule for the months of July, August, and September 2021 are:

Number of Prescriptions Filled by Schedule – July – September 2021

	July	August	September
Schedule II	1,351,130	1,331,319	1,277,358
Schedule III	252,108	246,283	235,333
Schedule IV	1,243,837	1,221,893	1,159,438
Schedule V	137,250	142,176	132,167
R*	2,846	2,893	2,763
Over-the-Counter Product	82,222	72,082	67,768
Total:	**3,069,393***	**3,016,646***	**2,874,827***

*R=Not classified under the Controlled Substances Act; includes all other prescription drugs.

*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.

Action Requested:

No action requested

DCA Quarterly Statistics 2021

Registered Users	July	August	September
Total Registered Users	**231,793**	**232,911**	**234,002**
Clinical Roles			
Prescribers	179,414	180,266	181,067
Pharmacists	47,847	48,130	48,448
Sub-Total A	**227,261**	**228,396**	**229,515**
License Type			
Doctor of Dental Surgery/Dental Medicine	16,458	16,497	16,552
Doctor of Optometry	693	693	693
Doctor of Podiatric Medicine	1,562	1,573	1,575
Doctor of Veterinary Medicine	3,403	3,417	3,429
Medical Doctor	116,766	117,240	117,619
Naturopathic Doctor	447	455	460
Osteopathic Doctor	8,296	8,366	8,443
Physician Assistant	11,929	12,021	12,101
Registered Nurse Practitioner/Nurse Midwife	19,166	19,306	19,467
Other (Out of State) Prescribers	694	698	728
Pharmacists	47,166	47,434	47,741
Other (Out of State) Pharmacists	681	696	707
Sub-Total B	**227,261**	**228,396**	**229,515**
Other Roles			
LEAs	1,570	1,574	1,579
Delegates	2,652	2,624	2,589
DOJ Administrators	25	25	25
DOJ Analysts	84	82	83
Regulatory Board	201	210	211
Sub-Total C	**4,532**	**4,515**	**4,487**

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

DCA Quarterly Statistics 2021

Number of Searches	July	August	September
Total Search Counts	**9,766,068**	**10,042,365**	**9,847,197**
Clinical Roles			
Prescribers	5,844,485	6,187,164	6,080,125
Pharmacists	3,919,637	3,853,560	3,765,818
Sub-Total A	**9,764,122**	**10,040,724**	**9,845,943**
License Type			
Doctor of Dental Surgery/Dental Medicine	18,408	18,231	16,735
Doctor of Optometry	2,306	2,533	2,838
Doctor of Podiatric Medicine	34,398	33,419	32,885
Doctor of Veterinary Medicine	62	34	34
Medical Doctor	4,573,987	4,865,801	4,741,724
Naturopathic Doctor	967	1,094	937
Osteopathic Doctor	444,703	462,411	455,738
Physician Assistant	316,022	330,406	349,646
Registered Nurse Practitioner/Nurse Midwife	446,456	466,006	472,496
Other (Out of State) Prescribers	7,176	7,229	7,092
Pharmacists	3,905,523	3,838,334	3,750,528
Other (Out of State) Pharmacists	14,114	15,226	15,290
Sub-Total B	**9,764,122**	**10,040,724**	**9,845,943**
Other Roles			
LEAs	237	133	134
DOJ Administrators	49	199	75
DOJ Analysts	178	155	52
Regulatory Board	1,482	1,154	993
Sub-Total C	**1,946**	**1,641**	**1,254**
Delegate Initiated Searches			
Delegates	22,607	21,727	20,887

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

4. Number of searches consists of both Web Application and IEWS.

DCA Quarterly Statistics 2021

Times System was Accessed	July	August	September
Total Times System was Accessed	**875,810**	**883,091**	**852,802**
Clinical Roles			
Prescribers	467,328	480,375	462,704
Pharmacists	398,081	392,544	380,246
Sub-Total A	**865,409**	**872,919**	**842,950**
License Type			
Doctor of Dental Surgery/Dental Medicine	3,700	3,862	3,634
Doctor of Optometry	33	28	31
Doctor of Podiatric Medicine	1,125	1,100	1,063
Doctor of Veterinary Medicine	233	262	265
Medical Doctor	293,342	303,802	291,515
Naturopathic Doctor	426	483	422
Osteopathic Doctor	42,670	43,472	41,248
Physician Assistant	49,285	49,635	48,640
Registered Nurse Practitioner/Nurse Midwife	74,896	76,004	73,862
Other (Out of State) Prescribers	1,618	1,727	2,024
Pharmacists	395,178	389,440	377,235
Other (Out of State) Pharmacists	2,903	3,104	3,011
Sub-Total B	**865,409**	**872,919**	**842,950**
Other Roles			
LEAs	327	295	333
Delegates	8,537	8,330	7,973
DOJ Administrators	185	215	254
DOJ Analysts	967	853	886
Regulatory Board	385	479	406
Sub-Total C	**10,401**	**10,172**	**9,852**

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

DCA Quarterly Statistics 2021

Number of CURES Help Desk Requests	July	August	September
Clinical Roles			
Prescribers	3,961	4,134	3,404
Pharmacists	1,105	1,135	851
Sub-Total A	**5,066**	**5,269**	**4,255**
License Type			
Doctor of Dental Surgery/Dental Medicine	175	191	163
Doctor of Optometry	2	3	2
Doctor of Podiatric Medicine	16	37	18
Doctor of Veterinary Medicine	64	100	66
Medical Doctor	2,665	2,685	2,237
Naturopathic Doctor	16	11	17
Osteopathic Doctor	183	197	173
Physician Assistant	302	315	261
Registered Nurse Practitioner/Nurse Midwife	538	595	467
Pharmacists	1,105	1,135	851
Other (Non-Specific License Type)	0	0	0
Sub-Total B	**5,066**	**5,269**	**4,255**
Other Roles			
LEAs	25	30	39
Delegates	78	86	68
DOJ Administrators	0	0	0
DOJ Analysts	0	0	0
Regulatory Board	5	16	3
Sub-Total C	**108**	**132**	**110**
Total Help Desk Requests	**5,174**	**5,401**	**4,365**

NOTE:

1. Subtotal A = Subtotal B

2. Subtotal A + Subtotal C = Total Help Desk Requests

3. Stats are from the 1st of the month to the last day of the month

4. Requests = Phone calls + Emails

DCA Quarterly Statistics 2021

Prescription Counts	July	August	September
Number of Distinct Prescriptions	**3,067,988**	**3,015,647**	**2,873,957**
Number of Prescriptions Filled by Schedule			
Schedule II	1,351,130	1,331,319	1,277,358
Schedule III	252,108	246,283	235,333
Schedule IV	1,243,837	1,221,893	1,159,438
Schedule V	137,250	142,176	132,167
R	2,846	2,893	2,763
Over-the-counter product	82,222	72,082	67,768
TOTAL	**3,069,393**	**3,016,646**	**2,874,827**

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	October 28, 2021
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief of Enforcement Dental Board of California
SUBJECT	**Agenda Item 25(c):** New Prescribing Laws Taking Effect January 1, 2022

Background:

Existing law provides for the regulation of health care practitioners and requires prescription drugs to be ordered and dispensed in accordance with the Pharmacy Law. The Pharmacy Law provides that a prescription is an oral, written, or electronic data transmission order and requires electronic data transmission prescriptions to be transmitted and processed in accordance with specified requirements.

This bill, on and after January 1, 2022, will require all prescriptions issued by a licensed health care practitioner to a California pharmacy must be submitted electronically. The law provides certain exemptions, including if transmissions of the prescription is temporarily unavailable because of technological or electrical failure; if the prescription is dispensed by a pharmacy located outside California; or if the prescription is issued to a patient who has a terminal illness pursuant to section 11159.2 of the Health and Safety Code. The complete list of exemptions is included within Business and Profession Code section 688.

Under this law, a healthcare practitioner who does not issue a controlled substance prescription as an electronic data transmission prescription due to technological or electrical failure shall document the reason in the patient’s medical record as soon as practicable, and within 72 hours of the end of the technological or electrical failure.

Although prescriptions will be issued electronically, it is recommended that all licensed prescribers have a paper prescription forms available that meet the requirements of AB149 should a technological or electrical failure prevent a prescription form being issued electronically. A list of the approved security prescription printers is available on the State Attorney General’s website.

Healthcare practitioners who fail to meet the requirements of AB 2789, may be subject to disciplinary action.

In order to ensure that dentists licensed by the Dental Board of California (Board) were apprised of the new requirements that would be taking effect on January 1, 2022, the Board posted the following alerts on its website:

- AB 2789 Bulletin: New Prescribing Laws take effect January 1, 2022.
- In addition, sent out an E-Blast to all Dental Board licensees (Sent on 9/7/2021then thereafter every two weeks)

Action:

None

MEMORANDUM

DATE	October 19, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 26(a):** Report from Commission on Dental Competency Assessment and Western Regional Examining Board (CDCA-WREB)

Background:
Drs. Bruce Horn, William Pappas, and Guy Shampaine, CDCA-WREB representatives, will be available to provide a verbal update of the examination.

Action Requested:
No action requested.

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MEMORANDUM

DATE	November 3, 2021
TO	Members of the Dental Board of California (Board)
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 26.b. and c.:** Presentation from DCA, Office of Professional Examination Services (OPES) Regarding Use of Dentist Licensing Examinations and Discussion and Possible Action of Prioritization of Examination Reviews to be Conducted by DCA, OPES

26.b. Presentation from DCA, OPES Regarding Use of Dentist Licensing Examinations

Representatives from OPES will provide a presentation regarding the use of dentist licensing examinations, including the number and varied formats of dental examinations available for consideration by the Board. OPES has provided the attached memorandum on OPES Recommendations for Prioritizing and Accepting Multiple National Examinations for the Board's review.

26.c. Discussion and Possible Action of Prioritization of Examination Reviews to be Conducted by DCA, OPES

Board staff have met with OPES to discuss examination review services for the various dentist examinations. In these discussions, it was determined that the Integrated National Board Dental Examination (INBDE) has never been psychometrically evaluated as mandated by Business and Professions Code section 139. Staff conveyed that the Board is considering potential evaluations of additional examinations for licensure as a dentist in California, and that the California Portfolio Examination needs its periodic evaluation. Board staff requested that OPES assist the Board with prioritizing evaluations of examinations during the November 18–19, 2021 Board meeting.

With respect to the Western Regional Examining Board (WREB) and American Board of Dental Examiners (ADEX) examinations, those were recently reviewed by OPES and were found to meet psychometric standards and assess entry level competencies The two examination organizations are merging; accordingly, beginning in 2023, only the ADEX examination will be offered.

The following examinations are under consideration for evaluation by OPES for the Board:

- California Portfolio Examination
- Dental Licensure Objective Structured Clinical Examination (DLOSCE) developed by the Joint Commission on National Dental Examinations (JCNDE) and the Department of Testing Services (DTS) of the American Dental Association (ADA)

Action Requested

Due to the length of time and information needed to conduct each examination review, Board staff request the Board discuss and take action to prioritize the order in which examination evaluations should be conducted by OPES.

Attachment: Memorandum on OPES Recommendations for Prioritizing and Accepting Multiple National Examinations

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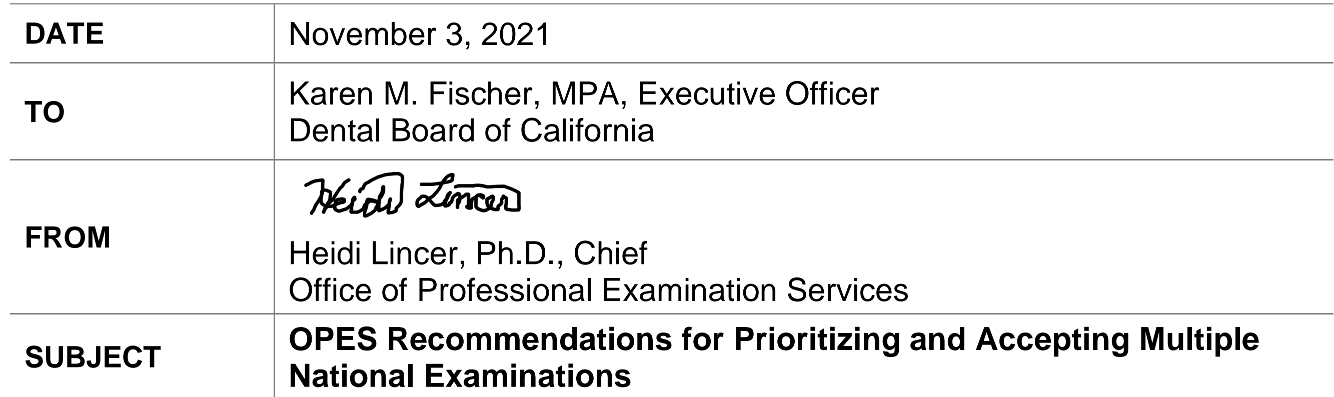
MEMORANDUM



DATE	November 3, 2021
TO	Karen M. Fischer, MPA, Executive Officer Dental Board of California
FROM	Heidi Lincer Heidi Lincer, Ph.D., Chief Office of Professional Examination Services
SUBJECT	**OPES Recommendations for Prioritizing and Accepting Multiple National Examinations**

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in the California licensure process comply with psychometric and legal standards. Boards must ensure that every licensing examination is subject to a periodic psychometric evaluation. To become a dentist licensed by the Dental Board of California (Board), candidates are currently required to pass the following examinations:

- Integrated National Board Dental Examination (INBDE) developed by the Joint Commission on National Dental Examinations (JCNDE).
- Western Regional Examining Board (WREB) Dental Examination, **or** American Board of Dental Examiners, Inc. (ADEX) examination developed by the Commission on Dental Competency Assessments (CDCA), **or** California Portfolio Examination developed by the Board.
- California Dentistry Law and Ethics Examination developed by the Board.

Discussions recently took place between Board staff and DCA's Office of Professional Examination Services (OPES). In these discussions, it was determined that the INBDE has never been psychometrically evaluated as mandated by Business and Professions (B&P) Code section 139. It was also conveyed that the Board is considering potential evaluations of additional examinations for licensure as a dentist in California, and that the California Portfolio Examination is in need of its periodic evaluation. The Board staff requested that OPES assist the Board with prioritizing evaluations of examinations during the November 18–19, 2021 Board Meeting.

The WREB and ADEX examinations were recently reviewed by OPES and were found to meet psychometric standards and assess entry level competencies. The two examination organizations are merging; beginning in 2023, only the ADEX will be offered.

The following examinations are under consideration for evaluation by OPES for the Board:

- California Portfolio Examination.
- Dental Licensure Objective Structured Clinical Examination (DLOSCE) developed by JCNDE and the Department of Testing Services (DTS) of the American Dental Association (ADA).

Both the examinations currently required for licensure and the examinations under consideration use different formats including multiple-choice, clinical, portfolio, computer simulation, and OSCE or a combination of formats. Some test psychomotor skills, some test clinical judgment, and some test both.

OPES is encouraged by efforts made by the various dental examination providers to continuously improve the technology used to assess dental competencies. However, OPES is concerned about the number and varied formats of the dental examinations available for consideration by the Board. Although multiple examination formats provide greater choices and portability for candidates, the different examinations may measure different competencies or measure the same competencies in different ways, making it difficult to determine if candidates are being assessed in a standardized manner. In addition, accepting multiple examinations incurs more responsibility and cost for the Board. DCA boards should be selective in evaluating and using multiple examinations offered by national associations or credentialing organizations.

Moving forward, OPES would like the Board to consider whether both psychomotor skills and clinical judgment should be assessed by a licensure examination or whether assessment of clinical judgment is sufficient. Are psychomotor skills adequately assessed during education and training? Clarifying this issue will help the Board and OPES make decisions about accepting potential licensure examinations.

Equally important, the Board and OPES should evaluate whether required examinations *add value and assess different, required competencies, or whether assessments are unnecessary barriers for candidates*.

During the Board meeting, OPES will discuss the advantages and disadvantages of different examination formats and criteria for accepting multiple national examinations.

OPES will make the following examination-specific recommendations:

- Review the INBDE examination first. This examination is currently required for licensure and should be evaluated by OPES to comply with B&P Code section 139.
- Review the California Portfolio Examination. This examination needs to be updated and suffers from administration issues and limited use.
- Review the DLOSCE when more data become available. Only a limited number of states are currently accepting the DLOSCE so a review at this time would be premature.

cc: Tracy A. Montez, Ph.D., Chief, Division of Programs and Policy Review

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MEMORANDUM

DATE	October 14, 2021
TO	Members of the Dental Board of California
FROM	Nguyet Tran, Licensing Analyst Dental Board of California
SUBJECT	**Agenda Item 27(a):** Review of Dental Licensure and Permit Statistics

Dental License Application Statistics

Following are monthly dental license application statistics by pathway for fiscal year 2018/19, 2019/20, 2020/21, and 2021/22 as of September 30, 2021.

Dental Applications Received by Month													
	July	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	134	64	32	30	32	33	41	30	31	71	142	278	**918**
WREB 19/20	110	61	24	25	55	132	30	11	18	35	103	185	**789**
WREB 20/21	140	156	99	66	29	20	28	27	26	78	158	217	**1,044**
WREB 21/22	138	85	75	-	-	-	-	-	-	-	-	-	**298**
Residency 18/19	55	15	7	5	5	4	4	3	7	11	10	20	**146**
Residency 19/20	64	8	7	4	3	10	11	6	8	11	13	33	**178**
Residency 20/21	42	15	8	5	2	2	5	7	4	8	20	29	**147**
Residency 21/22	93	23	12	-	-	-	-	-	-	-	-	-	**128**
Credential 18/19	22	17	18	16	14	8	18	13	23	13	13	22	**197**
Credential 19/20	16	9	6	21	14	15	16	18	22	21	20	28	**206**
Credential 20/21	15	19	22	27	16	16	18	13	16	19	20	22	**223**
Credential 21/22	45	51	44	-	-	-	-	-	-	-	-	-	**140**
Portfolio 18/19	3	0	0	0	0	0	0	0	0	0	0	4	**7**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	3	1	**4**
Portfolio 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
ADEX 18/19	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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1	17	**19**
ADEX 20/21	22	28	9	16	4	5	9	3	17	41	112	87	**353**
ADEX 21/22	82	34	17	-	-	-	-	-	-	-	-	-	**133**

Dental Applications Approved by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	208	120	71	38	31	36	39	25	19	31	55	163	**836**
WREB 19/20	250	121	52	32	32	156	32	8	11	5	8	46	**753**
WREB 20/21	135	199	140	100	37	61	38	41	16	14	14	150	**945**
WREB 21/22	367	128	98	-	-	-	-	-	-	-	-	-	**593**
Residency 18/19	39	48	8	3	5	4	5	4	5	1	8	6	**136**
Residency 19/20	46	35	11	8	4	9	4	5	4	1	1	9	**137**
Residency 20/21	25	49	16	8	5	4	3	4	1	3	2	5	**125**
Residency 21/22	110	54	27	-	-	-	-	-	-	-	-	-	**191**
Credential 18/19	21	19	17	12	9	16	10	12	15	10	20	13	**174**
Credential 19/20	16	13	11	10	7	18	13	10	14	14	12	13	**151**
Credential 20/21	9	25	25	20	16	14	24	10	23	22	16	16	**220**
Credential 21/22	36	60	38	-	-	-	-	-	-	-	-	-	**134**
Portfolio 18/19	4	1	0	0	0	0	0	0	0	0	0	0	**5**
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	**4**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	**4**
Portfolio 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
ADEX 18/19	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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	**1**
ADEX 20/21	2	24	17	19	10	6	6	4	2	7	10	93	**200**
ADEX 21/22	189	79	43	-	-	-	-	-	-	-	-	-	**311**

Dental Licenses Issued by Month													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
WREB 18/19	222	146	80	43	30	41	40	33	19	28	51	155	**888**
WREB 19/20	246	123	52	40	31	140	39	20	12	8	13	45	**769**
WREB 20/21	133	190	140	90	41	59	39	38	23	21	16	115	**905**
WREB 21/22	198	71	48	-	-	-	-	-	-	-	-	-	**317**
Residency 18/19	38	55	8	4	5	4	8	5	6	2	8	5	**148**
Residency 19/20	42	39	9	8	3	5	9	2	5	0	2	9	**133**
Residency 20/21	27	49	16	9	6	3	3	2	2	5	1	7	**130**
Residency 21/22	51	30	15	-	-	-	-	-	-	-	-	-	**96**
Credential 18/19	22	16	19	9	10	12	18	13	15	11	17	14	**176**
Credential 19/20	15	15	11	12	7	13	16	8	11	12	17	16	**153**
Credential 20/21	9	22	24	22	19	11	20	11	20	20	17	16	**211**
Credential 21/22	8	16	22	-	-	-	-	-	-	-	-	-	**46**
Portfolio 18/19	3	2	0	0	0	0	0	0	0	0	0	0	**5**
Portfolio 19/20	3	1	0	0	0	0	0	0	0	0	0	0	**4**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	4	**4**

Portfolio 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
ADEX 18/19	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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0	**1**
ADEX 20/21	2	25	17	17	10	5	4	3	4	7	11	75	**180**
ADEX 21/22	107	40	22	-	-	-	-	-	-	-	-	-	**169**

Cancelled Dental Applications by Month													
	Jul	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	16	12	68	5	4	13	3	2	6	5	12	7	**153**
WREB 19/20	23	6	1	2	2	129	4	5	1	6	22	41	**242**
WREB 20/21	38	31	3	2	2	0	1	1	0	1	3	0	**82**
WREB 21/22	1	1	0	-	-	-	-	-	-	-	-	-	**2**
Residency 18/19	9	9	10	1	0	1	0	0	0	1	0	1	**32**
Residency 19/20	12	3	1	1	0	17	3	1	1	4	3	5	**51**
Residency 20/21	8	0	0	0	2	0	1	0	0	0	1	1	**13**
Residency 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Credential 18/19	0	0	12	0	1	0	0	2	0	0	2	0	**17**
Credential 19/20	1	1	2	0	0	4	1	0	0	0	0	0	**9**
Credential 20/21	0	2	1	1	0	0	1	0	0	0	1	0	**6**
Credential 21/22	2	0	0	-	-	-	-	-	-	-	-	-	**2**
Portfolio 18/19	0	0	2	0	0	0	0	0	0	0	0	0	**2**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
ADEX 18/19	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**
ADEX 19/20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	1	2	**3**
ADEX 20/21	8	2	0	0	0	0	0	0	1	0	0	1	**12**
ADEX 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**

Withdrawn Dental Applications by Month													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	22	1	7	1	0	1	2	1	3	4	0	4	**46**
WREB 19/20	4	1	3	0	2	35	0	2	0	0	1	2	**50**
WREB 20/21	8	17	30	20	8	6	6	13	8	35	28	45	**224**
WREB 21/22	34	11	12	-	-	-	-	-	-	-	-	-	**57**
Residency 18/19	8	2	2	0	1	1	0	0	1	0	1	0	**16**
Residency 19/20	1	0	0	0	0	9	0	0	1	0	1	0	**12**
Residency 20/21	1	4	2	3	2	0	2	1	1	0	5	7	**28**
Residency 21/22	13	5	0	-	-	-	-	-	-	-	-	-	**18**
Credential 18/19	0	1	0	0	0	1	1	0	0	0	1	2	**6**

Credential 19/20	1	1	0	0	1	1	0	0	0	0	0	0	**4**
Credential 20/21	1	4	2	3	0	0	0	0	3	0	0	5	**18**
Credential 21/22	5	2	1	-	-	-	-	-	-	-	-	-	**8**
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	1	**1**
Portfolio 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
ADEX 18/19	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**
ADEX 19/20	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**
ADEX 20/21	2	4	5	2	0	1	0	4	2	10	23	26	**79**
ADEX 21/22	16	2	5	-	-	-	-	-	-	-	-	-	**23**

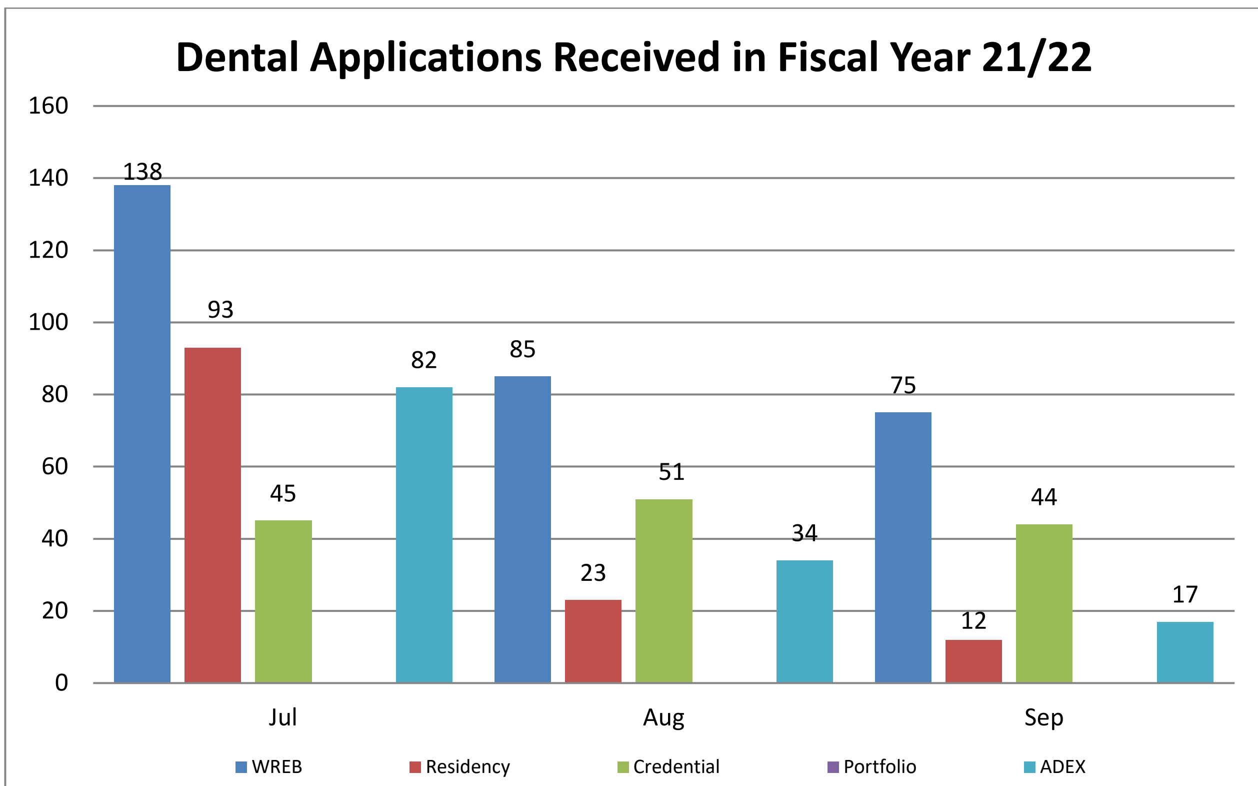
Denied Dental Applications by Month													
	Jul	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Totals**
WREB 18/19	0	0	0	0	0	0	0	0	1	0	0	0	**1**
WREB 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
WREB 20/21	1	0	0	0	0	0	0	2	0	0	0	0	**3**
WREB 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Residency 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Residency 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Credential 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Credential 20/21	2	0	0	1	0	0	1	0	0	0	0	0	**4**
Credential 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
Portfolio 18/19	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 19/20	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 20/21	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Portfolio 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**
ADEX 18/19	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**
ADEX 19/20	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**
ADEX 20/21	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	**0**
ADEX 21/22	0	0	0	-	-	-	-	-	-	-	-	-	**0**

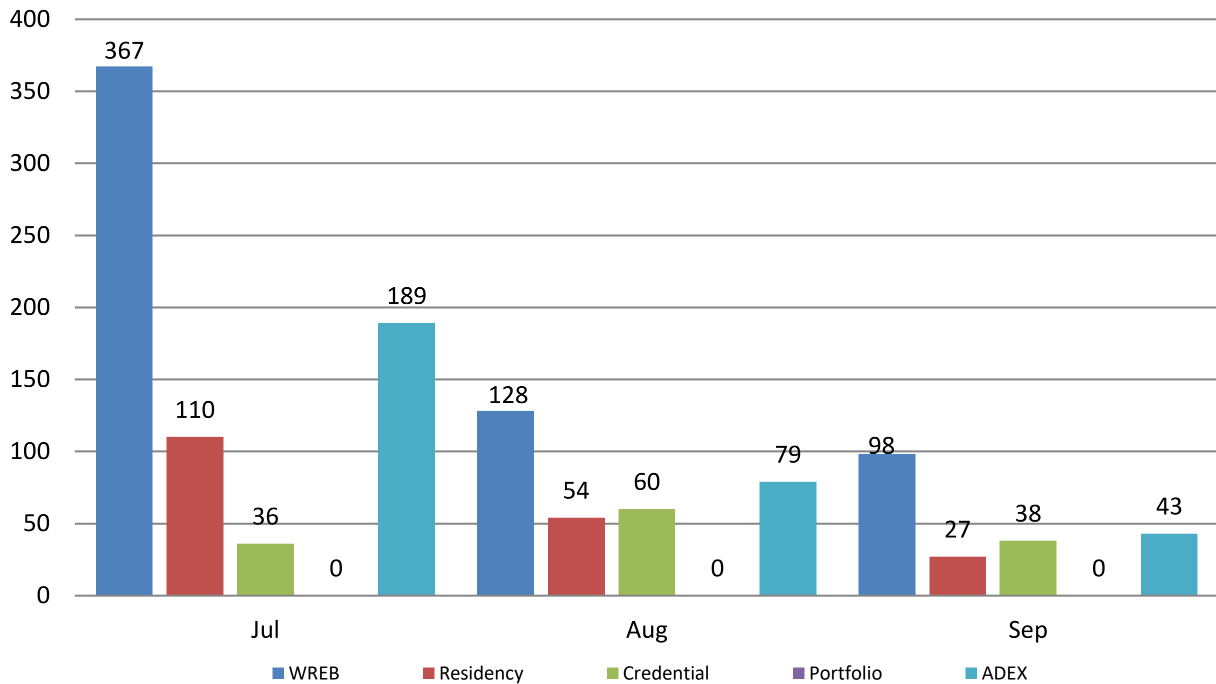
Application Definitions	
Received	Application submitted in physical form or digitally through Breeze system.

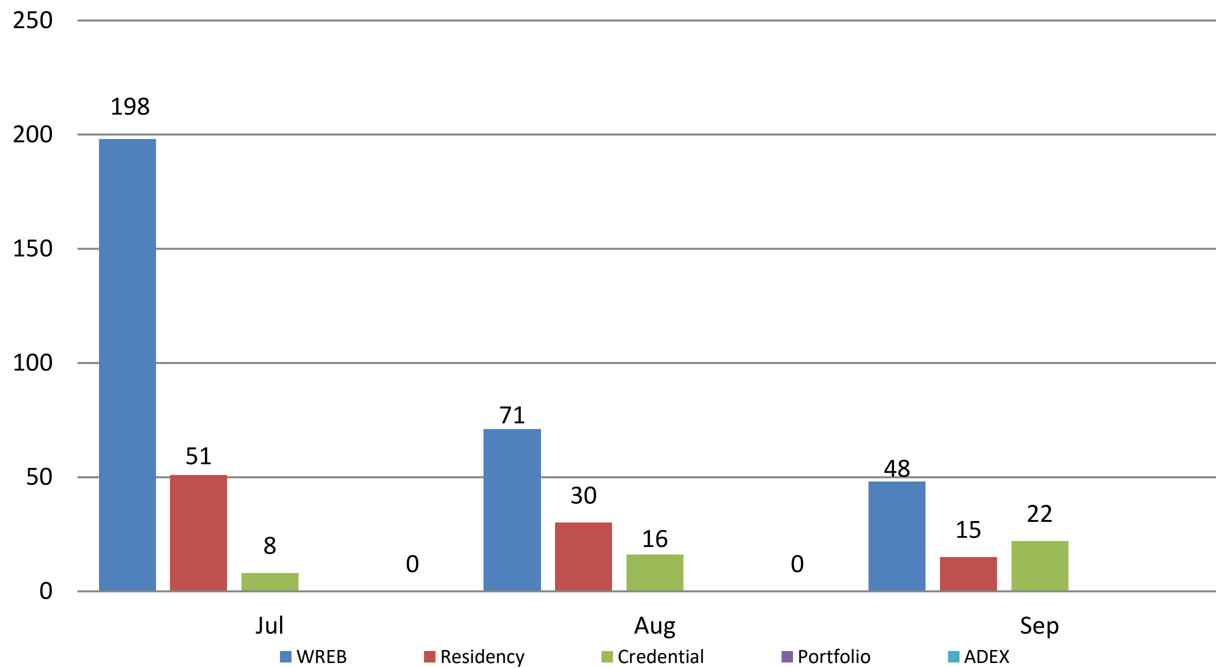
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	The Board denies an application on the on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline; in accordance with Business and Professions Code, Division 1.5, Chapter 2, Denial of Licenses.

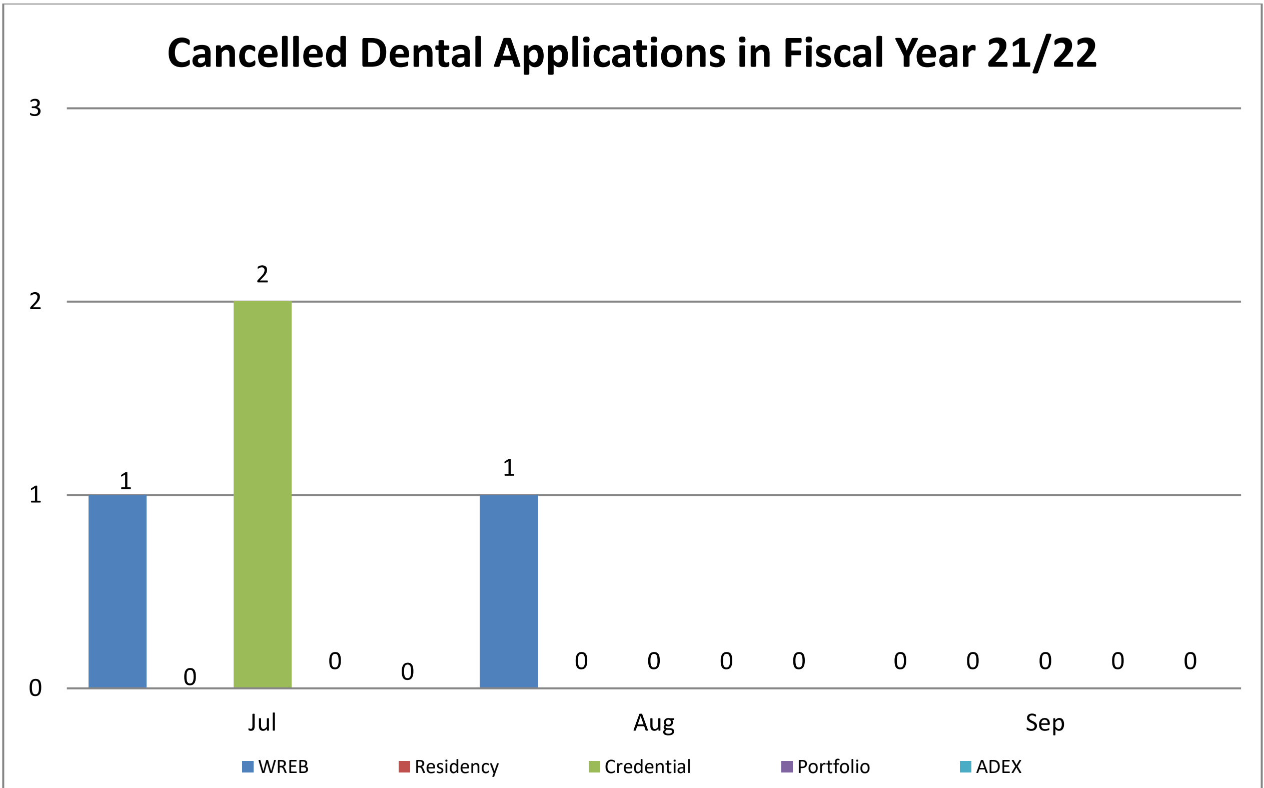
Dental License Application Statistic Graphs

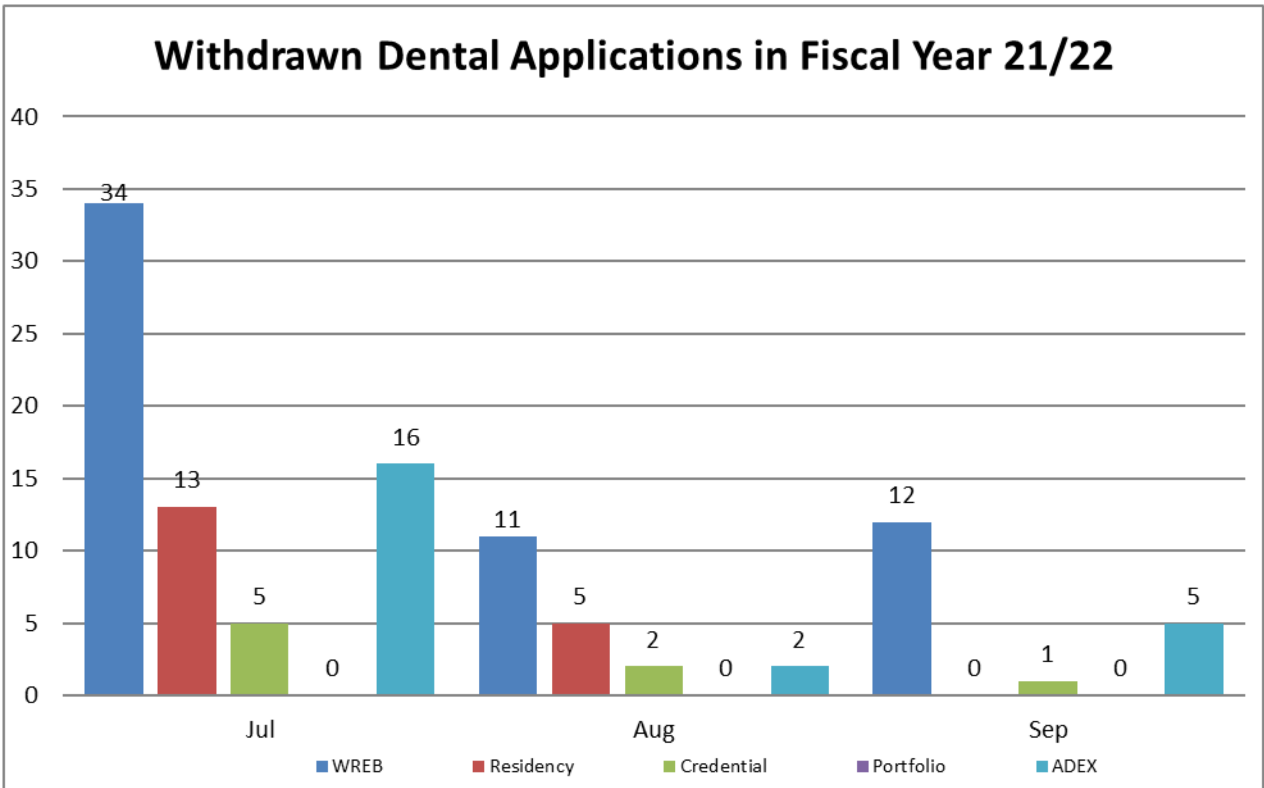
Following graphs represent monthly dental license application statistics by pathway for fiscal year 2021/22 as of September 30, 2021.

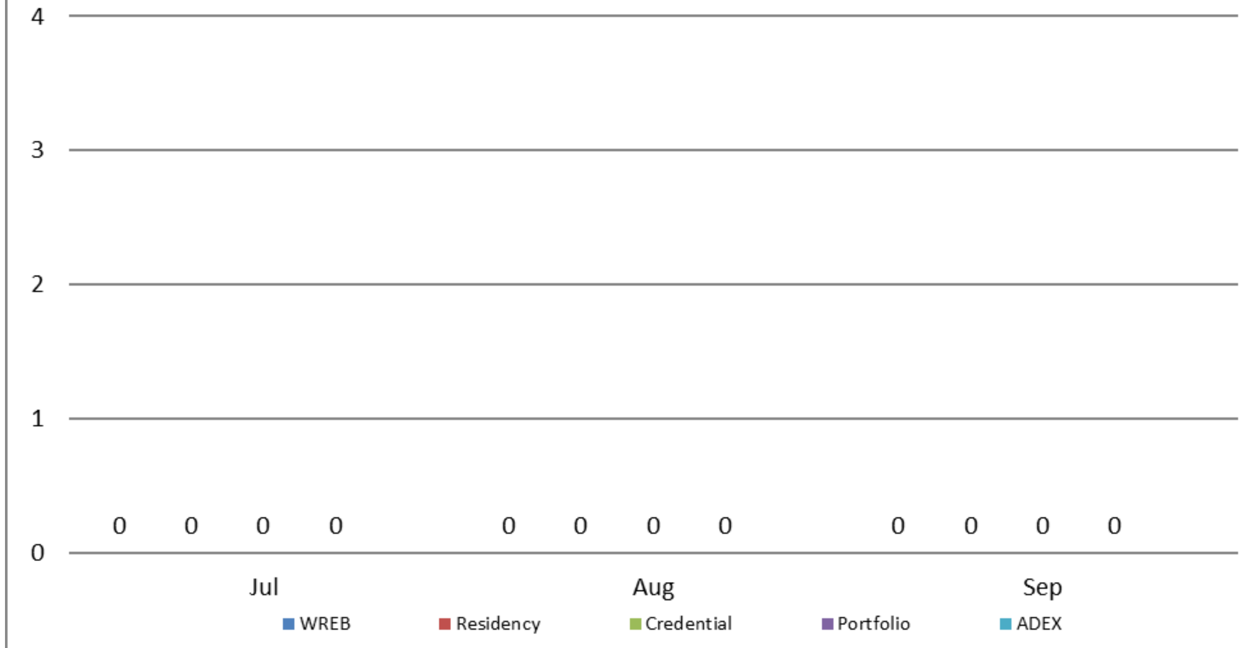



Dental Applications Approved in Fiscal Year 21/22
400
350
300
250
200
150
100
50
0
367
110
36
0
189
128
54
60
0
79
98
27
38
0
43
Jul
Aug
Sep
WREB
Residency
Credential
Portfolio
ADEX


Dental Licenses Issued in Fiscal Year 21/22
250
200
150
100
50
0
198
51
8
0
71
30
16
0
48
15
22
Jul
Aug
Sep
WREB
Residency
Credential
Portfolio
ADEX


Cancelled Dental Applications in Fiscal Year 21/22
3
2
1
0
1
0
2
0
0
1
0
0
0
0
0
0
0
0
0
Jul
Aug
Sep
WREB
Residency
Credential
Portfolio
ADEX


Withdrawn Dental Applications in Fiscal Year 21/22
40
35
30
25
20
15
10
5
0
34
13
5
0
16
11
5
2
0
2
12
0
1
0
5
Jul
Aug
Sep
WREB
Residency
Credential
Portfolio
ADEX



Dental Law and Ethics Written Examination Statistics

License Type		**DDS**			
Exam Title		**Dental Law and Ethics Examination**			
Licensure Pathway		**WREB**	**LBR**	**PORT**	**ADEX**
2018/19	# of 1st Time Candidates	806	135	4	N/A
	Pass %	89.33%	94.07%	100.00%	N/A
2019/20	# of 1st Time Candidates	698	105	N/A	5
	Pass %	94.13%	95.24%	N/A	100.00%
2020/21	# of 1st Time Candidates	824	89	4	232
	Pass %	86.89%	91.01%	50.00%	82.33%
2021/22	# of 1st Time Candidates	119	29	0	79
	Pass %	86.55%	75.86%	N/A	86.08%
Date of Last Occupational Analysis: 2018					

Name of Developer: Office of Professional Examination Services
Target OA Date: 2025

Dental License and Permits Statistics

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2018/19, 2019/20, 2020/21, and 2021/22 as of September 30, 2021.

Dental Licenses Issued via Pathway	Total Issued in 18/19	Total Issued in 19/20	Total Issued in 20/21	Total Issued in 21/22	Total Issued to Date	Date Pathway Implemented
WREB Exam	888	769	905	317	11,778	January 1, 2006
Licensure by Residency	148	133	130	96	2,152	January 1, 2007
Licensure by Credential	176	153	211	43	3,241	July 1, 2002
(LBC Clinic Contract)	10	9	14	3	41	July 1, 2002
(LBC Faculty Contract)	7	5	6	0	16	July 1, 2002
Portfolio	5	4	4	0	79	November 5, 2014
ADEX	N/A	1	180	169	350	November 15, 2019
Total	**1,217**	**1,060**	**1,430**	**625**	**17,600**	

The following table provides statistics on dental licenses issued by pathway to licensure by fiscal year 2018/19, 2019/20, 2020/21, and 2021/22 as of September 30, 2021.

License Type	License Status	FY 18/19	FY 19/20	FY 20/21	FY 21/22
Dental License	Active	34,921	34,586	34,922	35,162
	Inactive	1,826	1,784	1,751	1,739
	Retired/Reduced Fee	1,682	1,274	1,297	1,305
	Disabled	108	106	98	95
	Delinquent	5,405	5,445	5,540	5,579
	Cancelled	16,756	17,602	18,720	18,989
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Additional Office Permit	Active	2,527	2,717	2,750	2,718
	Delinquent	870	890	992	1,031
	Cancelled	6,667	6,926	7,181	7,245
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Conscious Sedation	Active	531	535	543	566
	Delinquent	41	38	43	44

	Cancelled	515	552	586	588
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Continuing Education Registered Provider Permit	Active	945	901	854	838
	Delinquent	803	810	744	742
	Cancelled	2,059	2,185	2,344	2,378
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Elective Facial Cosmetic Surgery Permit	Active	29	29	30	30
	Delinquent	4	5	5	5
	Cancelled	1	1	2	2
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Extramural Facility Registration*	Active	182	186	203	48
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	N/A	N/A
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Fictitious Name Permit	Active	6,790	7,099	7,250	7,171
	Delinquent	1,695	1,706	1,782	1,902
	Cancelled	6,343	6,802	7,361	7,493
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
General Anesthesia Permit	Active	881	897	918	919
	Delinquent	31	22	31	37
	Cancelled	973	1,008	1,042	1,046
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Mobile Dental Clinic Permit	Active	40	45	55	55
	Delinquent	47	43	29	30
	Cancelled	43	52	78	80
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Medical General Anesthesia	Active	86	111	136	131
	Delinquent	29	27	30	35
	Cancelled	189	203	211	214
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Oral Conscious Sedation Certification (Adult Only 1,192; Adult & Minors 1,188)	Active	2,420	2,402	2,391	2,380
	Delinquent	661	647	638	648
	Cancelled	804	930	1,096	1,124
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Oral and Maxillofacial Surgery Permit	Active	92	96	93	94
	Delinquent	5	4	10	10
	Cancelled	21	22	22	24
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**
Referral Service Registration*	Active	156	157	159	6
	Delinquent	N/A	N/A	N/A	N/A
	Cancelled	N/A	N/A	1	1
License Type	**License Status**	**FY 18/19**	**FY 19/20**	**FY 20/21**	**FY 21/22**

Special Permit	Active	40	37	35	30
	Delinquent	11	9	9	10
	Cancelled	175	184	190	194

Status Definitions	
Active	Current and can practice without restrictions *(BPC §1625)*
Inactive	Current but cannot practice, continuing education not required (*CCR §1017.2)*
Retired/Reduced Fee	Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions *(BPC §1716.1a)*
Disabled	Current with disability but cannot practice *(BPC §1716.1b)*
Delinquent	Renewal fee not paid within one month after expiration date *(BPC §163.5)*
Cancelled	Renewal fee not paid 5 years after its expiration and may not be renewed *(BPC §1718.3a)* Total number of licenses / permits cancelled to date.

The following table provides statistics on population (Pop.), current & active dental licenses by County, and population (Pop.) per dental license by County in 2019, 2020, and 2021 as of September 30, 2021.

County	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22
Alameda	1,458	1,645,359	1,128	1,497	1,670,834	1,116	1,515	1,682,353	1,110
Alpine	1	1,151	1,151	1	1,142	1,142	1	1,204	1,204
Amador	22	38,382	1,744	23	37,676	1,638	22	40,474	1,839
Butte	141	226,404	1,605	126	210,291	1,668	129	211,632	1,640
Calaveras	16	45,168	2,823	18	45,023	2,501	19	45,292	2,383
Colusa	5	22,043	4,408	6	21,902	3,650	6	21,839	3,639
Contra Costa	1,093	1,139,513	1,042	1,123	1,153,561	1,027	1,112	1,165,927	1,048
Del Norte	11	27,124	2,465	15	27,298	1,819	15	27,743	1,849
El Dorado	161	185,062	1,149	161	193,227	1,200	161	191,185	1,187
Fresno	597	995,975	1,668	622	1,023,358	1,645	617	1,008,654	1,634
Glenn	9	28,731	3,192	10	29,400	2,940	9	28,917	3,213
Humboldt	69	136,953	1,984	68	133,302	1,960	67	136,463	2,036
Imperial	39	188,334	4,829	38	188,777	4,967	39	179,702	4,607
Inyo	12	18,619	1,551	9	18,584	2,064	9	19,016	2,112
Kern	336	895,112	2,664	350	917,553	2,621	349	909,235	2,605
Kings	64	149,537	2,336	64	153,608	2,400	64	152,486	2,382
Lake	46	64,945	1,411	45	64,040	1,423	45	68,163	1,514
Lassen	24	30,918	1,288	24	28,833	1,201	24	32,730	1,363
Los Angeles	8,342	10,241,278	1,227	8,502	10,172,951	1,196	8,541	10,014,009	1,172
Madera	53	156,492	2,952	43	158,147	3,677	45	156,255	3,472
Marin	312	263,604	844	304	260,831	857	311	262,321	843
Mariposa	7	18,148	2,592	7	18,067	2,581	7	17,131	2,447
Mendocino	56	89,134	1,591	52	87,946	1,691	53	91,601	1,728
Merced	90	274,665	3,051	91	283,521	3,115	92	281,202	3,056

County	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22
Modoc	4	9,580	2,395	5	9,570	1,914	5	8,700	1,740
Mono	3	13,713	4,571	3	13,464	4,488	4	13,195	3,298
Monterey	268	442,365	1,650	259	441,143	1,703	262	439,035	1,675
Napa	112	142,408	1,271	113	139,088	1,230	111	138,019	1,243
Nevada	87	98,828	1,135	77	98,114	1,274	79	102,241	1,294
Orange	3,890	3,194,024	821	4,005	3,194,332	797	4,061	3,186,989	784
Placer	463	382,837	826	471	403,711	857	467	404,739	866
Plumas	14	19,819	1415	15	18,260	1,217	15	19,790	1,317
Riverside	1,058	2,384,783	2,254	1,111	2,442,304	2,198	1,126	2,418,185	2,147
Sacramento	1,116	1,514,770	1,431	1,159	1,555,365	1,341	1,175	1,585,055	1,348
San Benito	21	56,854	2,707	23	62,353	2,711	24	64,209	2,675
San Bernardino	1,340	2,160,256	1,612	1,381	2,180,537	1,578	1,403	2,181,654	1,554
San Diego	2,748	3,316,192	1,206	2,779	3,343,355	1,203	2,790	3,298,634	1,182
San Francisco	1,237	874,228	706	1,225	897,806	732	1,236	873,965	707
San Joaquin	373	746,868	2,002	371	773,632	2,085	374	779,233	2,083
San Luis Obispo	233	280,101	1,202	225	277,259	1,232	211	282,424	1,338
San Mateo	873	770,203	882	858	773,244	901	854	764,442	895
Santa Barbara	320	450,663	1,408	324	451,840	1,394	320	448,229	1,400
Santa Clara	2,273	1,938,180	852	2,292	1,961,969	856	2,302	1,936,259	841
Santa Cruz	180	276,603	1,536	170	271,233	1,595	167	270,861	1,621
Shasta	113	178,605	1,580	115	178,045	1,548	114	182,155	1,597
Sierra	1	3,207	3,207	1	3,201	3,201	0	3,236	0
Siskiyou	23	44,688	1,942	24	44,461	1,852	22	44,076	2,003
Solano	278	436,023	1,568	287	440,224	1,533	291	453,491	1,558
Sonoma	397	505,120	1,272	393	492,980	1,254	402	488,863	1,216
Stanislaus	279	548,057	1,964	273	557,709	2,042	276	552,878	2,003
Sutter	52	96,956	1,864	56	100,750	1,799	53	99,633	1,879

County	DDS per County in 2019/20	Pop. in 2019/20	Pop. per DDS in 2019/20	DDS per County in 2020/21	Pop. in 2020/21	Pop. per DDS in 2020/21	DDS per County in 2021/22	Pop. in 2021/22	Pop. per DDS in 2021/22
Tehama	28	63,995	2,285	29	65,129	2,245	31	65,829	2,123
Trinity	3	13,628	4,542	4	13,548	3,387	4	16,112	4,028
Tulare	213	471,842	2,215	227	479,977	2,114	227	473,117	2,084
Tuolumne	48	54,707	1,139	47	54,917	1,168	48	55,620	1,158
Ventura	663	857,386	1,293	666	842,886	1,265	675	843,843	1,250
Yolo	114	218,896	1,920	114	221,705	1,944	117	216,403	1,849
Yuba	11	74,577	6,779	7	78,887	11,269	7	81,575	11,653
Out of State/Country	2,565	N/A	N/A	2,614	N/A	N/A	2,657	N/A	N/A
Total	**34,365**	**39,523,613**	**116,147**	**34,922**	**39,782,870**	**118,026**	**35,162**	**39,538,223**	**114,492**

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

*The counties with the highest Population per DDS are:		*The counties with the lowest Population per DDS are:	
	Yuba County (1:11,653)		San Francisco County (1:707)
	Imperial County (1:4,607)		Orange County (1:784)
	Trinity County (1:4,028)		Santa Clara County (1:841)
	Colusa County (1:3,369)		Marin County (1:843)
	Madera County (1:3,472)		Placer County (1:866)

Action Requested:
No action requested

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MEMORANDUM

DATE	October 6, 2021
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	**Agenda Item 27(b):** General Anesthesia and Conscious Sedation Permit Evaluations Statistics

Background:
Newly approved general anesthesia and conscious sedation permit holders are subject to an on-site inspection and evaluation. New permit holders must schedule and conduct their on-site inspection and evaluation within one-year issuances of their permit. If the permit holder passes their initial on-site inspection and evaluation, they will not have to schedule another one until five years later which is required for the continual active status and good standing of their permit.

The following statistical overview is provided for Fiscal Year 2021-2022 for on-site inspections and evaluations administered by the Board:

2021 - 2022 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

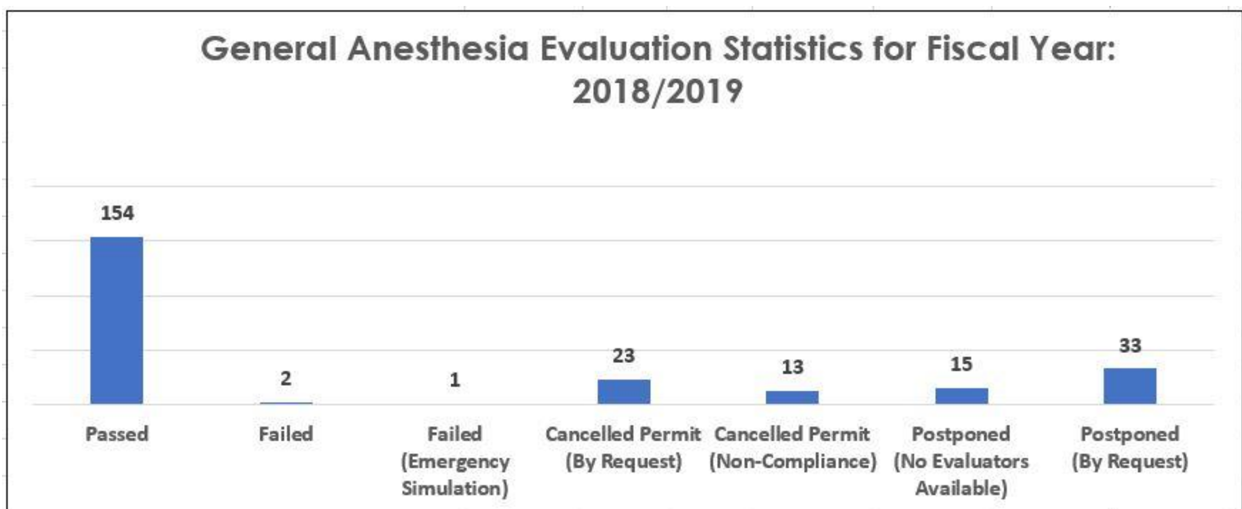
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2021	12	0	0	1	0	7	5
Aug 2021	19	0	0	1	0	3	3
Sept 2021*	13	0	0	0	0	2	2
Total	**44**	**0**	**0**	**2**	**0**	**12**	**10**

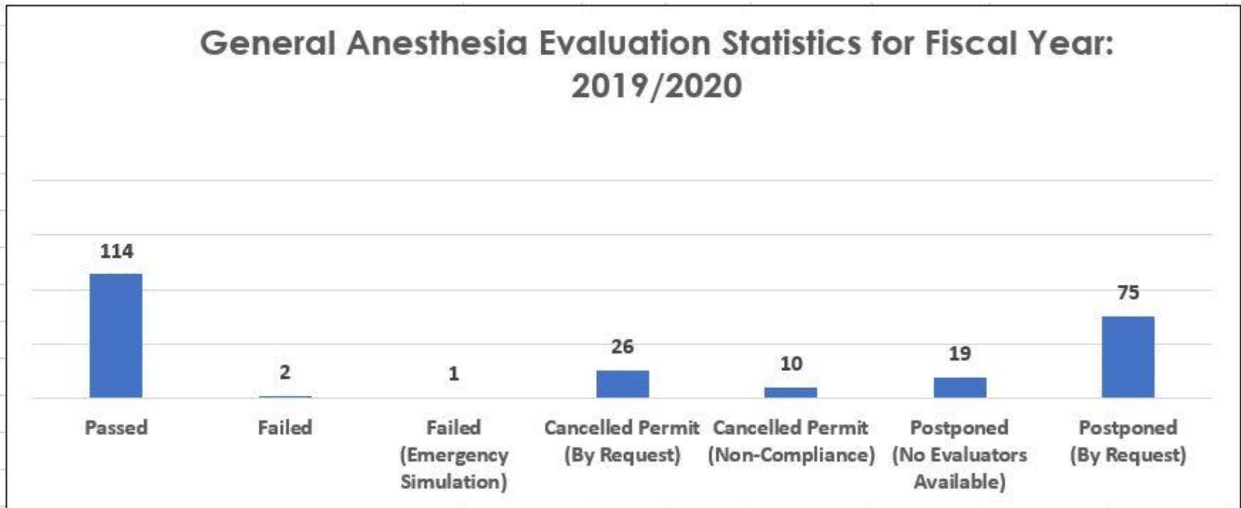
*Approximate number of evaluations scheduled for September 2021.

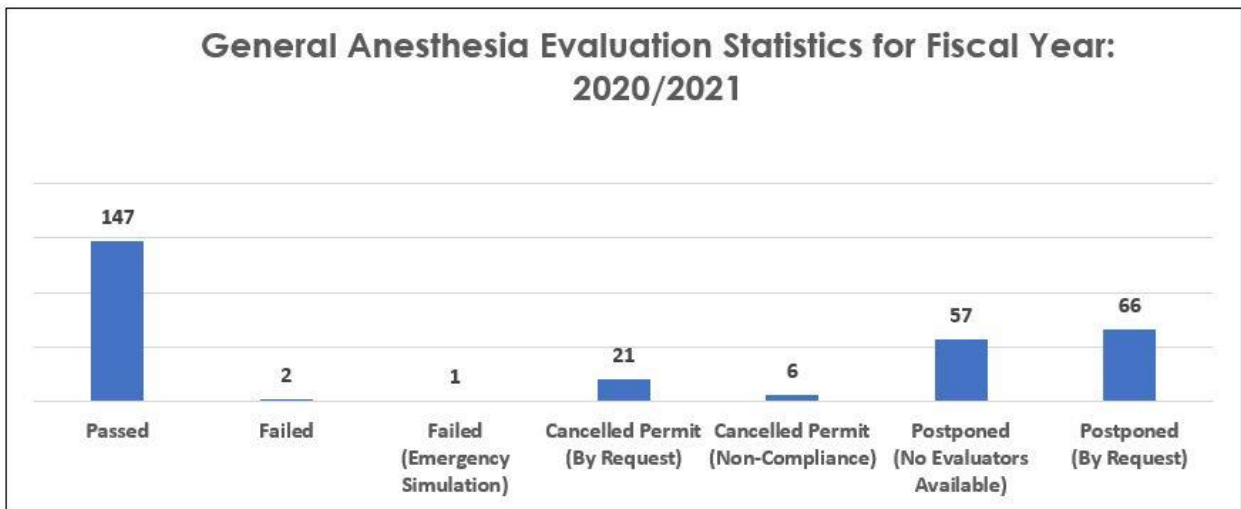
General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, and 21/22.

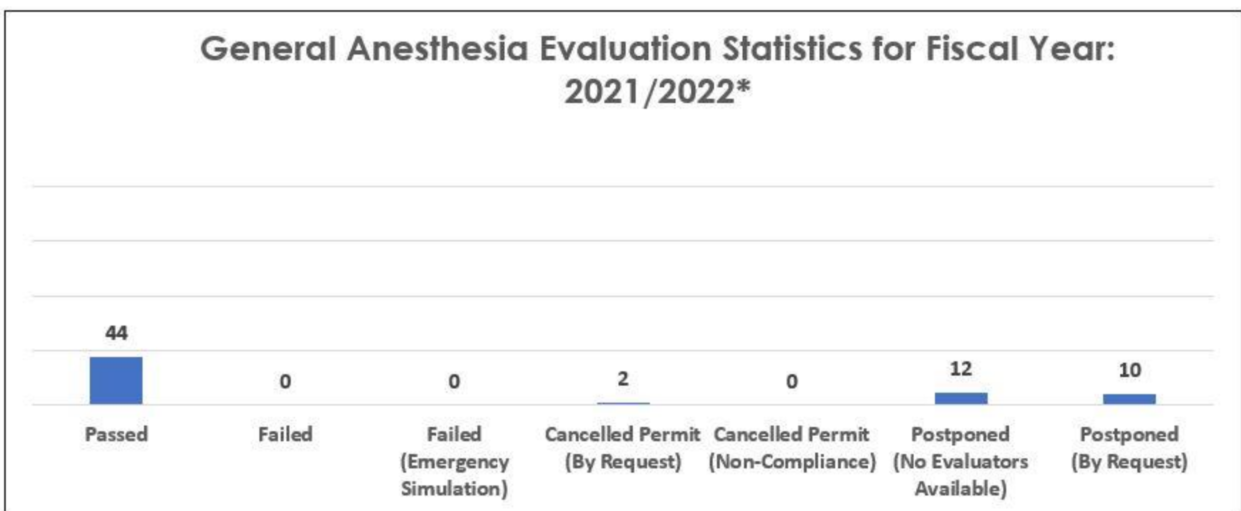
	18/19	19/20	20/21	21/22*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	**154**	**114**	**147**	**44**
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	**2**	**2**	**2**	**0**
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	**1**	**1**	**1**	**0**
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	**23**	**26**	**21**	**2**
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	**13**	**10**	**6**	**0**
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	**15**	**19**	**57**	**12**
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	**33**	**75**	**66**	**10**

* Approximate number of evaluations scheduled for fiscal year 21/22.









* Approximate number of evaluations scheduled for fiscal year 2021/2022.

Conscious Sedation Evaluations

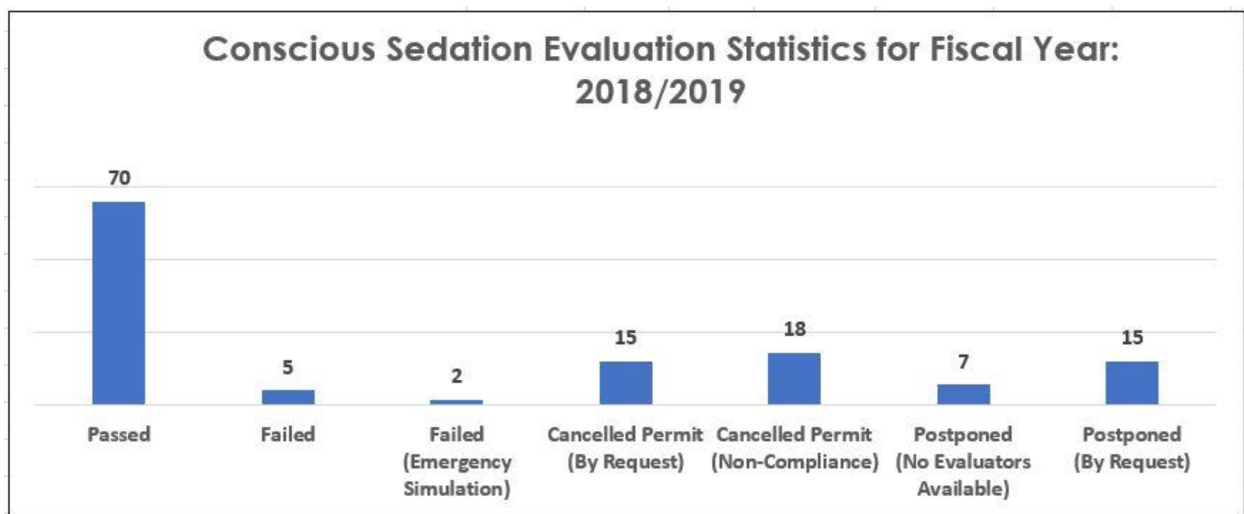
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2021	6	1	1	1	0	5	0
Aug 2021	4	0	0	1	0	6	1
Sept 2021*	7	0	0	0	0	0	2
Total	**17**	**1**	**1**	**2**	**0**	**11**	**3**

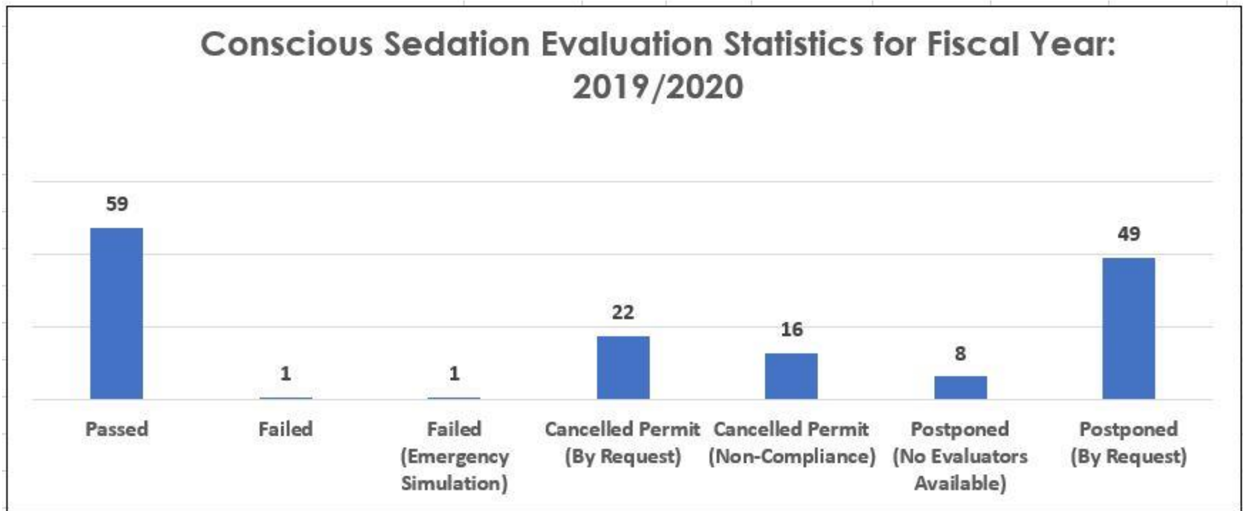
* Approximate number of evaluations scheduled for September 2021.

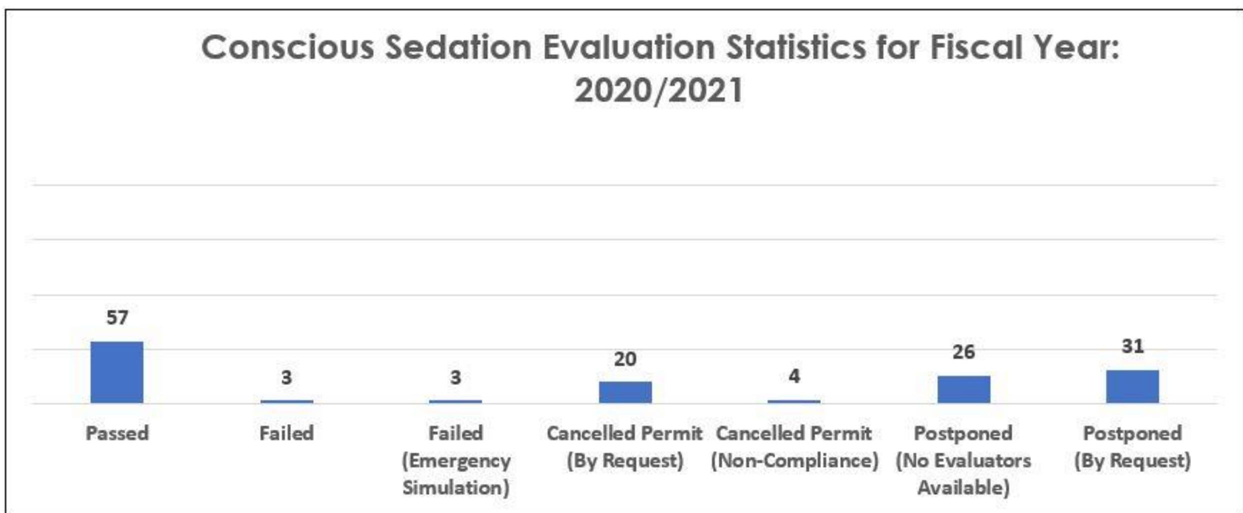
Conscious Sedation Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, and 21/22.

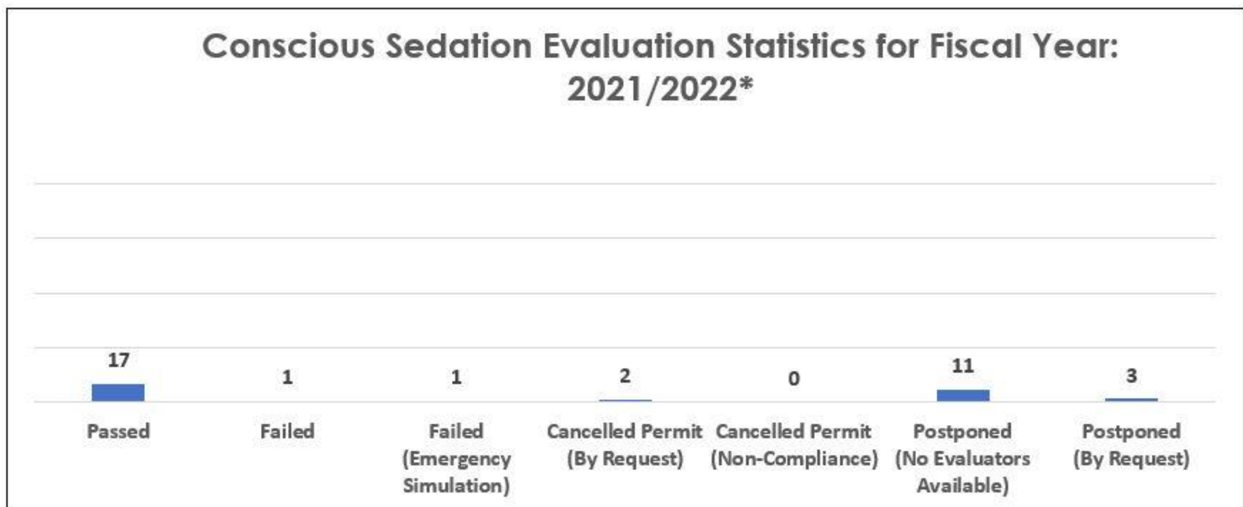
	18/19	19/20	20/21	21/22*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	**70**	**59**	**57**	**17**
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	**5**	**1**	**3**	**1**
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	**2**	**1**	**3**	**1**
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	**15**	**22**	**20**	**2**
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	**18**	**16**	**4**	**0**
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	**7**	**8**	**26**	**11**
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issues	**15**	**49**	**31**	**3**

* Approximate number of evaluations scheduled for fiscal year 21/22.









* Approximate number of evaluations scheduled for fiscal year 2021/2022.

Medical General Anesthesia Evaluations

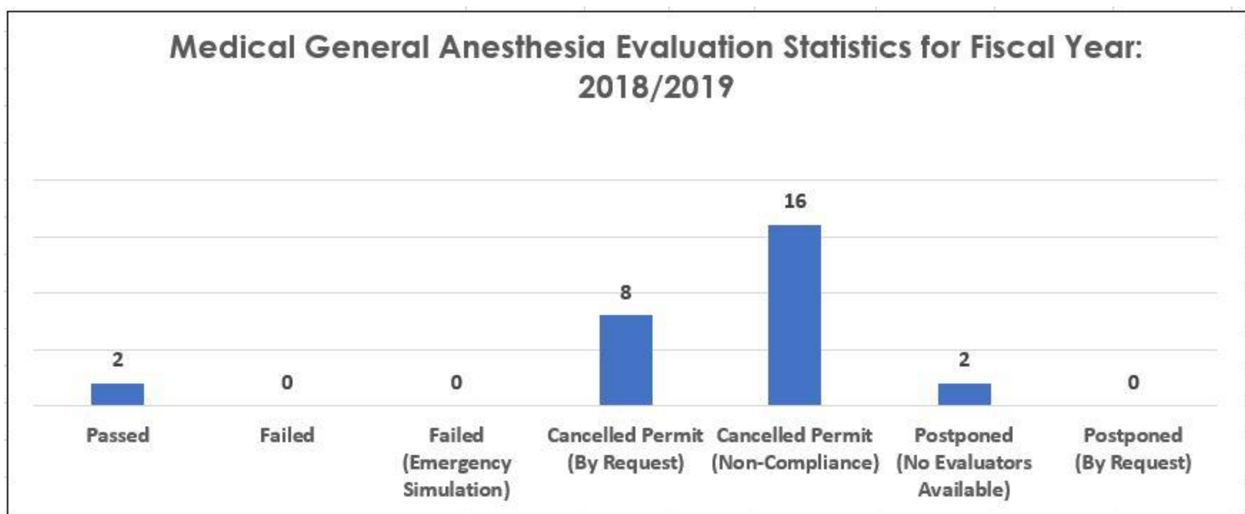
	Passed Eval	Failed Eval	Failed Simulated Emergency	Cancelled Permit by Request	Cancelled Permit for Non-Compliance	Postponed (No Evaluators Available)	Postponed (By Request)
July 2021	0	0	0	1	0	3	0
Aug 2021	0	0	0	0	0	0	2
Sept 2021*	1	0	0	0	3	0	0
Total	**1**	**0**	**0**	**1**	**3**	**3**	**2**

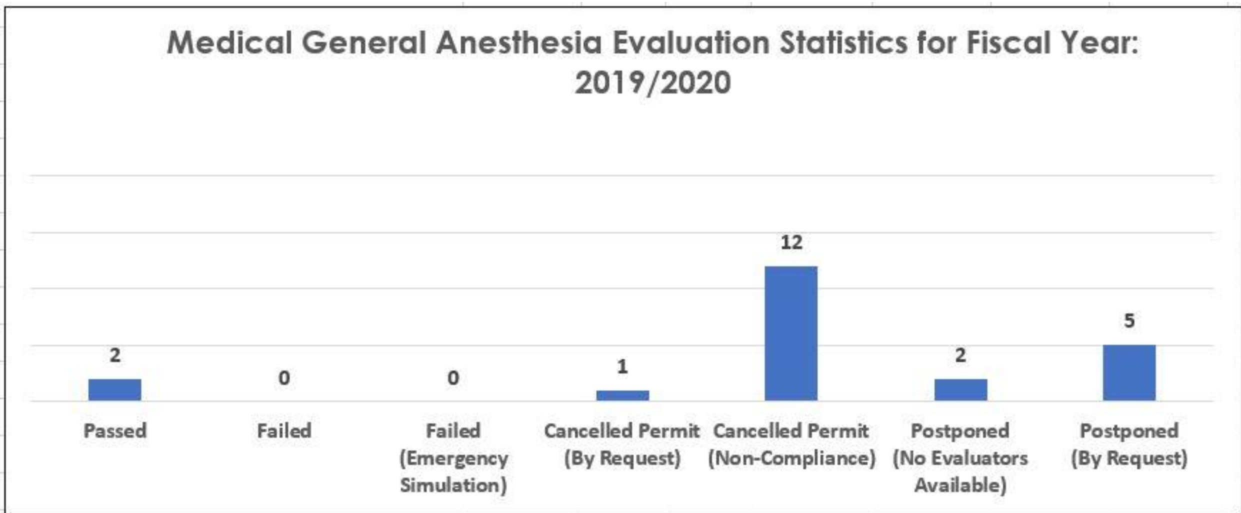
* Approximate number of evaluations scheduled for September 2021.

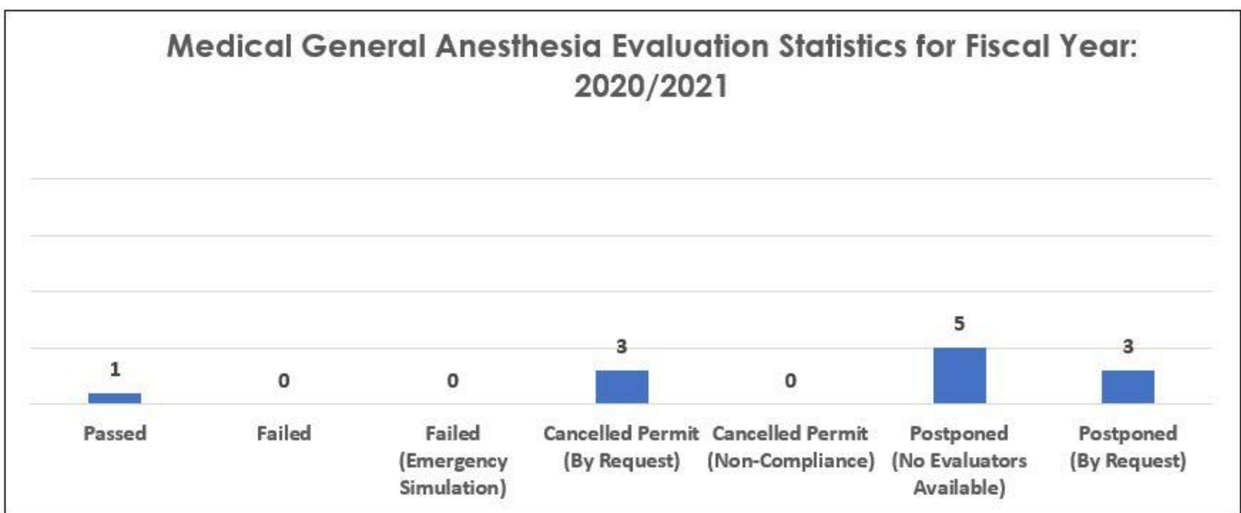
Medical General Anesthesia Evaluation Statistics for Fiscal Years 18/19, 19/20, 20/21, and 21/22.

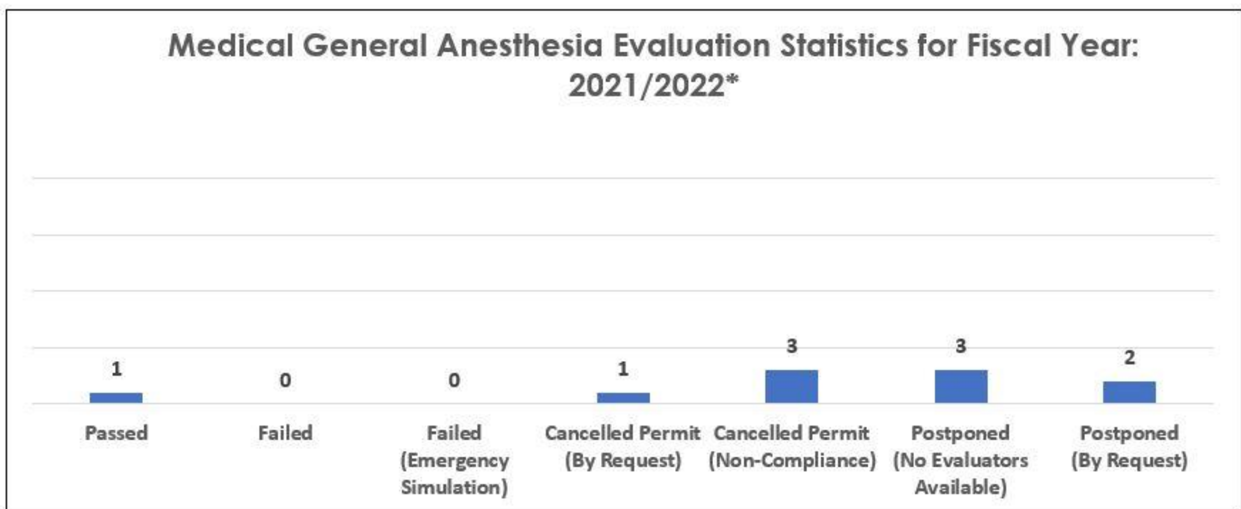
	18/19	19/20	20/21	21/22*
Passed Evaluation – Permit holder met all required components of the on-site evaluation	**2**	**2**	**1**	**1**
Failed Evaluation – Permit holder failed due to multiple deficient components that were required for the on-site evaluation	**0**	**0**	**0**	**0**
Failed Simulated Emergency – Permit holder failed one or more simulated emergency scenarios required for the on-site evaluation	**0**	**0**	**0**	**0**
Cancelled Permit by Request – Permit holder no longer needed permit, retired, went with different permit, and/or Covid-19 related issues	**8**	**1**	**3**	**1**
Cancelled Permit for Non-Compliance – Permit holder did not complete evaluation by requested time frame	**16**	**12**	**0**	**3**
Postponed (No Evaluators Available) – Permit holder evaluation was postponed due to no available evaluators for their requested evaluation	**2**	**2**	**5**	**3**
Postponed (By Request) – Permit holder had requested postponement due to scheduling conflict, emergencies, and/or Covid-19 related issue	**0**	**5**	**3**	**2**

* Approximate number of evaluations scheduled for fiscal year 21/22.









* Approximate number of evaluations scheduled for fiscal year 2021/2022.

Current Evaluators per Region

Region	GA	CS	MGA
Northern California	128	64	17
Southern California	155	91	18

Action Requested:
No action requested; data provided is informational only.

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MEMORANDUM

DATE	October 7, 2021
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Unit Manager Dental Board of California
SUBJECT	**Agenda Item 28(a):** 2022 Tentative Legislative Calendar – Information Only

Background:
The 2022 Tentative Legislative Calendars for both the Senate and Assembly are enclosed.

Action Requested:
No action requested.

2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE & THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 10-21-2021

JANUARY						
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	27	28	29
30	31					

FEBRUARY						
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
27	28					

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
27	28	29	30	31		

APRIL						
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	27	28	29	30

MAY						
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	27	28
29	30	31				

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature **reconvenes** (J.R. 51(a)(4)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).

Jan. 14 Last day for **policy committees** to hear and report to fiscal Committees fiscal bills introduced in their house in 2021 (J.R. 61(b)(1)).

Jan. 17 Martin Luther King, Jr. Day.

Jan. 21 Last day for any committee to hear and report to the **Floor** bills introduced in their house in 2021 (J.R. 61(b)(2)).

Jan. 21 Last day to submit **bill requests** to the Office of Legislative Counsel.

Jan. 31 Last day for each house to pass **bills introduced in 2021** in their house (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

Feb. 18 Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).

Feb. 21 Presidents' Day.

Apr. 1 Cesar Chavez Day observed

Apr. 7 **Spring Recess** begins upon adjournment of this day's session (J.R. 51(b)(1)).

Apr. 18 Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).

Apr. 29 Last day for **policy committees** to hear and report to fiscal Committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

May 6 Last day for **policy committees** to hear and report to the floor **non-fiscal** bills introduced in their house (J.R. 61(b)(6)).

May 13 Last day for **policy committees** to meet prior to May 31 (J.R. 61(b)(7)).

May 20 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 May 31 (J.R. 61 (b)(9)).

May 23-27 **Floor Session only**. No committee, other than conference or Rules, may meet for any purpose (J.R. 61(b)(10)).

May 27 Last day for bills to be **passed out of the house of origin** (J.R. 61(b)(11)).

May 30 Memorial Day.

May 31 Committee meetings may resume (J.R. 61(b)(12)).

*Holiday schedule subject to final approval by the Rules Committee

2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE & THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 10-21-2021

JUNE						
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	27	28	29	30		

June 15 Budget Bill must be passed by **midnight** (Art. IV, Sec. 12 (c)).

June 30 Last day for a legislative measure to qualify for the Nov. 8 General election ballot (Elec. Code Sec. 9040).

JULY						
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	27	28	29	30
31						

July 1 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)). **Summer Recess** begins at the end of this day's session if Budget Bill has been passed (J.R. 51(b)(2)).

July 4 Independence Day.

AUGUST						
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	27
28	29	30	31			

Aug. 1 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 12 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).

Aug. 15 - 31 **Floor Session only**. No committees, other than conference and Rules, may meet for any purpose (J.R. 61(b)(15)).

Aug. 25 Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for **each house to pass bills** (Art. IV, Sec. 10(c)), (J.R. 61(b)(17)).

Final Recess begins at end of this day's session (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2022

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. 8 General Election.

Nov. 30 Adjournment Sine Die at midnight (Art. IV, Sec. 3(a)).

Dec. 5 12 m. convening of the 2023-24 Regular Session (Art. IV, Sec. 3(a)).

2023

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-21-21

JANUARY							
	S	M	T	W	TH	F	S
Interim Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
Wk. 1	30	31					

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1			1	2	3	4	5
Wk. 2	6	7	8	9	10	11	12
Wk. 3	13	14	15	16	17	18	19
Wk. 4	20	21	22	23	24	25	26
Wk. 1	27	28					

MARCH							
	S	M	T	W	TH	F	S
Wk. 1			1	2	3	4	5
Wk. 2	6	7	8	9	10	11	12
Wk. 3	13	14	15	16	17	18	19
Wk. 4	20	21	22	23	24	25	26
Wk. 1	27	28	29	30	31		

APRIL							
	S	M	T	W	TH	F	S
Wk. 1						1	2
Wk. 2	3	4	5	6	7	8	9
Spring Recess	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30

MAY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
No Hrgs.	22	23	24	25	26	27	28
Wk. 4	29	30	31				

*Holiday schedule subject to final approval by Rules Committee.

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 14 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. 17 Martin Luther King, Jr. Day.

Jan. 21 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 (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

Feb. 18 Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

Feb. 21 Presidents' Day.

Apr. 1 Cesar Chavez Day observed.

Apr. 7 **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).

Apr. 18 Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).

Apr. 29 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

May 6 Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).

May 13 Last day for **policy committees** to meet prior to May 31 (J.R. 61(b)(7)).

May 20 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 May 31 (J.R. 61 (b)(9)).

May 23 – 27 **Floor session only**. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

May 27 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

May 30 Memorial Day.

May 31 Committee meetings may resume (J.R. 61(b)(12)).

2022 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 10-21-21

JUNE							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

June 30 Last day for a legislative measure to qualify for the Nov. 8 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Summer Recess	3	4	5	6	7	8	9
Summer Recess	10	11	12	13	14	15	16
Summer Recess	17	18	19	20	21	22	23
Summer Recess	24	25	26	27	28	29	30
Wk. 1	31						

July 1 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 4 Independence Day.

AUGUST							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
No Hrgs.	14	15	16	17	18	19	20
No Hrgs.	21	22	23	24	25	26	27
No Hrgs.	28	29	30	31			

Aug. 1 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 12 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).

Aug. 15 – 31 **Floor session only**. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).

Aug. 25 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)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2022

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)).

Oct. 2 Bills enacted on or before this date take effect January 1, 2023. (Art. IV, Sec. 8(c)).

Nov. 8 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 5 2023-24 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2023

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

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MEMORANDUM

DATE	November 1, 2021
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Unit Manager Dental Board of California
SUBJECT	**Agenda Item 28(b):** 2021 End of Year Legislative Summary Report

Throughout the 2021 Legislative Session, the Board tracked several bills that would impact the Dental Board of California (Board) and healing arts boards in general. Board members and staff have actively partaken in this Legislative Session by communicating with Legislators and their staff and taking positions on proposed bills. The bills that the Board has followed during the 2021 legislative session include:

- AB 2 (Fong) Regulations: legislative review: regulatory reform.
- AB 29 (Cooper; Coauthor: Rubio) State bodies: meetings.
- AB 107 (Salas and Coauthors) Licensure: veterans and military spouses.
- AB 361 (Rivas) Open meetings: state and local agencies: teleconferences.
- AB 526 (Wood) Dentists and podiatrists: clinical laboratories and vaccines.
- AB 646 (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.
- AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
- AB 1026 (Smith) Business licenses: veterans.
- AB 1236 (Ting) Healing arts: licensees: data collection.
- AB 1273 (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training
- AB 1386 (Cunningham) License fees: military partners and spouses.
- AB 1552 (Garcia) Dentistry: foreign dental schools: applications.
- SB 534 (Jones) Dental hygienists.
- SB 607 (Min and Roth) Business and professions.
- SB 652 (Bates) Dentistry: use of sedation: training.
- SB 731 (Durazo, Bradford, and Coauthors: Becker, Bryan, Carrillo, Garcia, Gipson, Hertzberg, Kalra, Kamlager, Lee, Medina, Skinner, Stone, Weiner) Criminal records: relief.
- SB 772 (Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

The following bills have been designated as 2-year bills and will be taken up again by the Legislature in 2022:

- AB 2 (Fong) Regulations: legislative review: regulatory reform.
- AB 29 (Cooper; Coauthor: Rubio) State bodies: meetings.
- AB 646 (Low, Cunningham, Gipson, and Coauthor: Roth) Department of Consumer Affairs: boards: expunged convictions.
- AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing.
- AB 1026 (Smith) Business licenses: veterans.
- AB 1236 (Ting) Healing arts: licensees: data collection.
- AB 1386 (Cunningham) License fees: military partners and spouses.
- SB 652 (Bates) Dentistry: use of sedation: training.
- SB 731 (Durazo, Bradford, and Coauthors: Becker, Bryan, Carrillo, Garcia, Gipson, Hertzberg, Kalra, Kamlager, Lee, Medina, Skinner, Stone, Weiner) Criminal records: relief.
- SB 772 (Bogh; Coauthor: Borgeas) Professions and vocations: citations: minor violations.

The following bills have been signed by Governor Newsom and will become effective on January 1, 2022 unless noted as an urgency bill which would take effect immediately:

- AB 107 (Salas and Coauthors) Licensure: veterans and military spouses.
- AB 361 (Rivas) Open meetings: state and local agencies: teleconferences.
- AB 526 (Wood) Dentists and podiatrists: clinical laboratories and vaccines.
- AB 1273 (Rodriguez) Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.
- SB 534 (Jones) Dental hygienists.
- SB 607 (Min and Roth) Business and professions.

Summaries of the enrolled bills that the Board tracked and took positions on have been compiled into a report for the Board’s consideration.

Action Requested:
Consider and possibly adopt the attached *Legislative Summary for End of 2021 Legislative Session* and direct staff to post the report on the Board’s web site.

Legislative Summary for 2021 Legislative Session

Compiled by
The Dental Board of California
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Board Officers
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Executive Officer
Karen M. Fischer, MPA

Assistant Executive Officer
Sarah E. Wallace

LEGISLATIVE SUMMARY FOR 2021 LEGISLATIVE SESSION

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INDEX OF BILLS SIGNED BY THE GOVERNOR IN NUMERIC ORDER

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AB 361	Open meetings: state and local agencies: teleconferences.	7
AB 526	Dentists and podiatrists: clinical laboratories and vaccines	7
AB 1273	Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer: earn and learn training.	8
	SENATE BILLS	
BILL NUMBER	**SUBJECT**	**PAGE NUMBER**
SB 534	Dental hygienists.	8
SB 607	Business and professions.	10

BILL SUMMARY

AB 107 Salas (Chapter 693, Statutes of 2021)
LICENSURE: VETERANS AND MILITARY SPOUSES.

On and after January 1, 2023, the bill expands the requirement to issue temporary licenses to practice a profession or vocation to include licenses issued by any board within the department, except as provided. The bill requires an applicant for a temporary license to provide to the board documentation that the applicant has passed a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure. The bill requires a board to issue a temporary license within 30 days of receiving the required documentation if the results of a criminal background check do not show grounds for denial and would require a board to request the Department of Justice to conduct the criminal background check and to furnish the criminal background information in accordance with specified requirements. The bill requires, if necessary to implement the bill's provisions, a board to submit to the department for approval draft regulations necessary to administer these provisions. The bill exempts from these provisions a board that has a process in place by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements superseding those for a temporary license, as described above.

On and after July 1, 2023, provides that temporary licenses for an applicant married to, or in a domestic partnership or legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders are nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license, whichever occurs first. The bill also requires the board to revoke a temporary license if the board finds that the temporary license holder engaged in unprofessional conduct or any other act that is cause for discipline by the board.

This bill requires the Department of Consumer Affairs to compile an annual report to the Legislature containing specified information relating to the professional licensure of veterans, servicemembers, and their spouses. The bill also requires the Department of Consumer Affairs and each board within the department to post specified information on their internet websites relating to licensure for military spouses, the availability of temporary licenses, and permanent licensure by endorsement or credential for out-of-state applicants.

AB 361 Rivas (Chapter 165, Statutes of 2021)

OPEN MEETINGS: STATE AND LOCAL AGENCIES: TELECONFERENCES.

Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act requires at least one member of the state body to be physically present at the location specified in the notice of the meeting.

The Governor's Executive Order No. N-29-20 suspends the requirements of the Bagley-Keene Open Meeting Act for teleconferencing during the COVID-19 pandemic, provided that notice and accessibility requirements are met, the public members are allowed to observe and address the state body at the meeting, and that a state body has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities.

This bill authorizes a state body to hold public meetings through teleconferencing and to make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body until January 31, 2022. With respect to a state body holding a public meeting pursuant to these provisions, the bill suspends certain requirements of existing law, including the requirements that each teleconference location be accessible to the public and that members of the public be able to address the state body at each teleconference location. A state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically satisfies any requirement that the state body allow members of the public to attend the meeting and offer public comment. The bill requires that each state body that holds a meeting through teleconferencing provide notice of the meeting, and post the agenda. The bill urges state bodies utilizing these teleconferencing procedures in the bill to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to existing law.

This bill is to take effect immediately as an urgency statute.

AB 526 Wood (Chapter 653, Statutes of 2021)

DENTISTS AND PODIATRISTS: CLINICAL LABORATORIES AND VACCINES.

This bill authorizes a dentist or podiatrist, if the dentist or podiatrist complies with specified requirements, to independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration for persons 3 years of age or older. The bill authorizes the board to adopt regulations to implement these provisions. The bill counts vaccine training provided through the federal Centers for Disease Control and Prevention toward the

fulfillment of a podiatrist's continuing education requirements, and would count vaccine training provided through the federal Centers for Disease Control and Prevention or the California Pharmacists Association toward the fulfillment of a dentist's or dental hygienist's continuing education requirements.

AB 1273 Rodriguez (Chapter 477, Statutes of 2021)

INTERAGENCY ADVISORY COMMITTEE ON APPRENTICESHIP: THE DIRECTOR OF CONSUMER AFFAIRS AND THE STATE PUBLIC HEALTH OFFICER: EARN AND LEARN TRAINING.

Existing law establishes within the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs, which is under the control of the Director of Consumer Affairs, and is composed of various boards that license and regulate various professions and vocations. Existing law, the Consumer Affairs Act, establishes the powers and duties of the director.

This bill makes the Director of Consumer Affairs an ex officio member of the Interagency Advisory Committee on Apprenticeship.

This bill prohibits the Department of Consumer Affairs and its various boards from approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the board. The bill would require boards of the Department of Consumer Affairs to use licensing or certification standards that authorize the use of earn and learn training. The bill makes these provisions operative on January 1, 2024.

SB 534 Jones (Chapter 491, Statutes of 2021)

DENTAL HYGIENISTS.

The bill makes changes to operations of Registered Dental Hygienists, Registered Dental Hygienists in Alternative Practice, and the Dental Hygiene Board of California. Specifically, this legislation does the following:

1. Requires a special permit to remain valid for 4 years and thereafter prohibits the board from renewing it. The bill specifies that an applicant for a special permit is required to comply with the fingerprint submission requirements described above and would require an applicant, if teaching during clinical practice sessions, to furnish satisfactory evidence of having successfully completed a course in periodontal soft-tissue curettage, local anesthesia, and nitrous oxide-oxygen analgesia approved by the board.

2. Requires an applicant for licensure who has not taken a clinical examination before the board to additionally submit satisfactory evidence of having successfully completed a course or education and

training in local anesthesia, nitrous oxide-oxygen analgesia, and periodontal soft-tissue curettage approved by the board.

3. Requires a new educational program for registered dental hygienists in alternative practice or registered dental hygienists in extended functions to comply with the specified requirements.

4. Makes it unprofessional conduct for a licensee to knowingly make a statement or sign a certificate or other document that falsely represents the existence or nonexistence of a fact directly or indirectly related to the practice of dental hygiene.

5. Requires additional training for probation to be in a remedial education course approved by the board.

6. Authorizes a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in specified settings, if the registered dental hygienist in alternative practice registers mobile dental hygiene clinic with the board. The bill removes the requirement that a mobile dental hygiene clinic be provided by the property and casualty insurer as a temporary substitute site because the registered place of practice has been rendered and remains unusable due to loss or calamity. The bill authorizes the board to conduct announced and unannounced reviews and inspections of a mobile dental hygiene clinic, as specified. The bill makes it unprofessional conduct for a registered dental hygienist in alternative practice to operate a mobile dental hygiene clinic in a manner that does not comply with these provisions. The bill authorizes the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions.

7. This bill imposes registration requirements on the physical facilities of the registered dental hygienist in alternative practice. The bill requires a registered dental hygienist in alternative practice who utilizes portable equipment to practice dental hygiene to register the physical facility where the portable equipment is maintained with the executive officer of the dental hygiene board. The bill authorizes the board to conduct announced and unannounced reviews and inspections of the physical facilities and equipment of a registered dental hygienist in alternative practice. The bill makes it unprofessional conduct for a registered dental hygienist in alternative practice to maintain a physical facility or equipment in a manner that does not comply with these provisions. The bill authorizes the board to issue citations that contain fines and orders of abatement to a registered dental hygienist in alternative practice for a violation of these provisions and related provisions.

SB 607 Min and Roth (Chapter 367, Statutes of 2021)

BUSINESS AND PROFESSIONS.

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental auxiliaries, including registered dental assistants in extended functions, by the Dental Board of California within the Department of Consumer Affairs. Existing law requires a person who applies to the board for a license as a registered dental assistant in extended functions on and after January 1, 2010, to successfully complete a clinical or practical examination administered by the board. Existing law authorizes a registered dental assistant in extended functions who was licensed before January 1, 2010, to perform certain additional duties only if they pass the clinical or practical examination.

Deletes the clinical or practical examination requirement for registered dental assistants in extended functions and make related technical amendments.

The Dental Practice Act authorizes a dentist to administer or order the administration of minimal sedation on pediatric patients under 13 years of age if the dentist possesses specified licensing credentials, including holding a pediatric minimal sedation permit, and follows certain procedures. Existing law requires a dentist who desires to administer or order the administration of minimal sedation to apply to the board, as specified, and to submit an application fee.

Specifies that the application fee for a pediatric minimal sedation permit cannot exceed $1,000, and the renewal fee cannot exceed $600.

The bill provides that a foreign dental school that was renewed by the board prior to January 1, 2020, through a date between January 1, 2024 and June 30, 2026, maintains that approval through that date. The bill also provides that notwithstanding Section 1636.4, graduates of a foreign dental school whose program was approved by the board prior to January 1, 2020, through any date before January 1, 2024, and who enrolled in the program prior to January 1, 2020, are eligible for licensure. The bill provides that upon the expiration of that board approval, the foreign dental school is required to comply with the CODA or comparable accreditation process.

2021 ENROLLED BILLS

BILL NUMBER	AUTHOR	FINAL STATUS	CHAPTER NUMBER	STATUTE YEAR
AB 107	Salas	Chaptered	693	2021
AB 361	Rivas	Chaptered	165	2021
AB 526	Wood	Chaptered	653	2021
AB 1273	Rodriguez	Chaptered	477	2021
SB 534	Jones	Chaptered	491	2021
SB 607	Min and Roth	Chaptered	367	2021

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MEMORANDUM

DATE	October 7, 2021
TO	Members of the Dental Board of California
FROM	Wilbert Rumbaoa, Administrative Services Unit Manager Dental Board of California
SUBJECT	**Agenda Item 28(c):** 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 Board meeting.

Action Requested:
No action requested.

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MEMORANDUM

DATE	November 2, 2021
TO	Members of the Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 29:** Update on Pending Regulatory Packages

Background:
Please see the attached table summarizing the current status of each of the Dental Board of California's pending regulatory proposals.

Action Requested:
No action requested.

Rulemaking File	Board Approved Language	Initial Rulemaking Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed	OAL Final Rulemaking Filed	Submitted to Secretary of State/Effective Date
Diversion Evaluation Committee Membership (16 CCR 1020.4)	X	X	X	X	X	X	X	SOS: 7/13/21 Effective: 10/1/2021
Dentistry Law & Ethics Examination Scoring (16 CCR 1031)	X	X	X	X	X	X	In Progress	
Continuing Education Requirements (16 CCR 1016, 1016.2, 1017)	X	X	X	X	X	X		
Telehealth Notification (16 CCR 1065)	X	In Progress						
Dental Assisting Comprehensive Rulemaking (16 CCR 1067-1081.3)	X	In Progress						

Rulemaking File	Board Approved Language	Initial Rulemaking Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed	OAL Final Rulemaking Filed	Submitted to Secretary of State/Effective Date
Radiographic Decision Making and Interim Therapeutic Restoration Course Requirements (16 CCR 1071.1)	X	In Progress						
Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (16 CCR 1044.6-1044.8)	X	In Progress						
Mobile and Portable Dental Unit Registration Requirements (16 CCR 1049)	X	In Progress						

Rulemaking File	Board Approved Language	Initial Rulemaking Package Assembly Progress	Formal DCA Review	DCA Director Review	Agency Review	OAL Notice Filed	OAL Final Rulemaking Filed	Submitted to Secretary of State/Effective Date
Minimum Standards for Infection Control (16 CCR 1005)	X	In Progress						
SB 501 Anesthesia and Sedation Requirements (16 CCR 1021 1043.1, 1043.2, 1043.3, 1043.4, 1043.5, 1043.6, 1043.7, 1043.8, 1043.8.1, 1044, 1044.1, 1044.2, 1044.3, 1044.4, 1044.5, 1043.9,1, 1043.9.2, 1070.8	X	In Progress						

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MEMORANDUM

DATE	October 11, 2021
TO	Members of the Dental Board of California
FROM	Mirela Taran, Administrative Analyst Dental Board of California
SUBJECT	**Agenda Item 30:** Election of 2022 Board Officers

Background:
Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

Pursuant to the Board's *Policy and Procedure Manual, Adopted August 2016*, it is the Board's policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the Board. The newly elected officers shall assume the duties of their respective offices on January 1st of the New Year.

Roles and Responsibilities of Board Officers and Committee Chairs:
President:

- Acts as spokesperson for the Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, talks to the media on behalf of the Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the Executive Officer in performance of the EO duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting DCA Office of Human Resources to obtain a copy of the Executive Officer Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Communicates with other Board Members for Board business.
- Approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.

- Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-Person subcommittees to research policy questions when necessary.

Vice President:

- Is the Back-up for the duties above in the President's absence.
- Is a member of Executive Committee.
- Coordinates the revision of the Board's Strategic Plan.

Secretary:

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- Is a member of Executive Committee.

The following members have expressed an interest in serving in 2022:

Steven Chan, DDS and Alan Felsenfeld, MA, DDS – President

James Yu, DDS, MS and Lilia Larin – Vice President

Sonia Molina, DMD, MPH - Secretary

Pursuant to the Board's Policy and Procedure Manual, the Board's Executive Officer shall conduct the election of officers and shall set the general election procedure. The Executive Officer will ask for nominations for each office. The election of the Secretary will occur first, followed by the Vice President and President.