



DENTAL BOARD OF CALIFORNIA

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

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MEMORANDUM (REPLACES PREVIOUSLY POSTED MEMO)

Table with 2 columns: Field (DATE, TO, FROM, SUBJECT) and Content (May 12, 2023, Members of the Dental Board of California, David Bruggeman, Legislative and Regulatory Specialist Dental Board of California, Agenda Item 28.b. (Amended Memo): Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulation, Title 16, Sections 1012, 1017.2, and 1021 (Replacement Licenses and Fees, and Inactive Licenses))

Issues

1012 – Lost, Destroyed or Mutilated Licenses

Dental Board of California (Board) staff have received complaints and inquiries from licensees and consumers concerning the requirements for requesting a replacement or duplicate wall certificate due to loss, theft, mutilation, or destruction, or a licensee’s name change. There currently is no form adopted by the Board for processing these requests and for collecting the information needed to accurately verify the identity of the applicant or for the need for a substitute or replacement license, permit or wall certificate. This proposal would adopt such a form (LIC-9), add a new title, and specify those requirements. Currently licensees are required to submit proof of fingerprints when requesting a replacement wall certificate, regardless of whether they have current fingerprints already on file or not.

Board staff have determined that requiring licensees to submit to fingerprints every time they need a replacement wall certificate creates unnecessary barriers to licensees as well as an increased staff workload for drafting deficiency notices and responding to questions and complaints regarding the process. This is particularly true of licensees residing out-of-state who do not have access to Live Scan locations, as the process of getting hard cards approved by the Department of Justice (DOJ) can take a month or longer if the fingerprints are rejected due to readability issues. Board staff believe removing the fingerprint requirement will streamline the process for licensees and reduce workload for staff related to handling questions and complaints about the process and are not necessary since all active licensees are already required to have fingerprints on file with the Board when first licensed in accordance with Business and Professions Code section 144.

Board staff also recommend including pocket licenses in this section as some licensees have sought replacements for their pocket licenses for similar reasons to needing to replace a wall certificate.

### **1017.2 – Inactive Licenses**

Board staff currently process Inactive/Active Dental applications received by mail and online submission, including the verification of Continuing Education requirements. Staff have advised of backlog issues with the Board's current procedure of processing Inactive/Active applications (LIC-6) and questions regarding the specific requirements for obtaining and maintaining an inactive license or for reactivating an inactive license. The attached proposal would repeal the current application and replace it with a new application and title that would provide greater notice and specificity regarding the requirements for renewing in an inactive status or for returning a license to active status.

### **1021 – Examination, Permit and License Fees for Dentists**

Subsection 1021(i) currently sets a \$50 fee for a 'Substitute Certificate.' Because the proposed changes to section 1012 would include replacing the pocket license in accordance with Business and Professions Code section 1724(i), Board staff recommend including the pocket license in subsection 1021(i). Additionally, when reviewing the workload and costs associated with issuing replacement certificates, Board staff have determined that the current \$50 fee does not cover those costs, even with the elimination of the fingerprint requirement. Based on the workload analysis (see attached), Board staff recommend increasing the fee to \$111.

### **Discussion**

To address these concerns, Board staff have developed a rulemaking for Board consideration, and the proposed regulatory text and forms are attached to this memo, along with the underlying data for increasing the fee for processing an application for a substitute wall certificate or pocket license. For replacement licenses or permits, staff are proposing amending Title 16 California Code of Regulations (CCR) Section 1012 to require applicants requesting a replacement license or permit (either the wall certificate or pocket license) complete the Declaration and Request for Replacement Pocket License or Certificate, Form LIC-9 (New. 5/23) and submit it along with the proper fee as set forth in Section 1021. To facilitate processing and address applicant concerns, staff are proposing eliminating the fingerprint requirement. Staff considers the requirement duplicative and unnecessary. Because the proposed changes would add the pocket license to the language for section 1012, reference to the pocket license would also need to be added to the language for Section 1021.

As mentioned above, Board staff have determined that the current fee for replacement certificates - \$50 – does not capture all the workload costs associated with processing applications for and issuing the replacement certificates and/or pocket licenses. As detailed in the attached chart, Board staff has calculated that processing one application for a

replacement certificate or pocket license would require 1.08 hours from an Office Technician, and 0.83 hours from a Management Service Technician. Adding postage and printing, the total costs come to approximately \$111, which Board staff recommend as the new fee for a replacement certificate or pocket license.

To address the backlog and processing concerns for Inactive/Active license applications, staff are proposing amending Title 16 CCR Section 1017.2. The proposed amendments would update the current form and make some non-substantive changes to the proposed text. The amendments would also eliminate the requirement that applicants provide evidence of their continuing education credits with their application, and instead certify under penalty of perjury that they have taken the specified continuing education courses in the two years preceding application. This certification requirement is consistent with other DCA board's requirements for submitting proof of meeting continuing education requirements for renewal of an active license. Such certification would be enforced by Board staff through regular, random audits to ensure compliance as permitted under Title 16 CCR Sections 1016 and 1017. The proposed change would also streamline the application process and bring Board practices further in line with the Department of Consumer Affairs Enlightened Licensing Project, which seeks to standardize enforcement and licensing processes across all agencies in the Department.

### **Action Requested**

The Board should review the proposed regulatory text and consider whether they would support it as written or if there are suggested changes to the proposed text. After review, the staff requests that the Board consider one of the following motions:

**Motion A:** (The Board has no suggested changes for the proposed regulatory text.) Approve the proposed regulatory text and incorporated forms for Sections 1012, 1017.2, and 1021 and submit the 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 text and the package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR Sections 1012, 1017.2, and 1021.

**Motion B:** (The Board has suggested changes for the proposed regulatory text.) Approve the proposed regulatory text and forms for Sections 1012, 1017.2, and 1021, with the following changes. (Describe the proposed changes to the proposed text). In addition, submit the approved 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 text and the

package, and set the matter for a hearing if requested. If after the 45-day public comment period, no adverse comments are received, and no public hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and adopt the proposed regulations as noticed for 16 CCR Sections 1012, 1017.2, and 1021.

**Attachments:**

1. Proposed Regulatory Text for Amendments to 16 CCR sections 1012, 1017.2, and 1021.
2. "Declaration and Request for Replacement Pocket License or Certificate," LIC-9 (New 5/2023) form.
3. Repeal of Old "Application to Inactivate/Activate License," Form LIC-6 (New 12/09).
4. Application to Activate/Inactivate License, LIC-6 (New 5/2023).
5. Underlying Data entitled "TABLE A: Fee for Request for Duplicate/Replacement License California Code of Regulations CCR 1012."

**TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS  
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**PROPOSED REGULATORY TEXT**

Proposed amendments to the regulatory language are shown in single underline for new text and single ~~strike through~~ for deleted text.

Amend Sections 1012, 1017.2, and 1021 of Division 10 of Title 16 of the California Code of Regulations to read as follows:

**§ 1012. ~~Lost, Destroyed or Mutilated~~ Replacement Licenses or Permits.**

(a) A licensee or permitholder who desires a replacement of their pocket license or wall certificate shall request a substitute from the Board by submitting a completed application to the Board certifying the loss, theft, mutilation or destruction of their pocket license or wall certificate, or a name change requiring issuance of their pocket license or wall certificate in the new name. For the purposes of this section, a completed application shall include a completed "Declaration and Request for Replacement Pocket License or Certificate," LIC-9 (New 5/2023) form, which is hereby incorporated by reference, and the nonrefundable fee for a substitute certificate or pocket license specified in Section 1021.

(b) A licensee or permitholder shall be issued a substitute pocket license or wall certificate upon request therefor meeting the requirements of this section. Such request shall be accompanied by an affidavit or declaration containing satisfactory evidence of the loss or destruction of his license certificate. A licensed dentist shall also submit fingerprints on forms provided by the board.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1614 and 1724, Business and Professions Code.

**§ 1017.2. Inactive Licenses.**

(a) A licensee who desires an inactive license and who is not currently engaged in any activity for which an active license is required, shall submit a completed Application to ~~Inactivate/Activate~~ Activate/Inactivate License, LIC-6 (New ~~12/09~~5/2023) that is incorporated herein by reference.

(b) In order to restore an inactive license to active status, the licensee shall submit a completed Application to ~~Inactivate/Activate~~ Activate/Inactivate License, LIC-6 (New ~~12/09~~5/2023) that is incorporated herein by reference, ~~accompanied by evidence certifying under penalty of perjury~~ that the licensee has completed the required number of hours of approved continuing education in compliance with this article within the last

two years preceding such application. In addition, the licensee shall submit a full set of fingerprints as required by Section 1008.

(c) The holder of an inactive license shall continue to pay to the board the required biennial renewal fee specified by Section 1021.

(d) The board shall inform an applicant who wishes to activate/inactivate ~~his/her~~ their license in writing within 30 days whether the application is complete and accepted for filing or is deficient and what specific information is required. The board shall decide within 30 days after the filing of a completed application whether the applicant meets the requirements.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 700-704, 1601.2 and 1629(b), Business and Professions Code.

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

The following fees are set for dentist examination and licensure by the Board, and for other licensee, registrant, or applicant types specified below [FN\*\*]:

- (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  
[FN\*]
- (f) Biennial License Renewal fee.....\$650
- (g) Biennial License Renewal fee for those qualifying pursuant to Section 1716.1 of the 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 Code.
- (i) Substitute Certificate or Pocket License.....~~\$50~~111
- (j) Application for an Additional Office Permit.....\$350

(k) Biennial Renewal of Additional Office Permit.....	\$250
(l) Late Change of Practice Registration.....	\$50
(m) Fictitious Name Permit           The fee prescribed by Section 1724.5 of the Code	
(n) Fictitious Name Permit Renewal.....	\$325
(o) Delinquency fee--Fictitious Name Permit Renewal. The delinquency fee for Fictitious Name Permits shall be one-half of the Fictitious Name Permit renewal fee	
(p) Continuing Education Registered Provider fee.....	\$410
(q) Application for General Anesthesia or Moderate Sedation Permit.....	\$524
(r) Application for Pediatric Minimal Sedation Permit.....	\$459
(s) General Anesthesia (for dentist and physician licensees) or Moderate Sedation Permit Renewal fee.....	\$325
(t) Pediatric Minimal Sedation Permit Renewal fee.....	\$182
(u) General Anesthesia or Moderate Sedation On-site Inspection and Evaluation fee.....	\$2,000
(v) Application for a Special Permit.....	\$1,000
(w) Special Permit Renewal.....	\$125
(x) Initial Application for an Elective Facial Cosmetic Surgery Permit.....	\$850
(y) Elective Facial Cosmetic Surgery Permit Renewal.....	\$800
(z) Application for an Oral and Maxillofacial Surgery Permit.....	\$500
(aa) Oral and Maxillofacial Surgery Permit Renewal.....	\$650
(ab) Continuing Education Registered Provider Renewal.....	\$325
(ac) License Certification.....	\$50
(ad) Application for Law and Ethics Examination.....	\$125

(ae) Application for Use of Oral Conscious Sedation on Adult Patients.....\$459

(af) Adult Oral Conscious Sedation Certificate Renewal.....\$168

(ag) Application for Pediatric Endorsement for General Anesthesia Permit (for dentist and physician licensees).....\$532

(ah) Application for Pediatric Endorsement for Moderate Sedation Permit.....\$532

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[FN\*] Fee pro-rated based on applicant's birth date.

[FN\*\*] Examination, licensure, and permit fees for dentistry may not all be included in this section, and may appear in the Code.

Note: Authority cited: 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, 1647.20, 1647.23, 1647.32, 1647.33, 1715, 1716.1, 1718.3, 1724 and 1724.5, Business and Professions Code.





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DECLARATION AND REQUEST FOR REPLACEMENT POCKET LICENSE OR CERTIFICATE

Please type or print legibly

For Office Use Only:

Amount \_\_\_\_\_ Receipt \_\_\_\_\_

File # \_\_\_\_\_ Date Processed \_\_\_\_\_

Form with 8 numbered fields: 1. Full Legal Name (Last, First, Middle, Suffix), 2. License/Permit Type and Number, 3. Name change information, 4. Date original license issued, 5. Mailing Address, 6. Date of Birth, 7. Email Address, 8. Telephone Number.

Request for Replacement of: (check appropriate box)

Two checkboxes: Pocket License \$111 - Non-Refundable Fee and Wall Certificate \$111 - Non-Refundable Fee.

I hereby request replacement of my wall certificate or pocket license for the following reason(s):

Reason for Request: (check appropriate box)

Three checkboxes: Lost/Original Not Received, Stolen, Mutilated/Destroyed.

Checkbox: My Name Changed. Please issue me a replacement pocket license or wall certificate, as requested above, in the name listed in Box 1 of this form.

I certify under penalty of perjury under the laws of the State of California that all of the information provided on this form is true and correct and that I am the person named on the license or permit stated above.

Signature

Date

INFORMATION COLLECTION AND ACCESS

This completed form, including all applicable fees, must be submitted to the Dental Board of California (Board) as required by Title 16, California Code of Regulations (CCR) sections 1012 and 1021 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for issuance of a replacement pocket license or wall certificate. 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 pursuant to Civil Code section 1798.40. 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.



**APPLICATION TO INACTIVATE LICENSE**

**APPLICATION TO ACTIVATE LICENSE**

Bus. & Prof. Code 462, 700-704, Title 16 CCR 1017.1

<b>For Office Use Only</b> Approved-date notified _____ Disapproved-date notified _____
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*Please type or print legibly*

Name of Licensee \_\_\_\_\_  
Address \_\_\_\_\_  
Birthdate \_\_\_\_\_ License Number \_\_\_\_\_

I wish to inactivate my \_\_\_\_\_ License. I understand that I must continue to pay the board the required biennial license renewal fee; however, I need not comply with the continuing education requirement. Prior to reactivating my license, I will complete the required continuing education.

I wish to activate my \_\_\_\_\_ License. I inactivated my license on \_\_\_\_\_ . Attached to this request is evidence that I have completed the required number of approved continuing education courses within the last two years preceding this application, as required by the Dental Practice Act.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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



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APPLICATION TO ACTIVATE/ INACTIVATE LICENSE

Please type or print legibly

For Office Use Only: Approved Date \_\_\_\_\_
Disapproved Date \_\_\_\_\_

Full Legal Name of Licensee: Last First Middle Suffix (if any) License Type and Number:

Email Address (if any): Date of Birth:

Mailing Address:

I wish to ACTIVATE my license. By signing this document, I certify that I have completed at least the following applicable minimum continuing education (CE) units within the last two years preceding this application:
For dentists: a minimum of 50 total CE units including the following mandatory coursework meeting the requirements of CCR sections 1016, 1017 or 1066:
• a course in Infection Control (2 units),
• a course in the California Dental Practice Act (2 units),
• completion of certification in Basic Life Support (maximum of 4 units),
• a course on the responsibilities and requirements of prescribing Schedule II opioids (2 units),
• for dentists prescribing and administering vaccine, at least 1 hour of immunization training,
• for dentists with a general anesthesia permit, at least 24 hours of approved courses related to deep sedation or general anesthesia and an advanced cardiac life support course,
• for dentists with a moderate sedation permit, at least 15 hours related to moderate sedation and medical emergencies, and,
• for dentists with an oral conscious sedation permit, at least 7 hours related to oral conscious sedation of adult patients.
For Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Dental Sedation Assistants (DSA), and Orthodontic Assistants (OA): a minimum of 25 CE units including the following mandatory coursework meeting the requirements of CCR sections 1016, 1016.2, or 1017:
• a course in Infection Control (2 units),
• a course in the California Dental Practice Act (2 units), and,
• completion of certification in Basic Life Support (maximum of 4 units).

I wish to **INACTIVATE** my license. I am not currently engaged in any activity for which an active license is required from the Dental Board of California under the provisions of the Dental Practice Act.

Check this box indicating that you have read the following notice:

(1) Pursuant to Business and Professions Code section 702, a holder of an inactive license shall not do any of the following:

- (a) Engage in any activity for which an active license or permit is required.
- (b) Represent that they have an active license.

(2) Pursuant to Business and Professions Code section 703, a holder of an inactive license must still renew their license and pay the biennial renewal fee (as set forth in Title 16, California Code of Regulations section 1021) but need not comply with any continuing education requirements.

(3) Prior to reactivating your license, you will be required to complete continuing education equivalent to that required for a single license renewal period (see specific items noted above for activating a license).

(4) Per Business and Professions Code section 1718.3, a license not renewed for five years from the license expiration date cannot be renewed, restored, reinstated, or reissued.

***I certify under penalty of perjury under the laws of the State of California that all information provided on this form is true and correct and that I am the person named above on this form.***

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

### **INFORMATION COLLECTION AND ACCESS**

This completed form must be submitted to the Dental Board of California (Board) as required by Business and Professions Code sections 700-704, and Title 16, California Code of Regulations (16 CCR) section 1017.2 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for activation or reactivation (restoration) of a license. 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 pursuant to Civil Code section 1798.40. 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.

<b>Dental Board of California</b>				
<b>TABLE A: Fee for Request for Duplicate/Replacement License</b>				
<b>Workload Tasks</b>	<b>Per Application</b>	<b>Minutes Per Application</b>	<b>OT</b>	<b>MST</b>
Receive, log, distribute & file	1	30	30	-
Cashiering - Data entry	1	20	-	20
Respond to inquiries & other support duties	0.5	30	15	-
Review application	1	30	-	30
Update status in Breeze IT system	1	20	20	-
<b>Minutes per Classification</b>			<b>65</b>	<b>50</b>
<b>Hours by Classification</b>			<b>1.08</b>	<b>0.83</b>
<b>Costs by Classification</b>			<b>\$55</b>	<b>\$44</b>
<b>Materials and Postage</b>			<b>\$12</b>	
<b>Total Costs:</b>			<b>\$111</b>	

OT: Office Technician - \$51 per hour (includes benefits)

MST: Management Services Technician - \$53 per hour (includes benefits)