



**DENTAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION
AND OVERVIEW OF THE CURRENT
REGULATORY PROGRAM**

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ATTACHMENT C

DENTAL BOARD OF CALIFORNIA MAJOR STUDIES (CF., SECTION 1, QUESTION 4)

- i. Dental Board of California Occupational Analysis of the Dentist Profession, August 2018



OCCUPATIONAL ANALYSIS OF THE
DENTIST PROFESSION



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

DENTAL BOARD OF CALIFORNIA

OCCUPATIONAL ANALYSIS OF THE DENTIST PROFESSION

This report was prepared and written by the
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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 dentistry practice in California. The purpose of the OA is to define practice for California-licensed dentists in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA provide a description of practice for the dentist profession that can then be used to review national dental licensing examinations and to develop the California Dentistry Law and Ethics Examination.

OPES test specialists began by researching the profession and conducting telephone interviews with licensed dentists working in locations throughout California. The purpose of these interviews was to identify the tasks performed by dentists and to specify the knowledge required to perform those tasks in a safe and competent manner. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed in dentistry practice along with statements representing the knowledge needed to perform those tasks.

In December 2017, OPES convened a workshop to review and refine the preliminary lists of task and knowledge statements. The workshop was comprised of licensees, or subject matter experts (SMEs), with diverse backgrounds in the profession (i.e., location of practice, years licensed, specialty). These SMEs also identified changes and trends in dentistry practice, determined demographic questions for the OA questionnaire, and performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas of the description of practice.

Upon completion of the workshop, OPES test specialists developed a three-part questionnaire to be completed by a sample of dentists statewide. Development of the questionnaire included a pilot study that was conducted using the group of licensees who had participated in the interviews and the December 2017 workshop. Feedback from the pilot study participants was used to refine the final questionnaire. OPES prepared the final questionnaire for administration in March 2018.

In the first part of the questionnaire, licensees were asked to provide demographic information related to their work settings and practice. In the second part, licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to effective performance of the licensee's current practice). In the third part, licensees were asked to rate specific knowledge statements in terms of how important each knowledge is to effective performance of their current job.

In March 2018, on behalf of the Board, OPES distributed the final questionnaire to a stratified random sample of licensed dentists throughout California, requesting that they complete the OA questionnaire online.

Approximately 35.9% of the population of sampled dentists (2,088 respondents) accessed the web-based questionnaire. The final sample size included in the data analysis was 1,046 respondents. This final response rate reflects two adjustments. First, data were excluded from respondents who indicated that they were not currently practicing as a licensed dentist in California. Second, questionnaires containing incomplete and unresponsive data were removed from the sample. The demographic composition of the final respondent sample is representative of the dentist population.

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

Once the data was analyzed, OPES conducted one additional workshop with a diverse sample of SMEs in May 2018. The SMEs evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. The SMEs also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, defined those content areas, and determined the relative weights on the examination outline.

The examination outline is structured into 16 content areas weighted by criticality relative to the other content areas. This outline provides a description of the scope of practice for dentists, and it also identifies the job tasks and knowledge critical to safe and effective dentistry practice in California at the time of licensure. Additionally, this examination outline provides a basis for evaluating the degree to which the content of any examination under consideration measures content critical to dentistry practice in California.

At this time, California licensure as a dentist is granted to applicants completing one of four pathways: (1) licensure by passing the Western Regional Examining Board (WREB) examination, (2) licensure by credential, (3) licensure by residency, or (4) licensure by portfolio. Applicants using pathways 1, 3, and 4 must also pass the California Dentistry Law and Ethics Examination. More information is provided on the Board's web page at http://www.dbc.ca.gov/applicants/dds/become_licensed.shtml.

OVERVIEW OF THE
CALIFORNIA DENTIST EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Patient Evaluation	This area assesses the candidate's ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.	13%
2. Endodontics	This area assesses the candidate's ability to diagnose the patient's endodontic condition, develop a treatment plan, and perform endodontic therapy.	6%
3. Indirect Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform an indirect restoration.	7%
4. Direct Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform a direct restoration.	7%
5. Preventative Care	This area assesses the candidate's ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.	5%
6. Periodontics	This area assesses the candidate's ability to diagnose the patient's periodontal condition, develop a treatment plan, and perform periodontal therapy.	4%
7. Fixed Partial Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and prepare a fixed partial denture.	6%
8. Removable Partial Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a removable partial denture.	4%
9. Complete Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a complete denture.	4%
10. Implant Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and deliver an implant restoration.	3.5%

11. Oral Surgery	This area assesses the candidate's ability to diagnose the patient's oral condition, develop a treatment plan, and perform oral surgical procedures.	5%
12. Teeth Whitening	This area assesses the candidate's ability to perform teeth whitening procedures on a patient.	2%
13. Occlusal Splint Therapy	This area assesses the candidate's ability to determine a patient's need for occlusal splint therapy and to perform occlusal splint therapy procedures.	3%
14. Safety and Sanitation	This area assesses the candidate's ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.	10.5%
15. Ethics	This area assesses the candidate's ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.	7%
16. Law	This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.	13%
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 dentistry practice in California. The purpose of the OA is to identify critical job activities performed by dentists licensed in California. The results of this OA provide a description of practice for the dentist profession that can then be used to review national dental licensing examinations and to develop the California Dentistry Law and Ethics Examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by licensed dentists. OPES incorporated the technical expertise of California-licensed dentists throughout the OA process to ensure that the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected California-licensed dentists to participate as subject matter experts (SMEs) during various phases of the OA. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current dentistry practice during the development phase of the OA. The SMEs also provided technical expertise during a workshop that was convened to evaluate and refine the content of task and knowledge statements before the administration of the OA questionnaire. After the questionnaire's administration, OPES convened another group of SMEs to review the results and finalize the examination outline, which ultimately provides the basis of the description of practice.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, professional guidelines, and technical standards. For the purpose of the occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), 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 program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The dentistry occupation is described as follows in section 1625 of the California Business and Professions Code:

Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

- (a) By card, circular, pamphlet, newspaper or in any other way advertises himself or represents himself to be a dentist.
- (b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.
- (c) In any way indicates that he will perform by himself or his agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture or other prosthetic appliance or orthodontic appliance.
- (d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.
- (e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of seven California-licensed dentists to contact for telephone interviews. During the semi-structured interviews, the dentists were asked to identify all of the activities that they perform that are specific to the dentist profession. The licensees outlined major content areas of their practice and confirmed the job tasks performed in each content area. The dentists were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES test specialists integrated information gathered from the telephone interviews and from literature reviews of the profession (e.g., previous OA reports, articles, industry publications) to develop preliminary lists of task and knowledge statements. The statements were then organized into major content areas of practice.

In December 2017, OPES facilitated a workshop with nine California-licensed dentist SMEs from diverse backgrounds (i.e., years licensed, specialty, location of practice) to evaluate the task and knowledge statements for technical accuracy and comprehensiveness. The SMEs also assigned each statement to the appropriate content area and verified that the content areas were independent and nonoverlapping. In addition, the SMEs performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

The SMEs also verified proposed demographic questions for the OA questionnaire. Additional questions regarding dental auxiliaries were included in the questionnaire at the request of the Board.

Once the lists of task and knowledge statements and the demographic-based questions were verified, OPES used the information to develop an online questionnaire that was sent to a sample of California-licensed dentists for completion and evaluation.

QUESTIONNAIRE DEVELOPMENT

OPES test specialists developed an online OA questionnaire soliciting California-licensed dentists' ratings of the job task and knowledge statements for analysis. The surveyed sample of dentists were instructed to rate each job task in terms of how often they perform the task in their current practice (Frequency) and in terms of how important the task is to effective performance of their current practice (Importance). In addition, they were instructed to rate each knowledge statement in terms of how important that knowledge is to effective performance of their current job (Importance). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents and to allow for further analyses of the respondents' ratings. The 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 group of 16 SMEs who had participated in the interviews and the December 2017 workshop. Four out of the 16 SMEs reviewed the online questionnaire and provided information about the technical accuracy of the task and knowledge statements, online navigation, and ease of use of the questionnaire. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY AND RESPONSE RATE

OPES test specialists developed a stratified random sample of 5,838 California-licensed dentists (out of the total population of 14,277 licensees) to participate in the occupational analysis in March 2018. The sampling goal was to have approximately 50% of the total sample consist of dentists licensed 5 years or less. Of 2,866 dentists licensed 5 years or less, all were included in the sample. The remaining 50% of the sample was selected from dentists licensed 6 years or more. This group of 2,972 dentists was randomly selected and stratified proportionally by county of practice. Of the 5,838 selected licensees, 15 emails were found to be invalid. Therefore, the Board emailed a final sample of 5,823 dentists, inviting them to complete the online questionnaire. Participants were awarded three hours of continuing education credit to complete the entire questionnaire. The OA questionnaire invitation email can be found in Appendix D.

A total of 2,088 dentists, or 35.9% of the sample of dentists, responded by accessing the web-based questionnaire. The final sample size included in the data analysis was 1,046 respondents, or 18.0% of the population that was invited to complete the questionnaire. This response rate reflects two adjustments. First, data from respondents were excluded from analysis because these respondents indicated that they were not currently licensed and practicing as dentists in California. Second, incomplete and partially completed questionnaires were removed from the sample. Based on a review of the demographic composition, the respondent sample is representative of the population of dentists.

DEMOGRAPHIC SUMMARY

As shown in Table 1, 58.5% of the respondents included in the analysis reported that they had been practicing as a licensed dentist for 5 years or less, 14.9% reported practicing between 6 and 10 years, 9.6% reported practicing between 11 and 20 years, and 16.8% reported practicing 21 or more years.

Table 2 shows that 42.1% of the respondents reported spending between 30 and 39 hours per week performing treatment on patients, and that 33.5% reported spending 40 hours or more. Table 3 shows that approximately 56% reported treating between 21 and 60 patients per week, and Table 5 shows that 89.1% reported working in an urban area.

The respondents were asked several questions pertaining to the number of assistants and hygienists they have in their dental office. Although Table 7 shows that 26.2% of the respondents reported having one registered dental assistant (RDA), 43.1% of respondents reported having no unlicensed dental assistants (DAs) (Table 8), and 83.5% reported having no registered dental assistants in extended functions (RDAEFs)

(Table 9). As shown in Table 10, the number of registered dental hygienists (RDHs) reported ranged from 0 (39.5%) to 4 or more (8.7%), and the majority reported no registered dental hygienists in alternative practice (RDHAPs) (95.7%, Table 11).

Table 12 shows that 92.5% of the respondents reported being familiar with the scopes of practice of the different dental auxiliaries, and Table 13 shows that 68.3% reported having the delegable duties and functions of the different auxiliaries posted in the dental office. Tables 14-16 show the top three duties performed by DAs, RDAs, and RDAEFs respectively.

Tables 17 and 18 and Figure 14 show the breadth of dental services performed by respondents. The tasks performed most often were restorative (Mean Frequency = 4.19), prophylaxis (Mean Frequency = 3.91), and fixed prosthetics (Mean Frequency = 2.97).

More detailed demographic information from respondents can be found in Tables 1 through 19.

TABLE 1 – NUMBER OF YEARS LICENSED AS A DENTIST IN CALIFORNIA

YEARS	NUMBER (N)	PERCENT
0 to 5 years	612	58.5
6 to 10 years	156	14.9
11 to 20 years	100	9.6
21 or more years	176	16.8
Missing	2	0.2
Total	1046	100

FIGURE 1 – NUMBER OF YEARS LICENSED AS A DENTIST IN CALIFORNIA

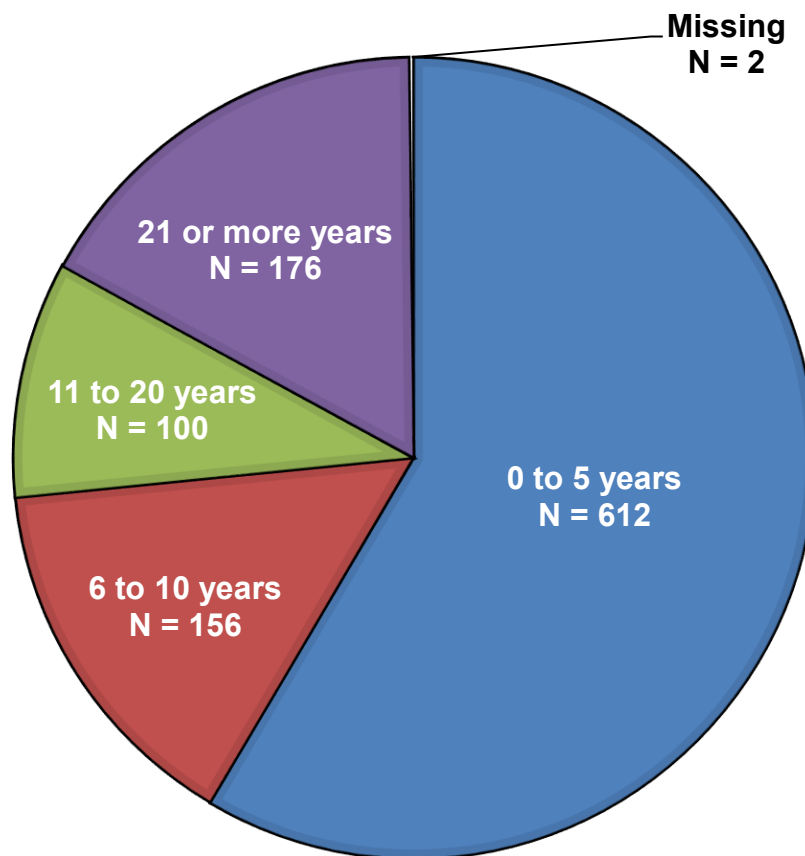


TABLE 2 – NUMBER OF HOURS PER WEEK PERFORMING TREATMENT ON PATIENTS

HOURS	NUMBER (N)	PERCENT
0 to 9 hours	48	4.6
10 to 19 hours	46	4.4
20 to 29 hours	157	15.0
30 to 39 hours	440	42.1
40 or more hours	350	33.5
Missing	5	0.5
Total	1046	100*

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

FIGURE 2 – NUMBER OF HOURS PER WEEK PERFORMING TREATMENT ON PATIENTS

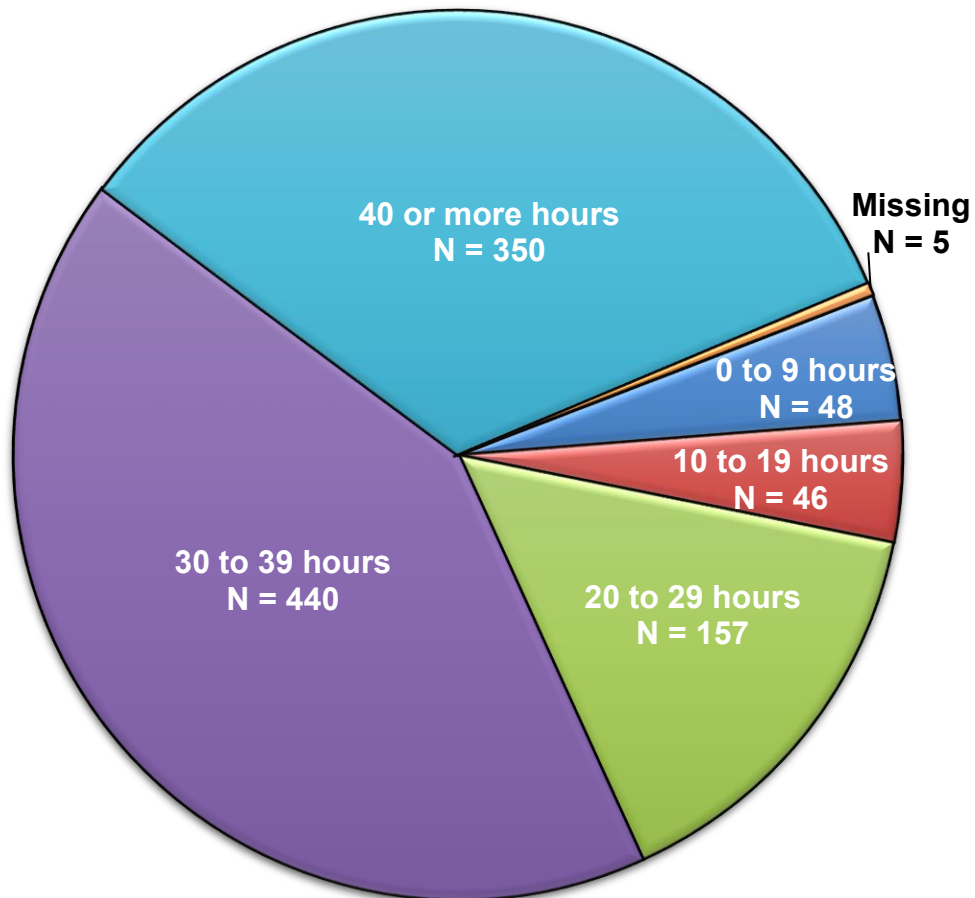


TABLE 3 – NUMBER OF PATIENTS TREATED PER WEEK

PATIENTS	NUMBER (N)	PERCENT
0 to 20 patients	112	10.7
21 to 40 patients	291	27.8
41 to 60 patients	290	27.7
61 to 80 patients	191	18.3
81 or more patients	159	15.2
Missing	3	0.3
Total	1046	100

FIGURE 3 – NUMBER OF PATIENTS TREATED PER WEEK

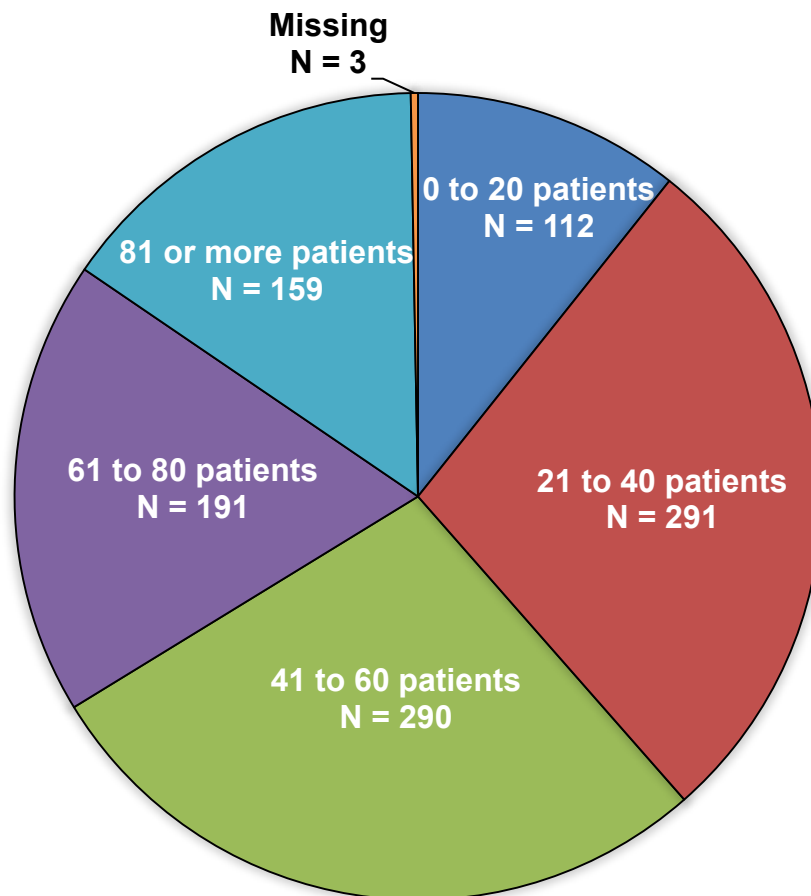


TABLE 4 – PRIMARY WORK SETTING

WORK SETTING	NUMBER (N)	PERCENT
Dental corporation	224	21.4
Group practice	288	27.5
Institution (e.g., prison, health facility, school)	111	10.6
Sole practitioner	326	31.2
Other (please specify)	96	9.2
Missing	1	0.1
Total	1046	100

FIGURE 4 – PRIMARY WORK SETTING

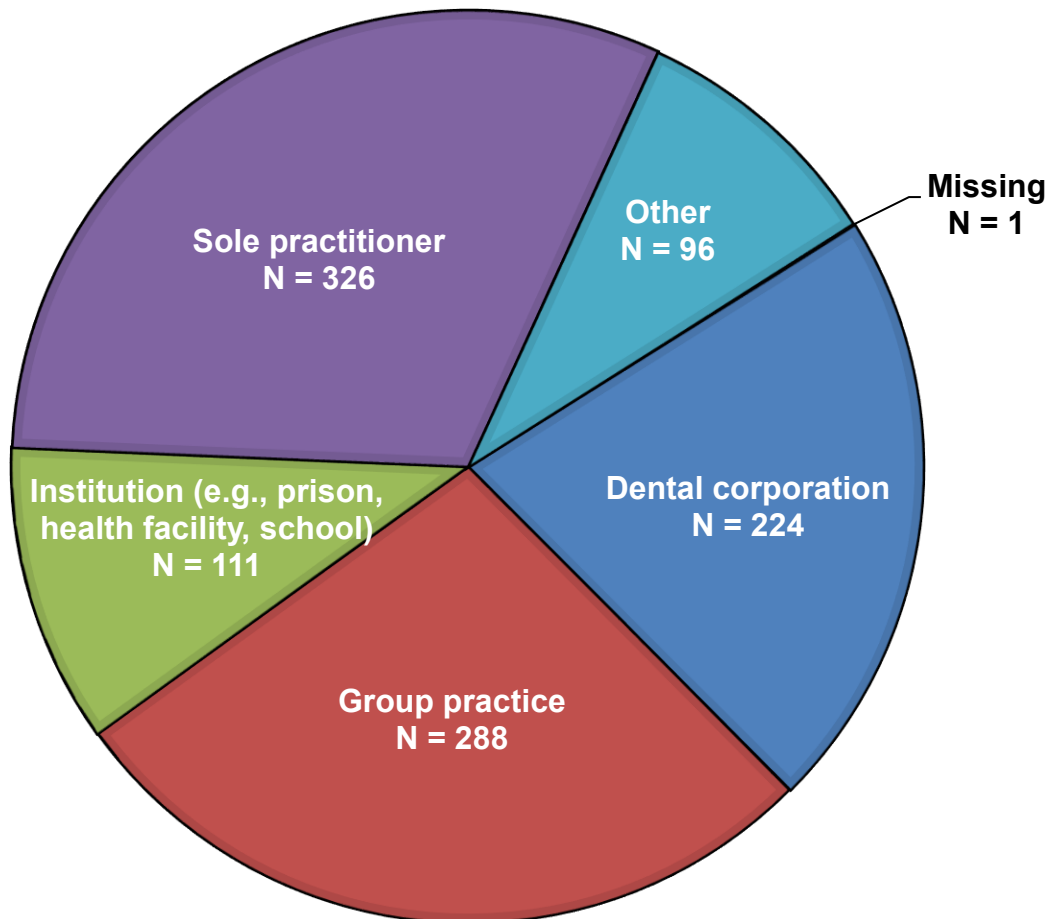


TABLE 5 – LOCATION OF PRIMARY WORK SETTING

LOCATION	NUMBER (N)	PERCENT
Urban (greater than 50,000 people)	932	89.1
Rural (less than 50,000 people)	110	10.5
Missing	4	0.4
Total	1046	100

FIGURE 5 – LOCATION OF PRIMARY WORK SETTING

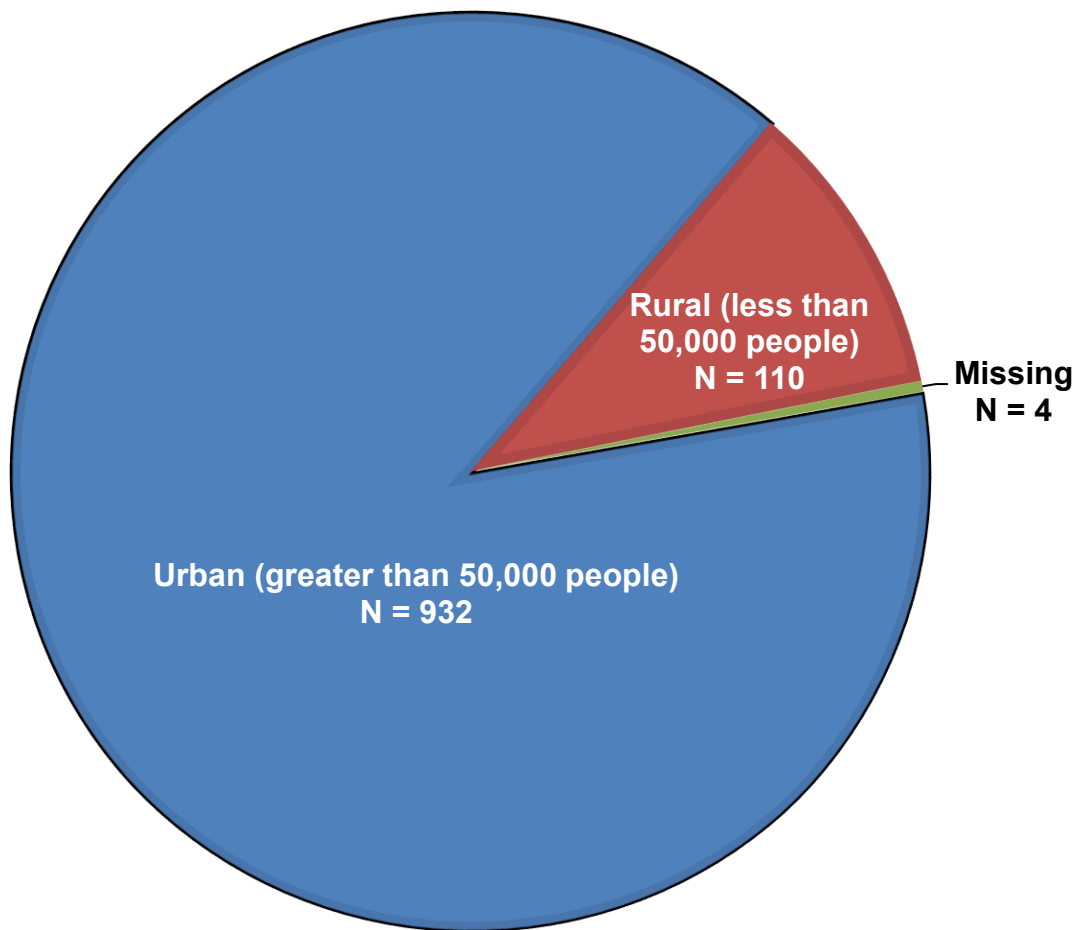


TABLE 6 – HIGHEST LEVEL OF EDUCATION

EDUCATION	NUMBER (N)	PERCENT
Doctorate	810	77.4
Postdoctoral specialty	162	15.5
Other formal education (please specify)	72	6.9
Missing	2	0.2
Total	1046	100

FIGURE 6 – HIGHEST LEVEL OF EDUCATION

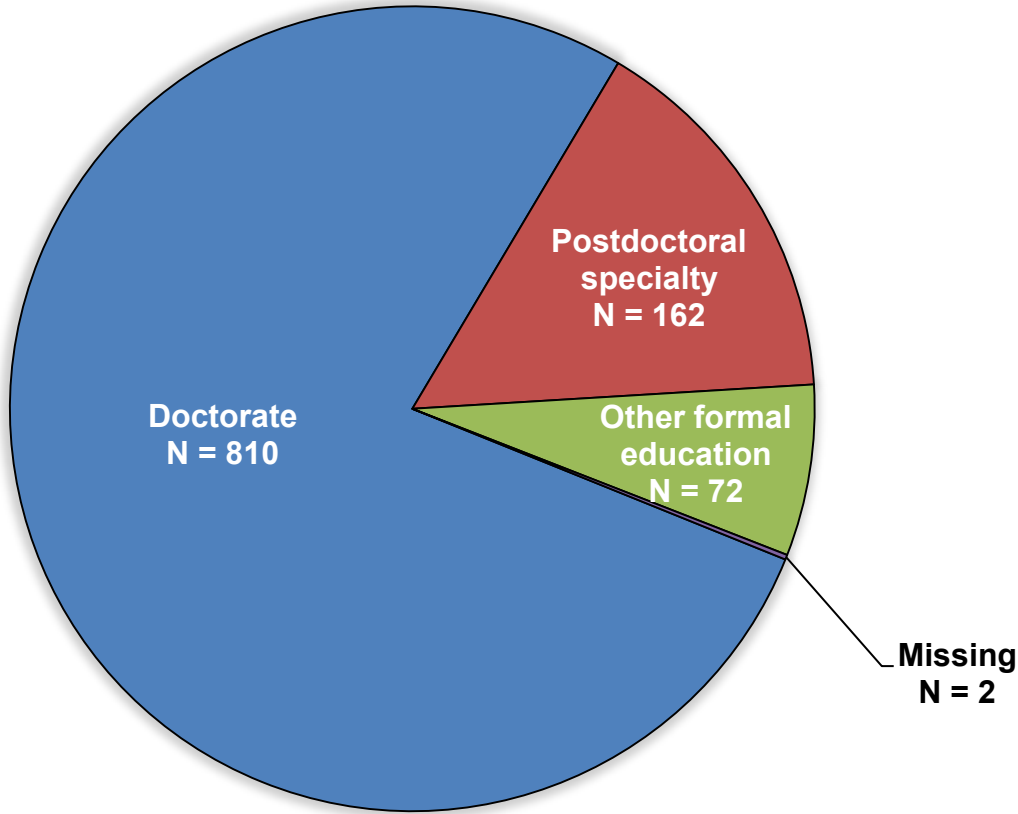


TABLE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDAs) IN THE DENTAL OFFICE

RDA's	NUMBER (N)	PERCENT
0	160	15.3
1	274	26.2
2	258	24.7
3	123	11.8
4 or more	228	21.8
Missing	3	0.3
Total	1046	100*

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

FIGURE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDAs) IN THE DENTAL OFFICE

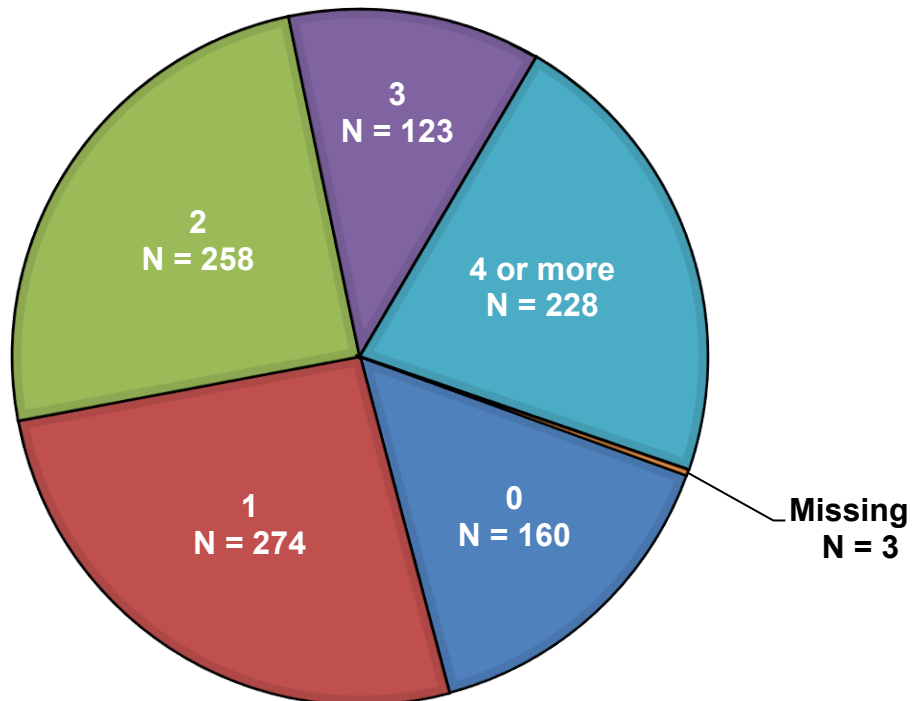


TABLE 8 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DAs) IN THE DENTAL OFFICE

DAs	NUMBER (N)	PERCENT
0	451	43.1
1	229	21.9
2	178	17.0
3	76	7.3
4 or more	109	10.4
Missing	3	0.3
Total	1046	100

FIGURE 8 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DAs) IN THE DENTAL OFFICE

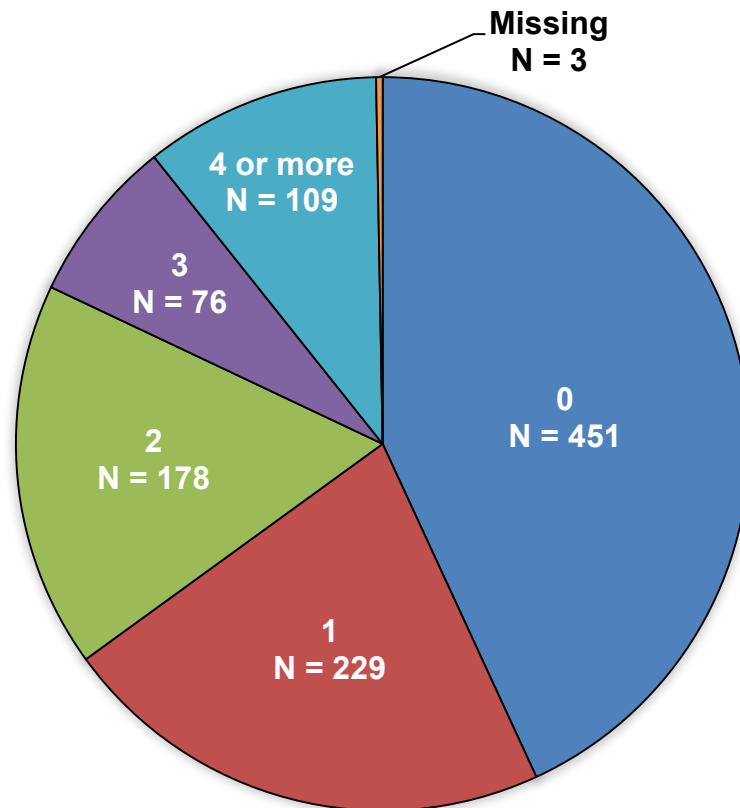


TABLE 9 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEFs) IN THE DENTAL OFFICE

RDAEFs	NUMBER (N)	PERCENT
0	873	83.5
1	114	10.9
2	30	2.9
3	10	1.0
4 or more	9	0.9
Missing	10	1.0
Total	1046	100*

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

FIGURE 9 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEFs) IN THE DENTAL OFFICE

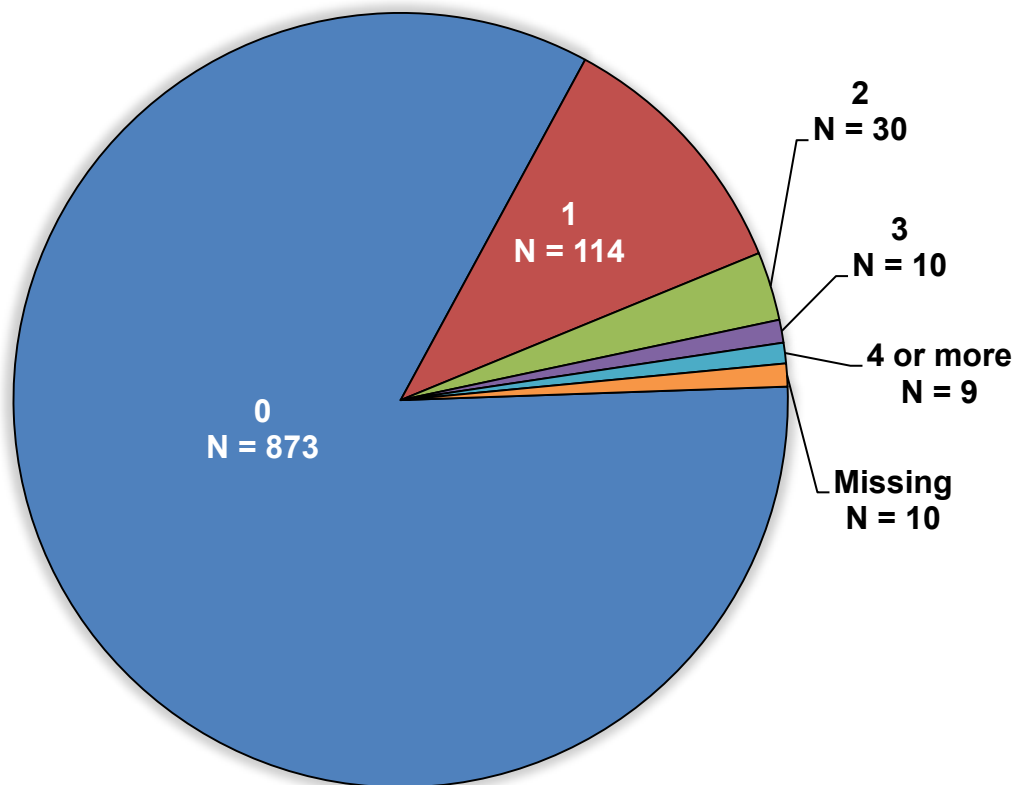


TABLE 10 – NUMBER OF REGISTERED DENTAL HYGIENISTS (RDHs) IN THE DENTAL OFFICE

RDHs	NUMBER (N)	PERCENT
0	413	39.5
1	244	23.3
2	184	17.6
3	111	10.6
4 or more	91	8.7
Missing	3	0.3
Total	1046	100

FIGURE 10 – NUMBER OF REGISTERED DENTAL HYGIENISTS (RDHs) IN THE DENTAL OFFICE

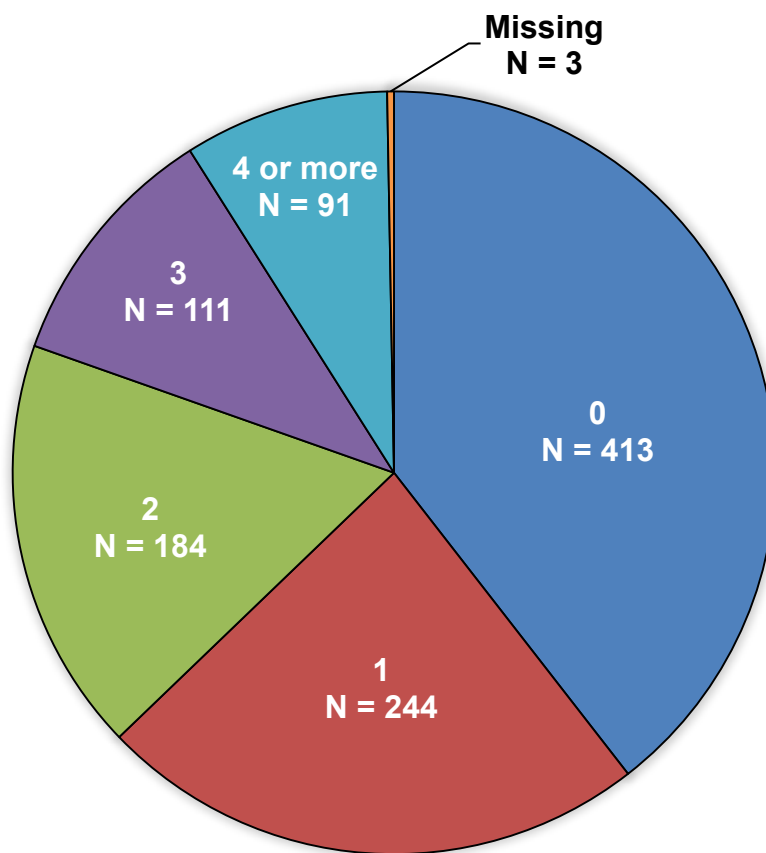


TABLE 11 – NUMBER OF REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs) IN THE DENTAL OFFICE

RDHAPs	NUMBER (N)	PERCENT
0	1001	95.7
1	25	2.4
2	7	0.7
3	2	0.2
4 or more	2	0.2
Missing	9	0.9
Total	1046	100*

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

FIGURE 11 – NUMBER OF REGISTERED DENTAL HYGIENISTS IN ALTERNATIVE PRACTICE (RDHAPs) IN THE DENTAL OFFICE

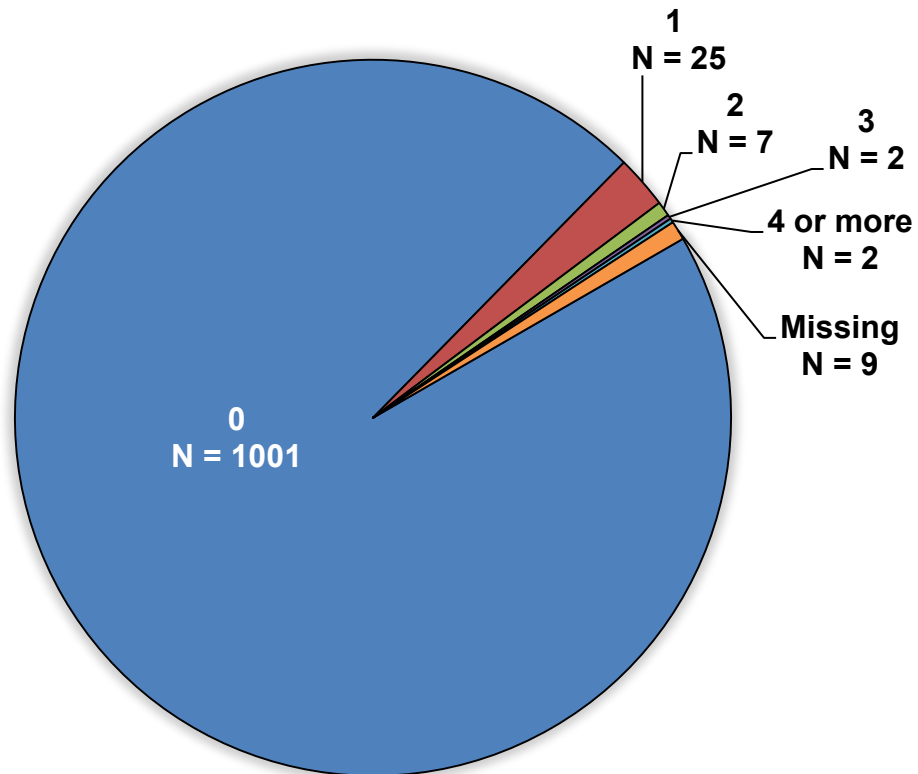


TABLE 12 – FAMILIAR WITH THE SCOPES OF PRACTICE OF THE DIFFERENT AUXILIARIES (UNLICENSED DAs, RDAs, AND RDAEFs)

FAMILIAR	NUMBER (N)	PERCENT
Yes	968	92.5
No	68	6.5
Missing	10	1.0
Total	1046	100

FIGURE 12 – FAMILIAR WITH THE SCOPES OF PRACTICE OF THE DIFFERENT AUXILIARIES (UNLICENSED DAs, RDAs, AND RDAEFs)

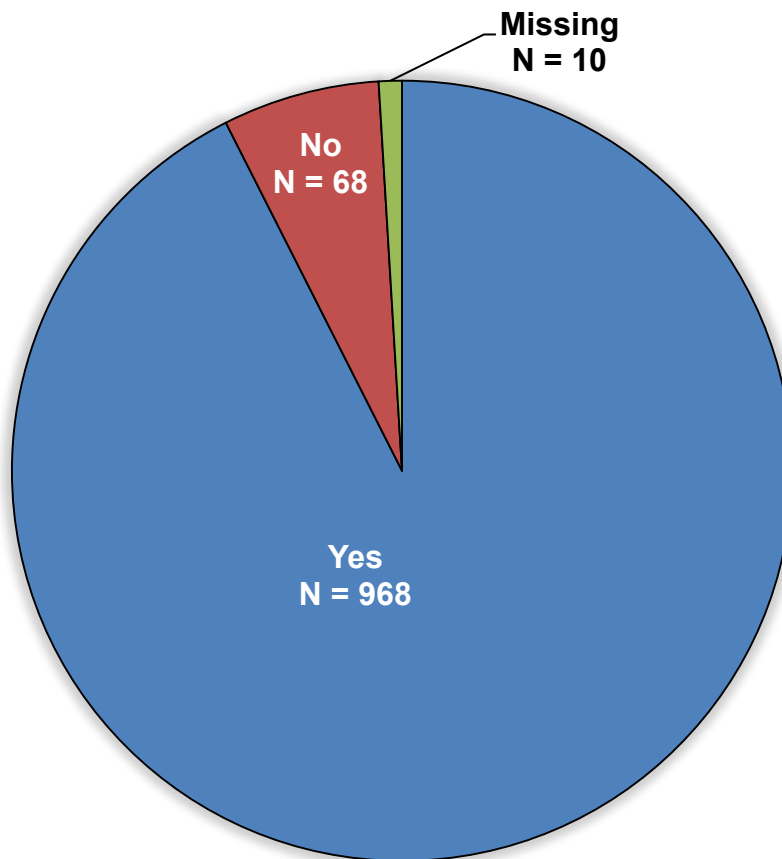


TABLE 13 – DELEGABLE DUTIES AND FUNCTIONS OF THE DIFFERENT AUXILIARIES ARE POSTED IN THE DENTAL OFFICE

POSTED	NUMBER (N)	PERCENT
Yes	714	68.3
No	322	30.8
Missing	10	1.0
Total	1046	100*

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

FIGURE 13 – DELEGABLE DUTIES AND FUNCTIONS OF THE DIFFERENT AUXILIARIES ARE POSTED IN THE DENTAL OFFICE

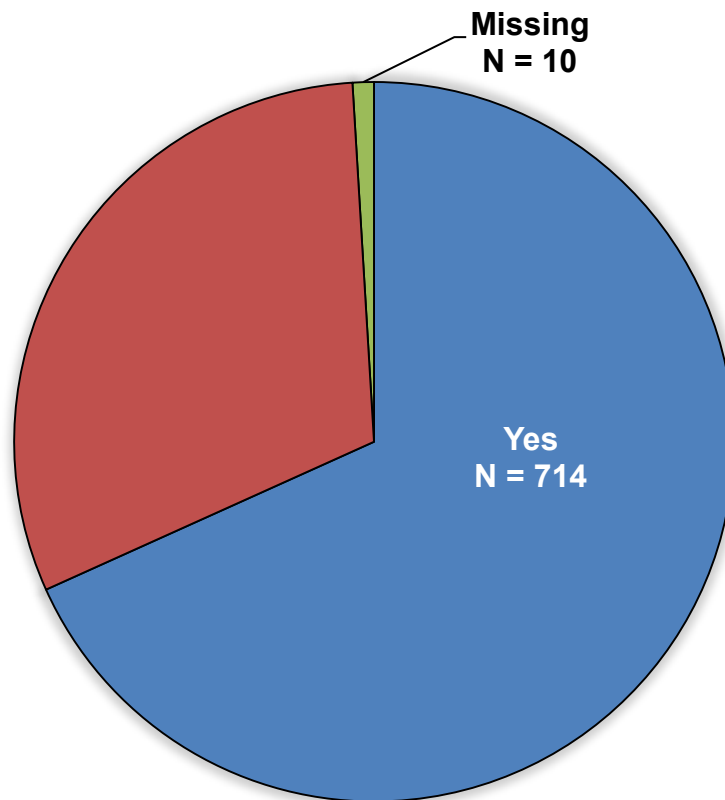


TABLE 14 – TOP THREE DUTIES PERFORMED BY DAs*

DUTIES
1. Assist Dentist/Chairside
2. Prepare/Set Up and Break Down/Clean Room for Patients
3. Disinfect and Sterilize

**Note: This table shows the top three responses to the open-ended demographic question.*

TABLE 15 – TOP THREE DUTIES PERFORMED BY RDAs*

DUTIES
1. Assist Dentist/Chairside
2. Coronal Polish/Prophylaxis**
3. Fabricate and Place Temporary Restorations

**Note: This table shows the top three responses to the open-ended demographic question.*

***Note: Prophylaxis is not part of the RDA scope of practice. The term was used in lieu of the removal of excess cement with hand instruments, the removal of excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment, and the polishing of the surfaces of teeth.*

TABLE 16 – TOP THREE DUTIES PERFORMED BY RDAEFs*

DUTIES
1. Take Primary and Final Impressions
2. Pack/Place Retraction Cords
3. Assist Dentist/Chairside

**Note: This table shows the top three responses to the open-ended demographic question.*

TABLE 17 – DENTAL SERVICES PERFORMED IN PRACTICE*

SERVICES	NUMBER (N)	PERCENT
Amalgam restoration	487	46.6
Biopsy	162	15.5
Caries index evaluation	338	32.3
Conscious sedation	161	15.4
Crown lengthening	307	29.3
Digital impressions or crown fabrication	253	24.2
Digital records and radiographs	769	73.5
Extraction of impacted wisdom teeth	299	28.6
Implant restoration	586	56.0
Implant surgery	259	24.8
Invisalign	348	33.3
IV sedation	84	8.0
Laser	291	27.8
Microabrasion	108	10.3
Nitrous oxide	505	48.3
Nutritional counseling	452	43.2
Oral surgery other than extractions	225	21.5
Orthodontics	203	19.4
Pediatric dentistry	641	61.3
Porcelain inlay or onlay	427	40.8
Porcelain veneers	599	57.3
Splint therapy	286	27.3
Temporomandibular joint therapy other than nightguard	99	9.5
Trigger point analysis	29	2.8
Whitening	692	66.2

*NOTE: Respondents (N = 1,046) were asked to select all that apply.

TABLE 18 – MEAN FREQUENCY OF THE TASKS PERFORMED IN CURRENT PRACTICE

TASK PERFORMED	MEAN FREQUENCY*
Endodontics	2.02
Fixed prosthetics	2.97
Implant placement	0.83
Implant restoration	1.76
Oral surgery	2.48
Orthodontics	1.04
Periodontics	2.26
Prophylaxis	3.91
Removable prosthetics	2.53
Restorative	4.19

*Mean Frequency: 0-Does not apply to my practice, 1-Rarely, 2-Seldom, 3-Regularly, 4-Often, 5-Very Often

FIGURE 14 – TASKS PERFORMED IN CURRENT PRACTICE – RANKED IN DESCENDING ORDER

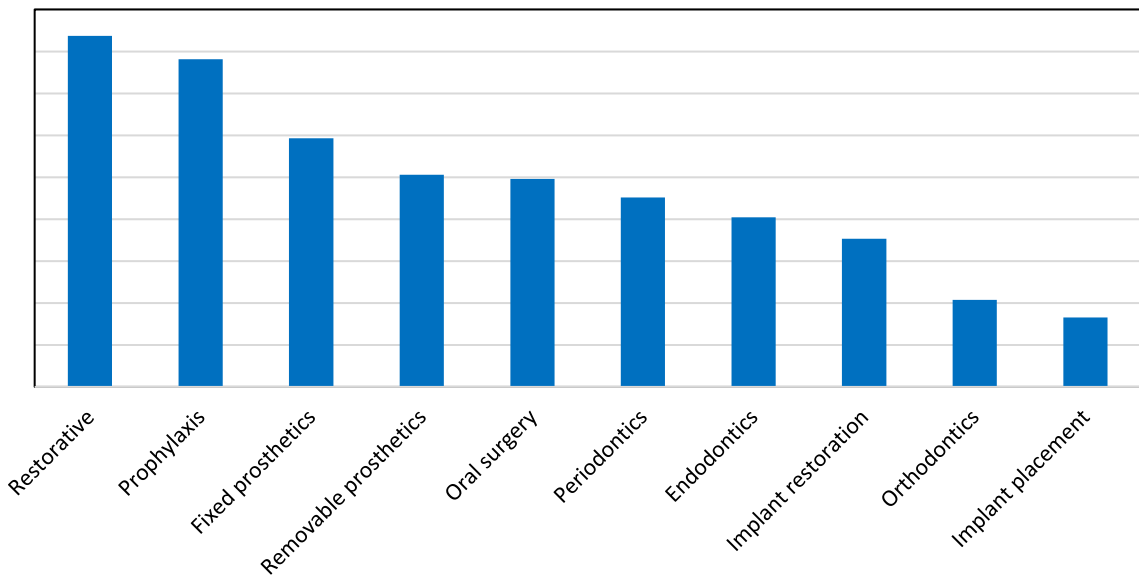


TABLE 19 – RESPONDENTS BY REGION*

REGION NAME	NUMBER (N)	PERCENT
Los Angeles County and Vicinity	322	30.8
San Francisco Bay Area	268	25.6
San Diego County and Vicinity	106	10.1
San Joaquin Valley	85	8.1
Riverside and Vicinity	84	8.0
Sacramento Valley	61	5.8
South Coast and Central Coast	56	5.4
Sierra Mountain Valley	28	2.7
North Coast	26	2.5
Shasta–Cascade	7	0.7
Missing	3	0.3
Total	1046	100

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

CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

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

Table 20 displays the reliability coefficients for the task statements by content area. The overall ratings of task frequency and task importance across content areas were highly reliable (α Frequency = .985 and α Importance = .989.) Table 21 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 = .996). These results indicate that the responding dentists rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 20 – TASK SCALE RELIABILITY

CONTENT AREA		Number of Tasks	α Frequency	α Importance
1.	Patient Evaluation	12	.864	.858
2.	Endodontics	9	.964	.970
3.	Indirect Restoration	10	.983	.984
4.	Direct Restoration	7	.973	.968
5.	Preventative Care	8	.909	.929
6.	Periodontics	5	.941	.955
7.	Fixed Partial Dentures	10	.992	.991
8.	Removable Partial Dentures	7	.990	.989
9.	Complete Dentures	7	.990	.988
10.	Implant Restoration	9	.981	.983
11.	Oral Surgery	7	.961	.959
12.	Teeth Whitening	7	.966	.966
13.	Occlusal Splint Therapy	7	.979	.982
14.	Safety and Sanitation	9	.906	.894
15.	Ethics	7	.809	.862
16.	Law	12	.831	.874
Total		133	.985	.989

TABLE 21 – KNOWLEDGE SCALE RELIABILITY

CONTENT AREA	Number of Knowledge Statements	α Importance
1. Patient Evaluation	32	.970
2. Endodontics	29	.992
3. Indirect Restoration	31	.997
4. Direct Restoration	21	.995
5. Preventative Care	21	.978
6. Periodontics	18	.991
7. Fixed Partial Dentures	32	.998
8. Removable Partial Dentures	16	.997
9. Complete Dentures	17	.997
10. Implant Restoration	25	.997
11. Oral Surgery	20	.992
12. Teeth Whitening	13	.989
13. Occlusal Splint Therapy	19	.995
14. Safety and Sanitation	15	.974
15. Ethics	11	.968
16. Law	18	.970
Total	338	.996

TASK CRITICALITY INDICES

OPES convened a workshop comprised of nine dentist SMEs in May 2018. The SMEs reviewed the mean frequency and importance rating for each task and its criticality index and evaluated the mean importance ratings for all knowledge statements. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective dentistry practice at the time of licensure.

To calculate the criticality indices of the task statements, the mean frequency rating (F_i) and the mean importance rating (I_i) across respondents for each task were multiplied.

$$\text{Task criticality index} = \text{mean } (F_i) \times \text{mean } (I_i)$$

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

OPES test specialists instructed the SMEs to identify a cutoff value in order to determine if any of the tasks did not have a high enough criticality index to be retained. Based on the SMEs' opinion of the relative importance of tasks to dentistry practice, the SMEs determined that no cutoff value should be established and that all task statements would remain in the examination outline.

KNOWLEDGE IMPORTANCE RATINGS

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

The SMEs in the May 2018 workshop also reviewed the knowledge statement importance ratings. After reviewing the mean importance ratings and considering their relative importance to dentistry practice, the SMEs determined that no cutoff value should be established and that all knowledge statements would remain in the examination outline.

CHAPTER 5. EXAMINATION OUTLINE

TASK–KNOWLEDGE LINKAGE

The SMEs who participated in the May 2018 workshop also reviewed the preliminary assignments of the task and knowledge statements to content areas and determined the linkage of specific knowledge statements to task statements. The content areas were developed so that they described major areas of practice.

CONTENT AREAS AND WEIGHTS

The preliminary examination weights were calculated by dividing the sum of the criticality indices for 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 May 2018 workshop SMEs evaluated these preliminary weights in relation to the group of tasks and knowledge within each content area, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to dentistry practice in California. The SMEs agreed that these preliminary weights reflect the relative importance of each content area to dentistry practice in California.

A summary of the content area weights is presented in Table 22. The examination outline for the dentist profession is presented in Table 23.

TABLE 22 – CONTENT AREA WEIGHTS: DENTIST

CONTENT AREA	Weights
1. Patient Evaluation	13
2. Endodontics	6
3. Indirect Restoration	7
4. Direct Restoration	7
5. Preventative Care	5
6. Periodontics	4
7. Fixed Partial Dentures	6
8. Removable Partial Dentures	4
9. Complete Dentures	4
10. Implant Restoration	3.5
11. Oral Surgery	5
12. Teeth Whitening	2
13. Occlusal Splint Therapy	3
14. Safety and Sanitation	10.5
15. Ethics	7
16. Law	13
Total	100

TABLE 23 – EXAMINATION OUTLINE: DENTIST

1. Patient Evaluation (13%) – This area assesses the candidate’s ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T1. Conduct medical history assessment of patient to determine if treatment can be performed.	K1. Knowledge of methods used to elicit information from patient during assessment. K2. Knowledge of methods used to receive consent from patient for treatment. K3. Knowledge of conditions that require a medical referral. K4. Knowledge of medical conditions that prevent dental services from being performed. K27. Knowledge of procedures used to take patient vital signs.
T2. Conduct dental history assessment of patient to determine if treatment can be performed.	K5. Knowledge of dental services within scope of practice. K6. Knowledge of methods used to determine if caries is present.
T3. Evaluate current medical health of patient by taking vital signs to determine if treatment can be performed.	K3. Knowledge of conditions that require a medical referral. K4. Knowledge of medical conditions that prevent dental services from being performed. K27. Knowledge of procedures used to take patient vital signs.
T4. Evaluate patient before treatment by interpreting radiographs of oral cavity and associated structures to determine if pathology is present.	K7. Knowledge of types of radiographs to take during assessment. K8. Knowledge of procedures used to take radiographs. K9. Knowledge of procedures used to process radiographs. K10. Knowledge of methods used to interpret radiograph results.
T5. Assess periodontal condition of patient by performing a periodontal examination to assist in determining treatment.	K11. Knowledge of procedures used to perform periodontal examinations. K12. Knowledge of methods used to interpret results from periodontal examinations. K13. Knowledge of different stages of periodontal disease.

1. Patient Evaluation (13%) continued – This area assesses the candidate’s ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T6. Perform an extraoral and intraoral examination on patient to detect anomalies (e.g., tori, tongue thrust) and pathologies (e.g., cancer, oral lesion, lymph nodes) before treatment.	K15. Knowledge of purposes of performing extraoral and intraoral examinations. K16. Knowledge of procedures used to perform extraoral and intraoral examinations. K17. Knowledge of methods used to interpret results from extraoral and intraoral examinations. K18. Knowledge of methods used to detect anomalies. K19. Knowledge of methods used to detect pathologies. K23. Knowledge of procedures used to evaluate orofacial anatomy during facial oral examinations.
T7. Assess patient temporomandibular joint (TMJ) to assist in determining treatment.	K20. Knowledge of purposes of performing temporomandibular joint examinations. K21. Knowledge of procedures used to perform temporomandibular joint examinations. K22. Knowledge of methods used to interpret results from temporomandibular joint examinations.
T8. Evaluate patient dental needs during consultation to determine if patient expectations can be achieved.	K24. Knowledge of methods used to determine if patient expectations can be achieved.
T9. Assess patient dentition by performing an oral examination to assist in determining treatment.	K6. Knowledge of methods used to determine if caries is present. K14. Knowledge of methods used to determine type of dental treatment to perform. K25. Knowledge of procedures used to explain different treatment options to patients. K28. Knowledge of methods used to evaluate patient dentition. K29. Knowledge of criteria used for classification of orthodontic condition during oral examinations.
T10. Inform patient of alternatives, risks, and benefits of treatment options before performing treatment.	K2. Knowledge of methods used to receive consent from patient for treatment. K25. Knowledge of procedures used to explain different treatment options to patients. K26. Knowledge of types of alternatives, risks, and benefits associated with dental procedures.
T11. Refer patients to specialists when dental treatment needs exceed practitioner abilities.	K29. Knowledge of criteria used for classification of orthodontic condition during oral examinations. K30. Knowledge of dental procedures that require referral to a specialist.

1. Patient Evaluation (13%) continued – This area assesses the candidate’s ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T12. Perform follow-up assessment of dental procedures to evaluate patient dental status.	K31. Knowledge of methods used to evaluate dental status of patient. K32. Knowledge of methods used to perform follow-up dental procedures.

2. Endodontics (6%) – This area assesses the candidate’s ability to diagnose the patient’s endodontic condition, develop a treatment plan, and perform endodontic therapy.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T13. Assess endodontic condition of patient by performing endodontic examination and diagnosis to assist in determining treatment.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K34. Knowledge of purposes of performing endodontic examinations. K35. Knowledge of procedures used to perform endodontic examinations. K36. Knowledge of methods used to interpret results from endodontic examinations. K37. Knowledge of methods used to assess whether a root fracture exists. K38. Knowledge of methods used to assess whether a tooth perforation exists. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K53. Knowledge of methods used to assess whether canals have been filled.
T14. Prepare for performing root canal therapy by administering anesthetics (e.g., topical, injection) for pain control.	K39. Knowledge of types of anesthetics used while performing root canal therapy. K40. Knowledge of techniques used to administer anesthetics during root canal therapy. K41. Knowledge of anesthetic pharmacology relating to root canal therapy.
T15. Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	K43. Knowledge of methods used to isolate a tooth during root canal therapy. K44. Knowledge of purposes of isolating a tooth during root canal therapy. K46. Knowledge of tooth morphology for root canal therapy. K50. Knowledge of instruments used during root canal therapy.
T16. Access pulp chamber and root canals to begin root canal therapy.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K45. Knowledge of methods used to access root canals. K46. Knowledge of tooth morphology for root canal therapy. K50. Knowledge of instruments used during root canal therapy.
T17. Shape and clean canals to continue root canal therapy.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K46. Knowledge of tooth morphology for root canal therapy. K47. Knowledge of procedures used to shape and clean canals during root canal therapy. K48. Knowledge of procedures used to measure the length of canals. K49. Knowledge of techniques used to irrigate root canals. K50. Knowledge of instruments used during root canal therapy.

2. Endodontics (6%) continued – This area assesses the candidate’s ability to diagnose the patient’s endodontic condition, develop a treatment plan, and perform endodontic therapy.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T18. Obturate root canals by sealing canals to complete root canal filling.	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K46. Knowledge of tooth morphology for root canal therapy. K48. Knowledge of procedures used to measure the length of canals. K50. Knowledge of instruments used during root canal therapy. K51. Knowledge of procedures used to fill root canals. K52. Knowledge of materials used to fill root canals. K53. Knowledge of methods used to assess whether canals have been filled.
T19. Seal coronal access to prevent contamination of root canal by placing type of restoration.	K42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy. K50. Knowledge of instruments used during root canal therapy. K51. Knowledge of procedures used to fill root canals. K52. Knowledge of materials used to fill root canals. K53. Knowledge of methods used to assess whether canals have been filled. K55. Knowledge of restorative materials used for sealing coronal access.
T20. Prepare tooth for final restoration by building up internal structure (e.g., post, core).	K50. Knowledge of instruments used during root canal therapy. K54. Knowledge of methods to place coronal access restoration. K55. Knowledge of restorative materials used for sealing coronal access. K56. Knowledge of materials used to build up internal structure (e.g., post, core). K57. Knowledge of indications for placement of root canal posts. K58. Knowledge of procedures used to build up internal structure (e.g., post, core).
T21. Prescribe medication to patient for root canal therapy to control or prevent complications (e.g., infection, swelling, pain).	K33. Knowledge of contraindications and potential complications arising from root canal therapy. K59. Knowledge of types of medications to prescribe relating to root canal therapy. K60. Knowledge of purposes of prescribing medication relating to root canal therapy. K61. Knowledge of pharmacology of medications used relating to root canal therapy.

3. Indirect Restoration (7%) – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and perform an indirect restoration.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T22. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining indirect restorative treatment.	K62. Knowledge of contraindications and potential complications arising from indirect restoration procedures. K89. Knowledge of purposes of performing examinations for indirect restorations. K90. Knowledge of procedures used to perform examinations for indirect restorations. K91. Knowledge of methods used to interpret results from examinations for indirect restorations.
T23. Prepare for indirect restoration by administering anesthetics (e.g., topical, injection) for pain control.	K63. Knowledge of procedures used to prepare patients for indirect restorations. K64. Knowledge of types of anesthetics to use on patients while performing indirect restorations. K68. Knowledge of techniques used to administer anesthetics during indirect restorations. K69. Knowledge of anesthetic pharmacology relating to indirect restorations.
T24. Prepare tooth for indirect restoration to accommodate final restoration.	K70. Knowledge of procedures used to prepare teeth for indirect restorations. K71. Knowledge of instruments used during indirect restorations. K72. Knowledge of techniques used during preparation of indirect restorations. K73. Knowledge of materials (e.g., bonding agents, bases) used during preparation of indirect restorations. K74. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations. K75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.
T25. Take impression of teeth to facilitate process of fabricating final restoration.	K71. Knowledge of instruments used during indirect restorations. K74. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations. K75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations. K76. Knowledge of purposes of taking impressions for final restorations. K77. Knowledge of procedures used to take impressions for final restorations. K78. Knowledge of procedures used to assess accuracy of impressions for final restorations. K79. Knowledge of materials used to take impressions for final restorations.

3. Indirect Restoration (7%) continued – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and perform an indirect restoration.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T26. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	K65. Knowledge of purposes of performing records (e.g., bite registration, facebow) for final restorations. K66. Knowledge of procedures used to take records (e.g., bite registration, facebow) for final restorations. K67. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations. K71. Knowledge of instruments used during indirect restorations. K80. Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations.
T27. Fabricate provisional restoration to restore tooth before placement of final restoration.	K71. Knowledge of instruments used during indirect restorations. K81. Knowledge of techniques used for constructing provisional restorations. K82. Knowledge of materials used to construct provisional restorations.
T28. Place provisional restoration to temporarily restore tooth before placement of final restoration.	K71. Knowledge of instruments used during indirect restorations. K83. Knowledge of techniques used for placing provisional restorations. K84. Knowledge of temporary luting agents used for placement of provisional restorations. K86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations.
T29. Remove provisional restoration from tooth before fitting indirect final restoration.	K71. Knowledge of instruments used during indirect restorations. K85. Knowledge of methods used to remove provisional restorations.
T30. Assess indirect restoration before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations. K92. Knowledge of types of radiographs used during indirect restoration procedures.
T31. Place indirect restoration on tooth to restore tooth form and function.	K71. Knowledge of instruments used during indirect restorations. K86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations. K87. Knowledge of luting agents used for placement of indirect restorations. K88. Knowledge of techniques used for placing indirect restorations.

4. Direct Restoration (7%) – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and perform a direct restoration.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T32. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining direct restorative treatment.	K93. Knowledge of contraindications and potential complications arising from direct restoration procedures. K97. Knowledge of purposes of performing examinations for direct restorations. K98. Knowledge of procedures used to perform examinations for direct restorations. K99. Knowledge of methods used to interpret results from examinations for direct restorations. K100. Knowledge of types of radiographs used during direct restoration procedures. K103. Knowledge of criteria used to identify carious lesions. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).
T33. Prepare tooth for direct restoration by administering anesthetics (e.g., topical, injection) for pain control.	K94. Knowledge of types of anesthetics to use on patient while performing direct restorations. K95. Knowledge of techniques used to administer anesthetics during direct restorations. K96. Knowledge of anesthetic pharmacology relating to direct restorations.
T34. Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	K101. Knowledge of techniques used to isolate teeth during direct restorations. K102. Knowledge of purposes of isolating teeth during direct restorations. K105. Knowledge of instruments used during direct restorations.
T35. Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	K100. Knowledge of types of radiographs used during direct restoration procedures. K103. Knowledge of criteria used to identify carious lesions. K104. Knowledge of techniques used to remove carious lesions during direct restorations. K105. Knowledge of instruments used during direct restorations. K106. Knowledge of techniques used to prepare teeth for direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).
T36. Place direct restorative material in tooth to restore form and function.	K105. Knowledge of instruments used during direct restorations. K107. Knowledge of techniques used to place direct restorations. K108. Knowledge of materials (e.g., bonding agents, bases) used during placement of direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).

4. Direct Restoration (7%) continued – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and perform a direct restoration.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T37. Perform adjustment procedures of direct restoration to restore form and function before polishing restoration.	K105. Knowledge of instruments used during direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite). K110. Knowledge of techniques used to adjust direct restorations. K111. Knowledge of purposes of adjusting direct restorations.
T38. Polish direct restoration to facilitate longevity of restored tooth.	K105. Knowledge of instruments used during direct restorations. K109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite). K112. Knowledge of techniques used to polish direct restorations. K113. Knowledge of materials used to polish direct restorations.

5. Preventative Care (5%) – This area assesses the candidate’s ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T39. Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	K114. Knowledge of procedures used to debride teeth. K115. Knowledge of techniques used to polish teeth. K116. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain). K117. Knowledge of methods used to floss teeth. K118. Knowledge of instruments (e.g., scalers, ultrasonics) used during prophylaxis. K119. Knowledge of medicaments and pharmacology used during prophylaxis. K124. Knowledge of purposes of performing prophylaxis on patients.
T40. Apply fluoride to protect teeth after prophylaxis procedures.	K119. Knowledge of medicaments and pharmacology used during prophylaxis. K120. Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis. K121. Knowledge of methods used to prevent carious lesions of teeth. K123. Knowledge of procedures used to apply fluoride to teeth.
T41. Apply sealants to teeth to prevent dental carious lesions.	K120. Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis. K121. Knowledge of methods used to prevent carious lesions of teeth. K122. Knowledge of procedures used to apply sealants to teeth.
T42. Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	K121. Knowledge of methods used to prevent carious lesions of teeth. K124. Knowledge of purposes of performing prophylaxis on patients. K125. Knowledge of information to give patients regarding oral hygiene and nutritional counseling.
T43. Assess oral cavity to create a design for space maintainers.	K126. Knowledge of contraindications and potential complications arising from space maintainers. K127. Knowledge of methods used to assess oral cavity to determine need for space maintainers. K128. Knowledge of types of space maintainers. K129. Knowledge of purposes of different types of space maintainers. K130. Knowledge of materials used for space maintainers.

5. Preventative Care (5%) continued – This area assesses the candidate’s ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T44. Assess fit and deliver space maintainers to prevent teeth migration.	K128. Knowledge of types of space maintainers. K129. Knowledge of purposes of different types of space maintainers. K130. Knowledge of materials used for space maintainers. K131. Knowledge of techniques to fit and deliver space maintainers.
T45. Remove space maintainers to allow for permanent teeth eruption.	K128. Knowledge of types of space maintainers. K129. Knowledge of purposes of different types of space maintainers. K130. Knowledge of materials used for space maintainers. K132. Knowledge of purposes of removing space maintainers. K133. Knowledge of techniques to remove space maintainers.
T46. Educate patients and parents on postoperative instructions regarding space maintainers.	K126. Knowledge of contraindications and potential complications arising from space maintainers. K134. Knowledge of postoperative care instructions for space maintainers.

6. Periodontics (4%) – This area assesses the candidate’s ability to diagnose the patient’s periodontal condition, develop a treatment plan, and perform periodontal therapy.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
<p>T47. Assess periodontal condition and develop treatment plan to prevent advancement of periodontal disease.</p>	<p>K135. Knowledge of contraindications and potential complications arising from periodontal therapy. K136. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K137. Knowledge of types of treatment used for patients with periodontal disease. K138. Knowledge of methods used to educate patients about periodontal disease. K142. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy. K144. Knowledge of conditions that require periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.</p>
<p>T48. Prepare patient for periodontal therapy by administering anesthetics (e.g., topical, injection) for pain control.</p>	<p>K139. Knowledge of types of anesthetics to use on patients while performing periodontal therapy. K140. Knowledge of procedures used to administer anesthetics during periodontal therapy. K141. Knowledge of anesthetic pharmacology relating to periodontal therapy.</p>
<p>T49. Perform periodontal therapy (e.g., surgical and nonsurgical) to improve periodontal health.</p>	<p>K142. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy. K143. Knowledge of procedures used to remove deposits (e.g., calculus, stain) during periodontal therapy. K144. Knowledge of conditions that require periodontal therapy. K145. Knowledge of purposes of performing periodontal therapy. K147. Knowledge of procedures used as periodontal therapy. K148. Knowledge of medicaments and pharmacology used for periodontal therapy. K149. Knowledge of instruments used for periodontal therapy. K150. Knowledge of techniques used to polish teeth to complete periodontal therapy. K151. Knowledge of methods used to protect teeth after periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.</p>

6. Periodontics (4%) continued – This area assesses the candidate’s ability to diagnose the patient’s periodontal condition, develop a treatment plan, and perform periodontal therapy.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T50. Reevaluate patient periodontal condition after periodontal therapy to determine if additional treatment is needed.	K136. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K137. Knowledge of types of treatment used for patients with periodontal disease. K146. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment. K148. Knowledge of medicaments and pharmacology used for periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.
T51. Develop protocol for periodontal maintenance.	K135. Knowledge of contraindications and potential complications arising from periodontal therapy. K136. Knowledge of methods used to develop treatment plans for patients with periodontal disease. K137. Knowledge of types of treatment used for patients with periodontal disease. K138. Knowledge of methods used to educate patients about periodontal disease. K146. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment. K148. Knowledge of medicaments and pharmacology used for periodontal therapy. K152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.

7. Fixed Partial Dentures (6%) – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and prepare a fixed partial denture.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T52. Assess patient restorative condition by evaluating dentition and associated structures to assist in determining fixed partial denture restorative treatment.	K153. Knowledge of contraindications and potential complications arising from fixed partial denture procedures. K154. Knowledge of purposes of performing examinations for fixed partial dentures. K155. Knowledge of methods used to perform examinations for fixed partial dentures. K156. Knowledge of methods used to interpret results from examinations for fixed partial dentures. K157. Knowledge of types of radiographs used during fixed partial denture procedures. K183. Knowledge of purposes of placing fixed partial dentures in oral cavity.
T53. Prepare teeth for fixed partial denture preparation by administering anesthetics (e.g., topical, injection) for pain control.	K158. Knowledge of types of anesthetics to use on patients while preparing fixed partial dentures. K159. Knowledge of techniques used to administer anesthetics for fixed partial denture preparation. K160. Knowledge of anesthetic pharmacology relating to fixed partial denture preparation.
T54. Prepare abutments for fixed partial denture to accommodate final restoration.	K161. Knowledge of techniques used for preparation of abutments for final restoration. K162. Knowledge of methods used to assess preparation design of abutment teeth. K163. Knowledge of materials (e.g., bonding agents, bases) used for the preparation of abutment teeth. K182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.
T55. Take impression of oral cavity to facilitate process of fabricating fixed partial denture.	K164. Knowledge of techniques used to take impressions for fixed partial dentures. K165. Knowledge of methods used to assess accuracy of impressions for fixed partial dentures. K166. Knowledge of materials used to take impressions for fixed partial dentures. K167. Knowledge of purposes of taking impressions for fixed partial dentures. K181. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during fixed partial denture procedures. K182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.

7. Fixed Partial Dentures (6%) continued – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and prepare a fixed partial denture.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T56. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating fixed partial denture.	K168. Knowledge of procedures used to take records (e.g., bite registration, facebow) for fixed partial dentures. K169. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) while preparing fixed partial dentures. K170. Knowledge of materials used to take records (e.g., bite registration, facebow) for fixed partial dentures. K171. Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.
T57. Fabricate provisional restoration to restore teeth before placement of fixed partial denture.	K172. Knowledge of techniques used for constructing fixed partial dentures for provisional restorations. K173. Knowledge of materials used to construct fixed partial dentures for provisional restorations.
T58. Place provisional restoration to temporarily restore teeth before placement of fixed partial denture.	K174. Knowledge of instruments used during fixed partial denture placement. K175. Knowledge of purposes of placing provisional restorations before placing fixed partial dentures. K176. Knowledge of procedures used to place provisional restorations. K178. Knowledge of temporary luting agents used for placement of provisional fixed partial dentures. K180. Knowledge of methods used to assess fit of fixed partial dentures before placement.
T59. Remove provisional restoration from mouth before fitting fixed partial denture.	K177. Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures.
T60. Assess fixed partial denture before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K180. Knowledge of methods used to assess fit of fixed partial dentures before placement.
T61. Place fixed partial denture on abutments to restore form and function of oral cavity.	K174. Knowledge of instruments used during fixed partial denture placement. K179. Knowledge of luting agents used for placement of final fixed partial dentures. K183. Knowledge of purposes of placing fixed partial dentures in oral cavity. K184. Knowledge of techniques used to place fixed partial dentures in oral cavity.

8. Removable Partial Dentures (4%) – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and design and deliver a removable partial denture.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T62. Assess oral cavity to create design for removable partial denture.	K185. Knowledge of contraindications and potential complications arising from removable partial denture procedures. K186. Knowledge of processes used to create a design for removable partial dentures. K187. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures.
T63. Prepare oral structures before fabricating removable partial denture.	K187. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures. K188. Knowledge of procedures used to prepare oral structures before fabricating removable partial dentures.
T64. Take impression of oral cavity to facilitate process of fabricating removable partial denture.	K189. Knowledge of techniques used to take impressions for removable partial dentures. K190. Knowledge of methods used to assess accuracy of impressions for removable partial dentures. K191. Knowledge of materials used to take impressions for removable partial dentures. K192. Knowledge of purposes of taking impressions for removable partial dentures.
T65. Take records (e.g., bite registration, facebow) to facilitate process of fabricating removable partial denture.	K193. Knowledge of procedures used to take records (e.g., bite registration, facebow) for removable partial dentures. K194. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for removable partial dentures. K195. Knowledge of materials used to take records (e.g., bite registration, facebow) for removable partial dentures. K196. Knowledge of purposes of taking records (e.g., bite registration, facebow) for removable partial dentures.
T66. Perform trial fit of removable partial denture components to determine whether lab processing of removable partial denture should be performed.	K197. Knowledge of methods used to assess fit of removable partial denture components. K198. Knowledge of purposes of performing trial fit of removable partial dentures.

8. Removable Partial Dentures (4%) continued – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and design and deliver a removable partial denture.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T67. Deliver removable partial denture in oral cavity to restore form and function.	K185. Knowledge of contraindications and potential complications arising from removable partial denture procedures. K197. Knowledge of methods used to assess fit of removable partial denture components. K199. Knowledge of purposes of delivering removable partial dentures in oral cavity. K200. Knowledge of procedures used to deliver removable partial dentures in oral cavity.
T68. Reevaluate patient removable partial denture fit and function and perform adjustments.	K185. Knowledge of contraindications and potential complications arising from removable partial denture procedures. K197. Knowledge of methods used to assess fit of removable partial denture components. K200. Knowledge of procedures used to deliver removable partial dentures in oral cavity.

9. Complete Dentures (4%) – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and design and deliver a complete denture.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T69. Assess oral structures to create design for complete denture.	K201. Knowledge of contraindications and potential complications arising from complete denture procedures. K202. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures. K203. Knowledge of methods used to create designs for complete dentures.
T70. Prepare oral cavity before fabricating complete denture.	K202. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures. K203. Knowledge of methods used to create designs for complete dentures. K204. Knowledge of procedures used to prepare oral structures before fabricating complete dentures.
T71. Take impression of oral cavity to facilitate process of fabricating complete denture.	K205. Knowledge of techniques used to take impressions for complete dentures. K206. Knowledge of methods used to assess accuracy of impressions for complete dentures. K207. Knowledge of materials used to take impressions for complete dentures. K208. Knowledge of purposes of taking impressions for complete dentures.
T72. Take records (e.g., bite registration, facebow) to facilitate process of fabricating complete denture.	K209. Knowledge of procedures used to take records (e.g., bite registration, facebow) for complete dentures. K210. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for complete dentures. K211. Knowledge of materials used to take records (e.g., bite registration, facebow) for complete dentures. K212. Knowledge of purposes of taking records (e.g., bite registration, facebow) for complete dentures.
T73. Perform trial fit of complete denture to determine whether lab processing of complete denture can be performed.	K213. Knowledge of methods used to assess fit of complete dentures. K214. Knowledge of purposes of performing trial fit of complete dentures.

9. Complete Dentures (4%) continued – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and design and deliver a complete denture.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T74. Deliver complete denture in oral cavity to restore form and function.	K201. Knowledge of contraindications and potential complications arising from complete denture procedures. K213. Knowledge of methods used to assess fit of complete dentures. K215. Knowledge of purposes of delivering complete denture in oral cavity. K216. Knowledge of techniques used to place complete denture in oral cavity.
T75. Reevaluate patient complete denture fit and function and perform adjustments.	K201. Knowledge of contraindications and potential complications arising from complete denture procedures. K213. Knowledge of methods used to assess fit of complete dentures. K217. Knowledge of procedures used after delivery of complete dentures.

10. Implant Restoration (3.5%) – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and deliver an implant restoration.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T76. Assess patient oral condition by evaluating dentition and associated structures to assist in determining implant treatment.	K218. Knowledge of contraindications and potential complications arising from implant procedures. K219. Knowledge of purposes of performing examinations for implant procedures. K220. Knowledge of methods used for designing implant restorations. K221. Knowledge of materials used for implant restorations. K222. Knowledge of purposes of placing implant restorations in oral cavity. K227. Knowledge of procedures used to perform examinations for implants. K233. Knowledge of methods used to interpret results from examinations for implant restorations. K235. Knowledge of types of radiographs used during implant procedures.
T77. Take impression of oral cavity to facilitate process of fabricating implant restoration.	K221. Knowledge of materials used for implant restorations. K224. Knowledge of purposes of taking impressions for implant restorations. K225. Knowledge of techniques used to take impressions for implant restorations. K226. Knowledge of methods used to assess accuracy of impressions for implant restorations.
T78. Take records (e.g., bite registration, opposing dentition) to facilitate process of fabricating implant restoration.	K221. Knowledge of materials used for implant restorations. K229. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) for implant restorations. K230. Knowledge of purposes of taking records (e.g., bite registration, facebow) for implant restorations. K232. Knowledge of procedures used to take records (e.g., bite registration, facebow) for implant restorations. K238. Knowledge of materials used to take records for implant restorations.
T79. Assess implant and associated structures before restoration to ensure the healing process is complete.	K219. Knowledge of purposes of performing examinations for implant procedures. K233. Knowledge of methods used to interpret results from examinations for implant restorations. K235. Knowledge of types of radiographs used during implant procedures. K240. Knowledge of methods used to assess the healing process of implants before placing implant restorations.

10. Implant Restoration (3.5%) continued – This area assesses the candidate’s ability to diagnose the patient’s restorative needs, develop a treatment plan, and deliver an implant restoration.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T80. Prepare oral structures before fabricating implant restoration.	K234. Knowledge of procedures used to place provisional restorations in oral cavity. K236. Knowledge of techniques used for constructing provisional restorations before inserting implant restorations. K237. Knowledge of procedures used to prepare oral cavity before fabricating implant restorations.
T81. Fabricate provisional restoration to restore oral cavity before insertion of implant restoration.	K231. Knowledge of purposes of placing provisional restorations in oral cavity. K239. Knowledge of materials used to construct provisional restorations before inserting implant restorations.
T82. Place provisional restoration to temporarily restore oral cavity before insertion of implant restoration.	K231. Knowledge of purposes of placing provisional restorations in oral cavity. K234. Knowledge of procedures used to place provisional restorations in oral cavity. K241. Knowledge of instruments used for placing implant restorations in oral cavity.
T83. Assess implant restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	K218. Knowledge of contraindications and potential complications arising from implant procedures. K228. Knowledge of methods used to perform adjustments on implant restorations. K241. Knowledge of instruments used for placing implant restorations in oral cavity. K242. Knowledge of procedures used after delivery of implant restorations.
T84. Place implant restoration in oral cavity to restore form and function.	K218. Knowledge of contraindications and potential complications arising from implant procedures. K223. Knowledge of procedures used to place implant restorations in oral cavity. K228. Knowledge of methods used to perform adjustments on implant restorations. K241. Knowledge of instruments used for placing implant restorations in oral cavity. K242. Knowledge of procedures used after delivery of implant restorations.

11. Oral Surgery (5%) – This area assesses the candidate’s ability to diagnose the patient’s oral condition, develop a treatment plan, and perform oral surgical procedures.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T85. Assess patient oral condition by evaluating dentition and associated structures to assist in determining oral surgery treatment.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K244. Knowledge of purposes of performing examinations for oral surgery. K245. Knowledge of procedures used to perform examinations for oral surgery. K246. Knowledge of methods used to interpret results from examinations for oral surgery. K247. Knowledge of types of radiographs used during oral surgery procedures. K252. Knowledge of purposes of performing oral surgery (e.g., extractions). K260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions). K261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions). K262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).
T86. Prepare patient before oral surgery (e.g., extractions) by administering anesthetics (e.g., topical, injection) for pain control.	K248. Knowledge of types of anesthetics to use on patients for oral surgery (e.g., extractions). K249. Knowledge of techniques used to administer anesthetics for oral surgery (e.g., extractions). K250. Knowledge of anesthetic pharmacology relating to oral surgery (e.g., extractions).
T87. Prepare surgical area to facilitate oral surgery procedures (e.g., extractions) by creating access to surgical site.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K247. Knowledge of types of radiographs used during oral surgery procedures. K251. Knowledge of procedures used to create access to surgical site. K254. Knowledge of instruments used for oral surgery procedures.
T88. Perform oral surgery procedures (e.g., extractions) on patient to facilitate dental health.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K247. Knowledge of types of radiographs used during oral surgery procedures. K252. Knowledge of purposes of performing oral surgery (e.g., extractions). K253. Knowledge of techniques used to perform oral surgery (e.g., extractions). K254. Knowledge of instruments used for oral surgery procedures. K255. Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions).

11. Oral Surgery (5%) continued – This area assesses the candidate’s ability to diagnose the patient’s oral condition, develop a treatment plan, and perform oral surgical procedures.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T89. Place sutures in surgical area after oral surgery (e.g., extractions) to facilitate healing process.	K254. Knowledge of instruments used for oral surgery procedures. K256. Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions). K257. Knowledge of purposes of placing sutures in oral cavity.
T90. Perform postoperative procedures on patient to facilitate healing process.	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K255. Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions). K256. Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions). K258. Knowledge of procedures used during postoperative care of patients. K259. Knowledge of purposes of performing postoperative procedures (e.g., dry socket). K260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions). K261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions). K262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).
T91. Prescribe medication to patient for oral surgery (e.g., extractions) to control or prevent complications (e.g., infection, swelling, pain).	K243. Knowledge of contraindications and potential complications arising from oral surgery procedures. K258. Knowledge of procedures used during postoperative care of patients. K259. Knowledge of purposes of performing postoperative procedures (e.g., dry socket). K260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions). K261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions). K262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).

12. Teeth Whitening (2%) – This area assesses the candidate’s ability to perform teeth whitening procedures on a patient.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T92. Assess patient oral condition by evaluating dentition and associated structures to assist in determining teeth whitening treatment.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.
T93. Take impression of teeth to facilitate process of fabricating whitening tray.	K269. Knowledge of techniques used to take impressions for whitening trays. K270. Knowledge of methods used to assess accuracy of impressions for whitening trays. K271. Knowledge of materials used to take impressions for whitening trays. K272. Knowledge of purposes of taking impressions for whitening trays.
T94. Fabricate whitening tray to facilitate delivery of whitening agent to teeth.	K266. Knowledge of materials used for teeth whitening. K269. Knowledge of techniques used to take impressions for whitening trays. K273. Knowledge of techniques used for constructing whitening trays. K274. Knowledge of materials used to construct whitening trays. K275. Knowledge of instruments used while constructing whitening trays.
T95. Deliver whitening tray and whitening agent to facilitate teeth whitening process.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K267. Knowledge of procedures used to perform teeth whitening.
T96. Prepare oral cavity for in-office teeth whitening procedures by isolating teeth to protect facial structure and oral cavity.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K264. Knowledge of purposes of isolating teeth during in-office teeth whitening. K265. Knowledge of methods used to isolate teeth during in-office teeth whitening. K267. Knowledge of procedures used to perform teeth whitening.
T97. Perform in-office teeth whitening procedures by applying whitening agents to improve patient esthetics.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K266. Knowledge of materials used for teeth whitening. K267. Knowledge of procedures used to perform teeth whitening. K268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.
T98. Review home care instructions with patient for teeth whitening.	K263. Knowledge of contraindications and potential complications arising from teeth whitening procedures. K266. Knowledge of materials used for teeth whitening. K268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.

13. Occlusal Splint Therapy (3%) – This area assesses the candidate’s ability to determine a patient’s need for occlusal splint therapy and to perform occlusal splint therapy procedures.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T99. Assess patient condition by evaluating dentition and associated structures to assist in determining occlusal splint therapy.	K276. Knowledge of potential complications arising from occlusal splint therapy. K277. Knowledge of purposes of performing examinations for occlusal splint therapy. K278. Knowledge of procedures used to perform examinations for occlusal splint therapy. K279. Knowledge of methods used to design occlusal splints. K280. Knowledge of purposes of different designs of occlusal splints. K281. Knowledge of methods used to interpret results from examination for occlusal splint therapy.
T100. Take impression of oral cavity to facilitate process of fabricating occlusal splint (e.g., nightguard).	K282. Knowledge of techniques used to take impressions for occlusal splints (e.g., nightguard). K283. Knowledge of methods used to assess accuracy of impressions for occlusal splints (e.g., nightguard). K284. Knowledge of materials used to take impressions for occlusal splints (e.g., nightguard). K285. Knowledge of purposes of taking impressions for occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).
T101. Take records (e.g., bite registration) to facilitate process of fabricating occlusal splint (e.g., nightguard).	K286. Knowledge of procedures used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard). K287. Knowledge of procedure used to assess accuracy of records (e.g., bite registration) for occlusal splints (e.g., nightguard). K288. Knowledge of materials used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard). K289. Knowledge of purposes of taking records (e.g., bite registration) for occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).
T102. Fabricate occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	K279. Knowledge of methods used to design occlusal splints. K280. Knowledge of purposes of different designs of occlusal splints. K290. Knowledge of techniques used for constructing occlusal splints (e.g., nightguard). K291. Knowledge of materials used to construct occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).

13. Occlusal Splint Therapy (3%) continued – This area assesses the candidate’s ability to determine a patient’s need for occlusal splint therapy and to perform occlusal splint therapy procedures.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T103. Deliver occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	K276. Knowledge of potential complications arising from occlusal splint therapy. K292. Knowledge of purposes of delivery of occlusal splints (e.g., nightguard). K293. Knowledge of procedures used to deliver occlusal splints (e.g., nightguard). K294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).
T104. Review home care instructions with patient for use and care of occlusal splints.	K276. Knowledge of potential complications arising from occlusal splint therapy. K277. Knowledge of purposes of performing examinations for occlusal splint therapy. K293. Knowledge of procedures used to deliver occlusal splints (e.g., nightguard).
T105. Reevaluate fit and function of occlusal splints and perform adjustments.	K276. Knowledge of potential complications arising from occlusal splint therapy. K277. Knowledge of purposes of performing examinations for occlusal splint therapy. K278. Knowledge of procedures used to perform examinations for occlusal splint therapy. K280. Knowledge of purposes of different designs of occlusal splints.

14. Safety and Sanitation (10.5%) – This area assesses the candidate’s ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T106. Prepare patient before treatment by following safety precautions (e.g., lead apron) throughout treatment.	K295. Knowledge of methods used to prepare patients before dental treatments. K296. Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions.
T107. Sanitize hands in preparation for dental treatment by washing with soap and water.	K297. Knowledge of methods used to sanitize hands before performing dental treatments. K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T108. Protect exposed areas by wearing personal protection (e.g., gloves, masks) to prevent contamination and injury.	K296. Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions. K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K299. Knowledge of items worn by dentist to facilitate safety precautions. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T109. Sterilize instruments (e.g., forceps) to prepare for dental treatment.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K300. Knowledge of methods used to sterilize instruments to prepare for dental treatments. K301. Knowledge of methods used to assess sterilization of dental instruments. K302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T110. Disinfect equipment to prepare for dental treatment.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment. K303. Knowledge of methods used to disinfect dental equipment. K304. Knowledge of methods used to disinfect work area before and after dental treatments. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.

14. Safety and Sanitation (10.5%) continued – This area assesses the candidate’s ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T111. Disinfect work area before dental treatment to prevent contamination.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment. K303. Knowledge of methods used to disinfect dental equipment. K304. Knowledge of methods used to disinfect work area before and after dental treatments. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T112. Discard disposable items (e.g., suction tips, bibs) after dental treatment to prevent spread of infection.	K298. Knowledge of procedures used by dentist to prevent contamination or injury to self. K305. Knowledge of procedures used to dispose of items (e.g., suction tips, bibs) after dental treatments. K306. Knowledge of methods used to minimize contamination. K307. Knowledge of methods used to minimize the spread of infection.
T113. Store medications in secure area to protect against unauthorized use of medications.	K308. Knowledge of methods used to store medications.
T114. Maintain emergency protocol within dental office to ensure patient and staff safety.	K309. Knowledge of emergency protocol used in dental office to ensure patient and staff safety.

15. Ethics (7%) – This area assesses the candidate’s ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T115. Address patient expectations about dental procedures to promote understanding about realistic expectations.	K310. Knowledge of methods used to explain realistic expectations about dental procedures to patients.
T116. Disclose financial obligations related to dental procedures before patient treatment.	K311. Knowledge of methods to explain fees and office policies to patients.
T117. Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	K312. Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.
T118. Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	K313. Knowledge of ethical considerations for terminating patient–dentist professional relationship. K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care.
T119. Disclose to patients dental conditions that require future dental care.	K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care. K316. Knowledge of purposes of disclosing dental conditions that require future dental care.
T120. Provide patient access to emergency treatment during and after office hours.	K317. Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours. K318. Knowledge of protocol used when providing emergency treatment to patient during and after office hours.
T121. Provide patient dental treatment based only on conditions indicated from diagnosis.	K319. Knowledge of ethical obligation to diagnose and treat only conditions that exist. K320. Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.

16. Law (13%) – This area assesses the candidate’s ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T122. Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	K322. Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.
T123. Comply with legal standards regarding scope of practice in the provision of services.	K323. Knowledge of laws and regulations that define dentist scope of practice.
T124. Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	K324. Knowledge of procedures used regarding disclosure of confidential patient information. K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.
T125. Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K326. Knowledge of laws and regulations regarding documentation of dental history. K327. Knowledge of methods used to document patient dental history.
T126. Maintain security of patient records as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K328. Knowledge of laws and regulations regarding security of patient records.
T127. Document controlled substances within dental facility to inventory quantity as mandated by law.	K329. Knowledge of laws and regulations regarding documentation of controlled substances in dental facility. K330. Knowledge of methods used to inventory controlled substances in dental facility.
T128. Prescribe medications to patients in accordance with laws and regulations.	K331. Knowledge of laws and regulations regarding prescribing medication to patients. K337. Knowledge of laws and regulations regarding maintaining patient safety.
T129. Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	K332. Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients. K333. Knowledge of protocol used when reporting suspected or known abuse of patients. K334. Knowledge of methods used to identify signs of abuse. K337. Knowledge of laws and regulations regarding maintaining patient safety.

16. Law (13%) continued – This area assesses the candidate’s ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T130. Comply with legal standards regarding guidelines for consent to treat patients.	K335. Knowledge of laws and regulations regarding consent to treat patients.
T131. Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	K336. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.
T132. Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	K337. Knowledge of laws and regulations regarding maintaining patient safety. K338. Knowledge of procedures used to supervise auxiliaries.
T133. Dispose of hazardous waste in accordance with laws and regulations.	K321. Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.

CHAPTER 6. CALIFORNIA DENTISTRY LAW AND ETHICS

CALIFORNIA DENTISTRY LAW AND ETHICS EXAMINATION

At this time, California licensure as a dentist is granted to applicants completing one of four pathways (i.e., passing the Western Regional Examining Board (WREB) examination, licensure by credential, licensure by residency, or licensure by portfolio). Passing the California Dentistry Law and Ethics Examination is an additional requirement for issuance of a California dental license for applicants passing the WREB or obtaining licensure by residency or licensure by portfolio.

The SMEs who participated in the May 2018 workshop were asked to develop a preliminary examination outline for the California Dentistry Law and Ethics Examination by identifying the tasks and knowledge that they believed were California-specific. The SMEs determined that all task and knowledge statements within the content area of law and within the content area of ethics should remain in the examination outline specifically for the California Dentistry Law and Ethics Examination.

CONTENT AREAS AND WEIGHTS

The May 2018 workshop SMEs were also asked to determine the weights for the content areas on the California Dentistry Law and Ethics Examination. After thorough discussion, the SMEs determined that the California Dentistry Law and Ethics Examination should be 50% Law and 50% Ethics. The SMEs perceived current ethical problems to be equally as important as California law.

A summary of the proposed content area weights for the California Dentistry Law and Ethics Examination is presented in Table 24. The proposed examination outline for the California Dentistry Law and Ethics Examination is presented in Table 25.

TABLE 24 – PROPOSED CONTENT AREA WEIGHTS: CALIFORNIA DENTISTRY
LAW AND ETHICS EXAMINATION

CONTENT AREA	Weights
1. Ethics	50
2. Law	50
Total	100

TABLE 25 – PROPOSED EXAMINATION OUTLINE: CALIFORNIA DENTISTRY LAW AND ETHICS EXAMINATION

1. Ethics (50%) – This area assesses the candidate’s ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T115. Address patient expectations about dental procedures to promote understanding about realistic expectations.	K310. Knowledge of methods used to explain realistic expectations about dental procedures to patients.
T116. Disclose financial obligations related to dental procedures before patient treatment.	K311. Knowledge of methods to explain fees and office policies to patients.
T117. Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	K312. Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.
T118. Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	K313. Knowledge of ethical considerations for terminating patient–dentist professional relationship. K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care.
T119. Disclose to patients dental conditions that require future dental care.	K314. Knowledge of ethical considerations to facilitate continuity of dental care. K315. Knowledge of procedures used to facilitate continuity of dental care. K316. Knowledge of purposes of disclosing dental conditions that require future dental care.
T120. Provide patient access to emergency treatment during and after office hours.	K317. Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours. K318. Knowledge of protocol used when providing emergency treatment to patient during and after office hours.
T121. Provide patient dental treatment based only on conditions indicated from diagnosis.	K319. Knowledge of ethical obligation to diagnose and treat only conditions that exist. K320. Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.

2. Law (50%) – This area assesses the candidate’s ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

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<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T122. Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	K322. Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.
T123. Comply with legal standards regarding scope of practice in the provision of services.	K323. Knowledge of laws and regulations that define dentist scope of practice.
T124. Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	K324. Knowledge of procedures used regarding disclosure of confidential patient information. K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.
T125. Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K326. Knowledge of laws and regulations regarding documentation of dental history. K327. Knowledge of methods used to document patient dental history.
T126. Maintain security of patient records as mandated by law.	K325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records. K328. Knowledge of laws and regulations regarding security of patient records.
T127. Document controlled substances within dental facility to inventory quantity as mandated by law.	K329. Knowledge of laws and regulations regarding documentation of controlled substances in dental facility. K330. Knowledge of methods used to inventory controlled substances in dental facility.
T128. Prescribe medications to patients in accordance with laws and regulations.	K331. Knowledge of laws and regulations regarding prescribing medication to patients. K337. Knowledge of laws and regulations regarding maintaining patient safety.

2. Law (50%) continued – This area assesses the candidate’s ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.

<i>Task Statements</i>	<i>Associated Knowledge Statements</i>
T129. Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	K332. Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients. K333. Knowledge of protocol used when reporting suspected or known abuse of patients. K334. Knowledge of methods used to identify signs of abuse. K337. Knowledge of laws and regulations regarding maintaining patient safety.
T130. Comply with legal standards regarding guidelines for consent to treat patients.	K335. Knowledge of laws and regulations regarding consent to treat patients.
T131. Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	K336. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.
T132. Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	K337. Knowledge of laws and regulations regarding maintaining patient safety. K338. Knowledge of procedures used to supervise auxiliaries.
T133. Dispose of hazardous waste in accordance with laws and regulations.	K321. Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.

CHAPTER 7. CONCLUSION

The occupational analysis of the dentist profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent dentistry practice. Results of this occupational analysis can be used to ensure that national examinations under consideration for acceptance or already accepted by the California Dental Board measure content critical to dentistry practice in California.

By adopting the dentist examination outline contained in this report, the Board ensures that its California Dentistry Law and Ethics Examination program reflects current practice.

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

APPENDIX C: CRITICAL RESPONSES BY REGION TASKS

LOS ANGELES COUNTY AND VICINITY

County of Practice	Frequency
Los Angeles	226
Orange	96
TOTAL	322

SAN FRANCISCO BAY AREA

County of Practice	Frequency
Alameda	59
Contra Costa	40
Marin	7
Napa	8
San Francisco	38
San Mateo	22
Santa Clara	70
Santa Cruz	8
Solano	16
TOTAL	268

SAN DIEGO COUNTY AND VICINITY

County of Practice	Frequency
Imperial	2
San Diego	104
TOTAL	106

RIVERSIDE AND VICINITY

County of Practice	Frequency
Riverside	33
San Bernardino	51
TOTAL	84

SAN JOAQUIN VALLEY

County of Practice	Frequency
Fresno	25
Kern	21
Kings	5
Madera	3
Merced	5
San Joaquin	6
Stanislaus	13
Tulare	7
TOTAL	85

SACRAMENTO VALLEY

County of Practice	Frequency
Butte	6
Glenn	1
Lake	1
Sacramento	46
Sutter	3
Yolo	3
Yuba	1
TOTAL	61

SIERRA MOUNTAIN VALLEY

County of Practice	Frequency
Amador	1
Calaveras	1
El Dorado	4
Inyo	1
Mono	2
Nevada	3
Placer	14
Tuolumne	2
TOTAL	28

SOUTH COAST AND CENTRAL COAST

County of Practice	Frequency
Monterey	8
San Benito	2
San Luis Obispo	13
Santa Barbara	16
Ventura	17
TOTAL	56

SHASTA-CASCADE

County of Practice	Frequency
Modoc	2
Plumas	1
Shasta	2
Siskiyou	2
TOTAL	7

NORTH COAST

County of Practice	Frequency
Del Norte	2
Humboldt	1
Mendocino	3
Sonoma	20
TOTAL	26

MISSING

	Frequency
TOTAL	3

APPENDIX B. CRITICALITY INDICES FOR ALL TASKS
IN DESCENDING ORDER

1. Patient Evaluation (13%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
1	Conduct medical history assessment of patient to determine if treatment can be performed.	4.73	4.78	22.61
4	Evaluate patient before treatment by interpreting radiographs of oral cavity and associated structures to determine if pathology is present.	4.76	4.75	22.57
10	Inform patient of alternatives, risks, and benefits of treatment options before performing treatment.	4.71	4.64	21.88
9	Assess patient dentition by performing an oral examination to assist in determining treatment.	4.65	4.61	21.43
2	Conduct dental history assessment of patient to determine if treatment can be performed.	4.57	4.49	20.54
8	Evaluate patient dental needs during consultation to determine if patient expectations can be achieved.	4.42	4.40	19.46
6	Perform an extraoral and intraoral examination on patient to detect anomalies (e.g., tori, tongue thrust) and pathologies (e.g., cancer, oral lesion, lymph nodes) before treatment.	4.37	4.42	19.33
5	Assess periodontal condition of patient by performing a periodontal examination to assist in determining treatment.	4.29	4.34	18.61
11	Refer patients to specialists when dental treatment needs exceed practitioner abilities.	4.07	4.44	18.09
3	Evaluate current medical health of patient by taking vital signs to determine if treatment can be performed.	3.91	4.20	16.43
12	Perform follow-up assessment of dental procedures to evaluate patient dental status.	4.01	4.06	16.27
7	Assess patient temporomandibular joint (TMJ) to assist in determining treatment.	3.73	3.66	13.65

2. Endodontics (6%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
13	Assess endodontic condition of patient by performing endodontic examination and diagnosis to assist in determining treatment.	3.60	3.98	14.35
20	Prepare tooth for final restoration by building up internal structure (e.g., post, core).	3.29	3.81	12.53
19	Seal coronal access to prevent contamination of root canal by placing type of restoration.	3.16	3.90	12.31
14	Prepare for performing root canal therapy by administering anesthetics (e.g., topical, injection) for pain control.	3.05	3.79	11.56
15	Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	3.04	3.78	11.47
16	Access pulp chamber and root canals to begin root canal therapy.	2.97	3.80	11.30
17	Shape and clean canals to continue root canal therapy.	2.89	3.78	10.93
18	Obturate root canals by sealing canals to complete root canal filling.	2.86	3.78	10.83
21	Prescribe medication to patient for root canal therapy to control or prevent complications (e.g., infection, swelling, pain).	2.83	3.37	9.56

3. Indirect Restoration (7%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
22	Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining indirect restorative treatment.	3.79	3.95	14.97
30	Assess indirect restoration before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	3.67	3.97	14.57
23	Prepare for indirect restoration by administering anesthetics (e.g., topical, injection) for pain control.	3.72	3.90	14.51
31	Place indirect restoration on tooth to restore tooth form and function.	3.63	3.93	14.25
24	Prepare tooth for indirect restoration to accommodate final restoration.	3.61	3.87	13.99
25	Take impression of teeth to facilitate process of fabricating final restoration.	3.52	3.85	13.56
29	Remove provisional restoration from tooth before fitting indirect final restoration.	3.40	3.65	12.42
27	Fabricate provisional restoration to restore tooth before placement of final restoration.	3.34	3.64	12.15
28	Place provisional restoration to temporarily restore tooth before placement of final restoration.	3.34	3.64	12.14
26	Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	3.09	3.44	10.64

4. Direct Restoration (7%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
35	Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	4.26	4.33	18.45
32	Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining direct restorative treatment.	4.26	4.31	18.35
36	Place direct restorative material in tooth to restore form and function.	4.25	4.31	18.33
37	Perform adjustment procedures of direct restoration to restore form and function before polishing restoration.	4.22	4.28	18.03
33	Prepare tooth for direct restoration by administering anesthetics (e.g., topical, injection) for pain control.	4.20	4.22	17.75
38	Polish direct restoration to facilitate longevity of restored tooth.	4.00	3.85	15.39
34	Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	3.59	3.77	13.51

5. Preventative Care (5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
42	Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	4.20	4.29	18.00
39	Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	3.89	4.18	16.29
40	Apply fluoride to protect teeth after prophylaxis procedures.	3.33	3.59	11.96
41	Apply sealants to teeth to prevent dental carious lesions.	3.20	3.49	11.19
46	Educate patients and parents on postoperative instructions regarding space maintainers.	2.67	3.44	9.19
43	Assess oral cavity to create a design for space maintainers.	2.52	3.28	8.27
45	Remove space maintainers to allow for permanent teeth eruption.	2.33	3.40	7.94
44	Assess fit and deliver space maintainers to prevent teeth migration.	2.38	3.32	7.91

6. Periodontics (4%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
47	Assess periodontal condition and develop treatment plan to prevent advancement of periodontal disease.	4.08	4.27	17.43
51	Develop protocol for periodontal maintenance.	3.60	3.91	14.09
50	Reevaluate patient periodontal condition after periodontal therapy to determine if additional treatment is needed.	3.42	3.84	13.16
49	Perform periodontal therapy (e.g., surgical and nonsurgical) to improve periodontal health.	3.22	3.85	12.41
48	Prepare patient for periodontal therapy by administering anesthetics (e.g., topical, injection) for pain control.	3.30	3.74	12.36

7. Fixed Partial Dentures (6%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
52	Assess patient restorative condition by evaluating dentition and associated structures to assist in determining fixed partial denture restorative treatment.	3.26	3.76	12.24
60	Assess fixed partial denture before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	3.06	3.78	11.55
61	Place fixed partial denture on abutments to restore form and function of oral cavity.	3.02	3.70	11.18
55	Take impression of oral cavity to facilitate process of fabricating fixed partial denture.	2.98	3.71	11.05
53	Prepare teeth for fixed partial denture preparation by administering anesthetics (e.g., topical, injection) for pain control.	3.02	3.61	10.91
54	Prepare abutments for fixed partial denture to accommodate final restoration.	2.95	3.66	10.79
59	Remove provisional restoration from mouth before fitting fixed partial denture.	2.91	3.52	10.26
58	Place provisional restoration to temporarily restore teeth before placement of fixed partial denture.	2.90	3.52	10.19
57	Fabricate provisional restoration to restore teeth before placement of fixed partial denture.	2.89	3.50	10.11
56	Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating fixed partial denture.	2.83	3.50	9.91

8. Removable Partial Dentures (4%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
67	Deliver removable partial denture in oral cavity to restore form and function.	2.93	3.73	10.92
62	Assess oral cavity to create design for removable partial denture.	2.94	3.70	10.86
64	Take impression of oral cavity to facilitate process of fabricating removable partial denture.	2.88	3.75	10.80
68	Reevaluate patient removable partial denture fit and function and perform adjustments.	2.92	3.69	10.79
66	Perform trial fit of removable partial denture components to determine whether lab processing of removable partial denture should be performed.	2.90	3.69	10.71
65	Take records (e.g., bite registration, facebow) to facilitate process of fabricating removable partial denture.	2.80	3.63	10.18
63	Prepare oral structures before fabricating removable partial denture.	2.73	3.56	9.71

9. Complete Dentures (4%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
74	Deliver complete denture in oral cavity to restore form and function.	2.74	3.69	10.12
69	Assess oral structures to create design for complete denture.	2.73	3.67	10.01
71	Take impression of oral cavity to facilitate process of fabricating complete denture.	2.69	3.71	9.97
75	Reevaluate patient complete denture fit and function and perform adjustments.	2.73	3.62	9.87
73	Perform trial fit of complete denture to determine whether lab processing of complete denture can be performed.	2.70	3.65	9.87
72	Take records (e.g., bite registration, facebow) to facilitate process of fabricating complete denture.	2.65	3.64	9.66
70	Prepare oral cavity before fabricating complete denture.	2.40	3.35	8.01

10. Implant Restoration (3.5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
76	Assess patient oral condition by evaluating dentition and associated structures to assist in determining implant treatment.	2.61	3.58	9.34
83	Assess implant restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	2.34	3.46	8.09
84	Place implant restoration in oral cavity to restore form and function.	2.27	3.40	7.70
79	Assess implant and associated structures before restoration to ensure the healing process is complete.	2.25	3.42	7.69
77	Take impression of oral cavity to facilitate process of fabricating implant restoration.	2.19	3.32	7.27
78	Take records (e.g., bite registration, opposing dentition) to facilitate process of fabricating implant restoration.	2.18	3.31	7.21
80	Prepare oral structures before fabricating implant restoration.	2.11	3.19	6.74
81	Fabricate provisional restoration to restore oral cavity before insertion of implant restoration.	1.76	2.79	4.90
82	Place provisional restoration to temporarily restore oral cavity before insertion of implant restoration.	1.72	2.71	4.66

11. Oral Surgery (5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
85	Assess patient oral condition by evaluating dentition and associated structures to assist in determining oral surgery treatment.	3.72	4.23	15.75
86	Prepare patient before oral surgery (e.g., extractions) by administering anesthetics (e.g., topical, injection) for pain control.	3.53	4.19	14.78
88	Perform oral surgery procedures (e.g., extractions) on patient to facilitate dental health.	3.36	4.07	13.66
87	Prepare surgical area to facilitate oral surgery procedures (e.g., extractions) by creating access to surgical site.	3.12	3.87	12.10
91	Prescribe medication to patient for oral surgery (e.g., extractions) to control or prevent complications (e.g., infection, swelling, pain).	3.09	3.69	11.37
90	Perform postoperative procedures on patient to facilitate healing process.	2.99	3.62	10.84
89	Place sutures in surgical area after oral surgery (e.g., extractions) to facilitate healing process.	2.77	3.53	9.78

12. Teeth Whitening (2%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
92	Assess patient oral condition by evaluating dentition and associated structures to assist in determining teeth whitening treatment.	2.53	2.93	7.40
98	Review home care instructions with patient for teeth whitening.	2.34	3.14	7.35
93	Take impression of teeth to facilitate process of fabricating whitening tray.	2.06	2.72	5.59
95	Deliver whitening tray and whitening agent to facilitate teeth whitening process.	2.07	2.70	5.57
94	Fabricate whitening tray to facilitate delivery of whitening agent to teeth.	2.01	2.67	5.37
96	Prepare oral cavity for in-office teeth whitening procedures by isolating teeth to protect facial structure and oral cavity.	1.76	2.71	4.78
97	Perform in-office teeth whitening procedures by applying whitening agents to improve patient esthetics.	1.64	2.40	3.93

13. Occlusal Splint Therapy (3%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
99	Assess patient condition by evaluating dentition and associated structures to assist in determining occlusal splint therapy.	2.68	3.46	9.28
104	Review home care instructions with patient for use and care of occlusal splints.	2.53	3.32	8.39
103	Deliver occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	2.49	3.36	8.38
100	Take impression of oral cavity to facilitate process of fabricating occlusal splint (e.g., nightguard).	2.39	3.35	8.02
105	Reevaluate fit and function of occlusal splints and perform adjustments.	2.40	3.26	7.81
101	Take records (e.g., bite registration) to facilitate process of fabricating occlusal splint (e.g., nightguard).	2.32	3.21	7.45
102	Fabricate occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	2.26	3.21	7.24

14. Safety and Sanitation (10.5%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
108	Protect exposed areas by wearing personal protection (e.g., gloves, masks) to prevent contamination and injury.	4.82	4.81	23.22
107	Sanitize hands in preparation for dental treatment by washing with soap and water.	4.68	4.72	22.09
112	Discard disposable items (e.g., suction tips, bibs) after dental treatment to prevent spread of infection.	4.54	4.80	21.81
109	Sterilize instruments (e.g., forceps) to prepare for dental treatment.	4.51	4.81	21.70
110	Disinfect equipment to prepare for dental treatment.	4.50	4.80	21.60
111	Disinfect work area before dental treatment to prevent contamination.	4.49	4.79	21.52
114	Maintain emergency protocol within dental office to ensure patient and staff safety.	4.45	4.72	21.01
106	Prepare patient before treatment by following safety precautions (e.g., lead apron) throughout treatment.	4.48	4.66	20.88
113	Store medications in secure area to protect against unauthorized use of medications.	3.99	4.41	17.60

15. Ethics (7%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
117	Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	4.60	4.66	21.46
115	Address patient expectations about dental procedures to promote understanding about realistic expectations.	4.56	4.64	21.19
119	Disclose to patients dental conditions that require future dental care.	4.52	4.52	20.44
121	Provide patient dental treatment based only on conditions indicated from diagnosis.	4.44	4.51	20.03
116	Disclose financial obligations related to dental procedures before patient treatment.	4.21	4.42	18.63
120	Provide patient access to emergency treatment during and after office hours.	3.95	4.34	17.13
118	Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	3.26	4.12	13.44

16. Law (13%)

Task Number	Task Statement	Mean Freq	Mean Imp	Task Criticality Index
125	Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	4.78	4.80	22.94
124	Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	4.78	4.79	22.90
126	Maintain security of patient records as mandated by law.	4.70	4.74	22.32
130	Comply with legal standards regarding guidelines for consent to treat patients.	4.68	4.75	22.22
123	Comply with legal standards regarding scope of practice in the provision of services.	4.65	4.66	21.68
133	Dispose of hazardous waste in accordance with laws and regulations.	4.55	4.75	21.60
131	Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	4.55	4.74	21.57
132	Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	4.55	4.68	21.31
128	Prescribe medications to patients in accordance with laws and regulations.	4.32	4.66	20.10
122	Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	4.18	4.34	18.12
127	Document controlled substances within dental facility to inventory quantity as mandated by law.	3.35	4.18	13.99
129	Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	2.59	4.62	11.96

APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS
IN DESCENDING ORDER

1. Patient Evaluation (13%)

Item Number	Knowledge Statement	Mean Importance
4	Knowledge of medical conditions that prevent dental services from being performed.	4.67
5	Knowledge of dental services within scope of practice.	4.57
10	Knowledge of methods used to interpret radiograph results.	4.57
3	Knowledge of conditions that require a medical referral.	4.56
26	Knowledge of types of alternatives, risks, and benefits associated with dental procedures.	4.54
14	Knowledge of methods used to determine type of dental treatment to perform.	4.51
15	Knowledge of purposes of performing extraoral and intraoral examinations.	4.51
16	Knowledge of procedures used to perform extraoral and intraoral examinations.	4.48
17	Knowledge of methods used to interpret results from extraoral and intraoral examinations.	4.48
28	Knowledge of methods used to evaluate patient dentition.	4.46
19	Knowledge of methods used to detect pathologies.	4.45
7	Knowledge of types of radiographs to take during assessment.	4.45
25	Knowledge of procedures used to explain different treatment options to patients.	4.45
30	Knowledge of dental procedures that require referral to a specialist.	4.44
18	Knowledge of methods used to detect anomalies.	4.41
31	Knowledge of methods used to evaluate dental status of patient.	4.39
6	Knowledge of methods used to determine if caries is present.	4.38
13	Knowledge of different stages of periodontal disease.	4.35
24	Knowledge of methods used to determine if patient expectations can be achieved.	4.33
12	Knowledge of methods used to interpret results from periodontal examinations.	4.30
2	Knowledge of methods used to receive consent from patient for treatment.	4.30
11	Knowledge of procedures used to perform periodontal examinations.	4.29
32	Knowledge of methods used to perform follow-up dental procedures.	4.28
27	Knowledge of procedures used to take patient vital signs.	4.26
8	Knowledge of procedures used to take radiographs.	4.25

1	Knowledge of methods used to elicit information from patient during assessment.	4.14
20	Knowledge of purposes of performing temporomandibular joint examinations.	4.14
23	Knowledge of procedures used to evaluate orofacial anatomy during facial oral examinations.	4.08
21	Knowledge of procedures used to perform temporomandibular joint examinations.	4.04
22	Knowledge of methods used to interpret results from temporomandibular joint examinations.	3.98
29	Knowledge of criteria used for classification of orthodontic condition during oral examinations.	3.84
9	Knowledge of procedures used to process radiographs.	3.47

2. Endodontics (6%)

Item Number	Knowledge Statement	Mean Importance
34	Knowledge of purposes of performing endodontic examinations.	4.04
37	Knowledge of methods used to assess whether a root fracture exists.	4.02
36	Knowledge of methods used to interpret results from endodontic examinations.	4.00
33	Knowledge of contraindications and potential complications arising from root canal therapy.	3.99
35	Knowledge of procedures used to perform endodontic examinations.	3.96
38	Knowledge of methods used to assess whether a tooth perforation exists.	3.84
55	Knowledge of restorative materials used for sealing coronal access.	3.81
56	Knowledge of materials used to build up internal structure (e.g., post, core).	3.81
58	Knowledge of procedures used to build up internal structure (e.g., post, core).	3.81
54	Knowledge of methods to place coronal access restoration.	3.77
57	Knowledge of indications for placement of root canal posts.	3.77
44	Knowledge of purposes of isolating a tooth during root canal therapy.	3.71
60	Knowledge of purposes of prescribing medication relating to root canal therapy.	3.70
59	Knowledge of types of medications to prescribe relating to root canal therapy.	3.70
46	Knowledge of tooth morphology for root canal therapy.	3.69
43	Knowledge of methods used to isolate a tooth during root canal therapy.	3.67
53	Knowledge of methods used to assess whether canals have been filled.	3.67
39	Knowledge of types of anesthetics used while performing root canal therapy.	3.67
45	Knowledge of methods used to access root canals.	3.65
42	Knowledge of purposes of obtaining radiographs during phases of root canal therapy.	3.65
40	Knowledge of techniques used to administer anesthetics during root canal therapy.	3.63
61	Knowledge of pharmacology of medications used relating to root canal therapy.	3.62

47	Knowledge of procedures used to shape and clean canals during root canal therapy.	3.59
49	Knowledge of techniques used to irrigate root canals.	3.58
51	Knowledge of procedures used to fill root canals.	3.58
48	Knowledge of procedures used to measure the length of canals.	3.57
50	Knowledge of instruments used during root canal therapy.	3.56
52	Knowledge of materials used to fill root canals.	3.55
41	Knowledge of anesthetic pharmacology relating to root canal therapy.	3.47

3. Indirect Restoration (7%)

Item Number	Knowledge Statement	Mean Importance
86	Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations.	3.78
62	Knowledge of contraindications and potential complications arising from indirect restoration procedures.	3.77
70	Knowledge of procedures used to prepare teeth for indirect restorations.	3.71
63	Knowledge of procedures used to prepare patients for indirect restorations.	3.71
89	Knowledge of purposes of performing examinations for indirect restorations.	3.71
91	Knowledge of methods used to interpret results from examinations for indirect restorations.	3.70
78	Knowledge of procedures used to assess accuracy of impressions for final restorations.	3.70
73	Knowledge of materials (e.g., bonding agents, bases) used during preparation of indirect restorations.	3.69
88	Knowledge of techniques used for placing indirect restorations.	3.69
90	Knowledge of procedures used to perform examinations for indirect restorations.	3.69
77	Knowledge of procedures used to take impressions for final restorations.	3.69
72	Knowledge of techniques used during preparation of indirect restorations.	3.69
76	Knowledge of purposes of taking impressions for final restorations.	3.68
92	Knowledge of types of radiographs used during indirect restoration procedures.	3.67
87	Knowledge of luting agents used for placement of indirect restorations.	3.66
68	Knowledge of techniques used to administer anesthetics during indirect restorations.	3.65
64	Knowledge of types of anesthetics to use on patients while performing indirect restorations.	3.62
71	Knowledge of instruments used during indirect restorations.	3.60
65	Knowledge of purposes of performing records (e.g., bite registration, facebow) for final restorations.	3.58
79	Knowledge of materials used to take impressions for final restorations.	3.58
66	Knowledge of procedures used to take records (e.g., bite registration, facebow) for final restorations.	3.57

67	Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations.	3.56
81	Knowledge of techniques used for constructing provisional restorations.	3.55
83	Knowledge of techniques used for placing provisional restorations.	3.54
75	Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.	3.52
80	Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations.	3.51
85	Knowledge of methods used to remove provisional restorations.	3.51
84	Knowledge of temporary luting agents used for placement of provisional restorations.	3.48
82	Knowledge of materials used to construct provisional restorations.	3.48
74	Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations.	3.48
69	Knowledge of anesthetic pharmacology relating to indirect restorations.	3.44

4. Direct Restoration (7%)

Item Number	Knowledge Statement	Mean Importance
103	Knowledge of criteria used to identify carious lesions.	4.20
104	Knowledge of techniques used to remove carious lesions during direct restorations.	4.18
107	Knowledge of techniques used to place direct restorations.	4.15
93	Knowledge of contraindications and potential complications arising from direct restoration procedures.	4.15
106	Knowledge of techniques used to prepare teeth for direct restorations.	4.14
108	Knowledge of materials (e.g., bonding agents, bases) used during placement of direct restorations.	4.14
109	Knowledge of direct restoration restorative materials (e.g., amalgam, composite).	4.13
99	Knowledge of methods used to interpret results from examinations for direct restorations.	4.12
111	Knowledge of purposes of adjusting direct restorations.	4.12
98	Knowledge of procedures used to perform examinations for direct restorations.	4.10
97	Knowledge of purposes of performing examinations for direct restorations.	4.10
110	Knowledge of techniques used to adjust direct restorations.	4.10
95	Knowledge of techniques used to administer anesthetics during direct restorations.	4.07
94	Knowledge of types of anesthetics to use on patient while performing direct restorations.	4.06
100	Knowledge of types of radiographs used during direct restoration procedures.	4.05
105	Knowledge of instruments used during direct restorations.	4.03
102	Knowledge of purposes of isolating teeth during direct restorations.	4.01
101	Knowledge of techniques used to isolate teeth during direct restorations.	3.97
112	Knowledge of techniques used to polish direct restorations.	3.95
113	Knowledge of materials used to polish direct restorations.	3.91
96	Knowledge of anesthetic pharmacology relating to direct restorations.	3.86

5. Preventative Care (5%)

Item Number	Knowledge Statement	Mean Importance
125	Knowledge of information to give patients regarding oral hygiene and nutritional counseling.	4.22
121	Knowledge of methods used to prevent carious lesions of teeth.	4.19
124	Knowledge of purposes of performing prophylaxis on patients.	4.10
116	Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain).	4.10
118	Knowledge of instruments (e.g., scalers, ultrasonics) used during prophylaxis.	4.05
117	Knowledge of methods used to floss teeth.	4.04
114	Knowledge of procedures used to debride teeth.	4.02
120	Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis.	3.98
122	Knowledge of procedures used to apply sealants to teeth.	3.94
123	Knowledge of procedures used to apply fluoride to teeth.	3.92
119	Knowledge of medicaments and pharmacology used during prophylaxis.	3.86
115	Knowledge of techniques used to polish teeth.	3.85
126	Knowledge of contraindications and potential complications arising from space maintainers.	3.70
127	Knowledge of methods used to assess oral cavity to determine need for space maintainers.	3.70
129	Knowledge of purposes of different types of space maintainers.	3.53
134	Knowledge of postoperative care instructions for space maintainers.	3.53
132	Knowledge of purposes of removing space maintainers.	3.51
128	Knowledge of types of space maintainers.	3.51
131	Knowledge of techniques to fit and deliver space maintainers.	3.48
133	Knowledge of techniques to remove space maintainers.	3.48
130	Knowledge of materials used for space maintainers.	3.39

6. Periodontics (4%)

Item Number	Knowledge Statement	Mean Importance
144	Knowledge of conditions that require periodontal therapy.	4.09
152	Knowledge of information to give patients regarding oral hygiene for periodontal disease.	4.05
145	Knowledge of purposes of performing periodontal therapy.	4.04
138	Knowledge of methods used to educate patients about periodontal disease.	4.02
137	Knowledge of types of treatment used for patients with periodontal disease.	3.99
136	Knowledge of methods used to develop treatment plans for patients with periodontal disease.	3.97
135	Knowledge of contraindications and potential complications arising from periodontal therapy.	3.97
143	Knowledge of procedures used to remove deposits (e.g., calculus, stain) during periodontal therapy.	3.93
146	Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment.	3.92
147	Knowledge of procedures used as periodontal therapy.	3.91
142	Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy.	3.91
151	Knowledge of methods used to protect teeth after periodontal therapy.	3.82
149	Knowledge of instruments used for periodontal therapy.	3.81
139	Knowledge of types of anesthetics to use on patients while performing periodontal therapy.	3.78
140	Knowledge of procedures used to administer anesthetics during periodontal therapy.	3.77
148	Knowledge of medicaments and pharmacology used for periodontal therapy.	3.74
150	Knowledge of techniques used to polish teeth to complete periodontal therapy.	3.70
141	Knowledge of anesthetic pharmacology relating to periodontal therapy.	3.66

7. Fixed Partial Dentures (6%)

Item Number	Knowledge Statement	Mean Importance
153	Knowledge of contraindications and potential complications arising from fixed partial denture procedures.	3.64
154	Knowledge of purposes of performing examinations for fixed partial dentures.	3.59
155	Knowledge of methods used to perform examinations for fixed partial dentures.	3.55
183	Knowledge of purposes of placing fixed partial dentures in oral cavity.	3.55
184	Knowledge of techniques used to place fixed partial dentures in oral cavity.	3.55
156	Knowledge of methods used to interpret results from examinations for fixed partial dentures.	3.54
161	Knowledge of techniques used for preparation of abutments for final restoration.	3.54
162	Knowledge of methods used to assess preparation design of abutment teeth.	3.53
157	Knowledge of types of radiographs used during fixed partial denture procedures.	3.53
165	Knowledge of methods used to assess accuracy of impressions for fixed partial dentures.	3.52
180	Knowledge of methods used to assess fit of fixed partial dentures before placement.	3.51
164	Knowledge of techniques used to take impressions for fixed partial dentures.	3.50
167	Knowledge of purposes of taking impressions for fixed partial dentures.	3.48
163	Knowledge of materials (e.g., bonding agents, bases) used for the preparation of abutment teeth.	3.47
179	Knowledge of luting agents used for placement of final fixed partial dentures.	3.45
171	Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.	3.45
169	Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) while preparing fixed partial dentures.	3.44
175	Knowledge of purposes of placing provisional restorations before placing fixed partial dentures.	3.44
168	Knowledge of procedures used to take records (e.g., bite registration, facebow) for fixed partial dentures.	3.44
166	Knowledge of materials used to take impressions for fixed partial dentures.	3.43
176	Knowledge of procedures used to place provisional restorations.	3.43

159	Knowledge of techniques used to administer anesthetics for fixed partial denture preparation.	3.42
172	Knowledge of techniques used for constructing fixed partial dentures for provisional restorations.	3.41
158	Knowledge of types of anesthetics to use on patients while preparing fixed partial dentures.	3.40
174	Knowledge of instruments used during fixed partial denture placement.	3.39
170	Knowledge of materials used to take records (e.g., bite registration, facebow) for fixed partial dentures.	3.39
173	Knowledge of materials used to construct fixed partial dentures for provisional restorations.	3.38
177	Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures.	3.37
178	Knowledge of temporary luting agents used for placement of provisional fixed partial dentures.	3.35
182	Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.	3.34
181	Knowledge of pharmacology of medications (e.g., hemostatic agents) used during fixed partial denture procedures.	3.30
160	Knowledge of anesthetic pharmacology relating to fixed partial denture preparation.	3.29

8. Removable Partial Dentures (4%)

Item Number	Knowledge Statement	Mean Importance
185	Knowledge of contraindications and potential complications arising from removable partial denture procedures.	3.66
197	Knowledge of methods used to assess fit of removable partial denture components.	3.60
186	Knowledge of processes used to create a design for removable partial dentures.	3.60
198	Knowledge of purposes of performing trial fit of removable partial dentures.	3.59
200	Knowledge of procedures used to deliver removable partial dentures in oral cavity.	3.59
199	Knowledge of purposes of delivering removable partial dentures in oral cavity.	3.58
187	Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures.	3.57
188	Knowledge of procedures used to prepare oral structures before fabricating removable partial dentures.	3.56
189	Knowledge of techniques used to take impressions for removable partial dentures.	3.55
190	Knowledge of methods used to assess accuracy of impressions for removable partial dentures.	3.55
192	Knowledge of purposes of taking impressions for removable partial dentures.	3.54
194	Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for removable partial dentures.	3.54
193	Knowledge of procedures used to take records (e.g., bite registration, facebow) for removable partial dentures.	3.52
196	Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed* partial dentures.	3.50
191	Knowledge of materials used to take impressions for removable partial dentures.	3.46
195	Knowledge of materials used to take records (e.g., bite registration, facebow) for removable partial dentures.	3.45

**Note: Typo in Knowledge 196 should read "removable" partial dentures, not "fixed" partial dentures. Survey respondents rated this knowledge statement as "fixed". Workshop SMEs were informed that it should be "removable". This typo did not affect SME evaluation of the mean importance rating. This knowledge statement has been corrected in the examination outline.*

9. Complete Dentures (4%)

Item Number	Knowledge Statement	Mean Importance
201	Knowledge of contraindications and potential complications arising from complete denture procedures.	3.59
202	Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures.	3.57
213	Knowledge of methods used to assess fit of complete dentures.	3.52
215	Knowledge of purposes of delivering complete denture in oral cavity.	3.50
217	Knowledge of procedures used after delivery of complete dentures.	3.49
206	Knowledge of methods used to assess accuracy of impressions for complete dentures.	3.48
214	Knowledge of purposes of performing trial fit of complete dentures.	3.47
216	Knowledge of techniques used to place complete denture in oral cavity.	3.47
205	Knowledge of techniques used to take impressions for complete dentures.	3.47
210	Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for complete dentures.	3.46
208	Knowledge of purposes of taking impressions for complete dentures.	3.45
209	Knowledge of procedures used to take records (e.g., bite registration, facebow) for complete dentures.	3.45
203	Knowledge of methods used to create designs for complete dentures.	3.45
204	Knowledge of procedures used to prepare oral structures before fabricating complete dentures.	3.43
212	Knowledge of purposes of taking records (e.g., bite registration, facebow) for complete dentures.	3.43
207	Knowledge of materials used to take impressions for complete dentures.	3.39
211	Knowledge of materials used to take records (e.g., bite registration, facebow) for complete dentures.	3.37

10. Implant Restoration (3.5%)

Item Number	Knowledge Statement	Mean Importance
218	Knowledge of contraindications and potential complications arising from implant procedures.	3.42
219	Knowledge of purposes of performing examinations for implant procedures.	3.30
222	Knowledge of purposes of placing implant restorations in oral cavity.	3.18
227	Knowledge of procedures used to perform examinations for implants.	3.12
235	Knowledge of types of radiographs used during implant procedures.	3.12
242	Knowledge of procedures used after delivery of implant restorations.	3.11
220	Knowledge of methods used for designing implant restorations.	3.10
226	Knowledge of methods used to assess accuracy of impressions for implant restorations.	3.10
233	Knowledge of methods used to interpret results from examinations for implant restorations.	3.10
225	Knowledge of techniques used to take impressions for implant restorations.	3.09
223	Knowledge of procedures used to place implant restorations in oral cavity.	3.09
228	Knowledge of methods used to perform adjustments on implant restorations.	3.09
224	Knowledge of purposes of taking impressions for implant restorations.	3.09
240	Knowledge of methods used to assess the healing process of implants before placing implant restorations.	3.08
221	Knowledge of materials used for implant restorations.	3.07
241	Knowledge of instruments used for placing implant restorations in oral cavity.	3.06
237	Knowledge of procedures used to prepare oral cavity before fabricating implant restorations.	3.04
229	Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) for implant restorations.	3.03
232	Knowledge of procedures used to take records (e.g., bite registration, facebow) for implant restorations.	3.02
230	Knowledge of purposes of taking records (e.g., bite registration, facebow) for implant restorations.	3.01
238	Knowledge of materials used to take records for implant restorations.	3.00

231	Knowledge of purposes of placing provisional restorations in oral cavity.	2.95
234	Knowledge of procedures used to place provisional restorations in oral cavity.	2.93
236	Knowledge of techniques used for constructing provisional restorations before inserting implant restorations.	2.90
239	Knowledge of materials used to construct provisional restorations before inserting implant restorations.	2.89

11. Oral Surgery (5%)

Item Number	Knowledge Statement	Mean Importance
243	Knowledge of contraindications and potential complications arising from oral surgery procedures.	4.24
244	Knowledge of purposes of performing examinations for oral surgery.	4.14
245	Knowledge of procedures used to perform examinations for oral surgery.	4.09
246	Knowledge of methods used to interpret results from examinations for oral surgery.	4.08
252	Knowledge of purposes of performing oral surgery (e.g., extractions).	4.08
253	Knowledge of techniques used to perform oral surgery (e.g., extractions).	4.06
247	Knowledge of types of radiographs used during oral surgery procedures.	4.05
255	Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions).	4.00
258	Knowledge of procedures used during postoperative care of patients.	4.00
248	Knowledge of types of anesthetics to use on patients for oral surgery (e.g., extractions).	3.99
249	Knowledge of techniques used to administer anesthetics for oral surgery (e.g., extractions).	3.98
254	Knowledge of instruments used for oral surgery procedures.	3.98
259	Knowledge of purposes of performing postoperative procedures (e.g., dry socket).	3.97
261	Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions).	3.95
260	Knowledge of types of medications to prescribe for oral surgery (e.g., extractions).	3.95
256	Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions).	3.90
257	Knowledge of purposes of placing sutures in oral cavity.	3.90
262	Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).	3.88
250	Knowledge of anesthetic pharmacology relating to oral surgery (e.g., extractions).	3.87
251	Knowledge of procedures used to create access to surgical site.	3.86

12. Teeth Whitening (2%)

Item Number	Knowledge Statement	Mean Importance
263	Knowledge of contraindications and potential complications arising from teeth whitening procedures.	3.36
267	Knowledge of procedures used to perform teeth whitening.	3.12
266	Knowledge of materials used for teeth whitening.	3.12
268	Knowledge of methods used to evaluate effectiveness of teeth whitening agents.	3.01
269	Knowledge of techniques used to take impressions for whitening trays.	2.95
270	Knowledge of methods used to assess accuracy of impressions for whitening trays.	2.94
272	Knowledge of purposes of taking impressions for whitening trays.	2.94
271	Knowledge of materials used to take impressions for whitening trays.	2.91
273	Knowledge of techniques used for constructing whitening trays.	2.91
274	Knowledge of materials used to construct whitening trays.	2.86
264	Knowledge of purposes of isolating teeth during in-office teeth whitening.	2.85
275	Knowledge of instruments used while constructing whitening trays.	2.84
265	Knowledge of methods used to isolate teeth during in-office teeth whitening.	2.80

13. Occlusal Splint Therapy (3%)

Item Number	Knowledge Statement	Mean Importance
276	Knowledge of potential complications arising from occlusal splint therapy.	3.47
277	Knowledge of purposes of performing examinations for occlusal splint therapy.	3.46
278	Knowledge of procedures used to perform examinations for occlusal splint therapy.	3.38
292	Knowledge of purposes of delivery of occlusal splints (e.g., nightguard).	3.36
293	Knowledge of procedures used to deliver occlusal splints (e.g., nightguard).	3.34
281	Knowledge of methods used to interpret results from examination for occlusal splint therapy.	3.31
283	Knowledge of methods used to assess accuracy of impressions for occlusal splints (e.g., nightguard).	3.29
289	Knowledge of purposes of taking records (e.g., bite registration) for occlusal splints (e.g., nightguard).	3.28
282	Knowledge of techniques used to take impressions for occlusal splints (e.g., nightguard).	3.28
280	Knowledge of purposes of different designs of occlusal splints.	3.28
287	Knowledge of procedure used to assess accuracy of records (e.g., bite registration) for occlusal splints (e.g., nightguard).	3.27
279	Knowledge of methods used to design occlusal splints.	3.27
285	Knowledge of purposes of taking impressions for occlusal splints (e.g., nightguard).	3.27
286	Knowledge of procedures used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	3.26
284	Knowledge of materials used to take impressions for occlusal splints (e.g., nightguard).	3.21
291	Knowledge of materials used to construct occlusal splints (e.g., nightguard).	3.20
288	Knowledge of materials used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	3.19
290	Knowledge of techniques used for constructing occlusal splints (e.g., nightguard).	3.17
294	Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).	3.11

14. Safety and Sanitation (10.5%)

Item Number	Knowledge Statement	Mean Importance
307	Knowledge of methods used to minimize the spread of infection.	4.68
309	Knowledge of emergency protocol used in dental office to ensure patient and staff safety.	4.67
298	Knowledge of procedures used by dentist to prevent contamination or injury to self.	4.67
306	Knowledge of methods used to minimize contamination.	4.66
301	Knowledge of methods used to assess sterilization of dental instruments.	4.63
300	Knowledge of methods used to sterilize instruments to prepare for dental treatments.	4.63
299	Knowledge of items worn by dentist to facilitate safety precautions.	4.62
297	Knowledge of methods used to sanitize hands before performing dental treatments.	4.62
302	Knowledge of materials used to sterilize and disinfect dental instruments and equipment.	4.59
303	Knowledge of methods used to disinfect dental equipment.	4.59
304	Knowledge of methods used to disinfect work area before and after dental treatments.	4.58
305	Knowledge of procedures used to dispose of items (e.g., suction tips, bibs) after dental treatments.	4.55
296	Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions.	4.55
295	Knowledge of methods used to prepare patients before dental treatments.	4.52
308	Knowledge of methods used to store medications.	4.39

15. Ethics (7%)

Item Number	Knowledge Statement	Mean Importance
319	Knowledge of ethical obligation to diagnose and treat only conditions that exist.	4.61
320	Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.	4.60
310	Knowledge of methods used to explain realistic expectations about dental procedures to patients.	4.59
312	Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.	4.59
316	Knowledge of purposes of disclosing dental conditions that require future dental care.	4.56
317	Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours.	4.52
318	Knowledge of protocol used when providing emergency treatment to patient during and after office hours.	4.52
314	Knowledge of ethical considerations to facilitate continuity of dental care.	4.51
315	Knowledge of procedures used to facilitate continuity of dental care.	4.48
313	Knowledge of ethical considerations for terminating patient–dentist professional relationship.	4.48
311	Knowledge of methods to explain fees and office policies to patients.	4.33

16. Law (13%)

Item Number	Knowledge Statement	Mean Importance
337	Knowledge of laws and regulations regarding maintaining patient safety.	4.61
325	Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.	4.60
324	Knowledge of procedures used regarding disclosure of confidential patient information.	4.59
335	Knowledge of laws and regulations regarding consent to treat patients.	4.58
326	Knowledge of laws and regulations regarding documentation of dental history.	4.58
328	Knowledge of laws and regulations regarding security of patient records.	4.58
336	Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.	4.57
327	Knowledge of methods used to document patient dental history.	4.57
323	Knowledge of laws and regulations that define dentist scope of practice.	4.55
332	Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients.	4.53
331	Knowledge of laws and regulations regarding prescribing medication to patients.	4.52
333	Knowledge of protocol used when reporting suspected or known abuse of patients.	4.52
334	Knowledge of methods used to identify signs of abuse.	4.51
338	Knowledge of procedures used to supervise auxiliaries.	4.50
321	Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.	4.49
322	Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.	4.32
329	Knowledge of laws and regulations regarding documentation of controlled substances in dental facility.	4.30
330	Knowledge of methods used to inventory controlled substances in dental facility.	4.14

APPENDIX D. QUESTIONNAIRE INVITATION EMAIL

Dentist Occupational Analysis Questionnaire

Dear Licensee:

Congratulations! You were selected to receive this Dentist Occupational Analysis Questionnaire for the California Dental Board. You will receive 3 continuing education credits for the **fully completed** questionnaire.

Click the button below to start the survey. Thank you for your participation!

[Begin Survey](#)

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

Powered by  SurveyMonkey

APPENDIX E. QUESTIONNAIRE

1. Cover Letter

Dear Licensee:

Thank you for participating in this study of the dental profession in California, a project of the Dental Board of California (Board). For completing this questionnaire, you will receive **3 Continuing Education Credits.***

The Board is conducting an occupational analysis of the dental profession. The purpose of the occupational analysis is to identify the important tasks performed by dentists in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to ensure the dental licensing examinations reflect current practice. Your participation in the occupational analysis is essential to this process.

Please take the time to complete the survey questionnaire as it relates to your current job. Your responses will be kept confidential. They will not be tied to your license or personal information. Individual responses will be combined with responses of other dentists and only group data will be analyzed.

For your convenience, you do not have to complete the questionnaire in a single session. You can resume where you stopped as long as you reopen the questionnaire 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 Web link is available 24 hours a day 7 days a week.

To begin the survey, please click Next. Any question marked with an asterisk must be answered before you can progress through the questionnaire. Please submit the completed questionnaire by **April 20, 2018**.

*Continuing Education Credits will be issued for **fully completed** questionnaires only. Credits will be issued within 4-6 weeks after the survey closes. You will be asked to submit your name, dental license number, and a current email address so that the Board can issue your credits. There are 41 pages in this questionnaire. The bottom of each page has a progress bar showing you the current percentage of completion.

If you have any questions or need assistance, please contact the Board at dentalboard@dca.ca.gov or (916) 263-2300.

The Board welcomes your feedback and appreciates your time!

2. Part I - Personal Data

Complete this questionnaire only if you are currently licensed and practicing as a dentist in California.

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

3. Part I - Personal Data

The personal information requested on this page (e.g., full name, email address) is collected to ensure proper delivery of continuing education credit only and will not be associated with or presented in any public report of the results from this occupational analysis questionnaire.

*** 1. Are you currently practicing as a licensed dentist in California?**

Yes

No

*** 2. Please enter your California Dental License number.**

*** 3. Please enter your full name and a current email address that the Dental Board of California should use to issue your continuing education credits.**

Name

Email Address

4. Part I - Personal Data

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 information from this questionnaire.

4. How many years have you been licensed as a dentist in California?

- 0 to 5 years
- 6 to 10 years
- 11 to 20 years
- 21 or more years

5. How many hours per week do you perform treatment on patients?

- 0 to 9 hours
- 10 to 19 hours
- 20 to 29 hours
- 30 to 39 hours
- 40 or more hours

6. How many patients do you treat per week?

- 0 to 20 patients
- 21 to 40 patients
- 41 to 60 patients
- 61 to 80 patients
- 81 or more patients

7. How would you describe your primary work setting?

- Dental corporation
- Group practice
- Institution (e.g., prison, health facility, school)
- Sole practitioner
- Other (please specify)

8. What describes the location of your primary work setting?

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

9. What is the highest level of education you have achieved?

- Doctorate
- Postdoctoral specialty
- Other formal education (please specify)

5. Part I - Personal Data

10. How many unlicensed dental assistants (DAs) work in your office?

- 0
- 1
- 2
- 3
- 4 or more

11. How many registered dental assistants (RDAs) work in your office?

- 0
- 1
- 2
- 3
- 4 or more

12. How many registered dental assistants in extended functions (RDAEFs) work in your office?

- 0
- 1
- 2
- 3
- 4 or more

13. How many registered dental hygienists (RDHs) work in your office?

- 0
- 1
- 2
- 3
- 4 or more

14. How many registered dental hygienists in alternative practice (RDHAPs) work in your office?

- 0
- 1
- 2
- 3
- 4 or more

15. Are you familiar with the current scopes of practice of the different auxiliaries (unlicensed DAs, RDAs, and RDAEFs)?

- Yes
- No

16. Do you have the delegable duties and functions of the different auxiliaries (unlicensed DAs, RDAs, and RDAEFs) posted in your office?

- Yes
- No

17. What are the top three duties performed by your DAs?

1	
2	
3	

18. What are the top three duties performed by your RDAs?

1	
2	
3	

19. What are the top three duties performed by your RDAEFs?

1	
2	
3	

6. Part I - Personal Data

20. Which of the following services do you perform in your practice? (Check all that apply)

- Amalgam restoration
- Biopsy
- Caries index evaluation
- Conscious sedation
- Crown lengthening
- Digital impressions or crown fabrication
- Digital records and radiographs
- Extraction of impacted wisdom teeth
- Implant restoration
- Implant surgery
- Invisalign
- IV sedation
- Laser
- Microabrasion
- Nitrous oxide
- Nutritional counseling
- Oral surgery other than extractions
- Orthodontics
- Pediatric dentistry
- Porcelain inlay or onlay
- Porcelain veneers
- Splint therapy
- Temporomandibular joint therapy other than nightguard
- Trigger point analysis
- Whitening

21. How often do you perform the following tasks in your current practice?

	Does not apply to my practice	Rarely	Seldom	Regularly	Often	Very often
Endodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fixed prosthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant placement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant restoration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orthodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodontics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prophylaxis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removable prosthetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restorative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

7. Part II - Job Task Ratings

INSTRUCTIONS FOR RATING TASK STATEMENTS

This part of the questionnaire contains 133 task statements. Please rate each task as it relates to your current job as a licensed dentist using the **Frequency** and **Importance** scales displayed below.

FREQUENCY RATING SCALE

HOW OFTEN do you perform this task in your current practice?

- 0 - DOES NOT APPLY TO MY PRACTICE.** I do not perform this task in my practice.
- 1 - RARELY.** I perform this task the least often in my practice relative to other tasks I perform.
- 2 - SELDOM.** I perform this task less often than most other tasks I perform in my practice.
- 3 - REGULARLY.** I perform this task as often as other tasks I perform in my practice.
- 4 - OFTEN.** I perform this task more often than most other tasks I perform in my practice.
- 5 - VERY OFTEN.** This task is one of the tasks I perform most often in my practice relative to other tasks I perform.

IMPORTANCE RATING SCALE

HOW IMPORTANT is this task for effective performance in your current practice?

- 0 - NOT IMPORTANT.** This task is not important to my current practice.
- 1 - OF MINOR IMPORTANCE.** This task is of minor importance for effective performance 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.

8. Part II - Job Task Ratings

Your **Frequency** and **Importance** ratings should be separate and independent ratings. Therefore, the ratings that you assign using one rating scale should not influence the ratings that you assign using the other rating scale.

If the task is **NOT** part of your current job, rate the task "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 in each box to see the rating, and then select the value based on your current practice.

9. Part II - Job Task Ratings

23. 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 job (Importance).

Patient Evaluation

	Frequency	Importance
1. Conduct medical history assessment of patient to determine if treatment can be performed.	<input type="text"/>	<input type="text"/>
2. Conduct dental history assessment of patient to determine if treatment can be performed.	<input type="text"/>	<input type="text"/>
3. Evaluate current medical health of patient by taking vital signs to determine if treatment can be performed.	<input type="text"/>	<input type="text"/>
4. Evaluate patient before treatment by interpreting radiographs of oral cavity and associated structures to determine if pathology is present.	<input type="text"/>	<input type="text"/>
5. Assess periodontal condition of patient by performing a periodontal examination to assist in determining treatment.	<input type="text"/>	<input type="text"/>
6. Perform an extraoral and intraoral examination on patient to detect anomalies (e.g., tori, tongue thrust) and pathologies (e.g., cancer, oral lesion, lymph nodes) before treatment.	<input type="text"/>	<input type="text"/>
7. Assess patient temporomandibular joint (TMJ) to assist in determining treatment.	<input type="text"/>	<input type="text"/>
8. Evaluate patient dental needs during consultation to determine if patient expectations can be achieved.	<input type="text"/>	<input type="text"/>
9. Assess patient dentition by performing an oral examination to assist in determining treatment.	<input type="text"/>	<input type="text"/>
10. Inform patient of alternatives, risks, and benefits of treatment options before performing treatment.	<input type="text"/>	<input type="text"/>
11. Refer patients to specialists when dental treatment needs exceed practitioner abilities.	<input type="text"/>	<input type="text"/>
12. Perform follow-up assessment of dental procedures to evaluate patient dental status.	<input type="text"/>	<input type="text"/>

10. Part II - Job Task Ratings

24. 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 job (Importance).

Endodontics

	Frequency	Importance
13. Assess endodontic condition of patient by performing endodontic examination and diagnosis to assist in determining treatment.	<input type="text"/>	<input type="text"/>
14. Prepare for performing root canal therapy by administering anesthetics (e.g., topical, injection) for pain control.	<input type="text"/>	<input type="text"/>
15. Isolate tooth before performing root canal therapy to prevent contamination and injury to patient.	<input type="text"/>	<input type="text"/>
16. Access pulp chamber and root canals to begin root canal therapy.	<input type="text"/>	<input type="text"/>
17. Shape and clean canals to continue root canal therapy.	<input type="text"/>	<input type="text"/>
18. Obturate root canals by sealing canals to complete root canal filling.	<input type="text"/>	<input type="text"/>
19. Seal coronal access to prevent contamination of root canal by placing type of restoration.	<input type="text"/>	<input type="text"/>
20. Prepare tooth for final restoration by building up internal structure (e.g., post, core).	<input type="text"/>	<input type="text"/>
21. Prescribe medication to patient for root canal therapy to control or prevent complications (e.g., infection, swelling, pain).	<input type="text"/>	<input type="text"/>

11. Part II - Job Task Ratings

25. 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 job (Importance).

Indirect Restoration

	Frequency	Importance
22. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining indirect restorative treatment.	<input type="text"/>	<input type="text"/>
23. Prepare for indirect restoration by administering anesthetics (e.g., topical, injection) for pain control.	<input type="text"/>	<input type="text"/>
24. Prepare tooth for indirect restoration to accommodate final restoration.	<input type="text"/>	<input type="text"/>
25. Take impression of teeth to facilitate process of fabricating final restoration.	<input type="text"/>	<input type="text"/>
26. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating indirect final restoration.	<input type="text"/>	<input type="text"/>
27. Fabricate provisional restoration to restore tooth before placement of final restoration.	<input type="text"/>	<input type="text"/>
28. Place provisional restoration to temporarily restore tooth before placement of final restoration.	<input type="text"/>	<input type="text"/>
29. Remove provisional restoration from tooth before fitting indirect final restoration.	<input type="text"/>	<input type="text"/>
30. Assess indirect restoration before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	<input type="text"/>	<input type="text"/>
31. Place indirect restoration on tooth to restore tooth form and function.	<input type="text"/>	<input type="text"/>

12. Part II - Job Task Ratings

26. 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 job (Importance).

Direct Restoration

	Frequency	Importance
32. Assess restorative condition of patient by evaluating dentition and associated structures to assist in determining direct restorative treatment.	<input type="text"/>	<input type="text"/>
33. Prepare tooth for direct restoration by administering anesthetics (e.g., topical, injection) for pain control.	<input type="text"/>	<input type="text"/>
34. Isolate tooth before performing direct restoration to prevent contamination and injury to patient.	<input type="text"/>	<input type="text"/>
35. Prepare tooth for placing direct restoration by removing carious lesions and compromising features (e.g., decalcifications, unsupported enamel) from tooth.	<input type="text"/>	<input type="text"/>
36. Place direct restorative material in tooth to restore form and function.	<input type="text"/>	<input type="text"/>
37. Perform adjustment procedures of direct restoration to restore form and function before polishing restoration.	<input type="text"/>	<input type="text"/>
38. Polish direct restoration to facilitate longevity of restored tooth.	<input type="text"/>	<input type="text"/>

13. Part II - Job Task Ratings

27. 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 job (Importance).

Preventative Care

	Frequency	Importance
39. Perform prophylaxis procedures by removing deposits from tooth surfaces to improve periodontal health.	<input type="text"/>	<input type="text"/>
40. Apply fluoride to protect teeth after prophylaxis procedures.	<input type="text"/>	<input type="text"/>
41. Apply sealants to teeth to prevent dental carious lesions.	<input type="text"/>	<input type="text"/>
42. Educate patients on oral hygiene and nutrition to assist patients in maintaining dental health.	<input type="text"/>	<input type="text"/>
43. Assess oral cavity to create a design for space maintainers.	<input type="text"/>	<input type="text"/>
44. Assess fit and deliver space maintainers to prevent teeth migration.	<input type="text"/>	<input type="text"/>
45. Remove space maintainers to allow for permanent teeth eruption.	<input type="text"/>	<input type="text"/>
46. Educate patients and parents on postoperative instructions regarding space maintainers.	<input type="text"/>	<input type="text"/>

14. Part II - Job Task Ratings

28. 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 job (Importance).

Periodontics

	Frequency	Importance
47. Assess periodontal condition and develop treatment plan to prevent advancement of periodontal disease.	<input type="text"/>	<input type="text"/>
48. Prepare patient for periodontal therapy by administering anesthetics (e.g., topical, injection) for pain control.	<input type="text"/>	<input type="text"/>
49. Perform periodontal therapy (e.g., surgical and nonsurgical) to improve periodontal health.	<input type="text"/>	<input type="text"/>
50. Reevaluate patient periodontal condition after periodontal therapy to determine if additional treatment is needed.	<input type="text"/>	<input type="text"/>
51. Develop protocol for periodontal maintenance.	<input type="text"/>	<input type="text"/>

15. Part II - Job Task Ratings

29. 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 job (Importance).

Fixed Partial Dentures

	Frequency	Importance
52. Assess patient restorative condition by evaluating dentition and associated structures to assist in determining fixed partial denture restorative treatment.	<input type="text"/>	<input type="text"/>
53. Prepare teeth for fixed partial denture preparation by administering anesthetics (e.g., topical, injection) for pain control.	<input type="text"/>	<input type="text"/>
54. Prepare abutments for fixed partial denture to accommodate final restoration.	<input type="text"/>	<input type="text"/>
55. Take impression of oral cavity to facilitate process of fabricating fixed partial denture.	<input type="text"/>	<input type="text"/>
56. Take records (e.g., bite registration, facebow) of oral cavity to facilitate process of fabricating fixed partial denture.	<input type="text"/>	<input type="text"/>
57. Fabricate provisional restoration to restore teeth before placement of fixed partial denture.	<input type="text"/>	<input type="text"/>
58. Place provisional restoration to temporarily restore teeth before placement of fixed partial denture.	<input type="text"/>	<input type="text"/>
59. Remove provisional restoration from mouth before fitting fixed partial denture.	<input type="text"/>	<input type="text"/>
60. Assess fixed partial denture before final placement by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	<input type="text"/>	<input type="text"/>
61. Place fixed partial denture on abutments to restore form and function of oral cavity.	<input type="text"/>	<input type="text"/>

16. Part II - Job Task Ratings

30. 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 job (Importance).

Removable Partial Dentures

	Frequency	Importance
62. Assess oral cavity to create design for removable partial denture.	<input type="text"/>	<input type="text"/>
63. Prepare oral structures before fabricating removable partial denture.	<input type="text"/>	<input type="text"/>
64. Take impression of oral cavity to facilitate process of fabricating removable partial denture.	<input type="text"/>	<input type="text"/>
65. Take records (e.g., bite registration, facebow) to facilitate process of fabricating removable partial denture.	<input type="text"/>	<input type="text"/>
66. Perform trial fit of removable partial denture components to determine whether lab processing of removable partial denture should be performed.	<input type="text"/>	<input type="text"/>
67. Deliver removable partial denture in oral cavity to restore form and function.	<input type="text"/>	<input type="text"/>
68. Reevaluate patient removable partial denture fit and function and perform adjustments.	<input type="text"/>	<input type="text"/>

17. Part II - Job Task Ratings

31. 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 job (Importance).

Complete Dentures

	Frequency	Importance
69. Assess oral structures to create design for complete denture.	<input type="text"/>	<input type="text"/>
70. Prepare oral cavity before fabricating complete denture.	<input type="text"/>	<input type="text"/>
71. Take impression of oral cavity to facilitate process of fabricating complete denture.	<input type="text"/>	<input type="text"/>
72. Take records (e.g., bite registration, facebow) to facilitate process of fabricating complete denture.	<input type="text"/>	<input type="text"/>
73. Perform trial fit of complete denture to determine whether lab processing of complete denture can be performed.	<input type="text"/>	<input type="text"/>
74. Deliver complete denture in oral cavity to restore form and function.	<input type="text"/>	<input type="text"/>
75. Reevaluate patient complete denture fit and function and perform adjustments.	<input type="text"/>	<input type="text"/>

18. Part II - Job Task Ratings

32. 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 job (Importance).

Implant Restoration

	Frequency	Importance
76. Assess patient oral condition by evaluating dentition and associated structures to assist in determining implant treatment.	<input type="text"/>	<input type="text"/>
77. Take impression of oral cavity to facilitate process of fabricating implant restoration.	<input type="text"/>	<input type="text"/>
78. Take records (e.g., bite registration, opposing dentition) to facilitate process of fabricating implant restoration.	<input type="text"/>	<input type="text"/>
79. Assess implant and associated structures before restoration to ensure the healing process is complete.	<input type="text"/>	<input type="text"/>
80. Prepare oral structures before fabricating implant restoration.	<input type="text"/>	<input type="text"/>
81. Fabricate provisional restoration to restore oral cavity before insertion of implant restoration.	<input type="text"/>	<input type="text"/>
82. Place provisional restoration to temporarily restore oral cavity before insertion of implant restoration.	<input type="text"/>	<input type="text"/>
83. Assess implant restoration by checking fit (e.g., contacts, contours, margins, occlusion) of restoration.	<input type="text"/>	<input type="text"/>
84. Place implant restoration in oral cavity to restore form and function.	<input type="text"/>	<input type="text"/>

19. Part II - Job Task Ratings

33. 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 job (Importance).

Oral Surgery

	Frequency	Importance
85. Assess patient oral condition by evaluating dentition and associated structures to assist in determining oral surgery treatment.	<input type="text"/>	<input type="text"/>
86. Prepare patient before oral surgery (e.g., extractions) by administering anesthetics (e.g., topical, injection) for pain control.	<input type="text"/>	<input type="text"/>
87. Prepare surgical area to facilitate oral surgery procedures (e.g., extractions) by creating access to surgical site.	<input type="text"/>	<input type="text"/>
88. Perform oral surgery procedures (e.g., extractions) on patient to facilitate dental health.	<input type="text"/>	<input type="text"/>
89. Place sutures in surgical area after oral surgery (e.g., extractions) to facilitate healing process.	<input type="text"/>	<input type="text"/>
90. Perform postoperative procedures on patient to facilitate healing process.	<input type="text"/>	<input type="text"/>
91. Prescribe medication to patient for oral surgery (e.g., extractions) to control or prevent complications (e.g., infection, swelling, pain).	<input type="text"/>	<input type="text"/>

20. Part II - Job Task Ratings

34. 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 job (Importance).

Teeth Whitening

	Frequency	Importance
92. Assess patient oral condition by evaluating dentition and associated structures to assist in determining teeth whitening treatment.	<input type="text"/>	<input type="text"/>
93. Take impression of teeth to facilitate process of fabricating whitening tray.	<input type="text"/>	<input type="text"/>
94. Fabricate whitening tray to facilitate delivery of whitening agent to teeth.	<input type="text"/>	<input type="text"/>
95. Deliver whitening tray and whitening agent to facilitate teeth whitening process.	<input type="text"/>	<input type="text"/>
96. Prepare oral cavity for in-office teeth whitening procedures by isolating teeth to protect facial structure and oral cavity.	<input type="text"/>	<input type="text"/>
97. Perform in-office teeth whitening procedures by applying whitening agents to improve patient esthetics.	<input type="text"/>	<input type="text"/>
98. Review home care instructions with patient for teeth whitening.	<input type="text"/>	<input type="text"/>

21. Part II - Job Task Ratings

35. 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 job (Importance).

Occlusal Splint Therapy

	Frequency	Importance
99. Assess patient condition by evaluating dentition and associated structures to assist in determining occlusal splint therapy.	<input type="text"/>	<input type="text"/>
100. Take impression of oral cavity to facilitate process of fabricating occlusal splint (e.g., nightguard).	<input type="text"/>	<input type="text"/>
101. Take records (e.g., bite registration) to facilitate process of fabricating occlusal splint (e.g., nightguard).	<input type="text"/>	<input type="text"/>
102. Fabricate occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	<input type="text"/>	<input type="text"/>
103. Deliver occlusal splint (e.g., nightguard) to facilitate treatment of patient parafunctional habits.	<input type="text"/>	<input type="text"/>
104. Review home care instructions with patient for use and care of occlusal splints.	<input type="text"/>	<input type="text"/>
105. Reevaluate fit and function of occlusal splints and perform adjustments.	<input type="text"/>	<input type="text"/>

22. Part II - Job Task Ratings

36. 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 job (Importance).

Safety and Sanitation

	Frequency	Importance
106. Prepare patient before treatment by following safety precautions (e.g., lead apron) throughout treatment.	<input type="text"/>	<input type="text"/>
107. Sanitize hands in preparation for dental treatment by washing with soap and water.	<input type="text"/>	<input type="text"/>
108. Protect exposed areas by wearing personal protection (e.g., gloves, masks) to prevent contamination and injury.	<input type="text"/>	<input type="text"/>
109. Sterilize instruments (e.g., forceps) to prepare for dental treatment.	<input type="text"/>	<input type="text"/>
110. Disinfect equipment to prepare for dental treatment.	<input type="text"/>	<input type="text"/>
111. Disinfect work area before dental treatment to prevent contamination.	<input type="text"/>	<input type="text"/>
112. Discard disposable items (e.g., suction tips, bibs) after dental treatment to prevent spread of infection.	<input type="text"/>	<input type="text"/>
113. Store medications in secure area to protect against unauthorized use of medications.	<input type="text"/>	<input type="text"/>
114. Maintain emergency protocol within dental office to ensure patient and staff safety.	<input type="text"/>	<input type="text"/>

23. Part II - Job Task Ratings

37. 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 job (Importance).

Ethics

	Frequency	Importance
115. Address patient expectations about dental procedures to promote understanding about realistic expectations.	<input type="text"/>	<input type="text"/>
116. Disclose financial obligations related to dental procedures before patient treatment.	<input type="text"/>	<input type="text"/>
117. Verify patient understanding of alternatives, risks, and benefits of treatment options before performing treatment.	<input type="text"/>	<input type="text"/>
118. Assist patients to obtain alternate provider when dentist is unable to continue professional relationship.	<input type="text"/>	<input type="text"/>
119. Disclose to patients dental conditions that require future dental care.	<input type="text"/>	<input type="text"/>
120. Provide patient access to emergency treatment during and after office hours.	<input type="text"/>	<input type="text"/>
121. Provide patient dental treatment based only on conditions indicated from diagnosis.	<input type="text"/>	<input type="text"/>

24. Part II - Job Task Ratings

38. 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 job (Importance).

Law

	Frequency	Importance
122. Comply with legal standards regarding advertising to inform public of dental qualifications and services provided.	<input type="text"/>	<input type="text"/>
123. Comply with legal standards regarding scope of practice in the provision of services.	<input type="text"/>	<input type="text"/>
124. Maintain patient confidentiality regarding patient medical and dental history as mandated by law.	<input type="text"/>	<input type="text"/>
125. Maintain documentation (e.g., patient records, radiographs) of patient dental history as mandated by law.	<input type="text"/>	<input type="text"/>
126. Maintain security of patient records as mandated by law.	<input type="text"/>	<input type="text"/>
127. Document controlled substances within dental facility to inventory quantity as mandated by law.	<input type="text"/>	<input type="text"/>
128. Prescribe medications to patients in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>
129. Report cases of abuse to authority as defined by mandated reporting requirements (e.g., abuse of child, dependent, adult, elder).	<input type="text"/>	<input type="text"/>
130. Comply with legal standards regarding guidelines for consent to treat patients.	<input type="text"/>	<input type="text"/>
131. Comply with legal standards regarding sexual contact, conduct, and relations with patients and staff.	<input type="text"/>	<input type="text"/>
132. Supervise auxiliaries to facilitate patient safety in accordance with Board regulations.	<input type="text"/>	<input type="text"/>
133. Dispose of hazardous waste in accordance with laws and regulations.	<input type="text"/>	<input type="text"/>

25. Part III - Job Knowledge Ratings

INSTRUCTIONS FOR RATING KNOWLEDGE STATEMENTS

This part of the questionnaire contains 338 knowledge statements. Please rate each of the knowledge statements based on how **important** you believe the knowledge is for effective performance of your current job as a licensed dentist.

If the knowledge is **NOT** required for performance of your current job, rate the statement as "**DOES NOT APPLY.**"

Please use the following scale to make your ratings:

IMPORTANCE SCALE

How important is this knowledge for effective performance of tasks in your current job?

- **0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED.** This knowledge is not required for effective performance of tasks in my current practice.
- **1 - NOT IMPORTANT.** This knowledge is not important for effective performance of tasks in my current practice.
- **2 - SOMEWHAT IMPORTANT.** This knowledge is somewhat important for effective performance of tasks in my current practice.
- **3 - IMPORTANT.** This knowledge is important for effective performance of tasks in my current practice.
- **4 - VERY IMPORTANT.** This knowledge is very important for effective performance of tasks in my current practice.
- **5 - EXTREMELY IMPORTANT.** This knowledge is extremely important for effective performance of tasks in my current practice.

26. Part III - Job Knowledge Ratings

39. How important is this knowledge for effective performance of tasks in your current job?

Patient Evaluation

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
1. Knowledge of methods used to elicit information from patient during assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Knowledge of methods used to receive consent from patient for treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of conditions that require a medical referral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowledge of medical conditions that prevent dental services from being performed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Knowledge of dental services within scope of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Knowledge of methods used to determine if caries is present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Knowledge of types of radiographs to take during assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Knowledge of procedures used to take radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Knowledge of procedures used to process radiographs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Knowledge of methods used to interpret radiograph results.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Knowledge of procedures used to perform periodontal examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Knowledge of methods used to interpret results from periodontal examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Knowledge of different stages of periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Knowledge of methods used to determine type of dental treatment to perform.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Knowledge of purposes of performing extraoral and intraoral examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Knowledge of procedures used to perform extraoral and intraoral examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Knowledge of methods used to interpret results from extraoral and intraoral examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
18. Knowledge of methods used to detect anomalies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Knowledge of methods used to detect pathologies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Knowledge of purposes of performing temporomandibular joint examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Knowledge of procedures used to perform temporomandibular joint examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Knowledge of methods used to interpret results from temporomandibular joint examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Knowledge of procedures used to evaluate orofacial anatomy during facial oral examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Knowledge of methods used to determine if patient expectations can be achieved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Knowledge of procedures used to explain different treatment options to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Knowledge of types of alternatives, risks, and benefits associated with dental procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Knowledge of procedures used to take patient vital signs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Knowledge of methods used to evaluate patient dentition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Knowledge of criteria used for classification of orthodontic condition during oral examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Knowledge of dental procedures that require referral to a specialist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Knowledge of methods used to evaluate dental status of patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Knowledge of methods used to perform follow-up dental procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Part III - Job Knowledge Ratings

40. How important is this knowledge for effective performance of tasks in your current job?

Endodontics

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
33. Knowledge of contraindications and potential complications arising from root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Knowledge of purposes of performing endodontic examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Knowledge of procedures used to perform endodontic examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Knowledge of methods used to interpret results from endodontic examinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Knowledge of methods used to assess whether a root fracture exists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Knowledge of methods used to assess whether a tooth perforation exists.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Knowledge of types of anesthetics used while performing root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Knowledge of techniques used to administer anesthetics during root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Knowledge of anesthetic pharmacology relating to root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Knowledge of purposes of obtaining radiographs during phases of root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Knowledge of methods used to isolate a tooth during root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Knowledge of purposes of isolating a tooth during root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Knowledge of methods used to access root canals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Knowledge of tooth morphology for root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Knowledge of procedures used to shape and clean canals during root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Knowledge of procedures used to measure the length of canals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
49. Knowledge of techniques used to irrigate root canals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Knowledge of instruments used during root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Knowledge of procedures used to fill root canals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Knowledge of materials used to fill root canals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Knowledge of methods used to assess whether canals have been filled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Knowledge of methods to place coronal access restoration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Knowledge of restorative materials used for sealing coronal access.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Knowledge of materials used to build up internal structure (e.g., post, core).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Knowledge of indications for placement of root canal posts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Knowledge of procedures used to build up internal structure (e.g., post, core).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Knowledge of types of medications to prescribe relating to root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Knowledge of purposes of prescribing medication relating to root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Knowledge of pharmacology of medications used relating to root canal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Part III - Job Knowledge Ratings

41. How important is this knowledge for effective performance of tasks in your current job?

Indirect Restoration

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
62. Knowledge of contraindications and potential complications arising from indirect restoration procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. Knowledge of procedures used to prepare patients for indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. Knowledge of types of anesthetics to use on patients while performing indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. Knowledge of purposes of performing records (e.g., bite registration, facebow) for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Knowledge of procedures used to take records (e.g., bite registration, facebow) for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) while preparing for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. Knowledge of techniques used to administer anesthetics during indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Knowledge of anesthetic pharmacology relating to indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Knowledge of procedures used to prepare teeth for indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. Knowledge of instruments used during indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. Knowledge of techniques used during preparation of indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. Knowledge of materials (e.g., bonding agents, bases) used during preparation of indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. Knowledge of techniques used during placement of pharmacologic agents for indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. Knowledge of purposes of taking impressions for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
77. Knowledge of procedures used to take impressions for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Knowledge of procedures used to assess accuracy of impressions for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. Knowledge of materials used to take impressions for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Knowledge of materials used to take records (e.g., bite registration, facebow) for final restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. Knowledge of techniques used for constructing provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Knowledge of materials used to construct provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. Knowledge of techniques used for placing provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. Knowledge of temporary luting agents used for placement of provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Knowledge of methods used to remove provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Knowledge of methods used to check fit (e.g., contacts, contours, margins, occlusion) of indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Knowledge of luting agents used for placement of indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. Knowledge of techniques used for placing indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. Knowledge of purposes of performing examinations for indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Knowledge of procedures used to perform examinations for indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Knowledge of methods used to interpret results from examinations for indirect restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. Knowledge of types of radiographs used during indirect restoration procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Part III - Job Knowledge Ratings

42. How important is this knowledge for effective performance of tasks in your current job?

Direct Restoration

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
93. Knowledge of contraindications and potential complications arising from direct restoration procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. Knowledge of types of anesthetics to use on patient while performing direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Knowledge of techniques used to administer anesthetics during direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Knowledge of anesthetic pharmacology relating to direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Knowledge of purposes of performing examinations for direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Knowledge of procedures used to perform examinations for direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. Knowledge of methods used to interpret results from examinations for direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. Knowledge of types of radiographs used during direct restoration procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. Knowledge of techniques used to isolate teeth during direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. Knowledge of purposes of isolating teeth during direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Knowledge of criteria used to identify carious lesions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Knowledge of techniques used to remove carious lesions during direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. Knowledge of instruments used during direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Knowledge of techniques used to prepare teeth for direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Knowledge of techniques used to place direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Knowledge of materials (e.g., bonding agents, bases) used during placement of direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
109. Knowledge of direct restoration restorative materials (e.g., amalgam, composite).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Knowledge of techniques used to adjust direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Knowledge of purposes of adjusting direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Knowledge of techniques used to polish direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Knowledge of materials used to polish direct restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Part III - Job Knowledge Ratings

43. How important is this knowledge for effective performance of tasks in your current job?

Preventative Care

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
114. Knowledge of procedures used to debride teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Knowledge of techniques used to polish teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Knowledge of methods used to floss teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Knowledge of instruments (e.g., scalers, ultrasonics) used during prophylaxis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. Knowledge of medicaments and pharmacology used during prophylaxis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. Knowledge of materials (e.g., fluoride, sealants) used during prophylaxis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Knowledge of methods used to prevent carious lesions of teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. Knowledge of procedures used to apply sealants to teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. Knowledge of procedures used to apply fluoride to teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. Knowledge of purposes of performing prophylaxis on patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. Knowledge of information to give patients regarding oral hygiene and nutritional counseling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. Knowledge of contraindications and potential complications arising from space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Knowledge of methods used to assess oral cavity to determine need for space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Knowledge of types of space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Knowledge of purposes of different types of space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Knowledge of materials used for space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
131. Knowledge of techniques to fit and deliver space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Knowledge of purposes of removing space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Knowledge of techniques to remove space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Knowledge of postoperative care instructions for space maintainers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Part III - Job Knowledge Ratings

44. How important is this knowledge for effective performance of tasks in your current job?

Periodontics

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
135. Knowledge of contraindications and potential complications arising from periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Knowledge of methods used to develop treatment plans for patients with periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Knowledge of types of treatment used for patients with periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Knowledge of methods used to educate patients about periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Knowledge of types of anesthetics to use on patients while performing periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. Knowledge of procedures used to administer anesthetics during periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Knowledge of anesthetic pharmacology relating to periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Knowledge of procedures to determine the presence of deposits (e.g., calculus, stain) during periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Knowledge of procedures used to remove deposits (e.g., calculus, stain) during periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Knowledge of conditions that require periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Knowledge of purposes of performing periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Knowledge of methods used to evaluate patient periodontal condition after periodontal treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Knowledge of procedures used as periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Knowledge of medicaments and pharmacology used for periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Knowledge of instruments used for periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Knowledge of techniques used to polish teeth to complete periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
151. Knowledge of methods used to protect teeth after periodontal therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Knowledge of information to give patients regarding oral hygiene for periodontal disease.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Part III - Job Knowledge Ratings

45. How important is this knowledge for effective performance of tasks in your current job?

Fixed Partial Dentures

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
153. Knowledge of contraindications and potential complications arising from fixed partial denture procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Knowledge of purposes of performing examinations for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Knowledge of methods used to perform examinations for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Knowledge of methods used to interpret results from examinations for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Knowledge of types of radiographs used during fixed partial denture procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Knowledge of types of anesthetics to use on patients while preparing fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Knowledge of techniques used to administer anesthetics for fixed partial denture preparation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Knowledge of anesthetic pharmacology relating to fixed partial denture preparation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Knowledge of techniques used for preparation of abutments for final restoration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Knowledge of methods used to assess preparation design of abutment teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Knowledge of materials (e.g., bonding agents, bases) used for the preparation of abutment teeth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Knowledge of techniques used to take impressions for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Knowledge of methods used to assess accuracy of impressions for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Knowledge of materials used to take impressions for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Knowledge of purposes of taking impressions for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does					
	Not Apply	Not Important	Somewhat Important	Important	Very Important	Extremely Important
168. Knowledge of procedures used to take records (e.g., bite registration, facebow) for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) while preparing fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Knowledge of materials used to take records (e.g., bite registration, facebow) for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. Knowledge of techniques used for constructing fixed partial dentures for provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Knowledge of materials used to construct fixed partial dentures for provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. Knowledge of instruments used during fixed partial denture placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. Knowledge of purposes of placing provisional restorations before placing fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. Knowledge of procedures used to place provisional restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. Knowledge of techniques used to remove provisional restorations from mouth before fitting fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. Knowledge of temporary luting agents used for placement of provisional fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. Knowledge of luting agents used for placement of final fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
180. Knowledge of methods used to assess fit of fixed partial dentures before placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
181. Knowledge of pharmacology of medications (e.g., hemostatic agents) used during fixed partial denture procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
182. Knowledge of techniques used during placement of pharmacologic agents for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
183. Knowledge of purposes of placing fixed partial dentures in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
184. Knowledge of techniques used to place fixed partial dentures in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Part III - Job Knowledge Ratings

46. How important is this knowledge for effective performance of tasks in your current job?

Removable Partial Dentures

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
185. Knowledge of contraindications and potential complications arising from removable partial denture procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
186. Knowledge of processes used to create a design for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
187. Knowledge of criteria used to identify teeth modifications in preparation for fabrication of removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
188. Knowledge of procedures used to prepare oral structures before fabricating removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
189. Knowledge of techniques used to take impressions for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
190. Knowledge of methods used to assess accuracy of impressions for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
191. Knowledge of materials used to take impressions for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
192. Knowledge of purposes of taking impressions for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
193. Knowledge of procedures used to take records (e.g., bite registration, facebow) for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
194. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
195. Knowledge of materials used to take records (e.g., bite registration, facebow) for removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
196. Knowledge of purposes of taking records (e.g., bite registration, facebow) for fixed partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
197. Knowledge of methods used to assess fit of removable partial denture components.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
198. Knowledge of purposes of performing trial fit of removable partial dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
199. Knowledge of purposes of delivering removable partial dentures in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
200. Knowledge of procedures used to deliver removable partial dentures in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Part III - Job Knowledge Ratings

47. How important is this knowledge for effective performance of tasks in your current job?

Complete Dentures

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
201. Knowledge of contraindications and potential complications arising from complete denture procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
202. Knowledge of criteria used to assess patient oral conditions that affect design of complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
203. Knowledge of methods used to create designs for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
204. Knowledge of procedures used to prepare oral structures before fabricating complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
205. Knowledge of techniques used to take impressions for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
206. Knowledge of methods used to assess accuracy of impressions for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
207. Knowledge of materials used to take impressions for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
208. Knowledge of purposes of taking impressions for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
209. Knowledge of procedures used to take records (e.g., bite registration, facebow) for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
210. Knowledge of methods used to assess accuracy of records (e.g., bite registration, facebow) for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
211. Knowledge of materials used to take records (e.g., bite registration, facebow) for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
212. Knowledge of purposes of taking records (e.g., bite registration, facebow) for complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
213. Knowledge of methods used to assess fit of complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
214. Knowledge of purposes of performing trial fit of complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
215. Knowledge of purposes of delivering complete denture in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
216. Knowledge of techniques used to place complete denture in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
217. Knowledge of procedures used after delivery of complete dentures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Part III - Job Knowledge Ratings

48. How important is this knowledge for effective performance of tasks in your current job?

Implant Restoration

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
218. Knowledge of contraindications and potential complications arising from implant procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
219. Knowledge of purposes of performing examinations for implant procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
220. Knowledge of methods used for designing implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
221. Knowledge of materials used for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
222. Knowledge of purposes of placing implant restorations in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
223. Knowledge of procedures used to place implant restorations in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
224. Knowledge of purposes of taking impressions for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
225. Knowledge of techniques used to take impressions for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
226. Knowledge of methods used to assess accuracy of impressions for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
227. Knowledge of procedures used to perform examinations for implants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
228. Knowledge of methods used to perform adjustments on implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
229. Knowledge of procedures used to assess accuracy of records (e.g., bite registration, facebow) for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
230. Knowledge of purposes of taking records (e.g., bite registration, facebow) for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
231. Knowledge of purposes of placing provisional restorations in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
232. Knowledge of procedures used to take records (e.g., bite registration, facebow) for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
233. Knowledge of methods used to interpret results from examinations for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
234. Knowledge of procedures used to place provisional restorations in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
235. Knowledge of types of radiographs used during implant procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
236. Knowledge of techniques used for constructing provisional restorations before inserting implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
237. Knowledge of procedures used to prepare oral cavity before fabricating implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
238. Knowledge of materials used to take records for implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
239. Knowledge of materials used to construct provisional restorations before inserting implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
240. Knowledge of methods used to assess the healing process of implants before placing implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
241. Knowledge of instruments used for placing implant restorations in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
242. Knowledge of procedures used after delivery of implant restorations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Part III - Job Knowledge Ratings

49. How important is this knowledge for effective performance of tasks in your current job?

Oral Surgery

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
243. Knowledge of contraindications and potential complications arising from oral surgery procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
244. Knowledge of purposes of performing examinations for oral surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
245. Knowledge of procedures used to perform examinations for oral surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
246. Knowledge of methods used to interpret results from examinations for oral surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
247. Knowledge of types of radiographs used during oral surgery procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
248. Knowledge of types of anesthetics to use on patients for oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
249. Knowledge of techniques used to administer anesthetics for oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
250. Knowledge of anesthetic pharmacology relating to oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
251. Knowledge of procedures used to create access to surgical site.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
252. Knowledge of purposes of performing oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
253. Knowledge of techniques used to perform oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
254. Knowledge of instruments used for oral surgery procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
255. Knowledge of procedures used to assist in patient healing process after oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
256. Knowledge of techniques used to place sutures in oral cavity after oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
257. Knowledge of purposes of placing sutures in oral cavity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
258. Knowledge of procedures used during postoperative care of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
259. Knowledge of purposes of performing postoperative procedures (e.g., dry socket).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
260. Knowledge of types of medications to prescribe for oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
261. Knowledge of purposes of prescribing medications for oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
262. Knowledge of pharmacology of medications used for oral surgery (e.g., extractions).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Part III - Job Knowledge Ratings

50. How important is this knowledge for effective performance of tasks in your current job?

Teeth Whitening

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
263. Knowledge of contraindications and potential complications arising from teeth whitening procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
264. Knowledge of purposes of isolating teeth during in-office teeth whitening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
265. Knowledge of methods used to isolate teeth during in-office teeth whitening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
266. Knowledge of materials used for teeth whitening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
267. Knowledge of procedures used to perform teeth whitening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
268. Knowledge of methods used to evaluate effectiveness of teeth whitening agents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
269. Knowledge of techniques used to take impressions for whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
270. Knowledge of methods used to assess accuracy of impressions for whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
271. Knowledge of materials used to take impressions for whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
272. Knowledge of purposes of taking impressions for whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
273. Knowledge of techniques used for constructing whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
274. Knowledge of materials used to construct whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
275. Knowledge of instruments used while constructing whitening trays.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Part III - Job Knowledge Ratings

51. How important is this knowledge for effective performance of tasks in your current job?

Occlusal Splint Therapy

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
276. Knowledge of potential complications arising from occlusal splint therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
277. Knowledge of purposes of performing examinations for occlusal splint therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
278. Knowledge of procedures used to perform examinations for occlusal splint therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
279. Knowledge of methods used to design occlusal splints.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
280. Knowledge of purposes of different designs of occlusal splints.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
281. Knowledge of methods used to interpret results from examination for occlusal splint therapy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
282. Knowledge of techniques used to take impressions for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
283. Knowledge of methods used to assess accuracy of impressions for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
284. Knowledge of materials used to take impressions for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
285. Knowledge of purposes of taking impressions for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
286. Knowledge of procedures used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
287. Knowledge of procedure used to assess accuracy of records (e.g., bite registration) for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
288. Knowledge of materials used to take records (e.g., bite registration) for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
289. Knowledge of purposes of taking records (e.g., bite registration) for occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
290. Knowledge of techniques used for constructing occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
291. Knowledge of materials used to construct occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
292. Knowledge of purposes of delivery of occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
293. Knowledge of procedures used to deliver occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
294. Knowledge of instruments used while constructing occlusal splints (e.g., nightguard).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Part III - Job Knowledge Ratings

52. How important is this knowledge for effective performance of tasks in your current job?

Safety and Sanitation

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
295. Knowledge of methods used to prepare patients before dental treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
296. Knowledge of types of items (e.g., lead apron) used to facilitate patient safety precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
297. Knowledge of methods used to sanitize hands before performing dental treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
298. Knowledge of procedures used by dentist to prevent contamination or injury to self.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
299. Knowledge of items worn by dentist to facilitate safety precautions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
300. Knowledge of methods used to sterilize instruments to prepare for dental treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
301. Knowledge of methods used to assess sterilization of dental instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
302. Knowledge of materials used to sterilize and disinfect dental instruments and equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
303. Knowledge of methods used to disinfect dental equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
304. Knowledge of methods used to disinfect work area before and after dental treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
305. Knowledge of procedures used to dispose of items (e.g., suction tips, bibs) after dental treatments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
306. Knowledge of methods used to minimize contamination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
307. Knowledge of methods used to minimize the spread of infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
308. Knowledge of methods used to store medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
309. Knowledge of emergency protocol used in dental office to ensure patient and staff safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Part III - Job Knowledge Ratings

53. How important is this knowledge for effective performance of tasks in your current job?

Ethics

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
310. Knowledge of methods used to explain realistic expectations about dental procedures to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
311. Knowledge of methods to explain fees and office policies to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
312. Knowledge of methods used to facilitate patient comprehension of alternatives, risks, and benefits of treatment options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
313. Knowledge of ethical considerations for terminating patient–dentist professional relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
314. Knowledge of ethical considerations to facilitate continuity of dental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
315. Knowledge of procedures used to facilitate continuity of dental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
316. Knowledge of purposes of disclosing dental conditions that require future dental care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
317. Knowledge of ethical obligation to provide emergency treatment to patient during and after office hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
318. Knowledge of protocol used when providing emergency treatment to patient during and after office hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
319. Knowledge of ethical obligation to diagnose and treat only conditions that exist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
320. Knowledge of methods used to determine type of treatment to perform based on patient diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. Part III - Job Knowledge Ratings

54. How important is this knowledge for effective performance of tasks in your current job?

Law

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
321. Knowledge of laws and regulations regarding disposal of hazardous waste from dental treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
322. Knowledge of laws and regulations regarding advertisement and dissemination of information pertaining to professional qualifications and services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
323. Knowledge of laws and regulations that define dentist scope of practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
324. Knowledge of procedures used regarding disclosure of confidential patient information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
325. Knowledge of laws and regulations regarding maintaining confidentiality of patient medical and dental records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
326. Knowledge of laws and regulations regarding documentation of dental history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
327. Knowledge of methods used to document patient dental history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
328. Knowledge of laws and regulations regarding security of patient records.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
329. Knowledge of laws and regulations regarding documentation of controlled substances in dental facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
330. Knowledge of methods used to inventory controlled substances in dental facility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
331. Knowledge of laws and regulations regarding prescribing medication to patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
332. Knowledge of laws and regulations pertaining to mandated reporting of suspected or known abuse of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
333. Knowledge of protocol used when reporting suspected or known abuse of patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
334. Knowledge of methods used to identify signs of abuse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Does Not Apply	Not Important	Somewhat Important	Very Important	Extremely Important
335. Knowledge of laws and regulations regarding consent to treat patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
336. Knowledge of laws and regulations regarding sexual contact, conduct, and relations with patients and staff.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
337. Knowledge of laws and regulations regarding maintaining patient safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
338. Knowledge of procedures used to supervise auxiliaries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. Thank you!

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

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ATTACHMENT D

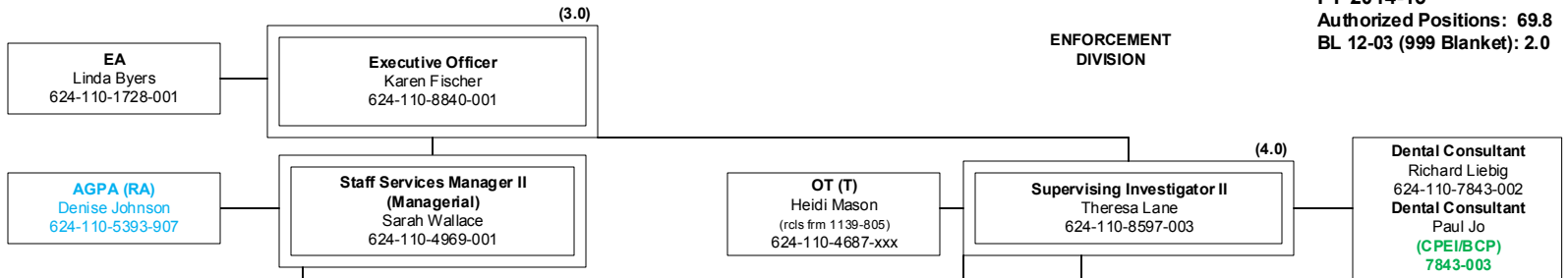
D. DENTAL BOARD OF CALIFORNIA YEAR-END ORGANIZATIONAL CHARTS (CF., SECTION 3, QUESTION 15)

- a. Fiscal Year 2014-15
- b. Fiscal Year 2015-16
- c. Fiscal Year 2016-17
- d. Fiscal Year 2017-18

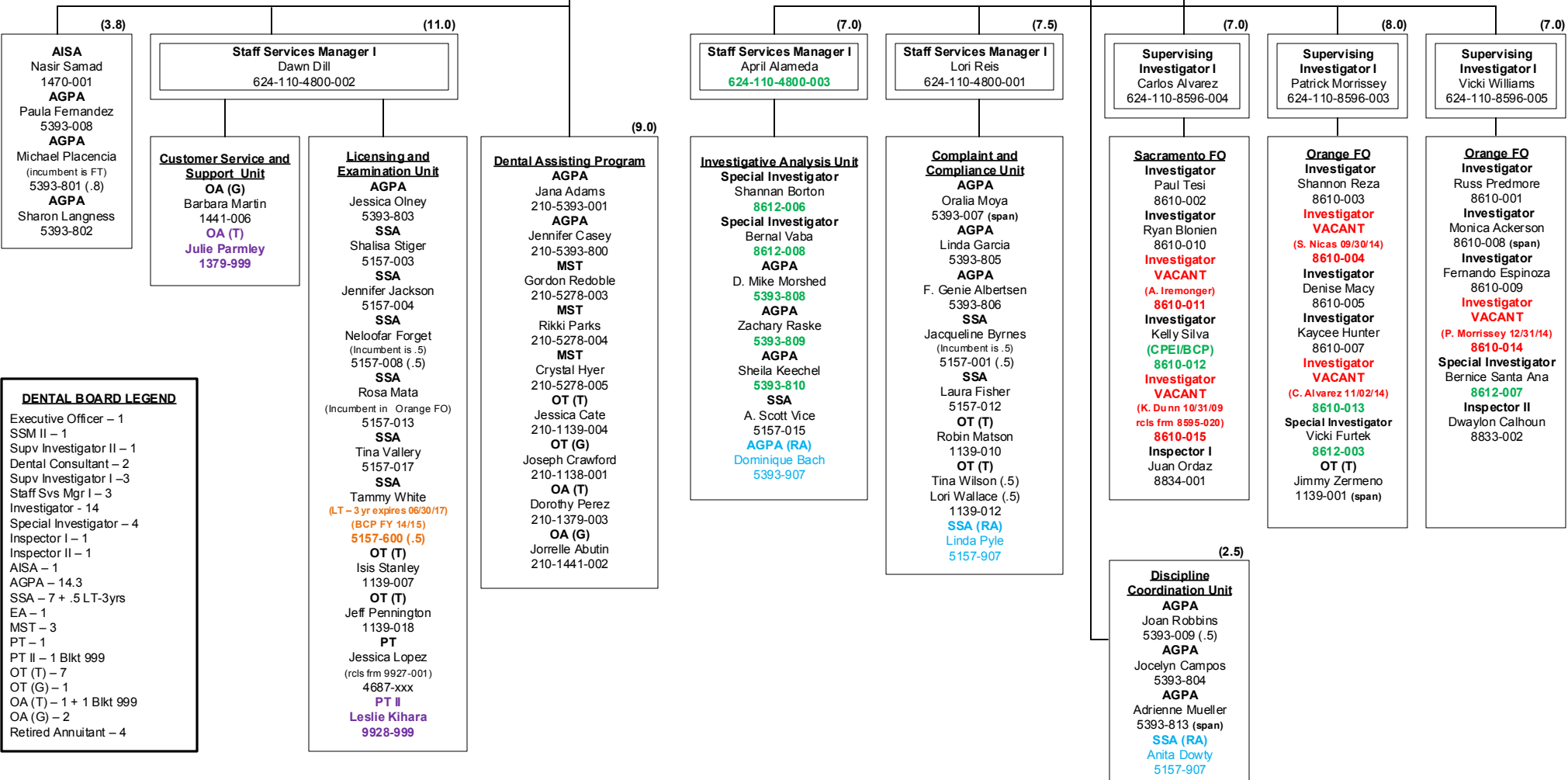
OPERATIONS DIVISION

ENFORCEMENT DIVISION

Filled: 64.8
Vacant: 5.0
Blanket: 4.0
Blanket 999: 2.0



ADMINISTRATION LICENSING & EXAMINATION ENFORCEMENT



DENTAL BOARD LEGEND
Executive Officer – 1
SSM II – 1
Supv Investigator II – 1
Dental Consultant – 2
Supv Investigator I – 3
Staff Svs Mgr I – 3
Investigator - 14
Special Investigator – 4
Inspector I – 1
Inspector II – 1
AISA – 1
AGPA – 14.3
SSA – 7 + .5 LT-3yrs
EA – 1
MST – 3
PT – 1
PT II – 1 Blkt 999
OT (T) – 7
OT (G) – 1
OA (T) – 1 + 1 Blkt 999
OA (G) – 2
Retired Annuitant – 4

Black = Filled
Red = Vacant
Green = CPEI/BCP FY 10/11 (Included in 69.8)
Orange = BCP FY 14/15 (Included in 69.8)
Lt. Blue = Blanket/Temporary Position (Not included in 69.8)
Purple = Blanket 999/Permanent Position (Not included in 69.8)

Karen Fischer, Executive Officer
Date _____

Personnel Office
Date _____

June 30, 2016

DEPARTMENT OF CONSUMER AFFAIRS
DENTAL BOARD OF CALIFORNIA

CURRENT
FY 2015-16
Authorized Positions: 71.8
BL 12-03 (999 Blanket): 2.0

OPERATIONS
DIVISION

EA
Linda Byers
624-110-1728-001

(3.0)
Executive Officer
Karen Fischer
624-110-8840-001

ENFORCEMENT
DIVISION

OT (T)
Heidi Mason
624-110-1139-806

(4.0)
Supervising Investigator II
VACANT
(T. Lane 05/31/16)
624-110-8597-003

Dental Consultant
Patrick Schenk
624-110-7843-002
Dental Consultant
Paul Jo
(CPEI/BCP)
624-110-7843-003

Filled: 60.3
Vacant: 11.5
Blanket: 3.0
Blanket 999: 2.0

ADMINISTRATION

(3.8)
AISA
David Sofia
1470-001
AGPA
Paula Fernandez
5393-008
SSA
Lusine Sarkisyan
5157-801 (.8)
AGPA
VACANT
(T. White 05/13/16)
5393-802

LICENSING & EXAMINATION

(11.0)
Staff Services Manager I
Bernal Vaba
624-110-4800-002
Customer Service and Support Unit
OA (G)
Barbara Martin
1441-006
OA (T)
Julie Parmley
1379-999

Licensing and Examination Unit
AGPA
Jessica Olney
5393-803
SSA
Shalisa Stiger
5157-003
SSA
VACANT
(J. Jackson 12/01/15 - 2 yr LT)
5157-004
SSA
Neloofar Forget
(Incumbent is .5)
5157-008 (.5)
SSA
Rosa Mata
(Incumbent in Orange FO)
5157-013
SSA
Tina Vallery
5157-017
SSA
Melissa Davis
(LT - 3 yr expires 06/30/17)
(BCP FY 14/15)
5157-600 (.5)
OT (T)
Isis Stanley
1139-007
OT (T)
Jeff Pennington
1139-018
PT
Jessica Lopez
9927-002
PT II
Leslie Kihara
9928-999

Dental Assisting Program
AGPA
Jana Adams
210-5393-001
AGPA
Leslie Campaz
(BCP 15/16)
210-5393-010
AGPA
Katie Le
210-5393-800
MST
Anna Narasaki
(BCP 15/16)
210-5278-001
MST
Gordon Redoble
210-5278-003
MST
Rikki Parks
210-5278-004
MST
Crystal Hyer
210-5278-005
OT (T)
Jessica Cate
210-1139-004
OT (G)
Joseph Crawford
210-1138-001
OA (T)
Dorothy Perez
210-1379-003
OA (G)
Jorrelle Abutin
210-1441-002

ENFORCEMENT

(7.0)
Staff Services Manager I
VACANT
(A. Alameda 03/01/16)
624-110-4800-003
Investigative Analysis Unit
Special Investigator
Shannan Borton
8612-006
Special Investigator
VACANT
(B. Vaba 03/21/16)
8612-008
AGPA
D. Mike Morshed
5393-808
AGPA
Zachary Raske
5393-809
AGPA
Sheila Keechel
5393-810
SSA
A. Scott Vice
5157-015

(7.5)
Staff Services Manager I
Chrystal Williams
624-110-4800-001
Complaint and Compliance Unit
AGPA
VACANT
(Q. Moya 12/30/15)
5393-007 (span)
AGPA
Linda Garcia
5393-805
AGPA
F. Genie Albertsen
5393-806
SSA
Jacqueline Byrnes
(Incumbent is .5)
5157-001 (.5)
SSA
Laura Fisher
5157-012
OT (T)
Ilene Dawson
1139-010
OT (T)
VACANT
(L. Wallace 09/30/15) (.5)
(T. Wilson 02/16/16) (.5)
1139-012

(7.0)
Supervising Investigator I
Carlos Alvarez
624-110-8596-004
Sacramento FO
Investigator
Paul Tesi
8610-002
Investigator
Ryan Blonien
8610-010
Investigator
Joseph Tippins
8610-011
Investigator
Kelly Silva
(CPEI/BCP)
8610-012
Investigator
VACANT
(K. Dunn 10/31/09 rcls frm 8595-020)
8610-015
Inspector I
Juan Pitta
8834-001

(8.0)
Supervising Investigator I
Patrick Morrissey
624-110-8596-003
Orange FO
Investigator
Shannon Reza
8610-003
Investigator
VACANT
(S. Nicas 09/30/14)
8610-004
Investigator
Denise Macy
8610-005
Investigator
Kaycee Hunter
8610-007
Investigator
Vicki Williams
8610-013
Special Investigator
Vicki Furtek
8612-003
OT (T)
Jimmy Zermeno
1139-001 (span)

(7.0)
Supervising Investigator I
Russell Predmore
624-110-8596-005
Orange FO
Investigator
VACANT
(R. Predmore 04/17/16)
8610-001
Investigator
Monica Ackerson
8610-008 (span)
Investigator
Fernando Espinoza
8610-009
Investigator
VACANT
(P. Morrissey 12/31/14)
8610-014
Special Investigator
Bernice Santa Ana
8612-007
Inspector II
Dwaylon Calhoun
8833-002
SP INV (RA)
Kimberly Trefry
8612-907
SP INV (RA)
Stephen Nicas
8612-907

(2.5)
Discipline Coordination Unit
AGPA
VACANT
(J. Robbins 04/30/16)
5393-009 (.5)
AGPA
Jocelyn Campos
5393-804
AGPA
Adrienne Mueller
5393-813 (span)
SSA (RA)
Anita Dowdy
5157-907

DENTAL BOARD LEGEND
Executive Officer - 1
SSM II - 1
Supv Investigator II - 1
Dental Consultant - 2
Supv Investigator I - 3
Staff Svs Mgr I - 3
Investigator - 14
Special Investigator - 4
Inspector I - 1
Inspector II - 1
AISA - 1
AGPA - 15.3
SSA - 7 + .5 LT-3yrs
EA - 1
MST - 4
PT - 1
PT II - 1 Blkt 999
OT (T) - 7
OT (G) - 1
OA (T) - 1 + 1 Blkt 999
OA (G) - 2
Retired Annuitant - 3

Black = Filled
Red = Vacant
Green = CPEI/BCP FY 10/11 (Included in 71.8)
Orange = BCP FY 14/15 (Included in 71.8)
Lt. Blue = Blanket/Temporary Position (Not included in 71.8)
Purple = Blanket 999/Permanent Position (Not included in 71.8)

Karen Fischer, Executive Officer Date

Personnel Office Date

+ Entire program is designated CORI

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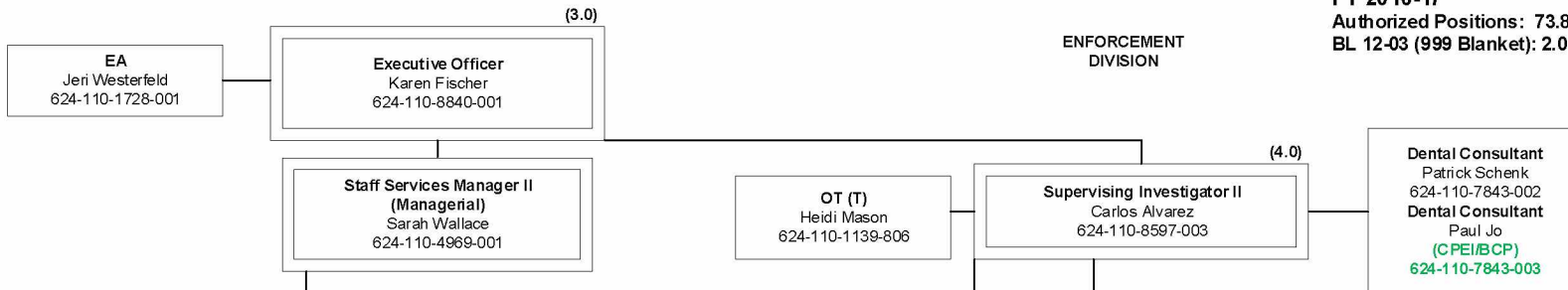
DEPARTMENT OF CONSUMER AFFAIRS
DENTAL BOARD OF CALIFORNIA

June 30, 2017

CURRENT
FY 2016-17
Authorized Positions: 73.8
BL 12-03 (999 Blanket): 2.0

OPERATIONS
DIVISION

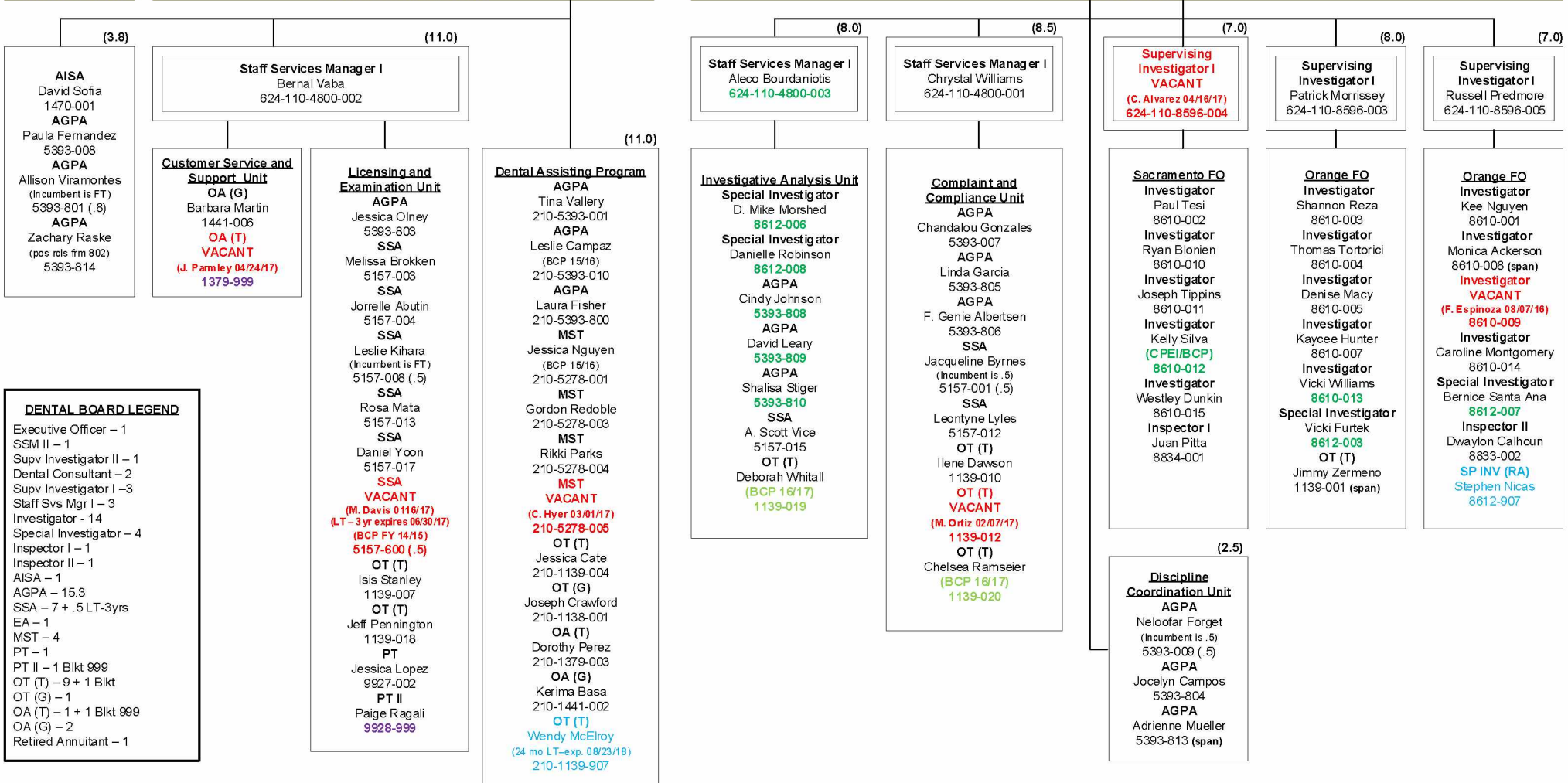
ENFORCEMENT
DIVISION



Filled: 69.3
Vacant: 4.5

Blanket: 2.0
Blanket 999: 2.0

ADMINISTRATION LICENSING & EXAMINATION ENFORCEMENT



DENTAL BOARD LEGEND

- Executive Officer – 1
- SSM II – 1
- Supv Investigator II – 1
- Dental Consultant – 2
- Supv Investigator I – 3
- Staff Svs Mgr I – 3
- Investigator - 14
- Special Investigator – 4
- Inspector I – 1
- Inspector II – 1
- AISA – 1
- AGPA – 15.3
- SSA – 7+ .5 LT-3yrs
- EA – 1
- MST – 4
- PT – 1
- PT II – 1 Blkt 999
- OT (T) – 9 + 1 Blkt
- OT (G) – 1
- OA (T) – 1 + 1 Blkt 999
- OA (G) – 2
- Retired Annuitant – 1

Black = Filled
Red = Vacant
Green = CPEI/BCP FY 10/11 (Included in 73.8)
Lime = BCP FY 16/17 (Included in the 73.8)
Lt. Blue = Blanket/Temporary Position (Not included in 73.8)
Purple = Blanket 999/Permanent Position (Not included in 73.8)

Karen Fischer, Executive Officer _____ Date _____
Personnel Office _____ Date _____

+ Entire program is designated CORI

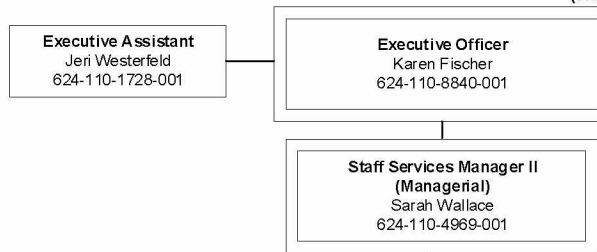
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DEPARTMENT OF CONSUMER AFFAIRS
DENTAL BOARD OF CALIFORNIA

June 30, 2018

CURRENT
FY 2017-18
Authorized Positions: 74.3
BL 12-03 (999 Blanket): 2.0

OPERATIONS
DIVISION



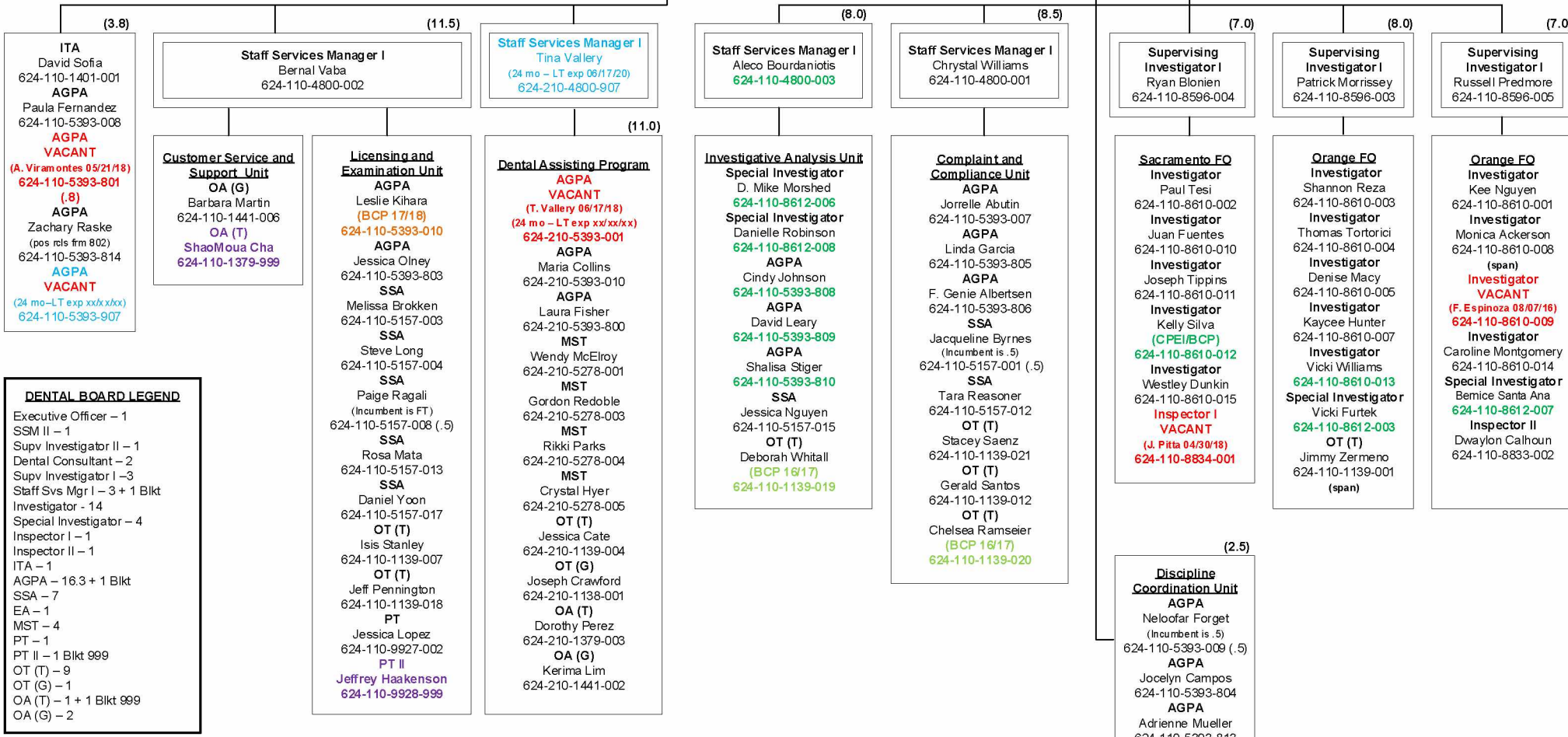
Filled: 70.5
Vacant: 3.8

Blanket: 2.0
Blanket 999: 2.0

ENFORCEMENT
DIVISION



ADMINISTRATION **LICENSING & EXAMINATION** **ENFORCEMENT**



DENTAL BOARD LEGEND
Executive Officer – 1
SSM II – 1
Supv. Investigator II – 1
Dental Consultant – 2
Supv. Investigator I – 3
Staff Svs Mgr I – 3 + 1 Blkt
Investigator - 14
Special Investigator – 4
Inspector I – 1
Inspector II – 1
ITA – 1
AGPA – 16.3 + 1 Blkt
SSA – 7
EA – 1
MST – 4
PT – 1
PT II – 1 Blkt 999
OT (T) – 9
OT (G) – 1
OA (T) – 1 + 1 Blkt 999
OA (G) – 2

Black = Filled
Red = Vacant
Green = CPEI/BCP FY 10/11 (Included in 74.3)
Light Green = BCP FY 16/17 (Included in the 74.3)
Orange = BCP FY 17/18 (Included in 74.3)
Light Blue = Blanket/Temporary Position (Not included in 74.3)
Purple = Blanket 999/Permanent Position (Not included in 74.3)

Karen Fischer, Executive Officer _____ Date _____
Personnel Office _____ Date _____

+ Entire program is designated CORI

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ATTACHMENT E

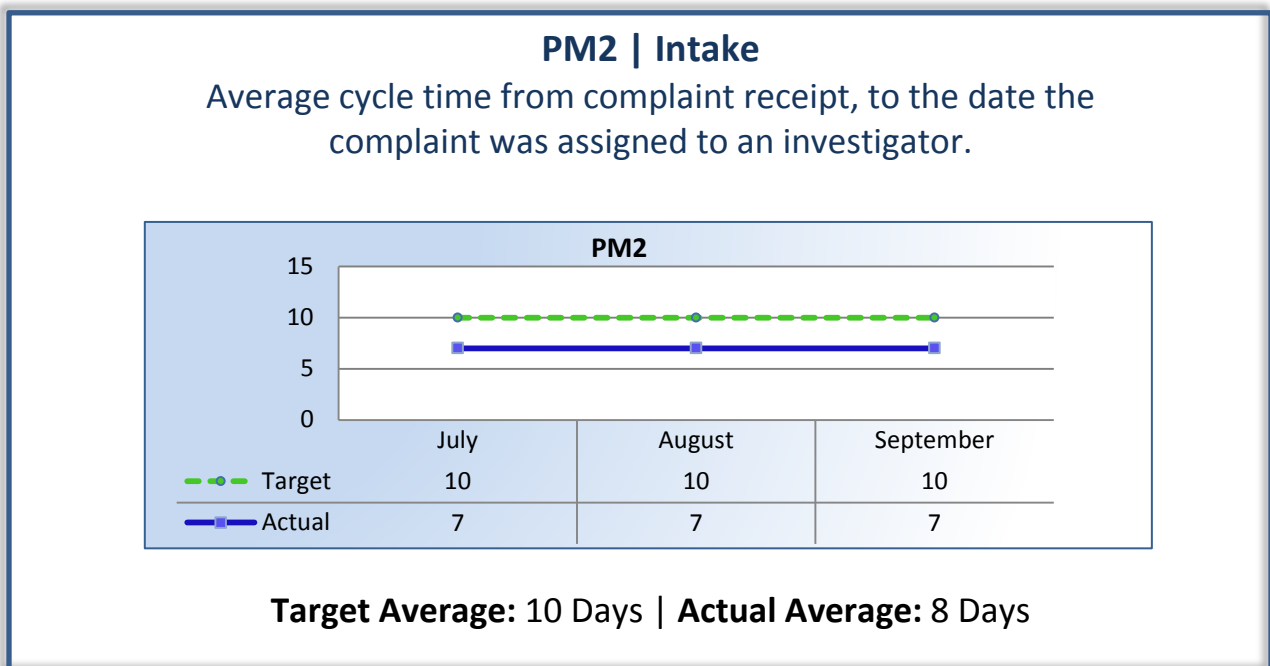
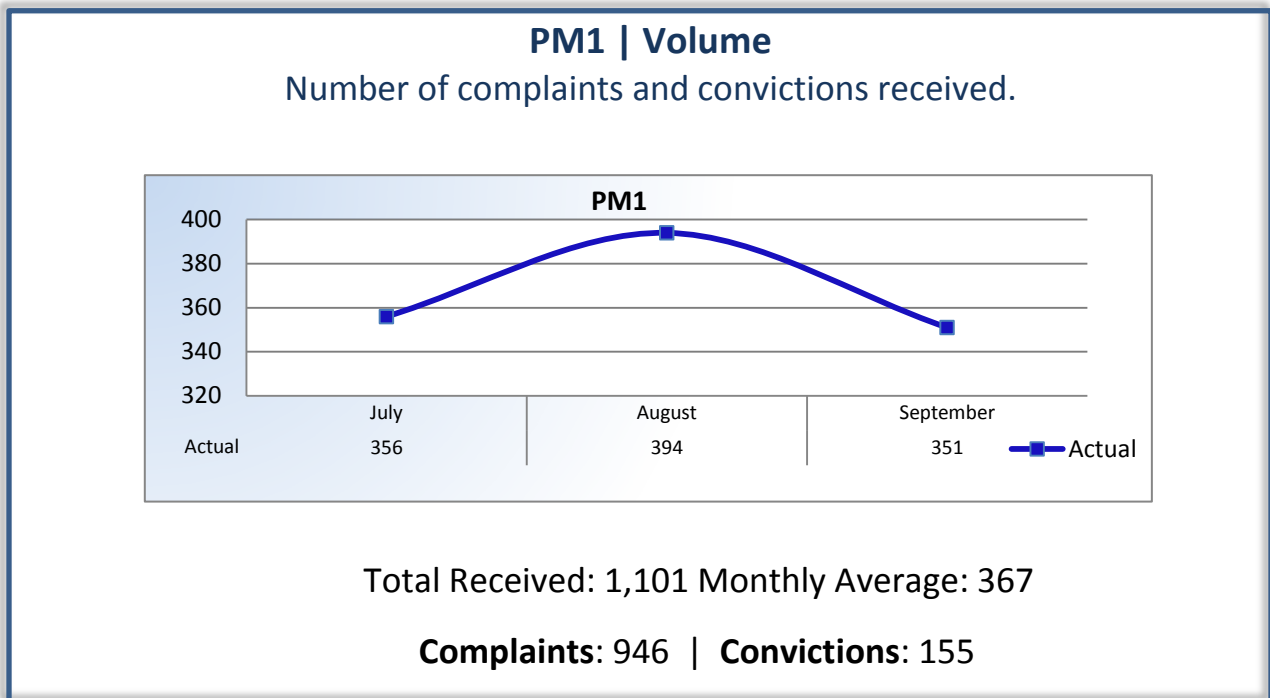
**DENTAL BOARD OF CALIFORNIA
PERFORMANCE MEASURES
(CF., SECTION 2, QUESTION 6)**

Dental Board of California

Performance Measures

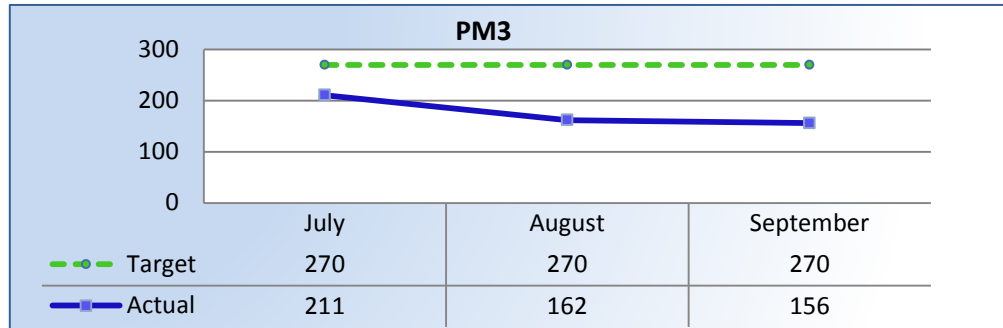
Q1 Report (July - September 2014)

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



PM3 | Intake & Investigation

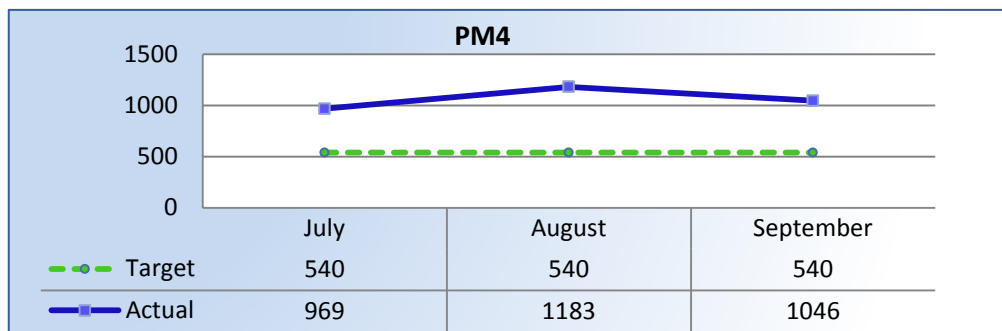
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 270 Days | Actual Average: 176 Days

PM4 | Formal Discipline

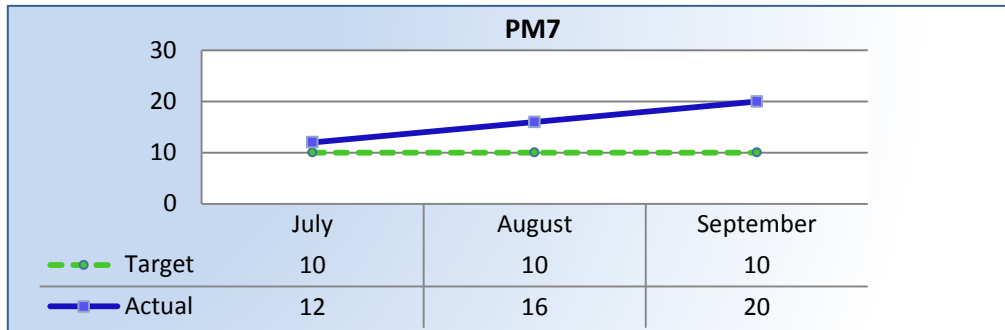
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 1,067 Days

PM7 | Probation Intake

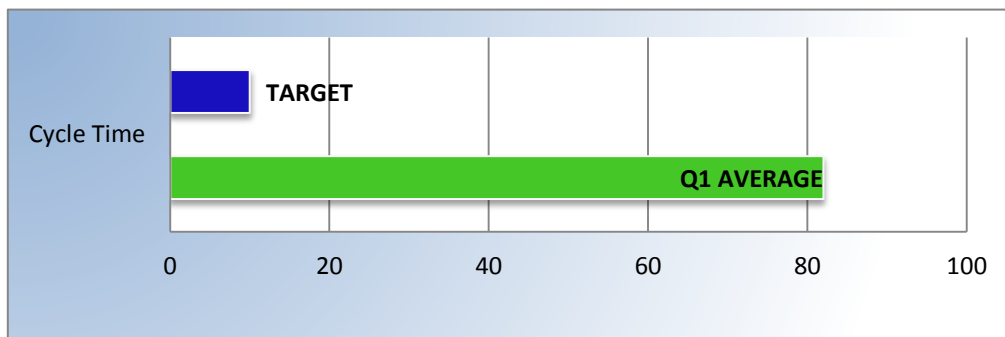
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 17 Days

PM8 | Probation Violation Response

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



Target Average: 15 Days | Actual Average: 82 Days

Dental Board of California

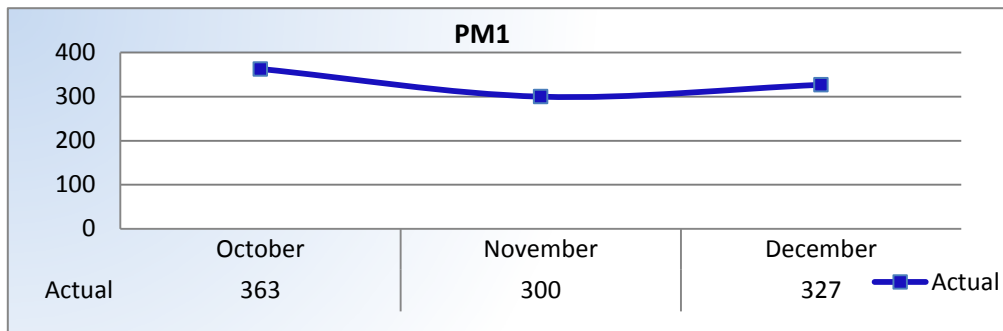
Performance Measures

Q2 Report (October - December 2014)

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

PM1 | Volume

Number of complaints and convictions received.

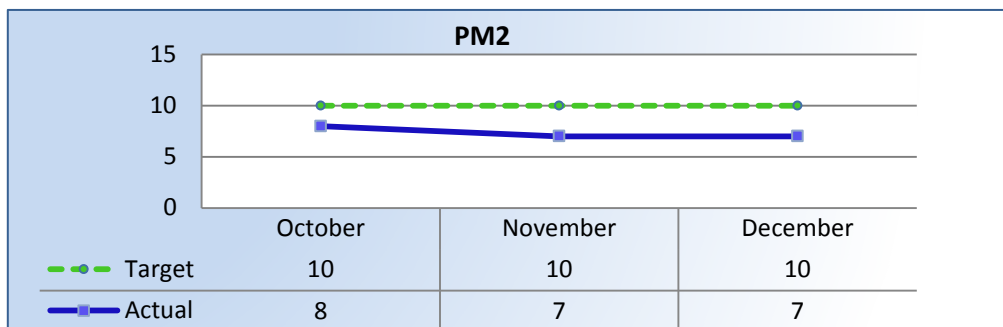


Total Received: 990 Monthly Average: 330

Complaints: 866 | Convictions: 124

PM2 | Intake

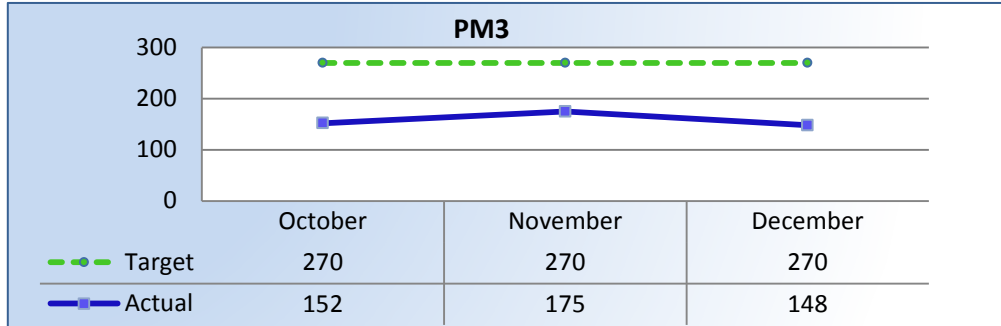
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 7 Days

PM3 | Intake & Investigation

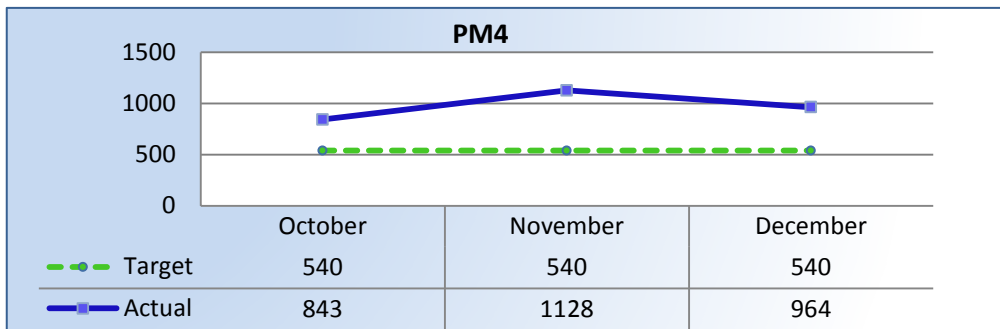
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 270 Days | Actual Average: 157 Days

PM4 | Formal Discipline

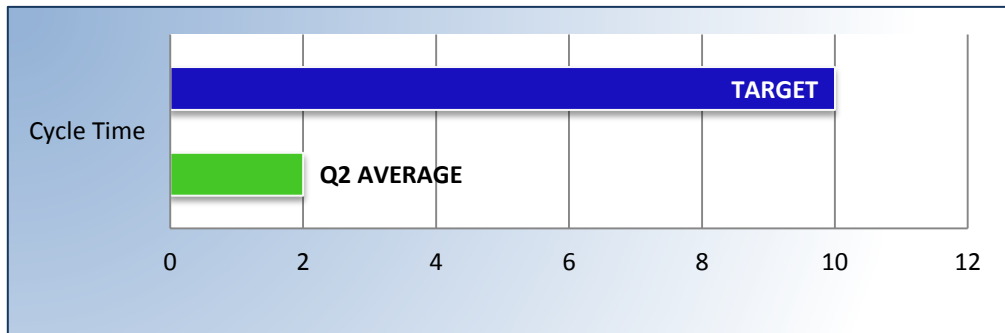
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 906 Days

PM7 | Probation Intake

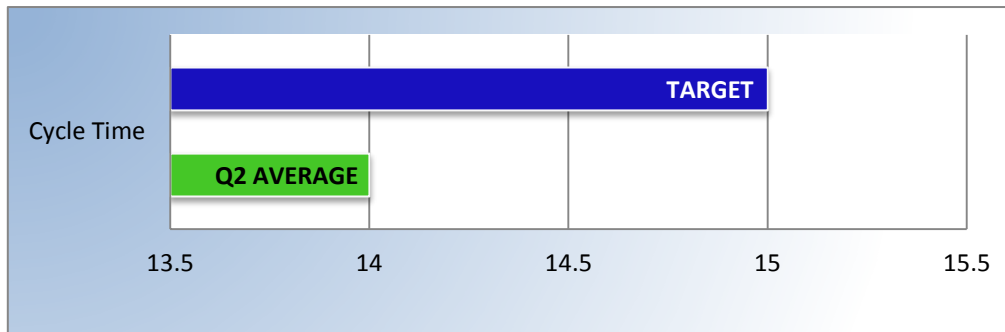
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 2 Days

PM8 | Probation Violation Response

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



Target Average: 15 Days | Actual Average: 14 Days

Dental Board of California

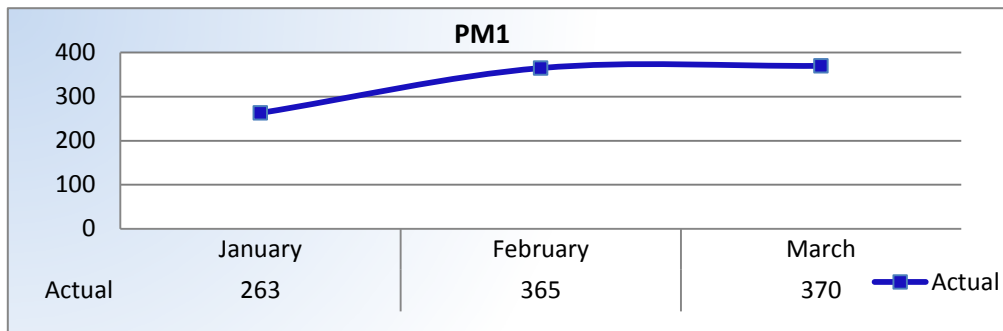
Performance Measures

Q3 Report (January - March 2015)

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

PM1 | Volume

Number of complaints and convictions received.

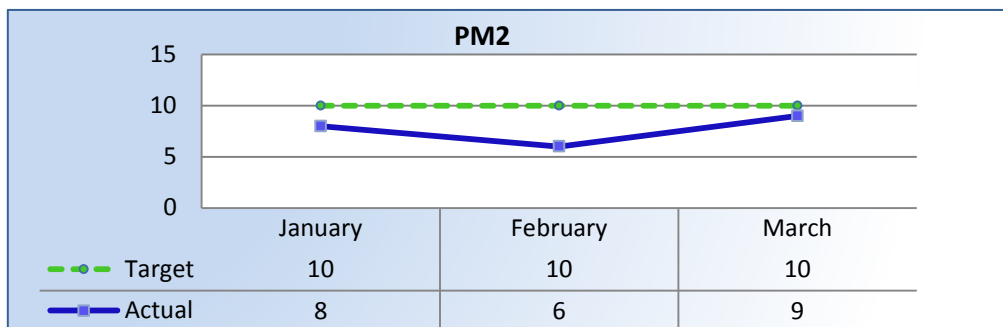


Total Received: 998 Monthly Average: 333

Complaints: 848 | Convictions: 150

PM2 | Intake

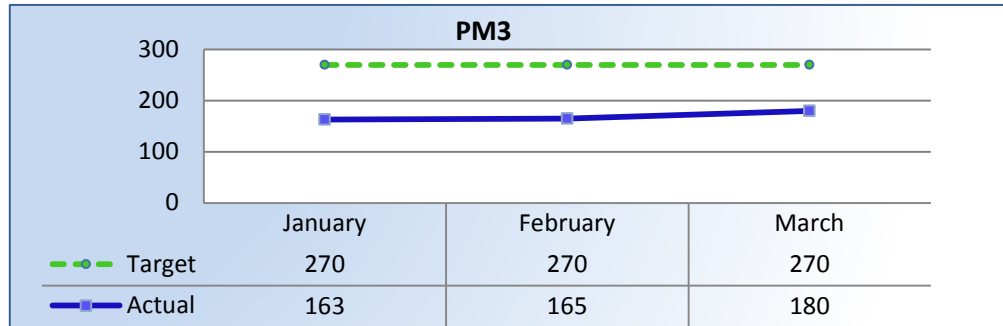
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 8 Days

PM3 | Intake & Investigation

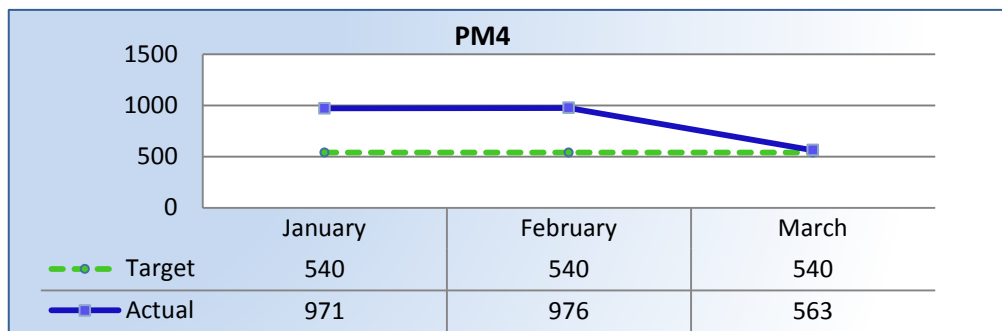
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



Target Average: 270 Days | Actual Average: 170 Days

PM4 | Formal Discipline

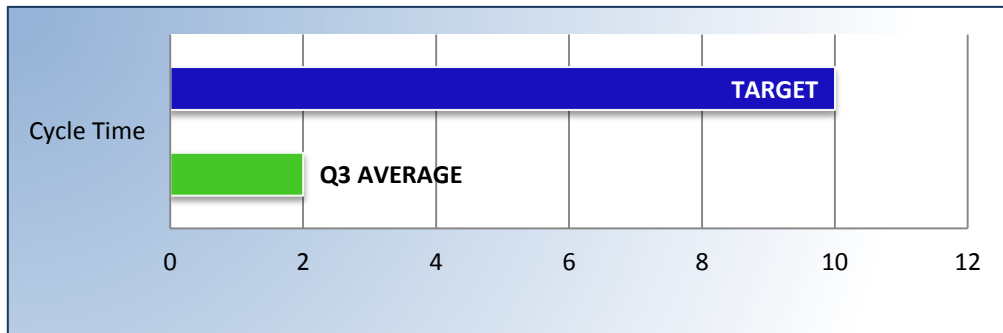
Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG).



Target Average: 540 Days | Actual Average: 891 Days

PM7 | Probation Intake

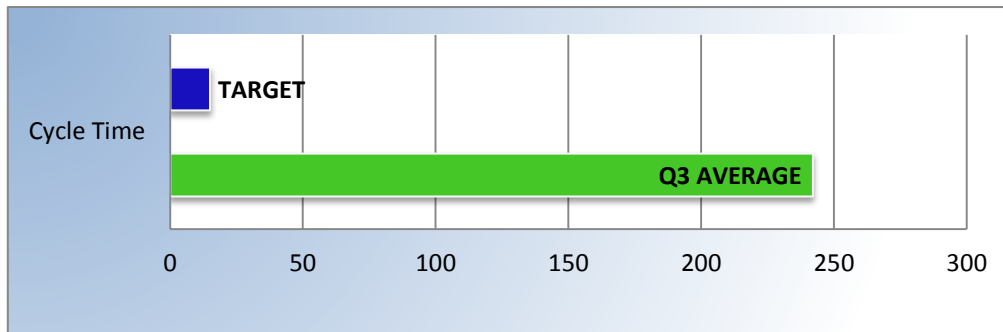
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 2 Days

PM8 | Probation Violation Response

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



Target Average: 15 Days | Actual Average: 242 Days

Dental Board of California

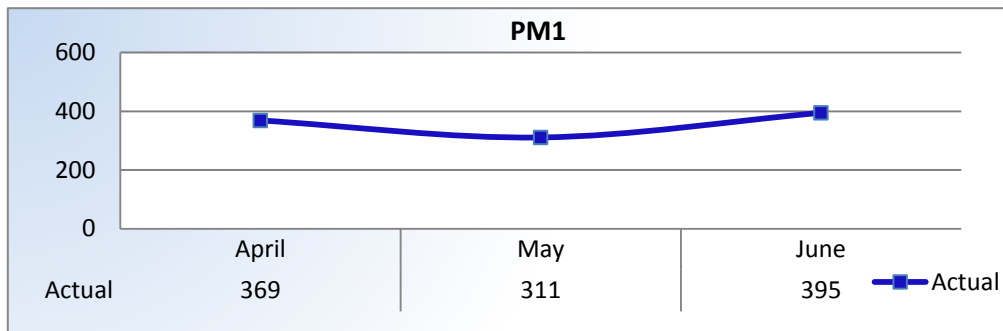
Performance Measures

Q4 Report (April - June 2015)

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

PM1 | Volume

Number of complaints and convictions received.

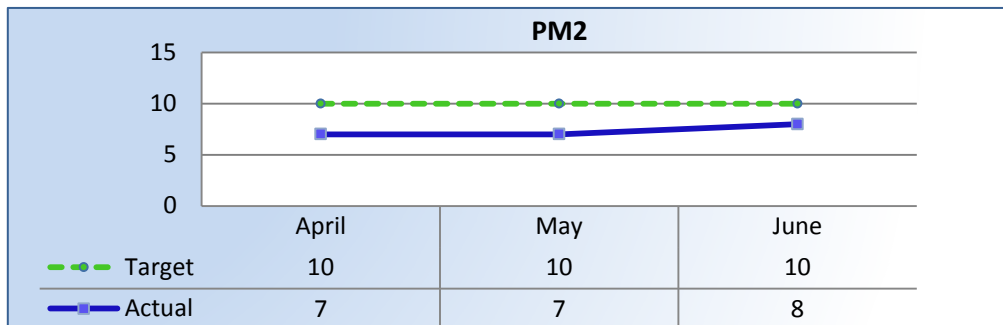


Total Received: 1,075 Monthly Average: 358

Complaints: 882 | Convictions: 193

PM2 | Intake

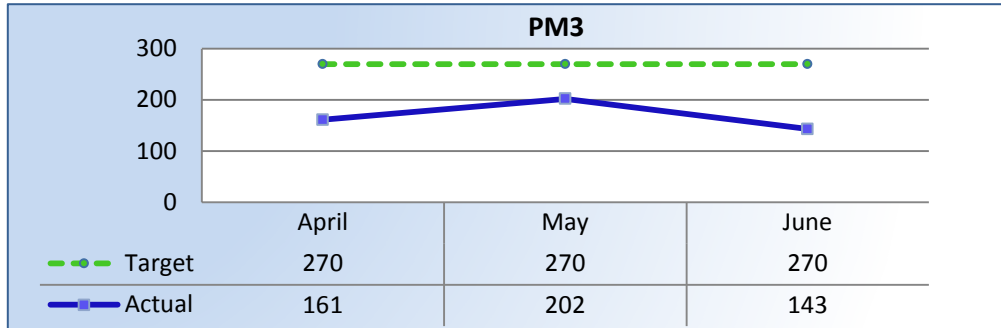
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 7 Days

PM3 | Intake & Investigation

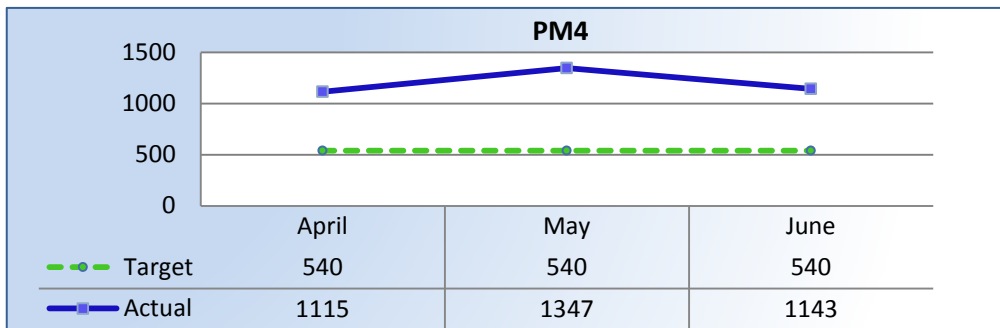
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 270 Days | Actual Average: 166 Days

PM4 | Formal Discipline

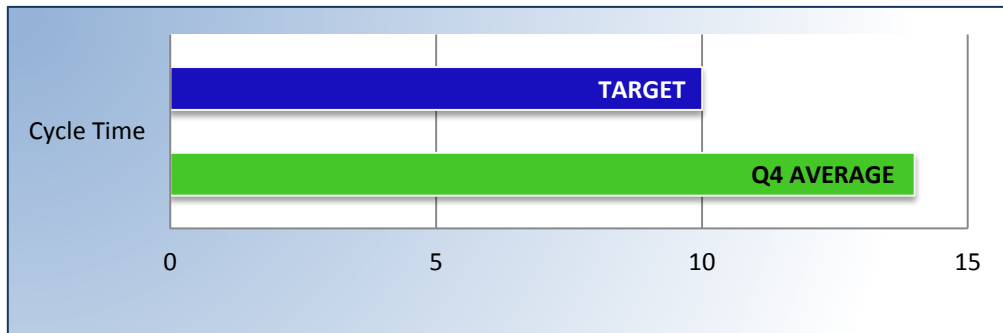
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 1,165 Days

PM7 | Probation Intake

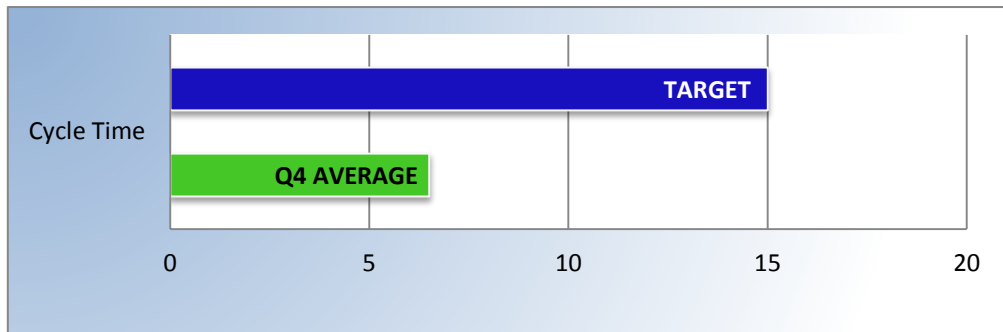
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 14 Days

PM8 | Probation Violation Response

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



Target Average: 15 Days | Actual Average: 7 Days

Dental Board of California

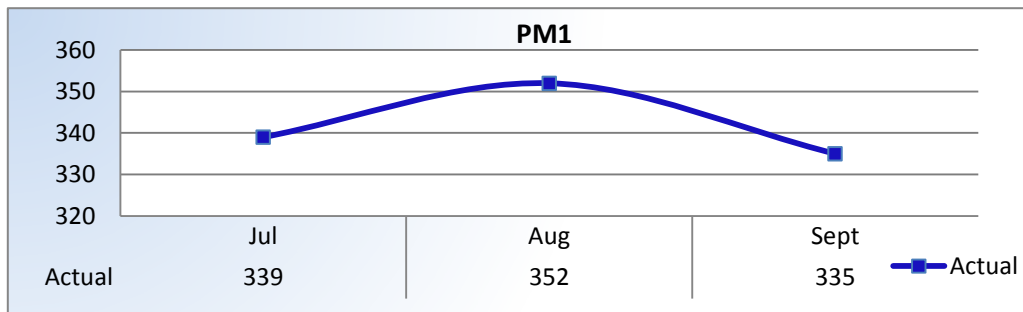
Performance Measures

Q1 Report (July - September 2015)

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

PM1 | Volume

Number of complaints and convictions received.

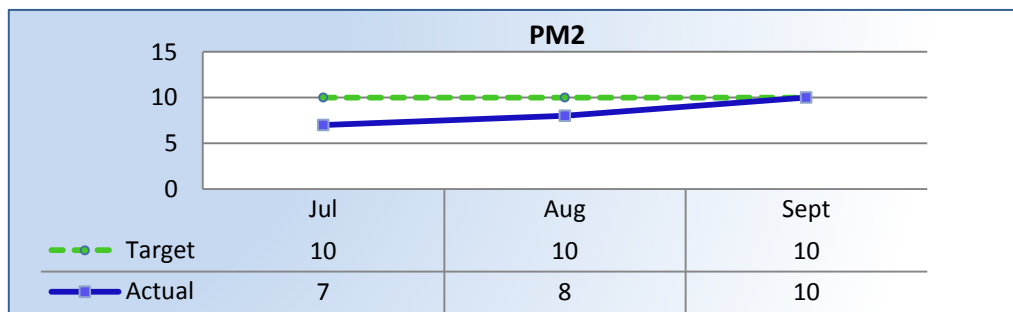


Total Received: 1,026 Monthly Average: 342

Complaints: 825 | Convictions: 201

PM2 | Intake

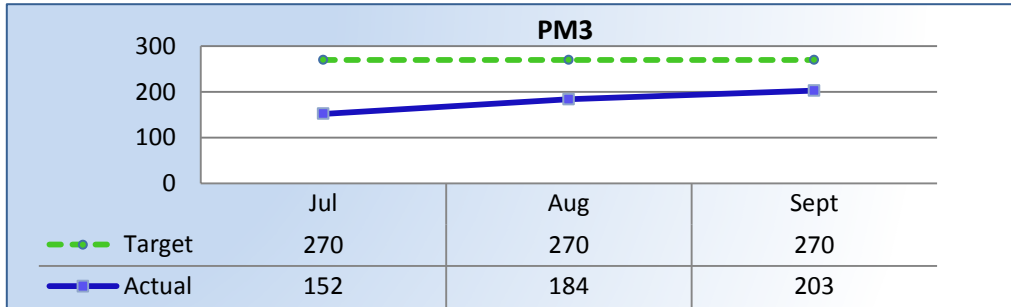
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 8 Days

PM3 | Intake & Investigation

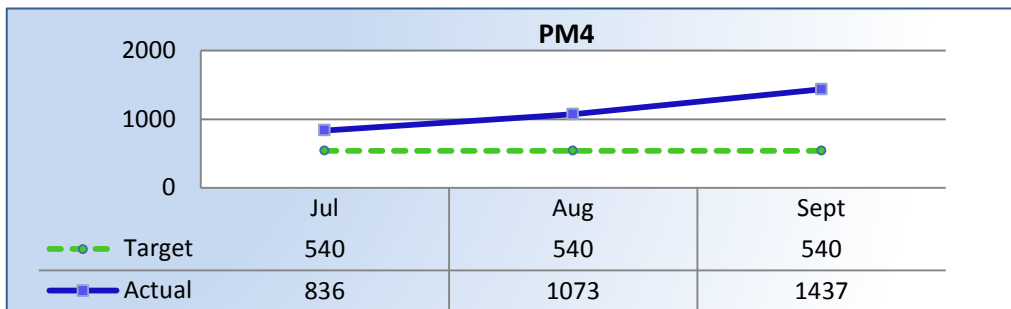
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 270 Days | Actual Average: 178 Days

PM4 | Formal Discipline

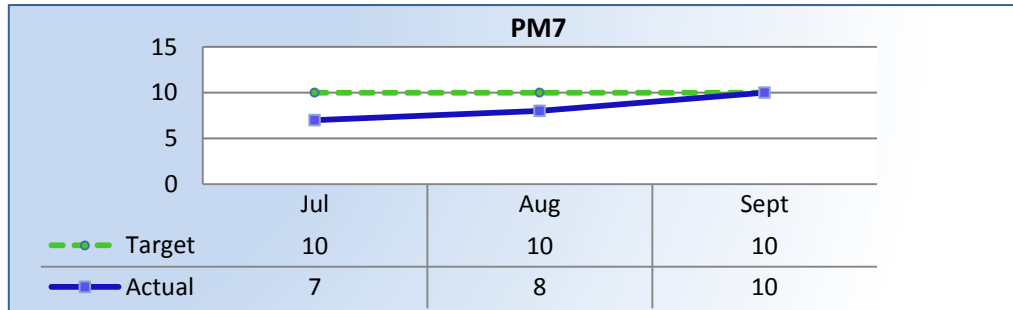
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 1,075 Days

PM7 | Probation Intake

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



*This measure does not account for the effective date of the probation period. First contact with the probationer may occur prior to the effective date of the probation period or the issuance of the license.

Target Average: 10 Days | Actual Average: 8 Days

PM8 | Probation Violation Response

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

The Board did not have any probation violations this quarter.

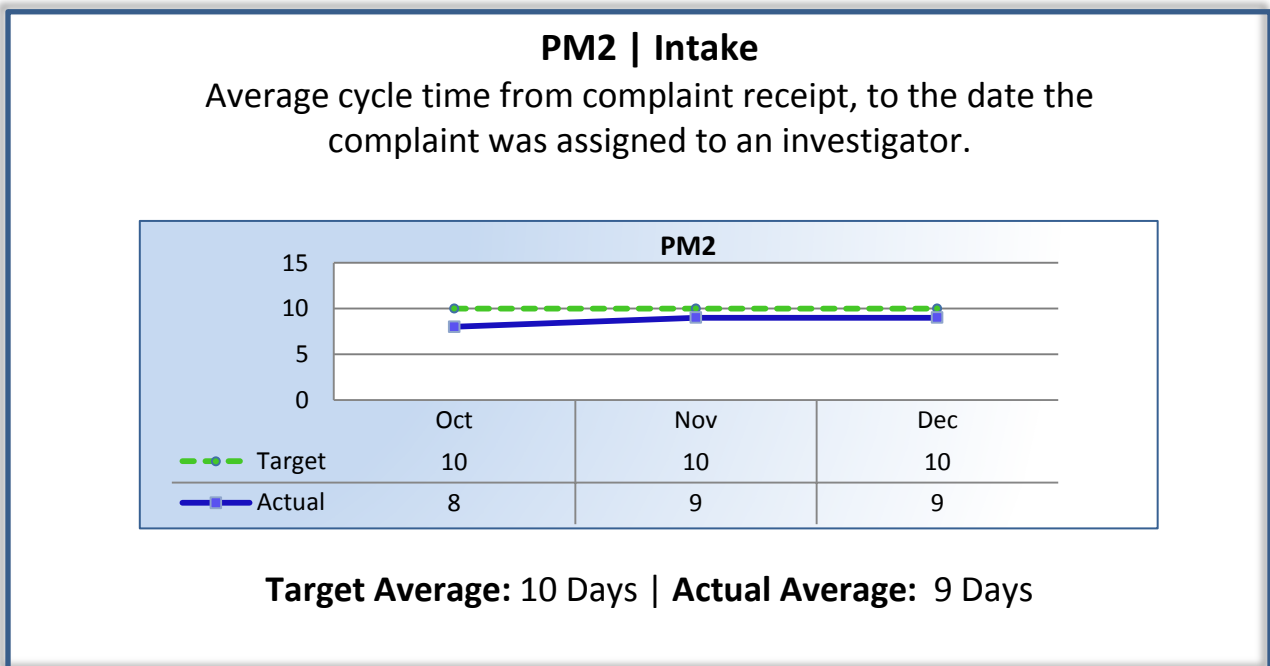
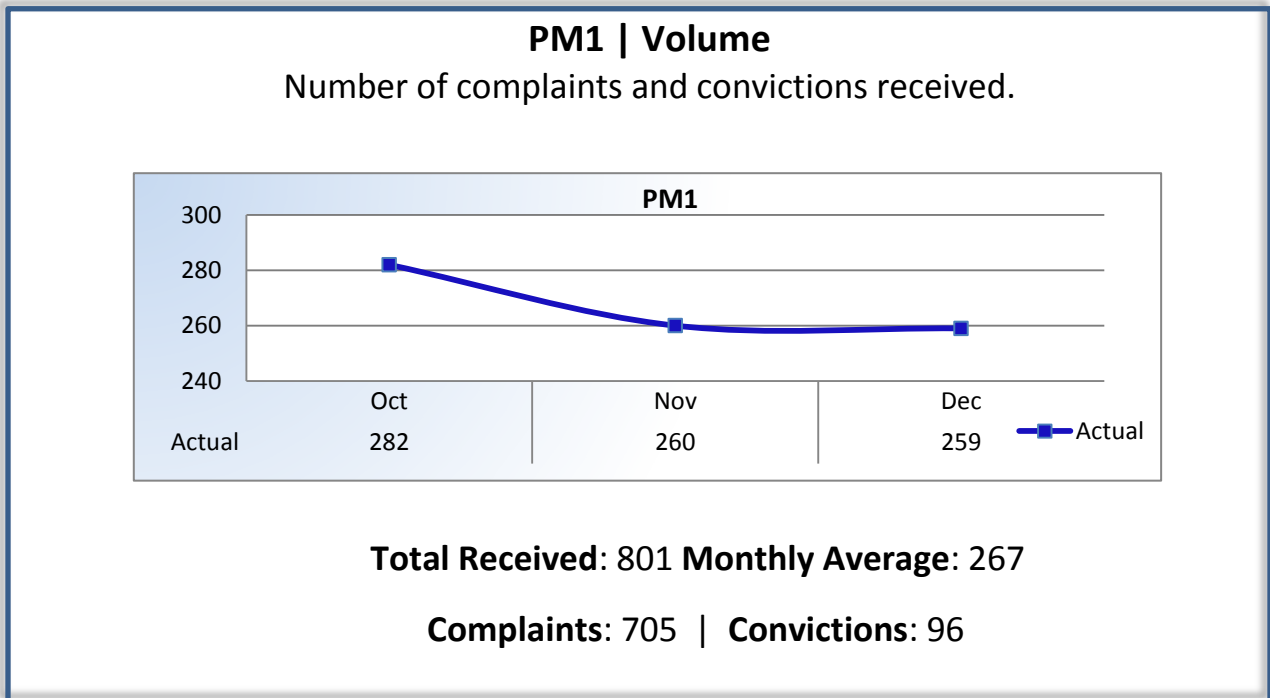
Target Average: 15 Days | Actual Average: N/A

Dental Board of California

Performance Measures

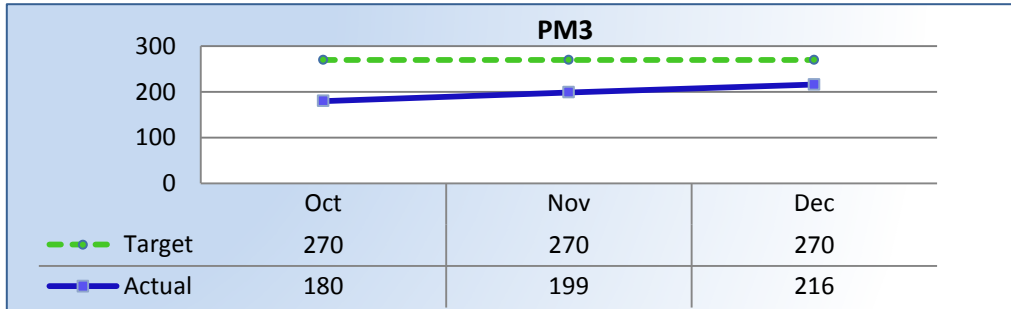
Q2 Report (October - December 2015)

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



PM3 | Intake & Investigation

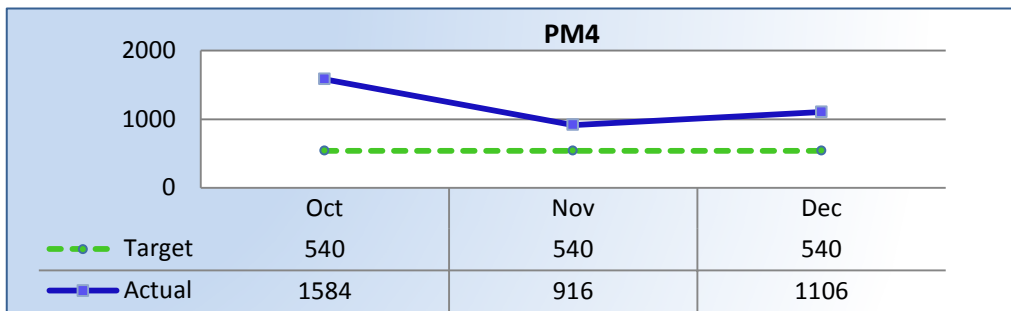
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 270 Days | Actual Average: 200 Days

PM4 | Formal Discipline

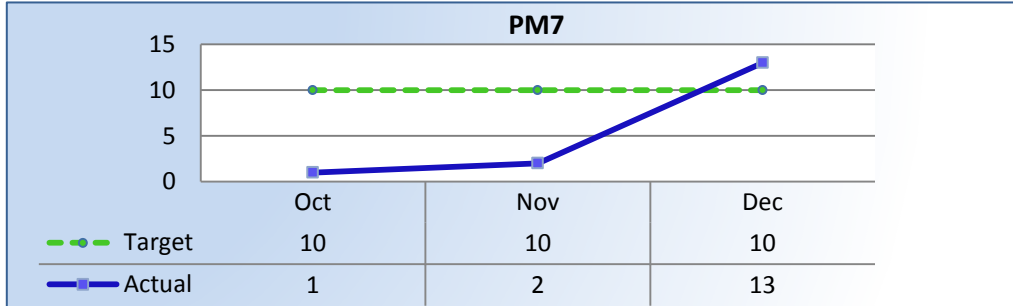
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 1,059 Days

PM7 | Probation Intake

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

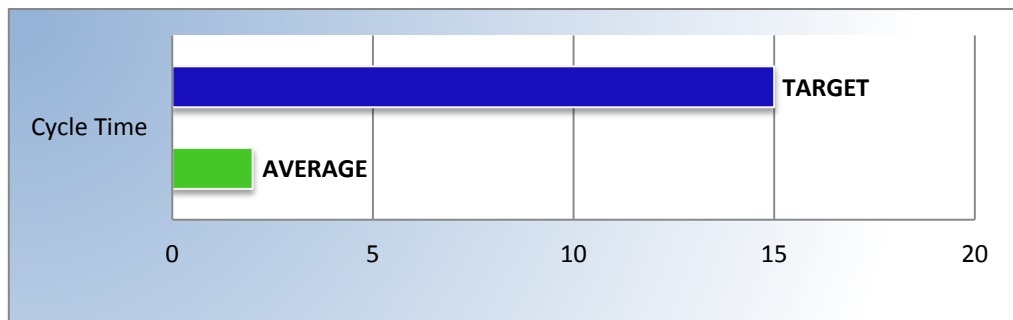


*This measure does not account for the effective date of the probation period. First contact with the probationer may occur prior to the effective date of the probation period or the issuance of the license.

Target Average: 10 Days | Actual Average: 6 Days

PM8 | Probation Violation Response

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



Target Average: 15 Days | Actual Average: 2 Days

Dental Board of California

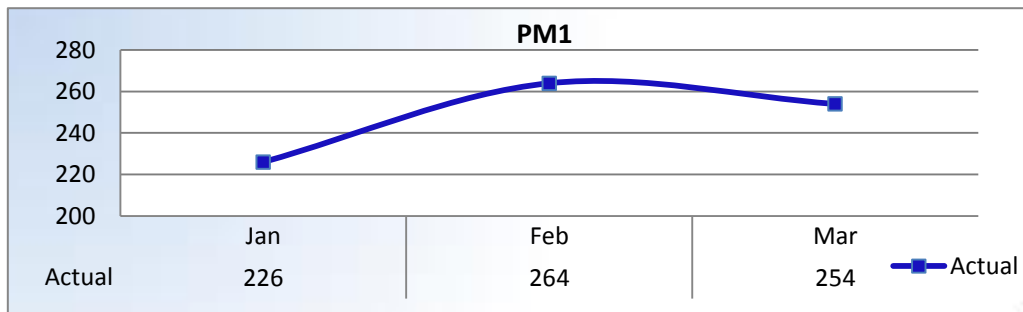
Performance Measures

Q3 Report (January – March 2016)

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

PM1 | Volume

Number of complaints and convictions received.

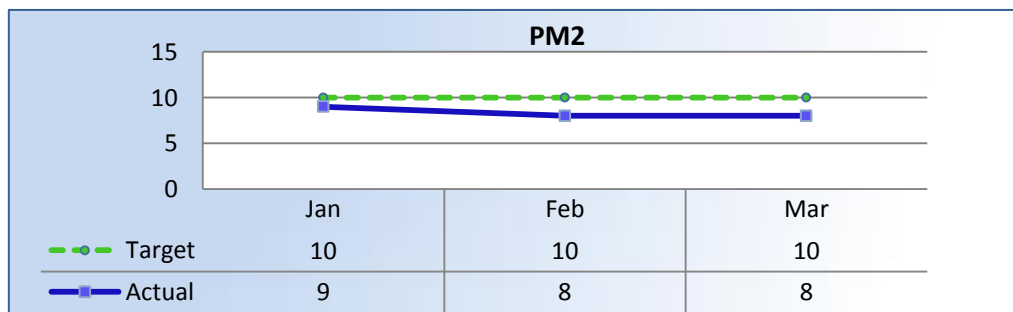


Total Received: 848 Monthly Average: 248

Complaints: 744 | Convictions: 104

PM2 | Intake

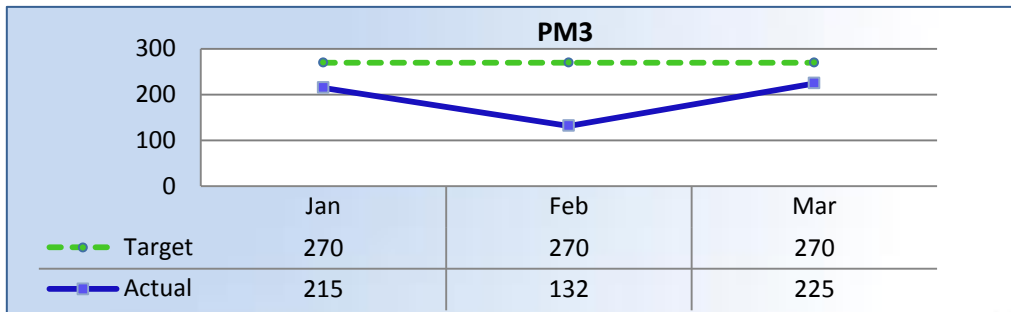
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 8 Days

PM3 | Intake & Investigation

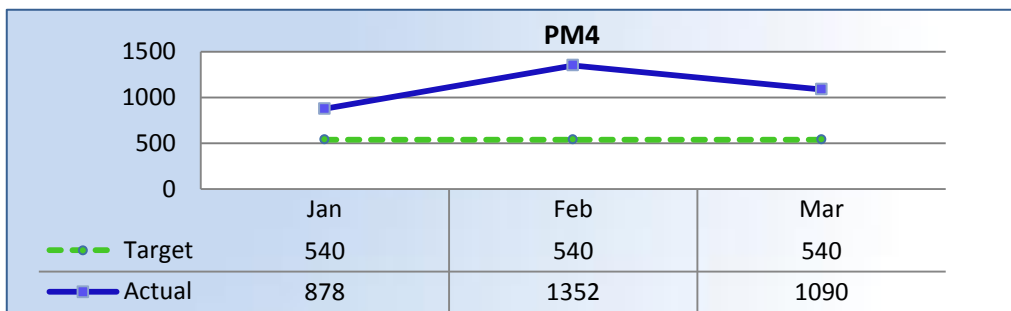
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 270 Days | Actual Average: 191 Days

PM4 | Formal Discipline

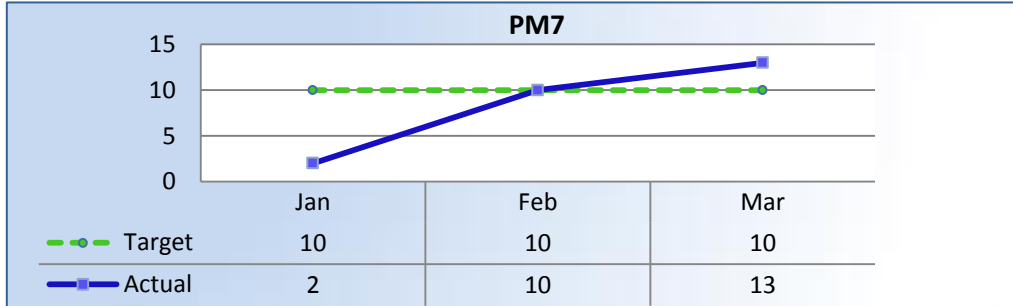
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 1,021 Days

PM7 | Probation Intake

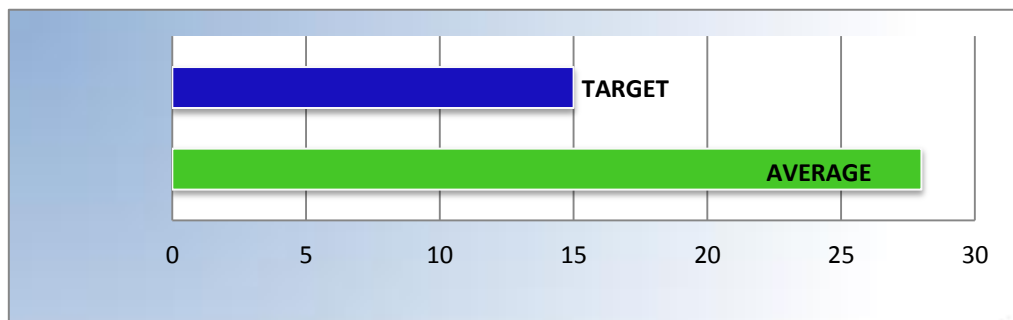
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 8 Days

PM8 | Probation Violation Response

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



Target Average: 15 Days | Actual Average: 28 Days

Dental Board of California

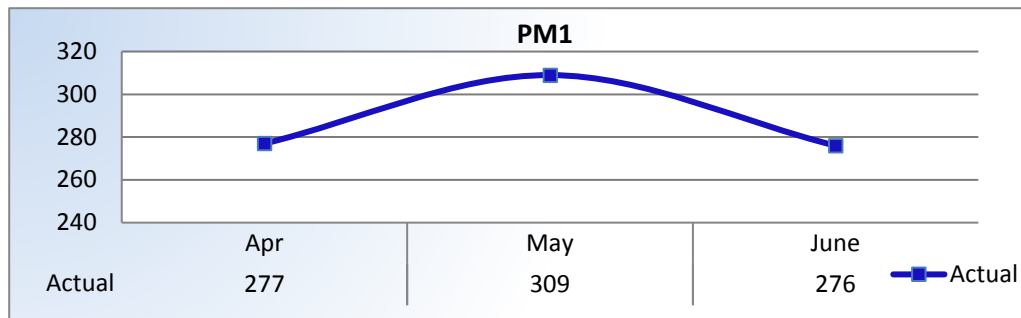
Performance Measures

Q4 Report (April - June 2016)

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

PM1 | Volume

Number of complaints and convictions received.

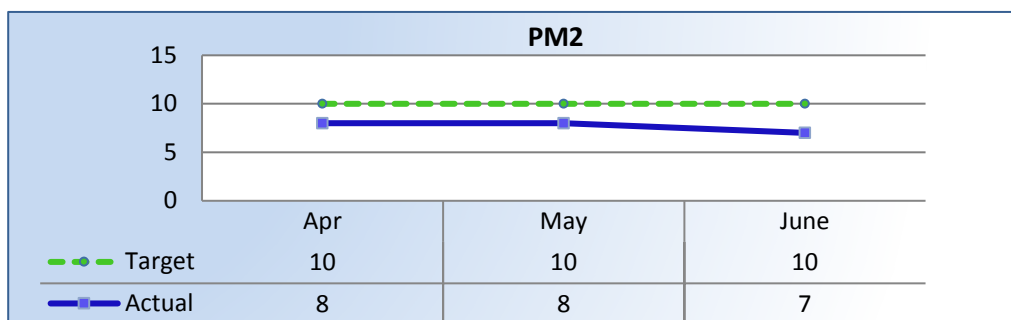


Total Received: 862 Monthly Average: 287

Complaints: 806 | Convictions: 56

PM2 | Intake

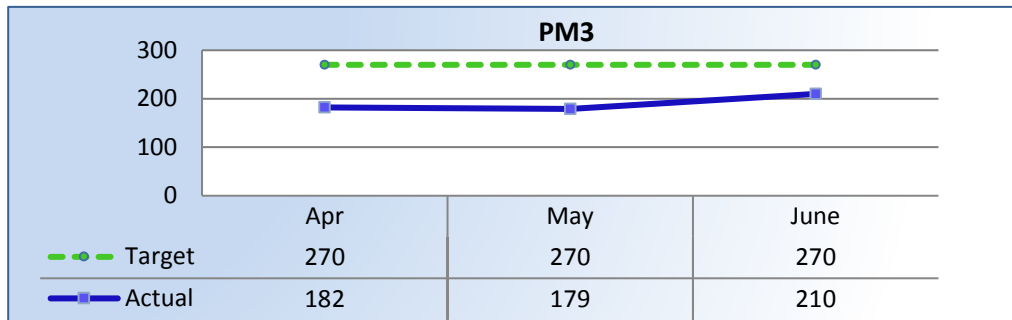
Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.



Target Average: 10 Days | Actual Average: 8 Days

PM3 | Intake & Investigation

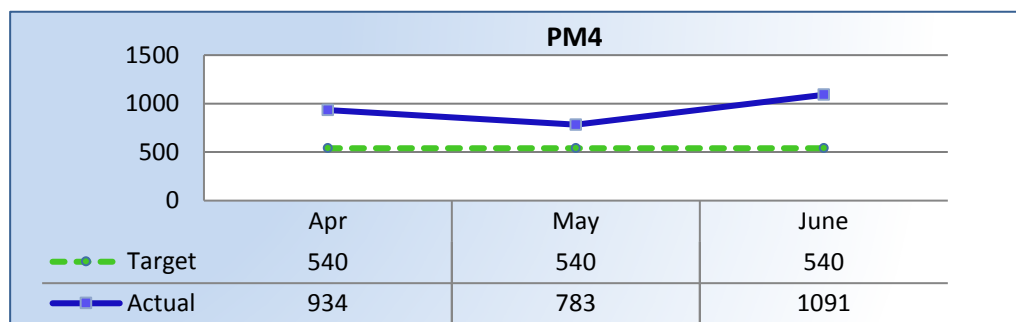
Average number of days to complete the entire enforcement process for cases not transmitted to the AG. (Includes intake and investigation)



Target Average: 270 Days | Actual Average: 186 Days

PM4 | Formal Discipline

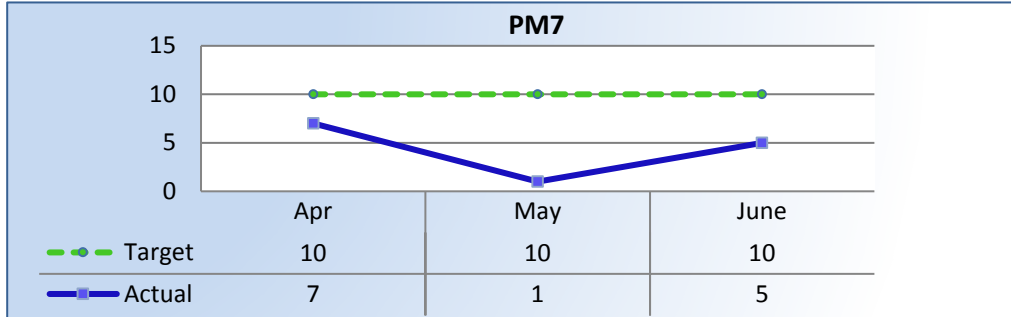
Average number of days to complete the entire enforcement process for cases transmitted to the AG for formal discipline. (Includes intake, investigation, and transmittal outcome)



Target Average: 540 Days | Actual Average: 964 Days

PM7 | Probation Intake

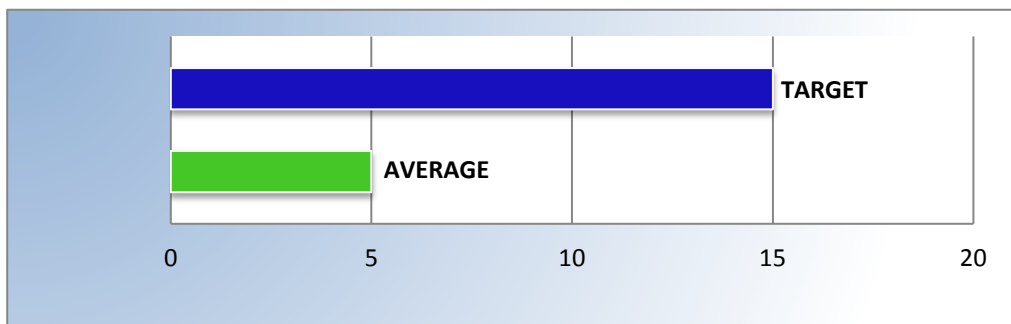
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 4 Days

PM8 | Probation Violation Response

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



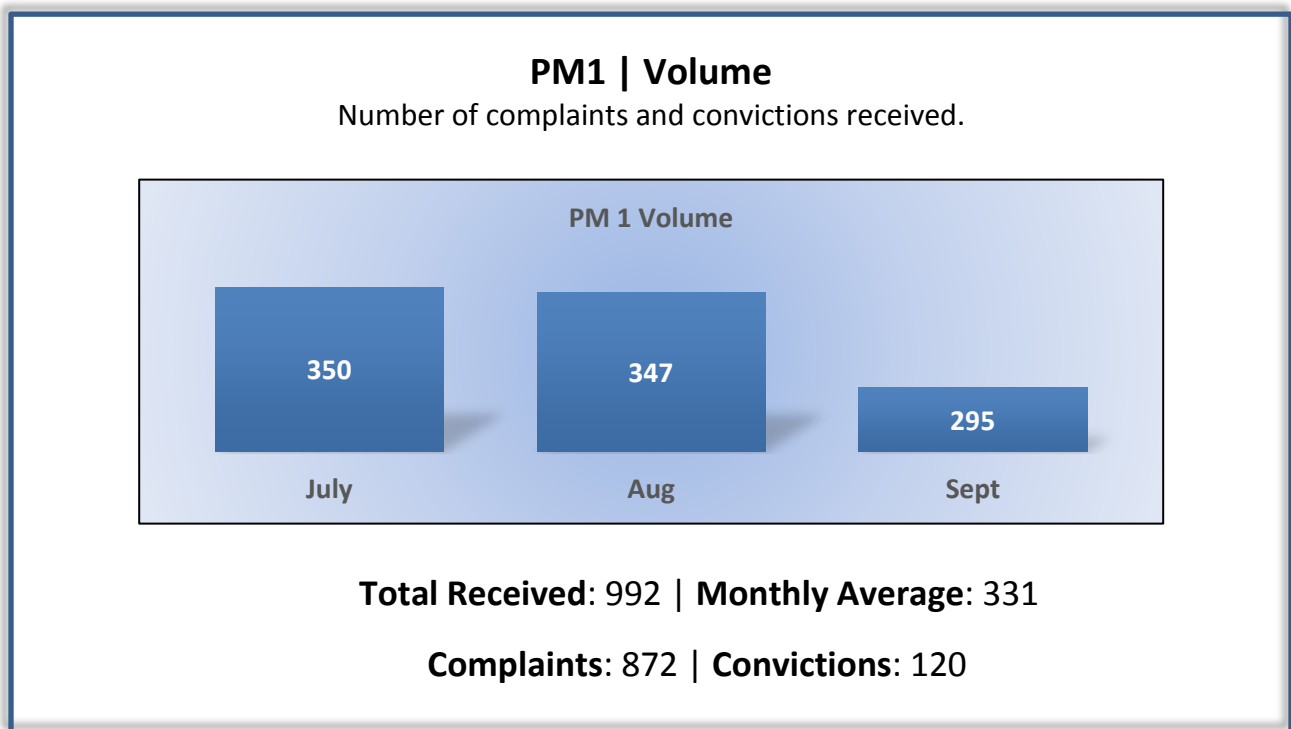
Target Average: 15 Days | Actual Average: 5 Days

Dental Board of California

Enforcement Performance Measures

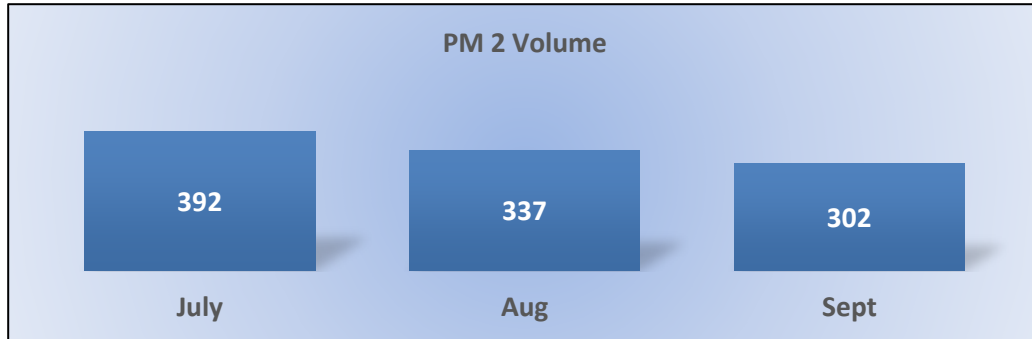
Q1 Report (July - September 2016)

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



PM2 | Intake – Volume

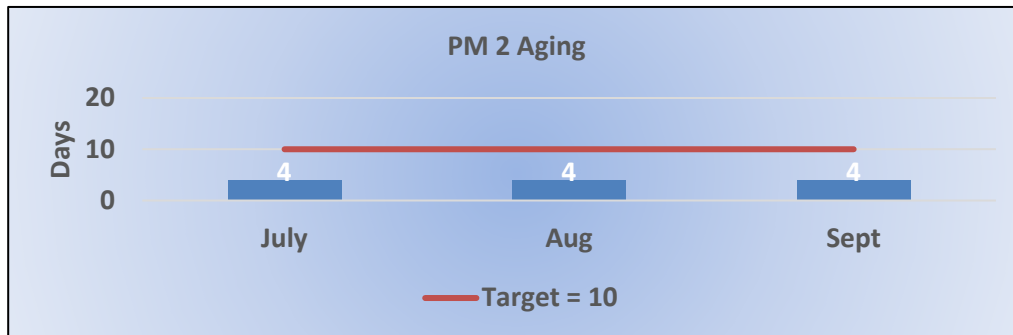
Number of complaints closed or assigned to an investigator.



Total: 1,031 | Monthly Average: 344

PM2 | Intake – Cycle Time

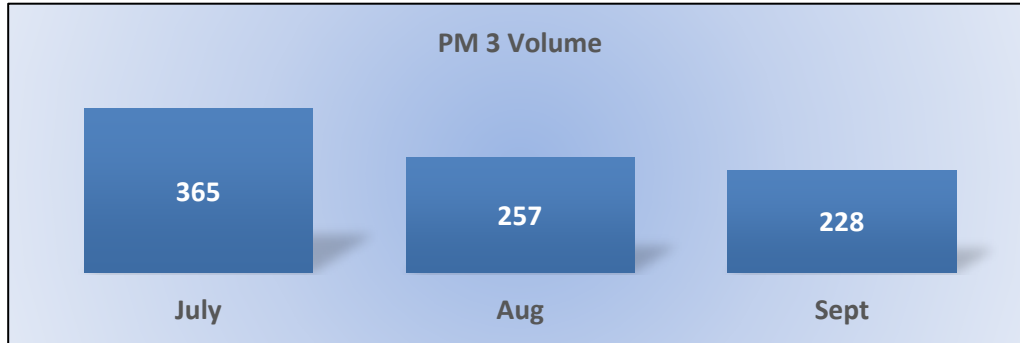
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 4 Days

PM3 | Investigations – Volume

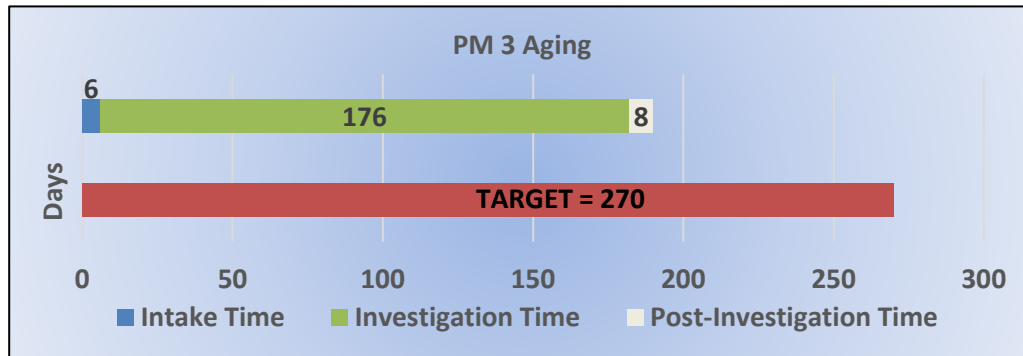
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 850 | Monthly Average: 283

PM3 | Investigations – Cycle Time¹

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

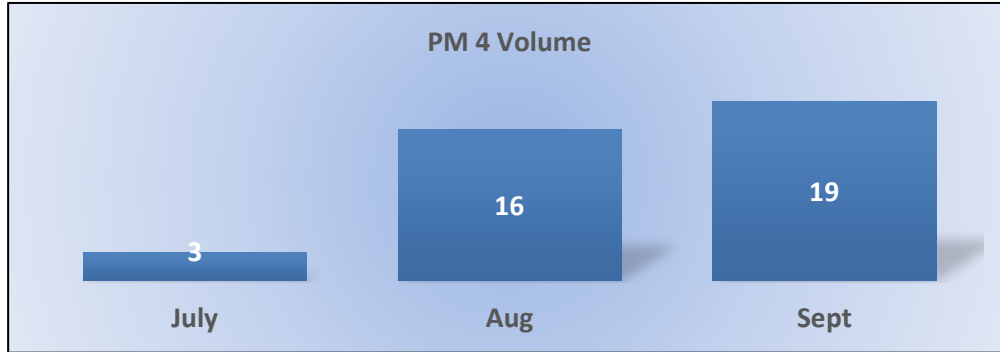


Target Average: 270 Days | Actual Average: 187 Days

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

PM4 | Formal Discipline – Volume

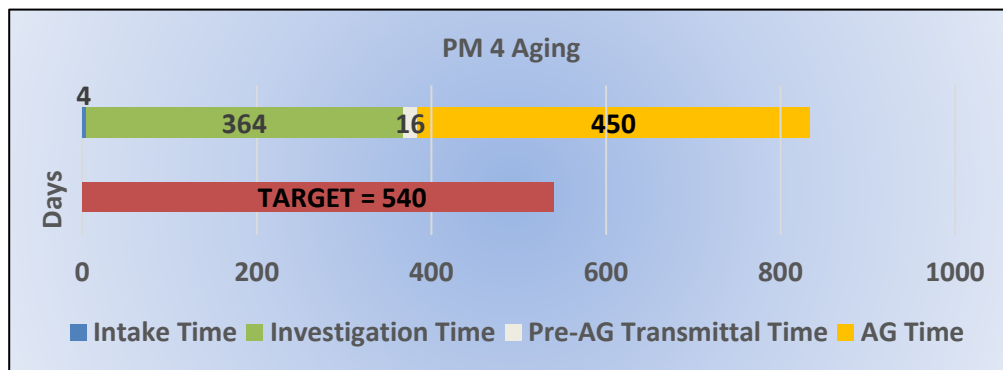
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



Total: 38 | Monthly Average: 13

PM4 | Formal Discipline – Cycle Time²

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

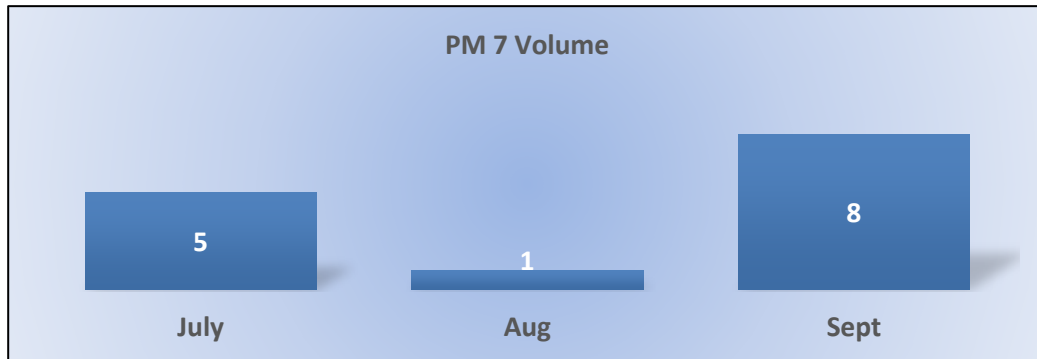


Target Average: 540 Days | Actual Average: 838 Days

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

PM7 | Probation Intake – Volume

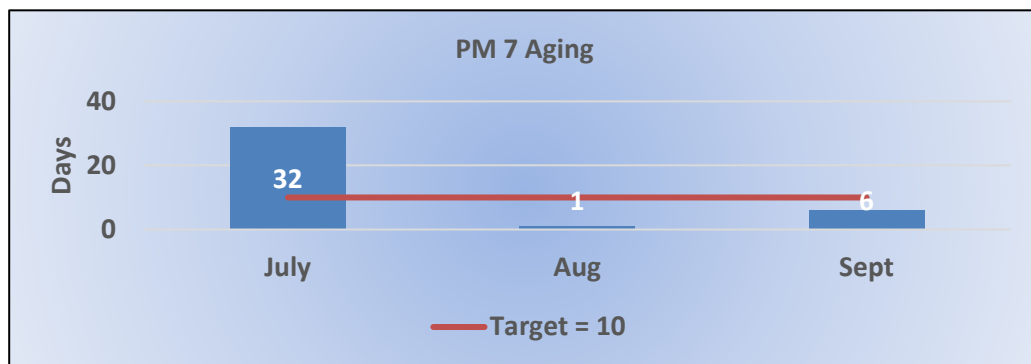
Number of new probation cases.



Total: 14

PM7 | Probation Intake – Cycle Time

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



Target Average: 10 Days | Actual Average: 15 Days

PM8 | Probation Violation Response – Volume

Number of probation violation cases.

The Board did not have any probation violations this quarter.

PM8 | Probation Violation Response – Cycle Time

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

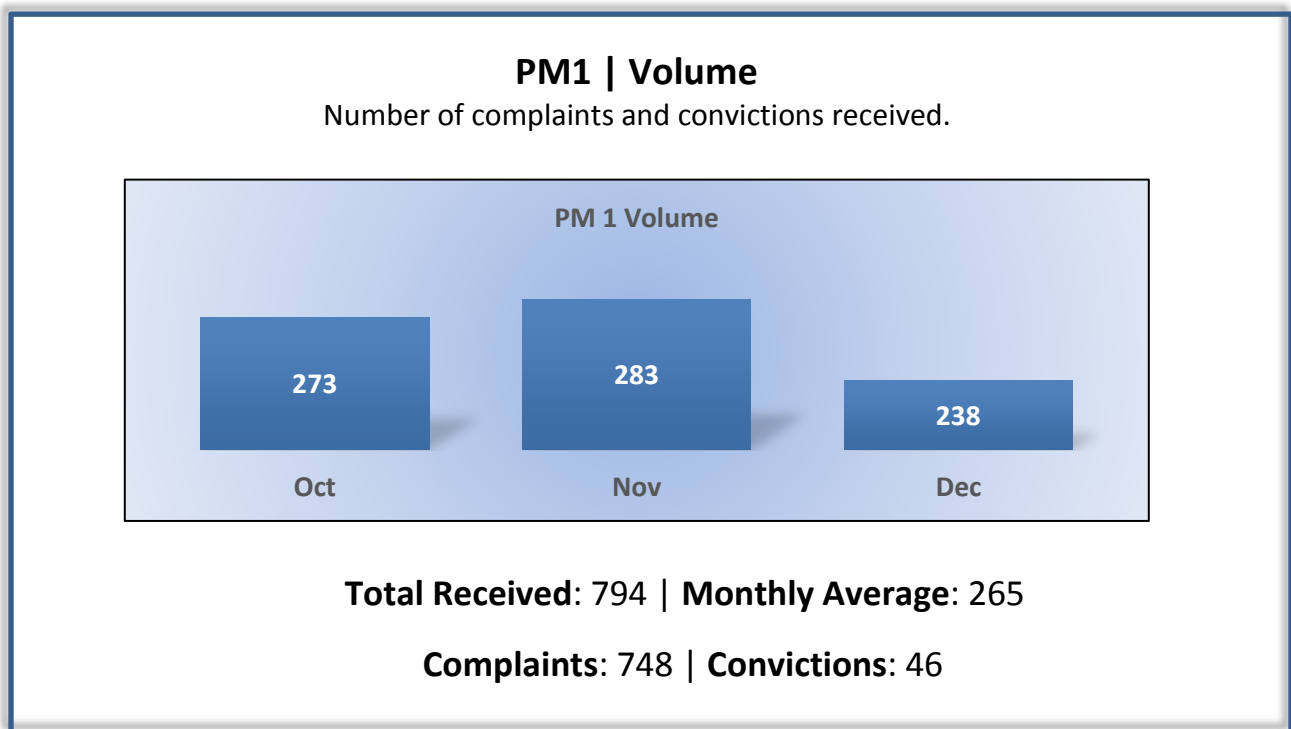
The Board did not have any probation violations this quarter.

Dental Board of California

Enforcement Performance Measures

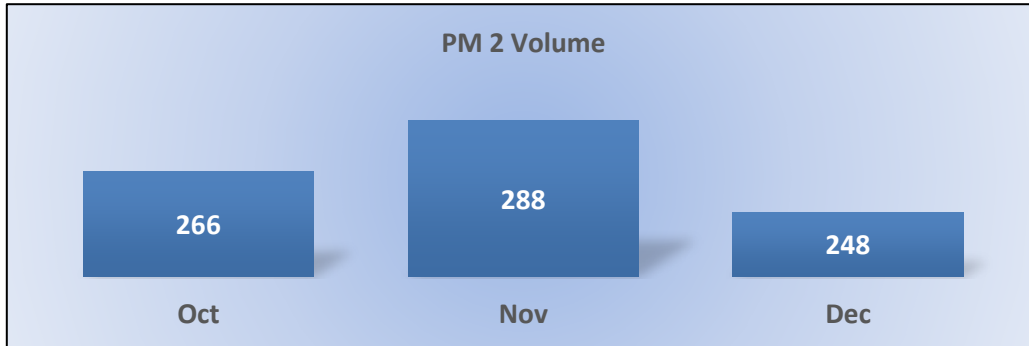
Q2 Report (October - December 2016)

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



PM2 | Intake – Volume

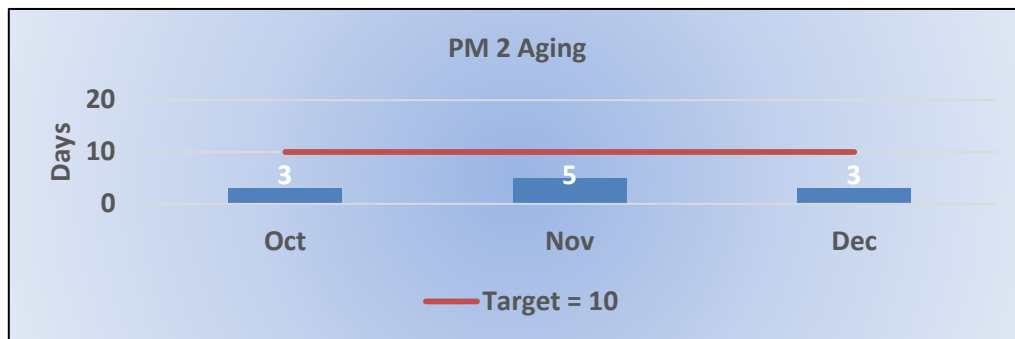
Number of complaints closed or assigned to an investigator.



Total: 802 | Monthly Average: 267

PM2 | Intake – Cycle Time

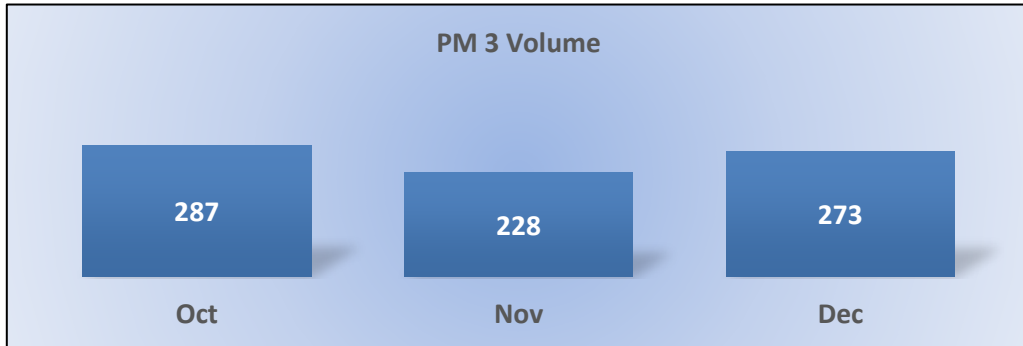
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 4 Days

PM3 | Investigations – Volume

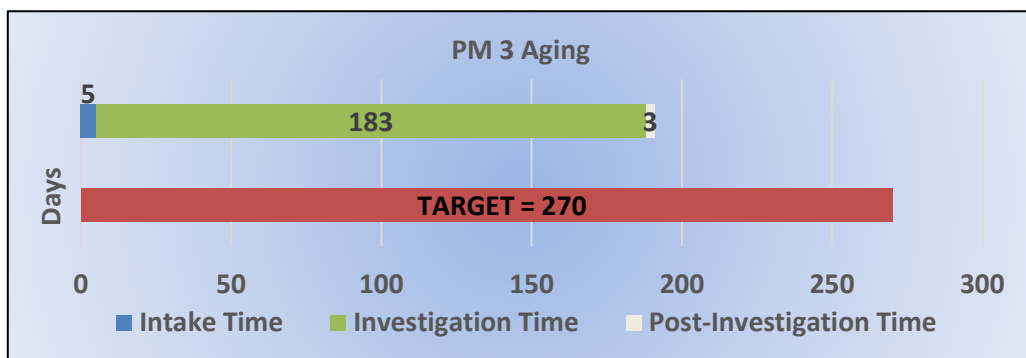
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 788 | Monthly Average: 263

PM3 | Investigations – Cycle Time¹

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

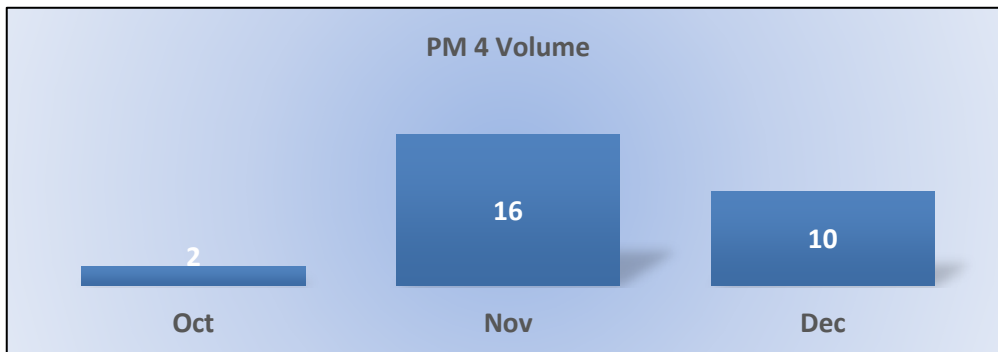


Target Average: 270 Days | Actual Average: 191 Days

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

PM4 | Formal Discipline – Volume

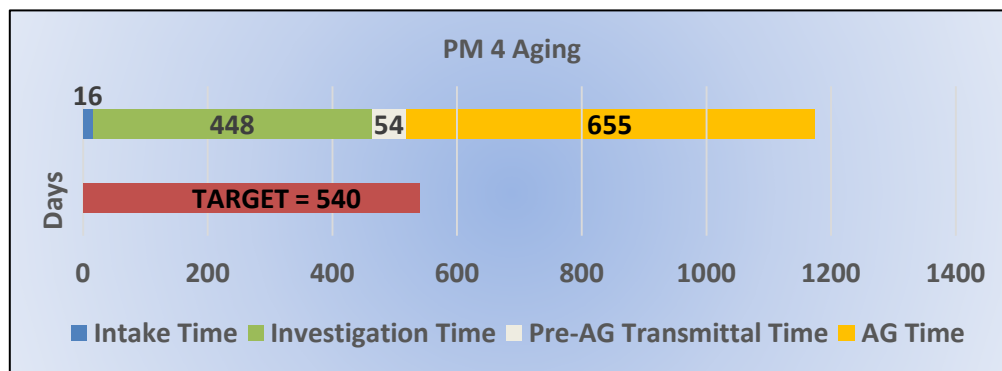
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



Total: 28 | Monthly Average: 9

PM4 | Formal Discipline – Cycle Time²

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

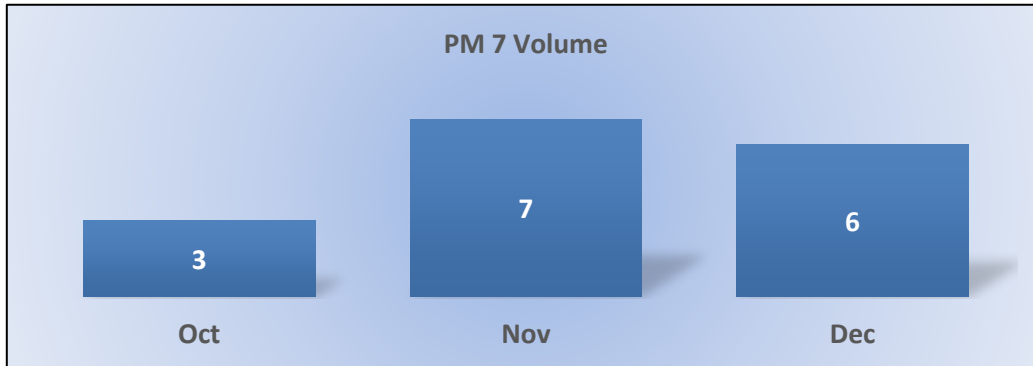


Target Average: 540 Days | Actual Average: 1,170 Days

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

PM7 | Probation Intake – Volume

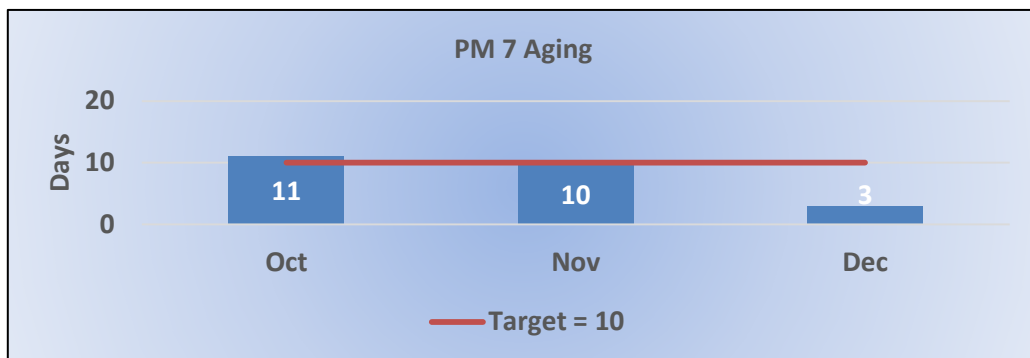
Number of new probation cases.



Total: 16

PM7 | Probation Intake – Cycle Time

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



Target Average: 10 Days | Actual Average: 7 Days

PM8 | Probation Violation Response – Volume

Number of probation violation cases.

The Board did not have any probation violations this quarter.

PM8 | Probation Violation Response – Cycle Time

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

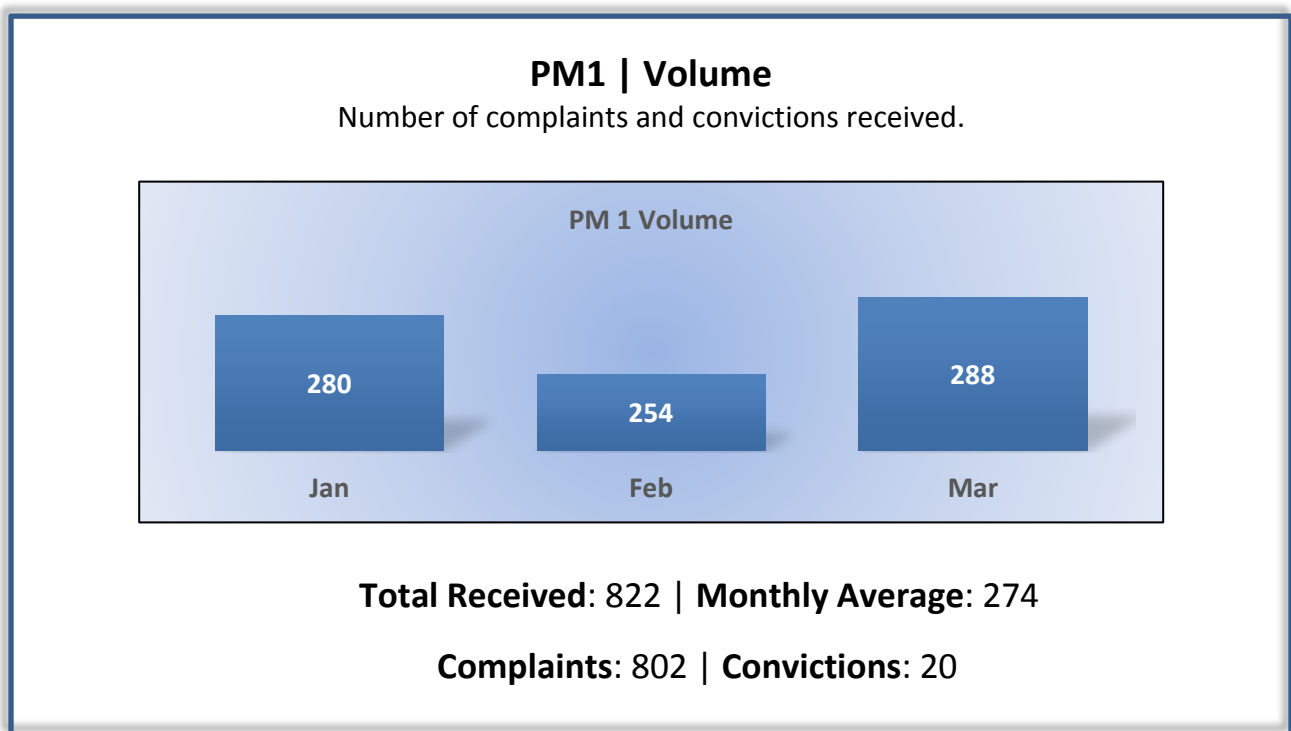
The Board did not have any probation violations this quarter.

Dental Board of California

Enforcement Performance Measures

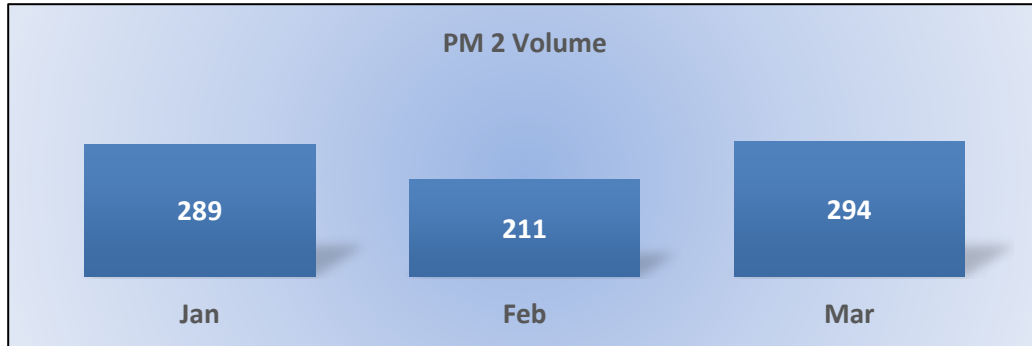
Q3 Report (January – March 2017)

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



PM2 | Intake – Volume

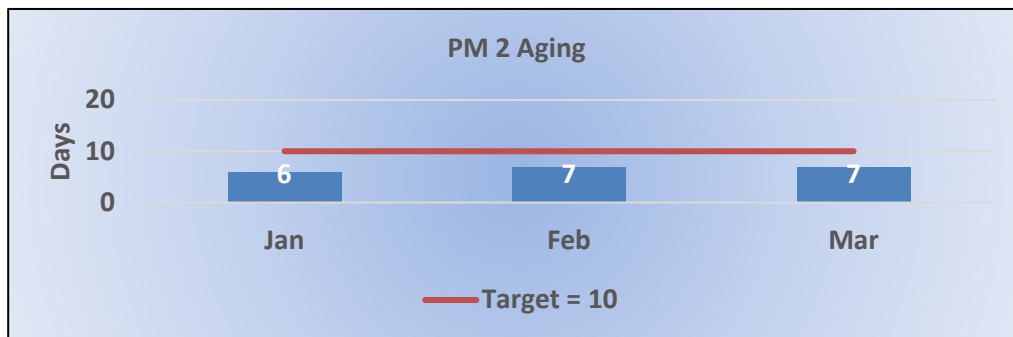
Number of complaints closed or assigned to an investigator.



Total: 794 | Monthly Average: 265

PM2 | Intake – Cycle Time

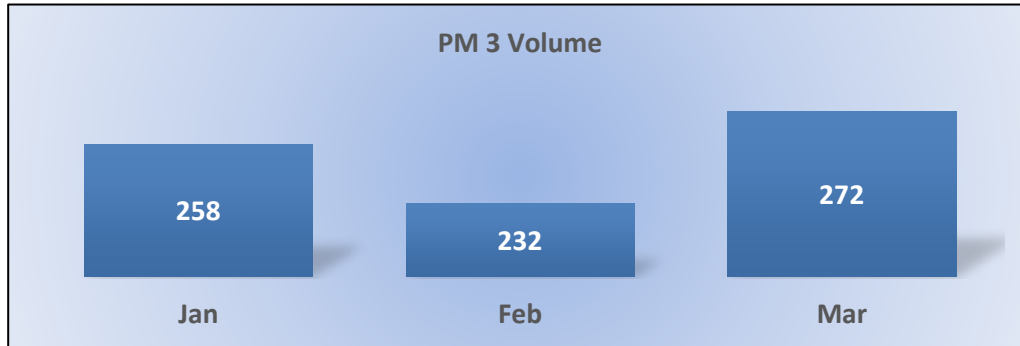
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 6 Days

PM3 | Investigations – Volume

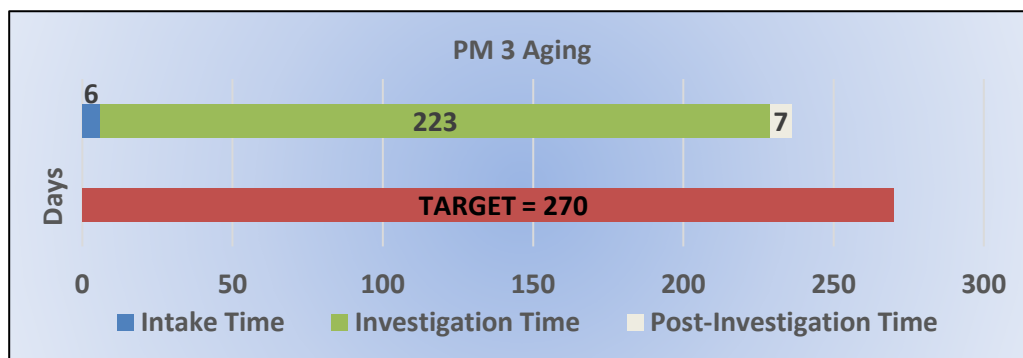
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 762 | Monthly Average: 254

PM3 | Investigations – Cycle Time¹

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

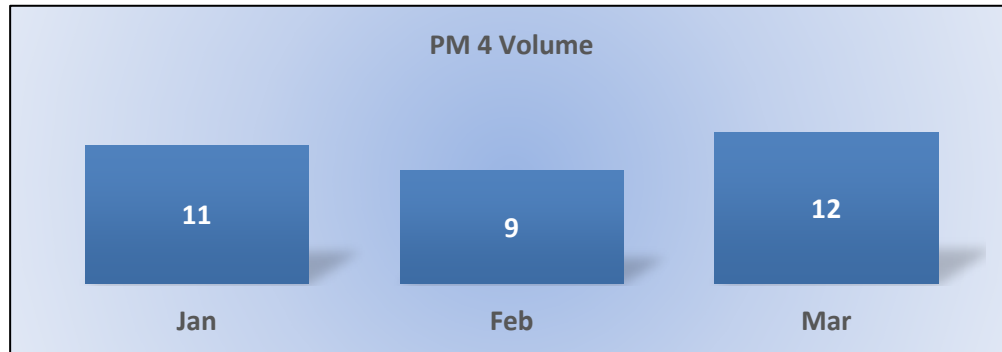


Target Average: 270 Days | Actual Average: 234 Days

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

PM4 | Formal Discipline – Volume

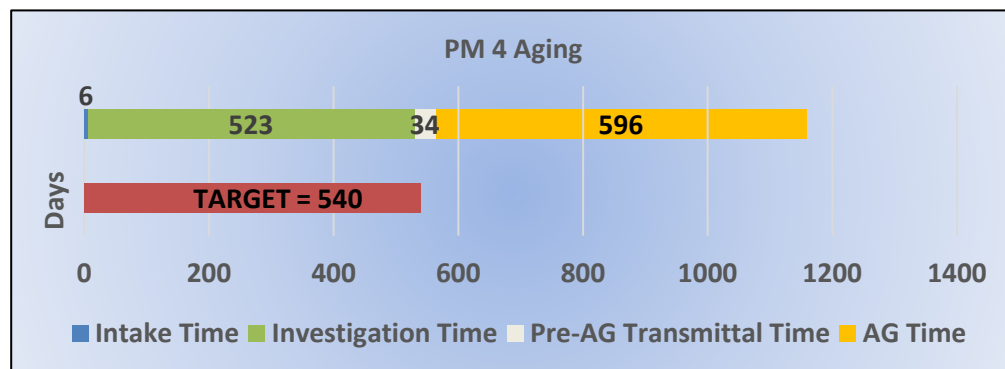
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



Total: 32 | Monthly Average: 11

PM4 | Formal Discipline – Cycle Time²

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

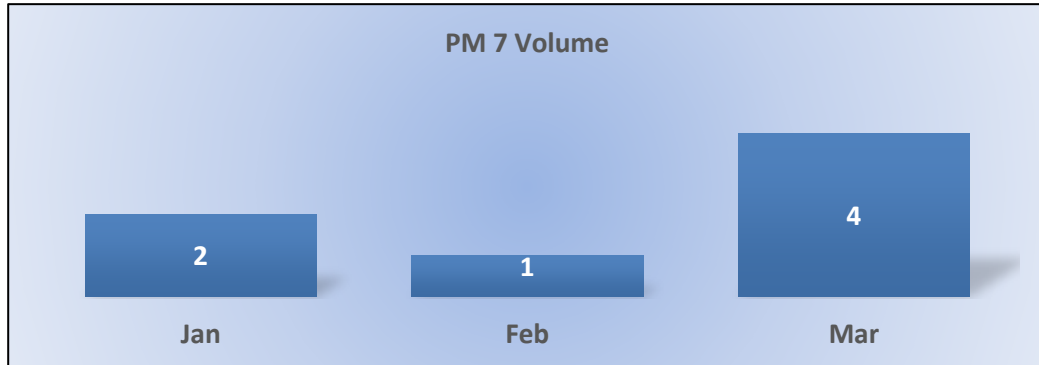


Target Average: 540 Days | Actual Average: 1,153 Days

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

PM7 | Probation Intake – Volume

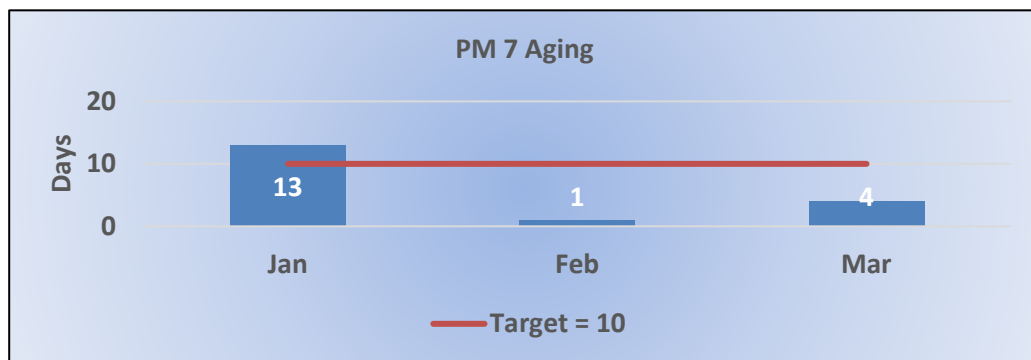
Number of new probation cases.



Total: 7

PM7 | Probation Intake – Cycle Time

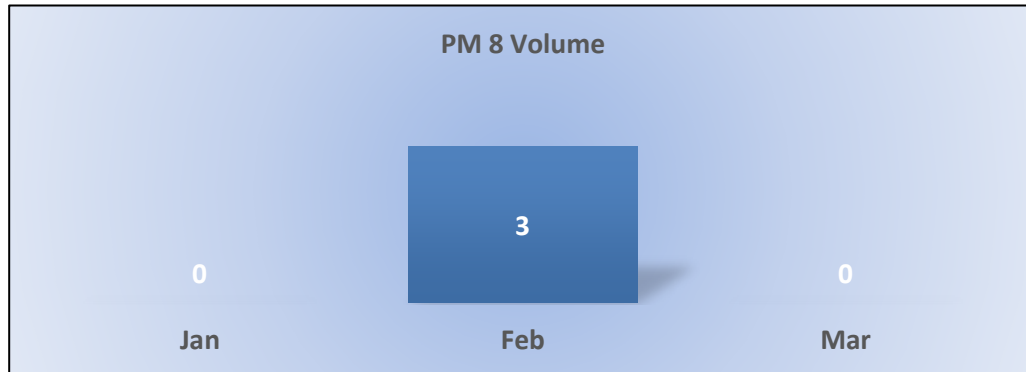
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 6 Days

PM8 | Probation Violation Response – Volume

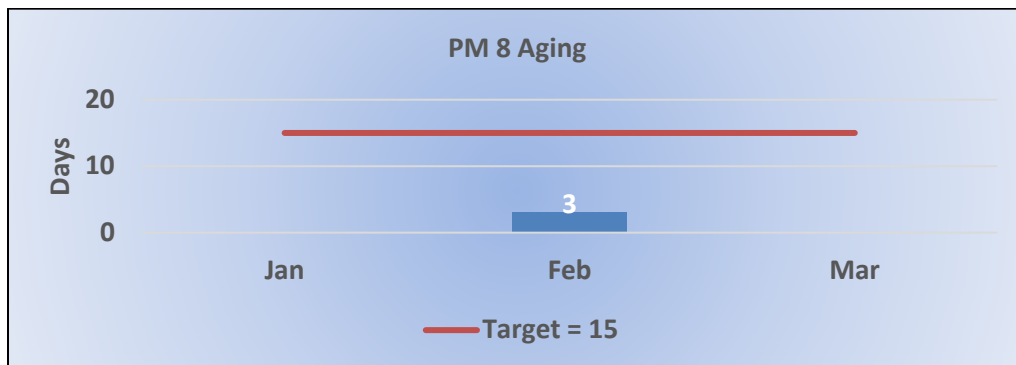
Number of probation violation cases.



Total: 3

PM8 | Probation Violation Response – Cycle Time

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



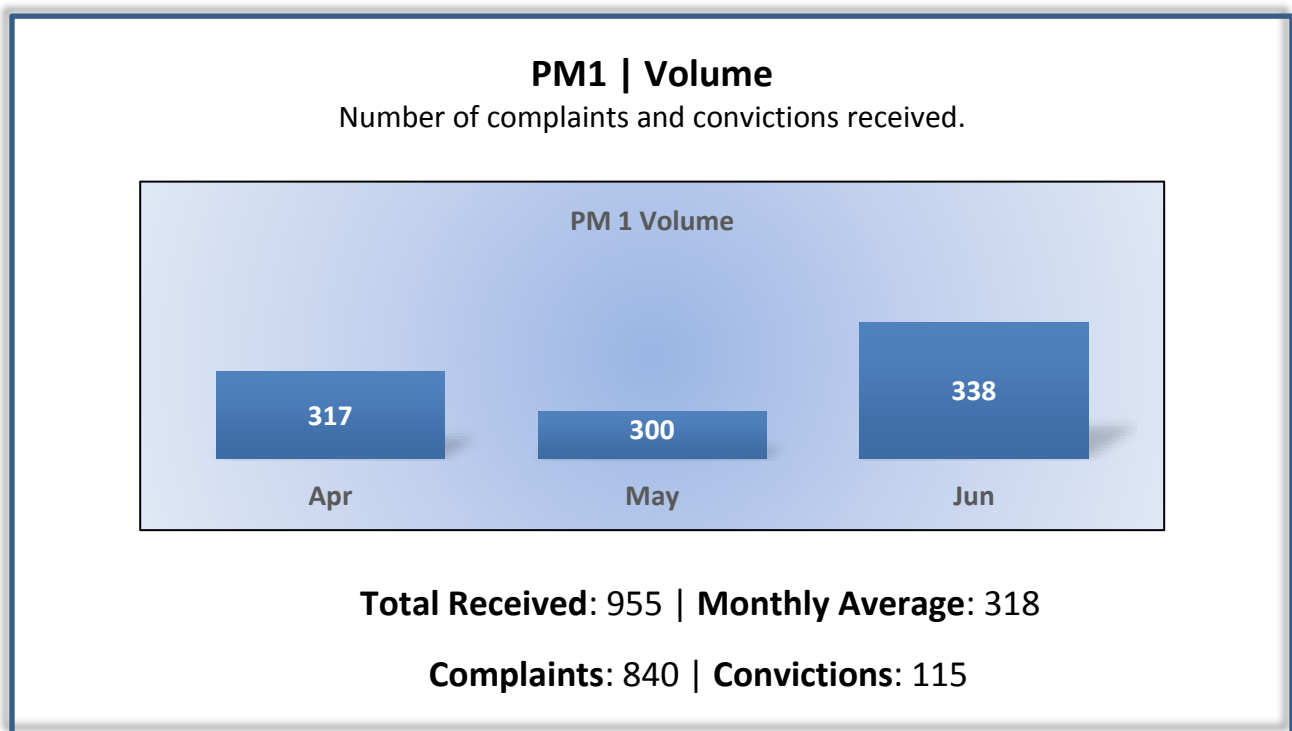
Target Average: 10 Days | Actual Average: 3 Days

Dental Board of California

Enforcement Performance Measures

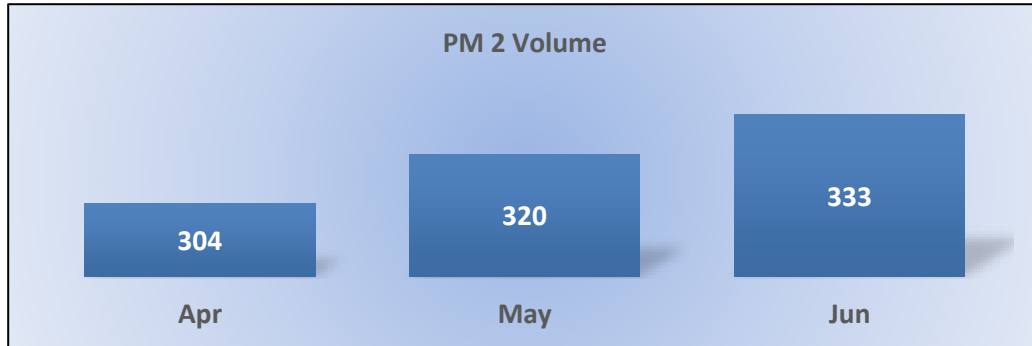
Q4 Report (April - June 2017)

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



PM2 | Intake – Volume

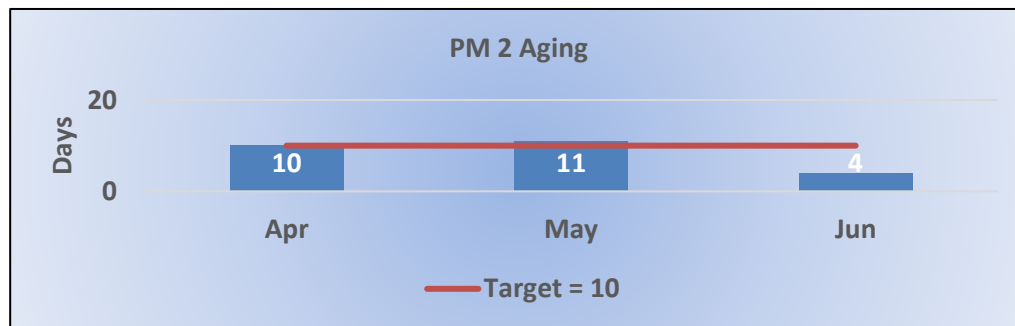
Number of complaints closed or assigned to an investigator.



Total: 957 | Monthly Average: 319

PM2 | Intake – Cycle Time

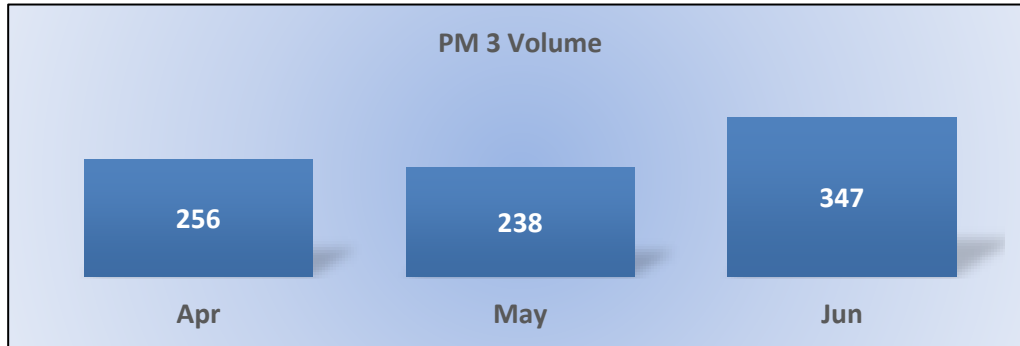
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 8 Days

PM3 | Investigations – Volume

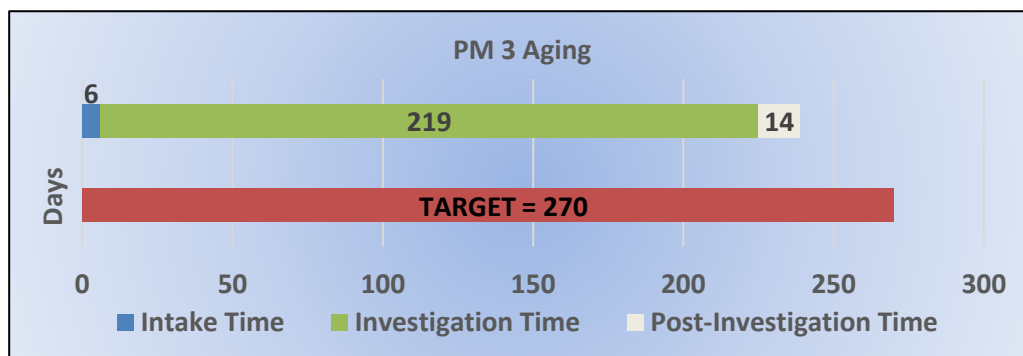
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 841 | Monthly Average: 280

PM3 | Investigations – Cycle Time¹

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

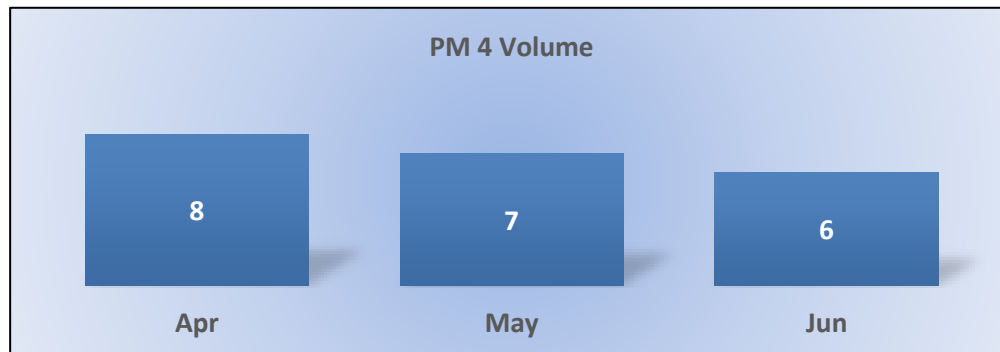


Target Average: 270 Days | Actual Average: 239 Days

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

PM4 | Formal Discipline – Volume

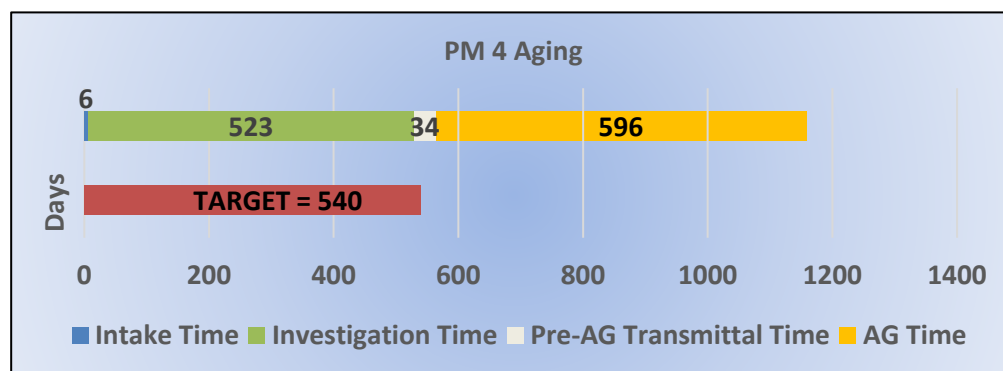
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



Total: 21 | Monthly Average: 7

PM4 | Formal Discipline – Cycle Time²

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



Target Average: 540 Days | Actual Average: 928 Days

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

PM7 | Probation Intake – Volume

Number of new probation cases.

*No new probationers were assigned
for monitoring this quarter.*

PM7 | Probation Intake – Cycle Time

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

*No new probationers were assigned
for monitoring this quarter.*

PM8 | Probation Violation Response – Volume

Number of probation violation cases.

The Board did not have any probation violations this quarter.

PM8 | Probation Violation Response – Cycle Time

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

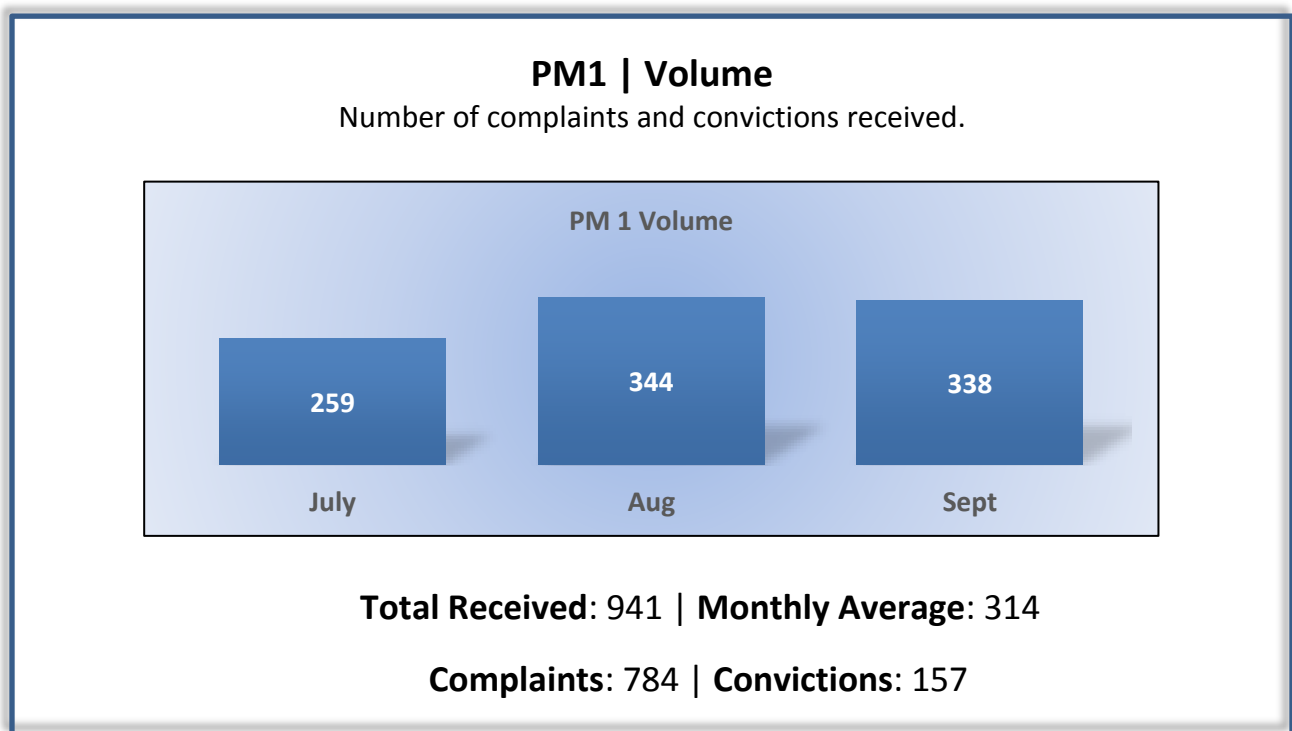
The Board did not have any probation violations this quarter.

Dental Board of California

Enforcement Performance Measures

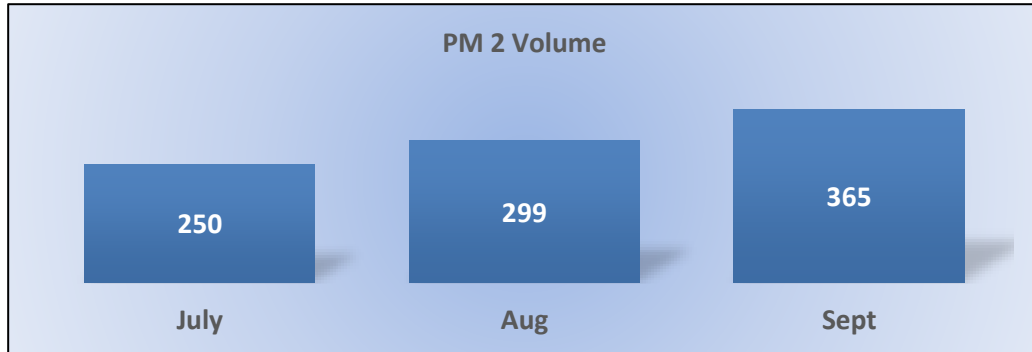
Q1 Report (July - September 2017)

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



PM2 | Intake – Volume

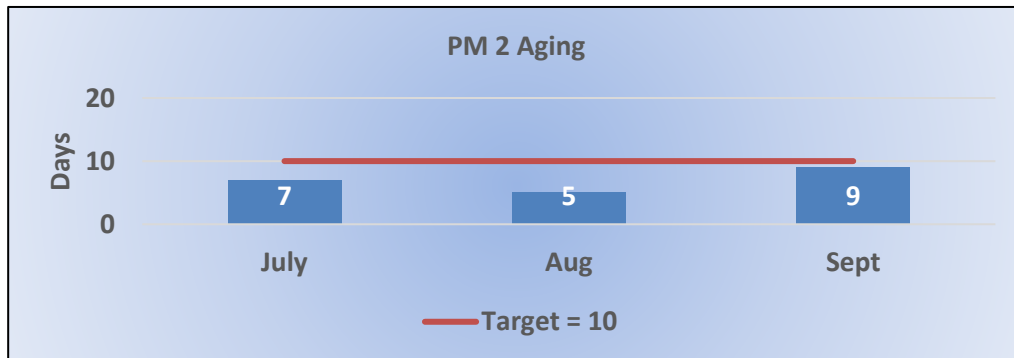
Number of complaints closed or assigned to an investigator.



Total: 915 | Monthly Average: 305

PM2 | Intake – Cycle Time

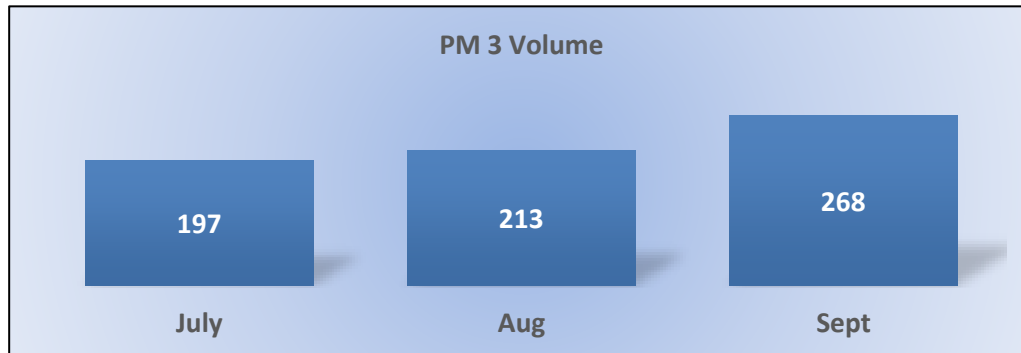
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 7 Days

PM3 | Investigations – Volume

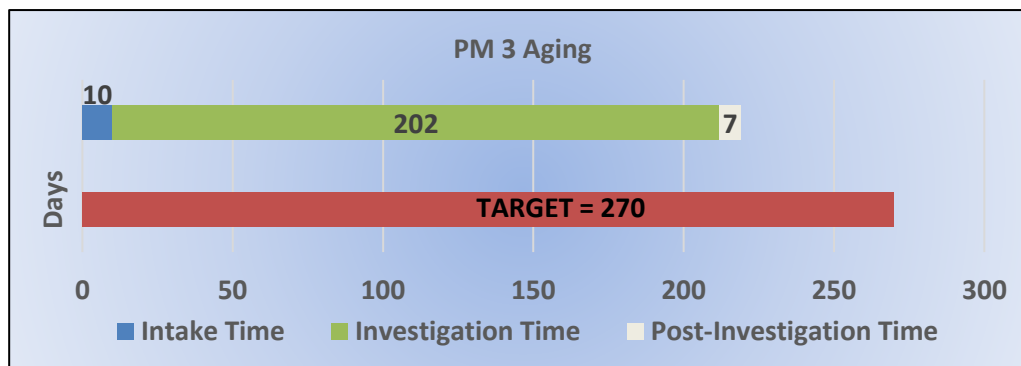
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 678 | Monthly Average: 226

PM3 | Investigations – Cycle Time¹

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

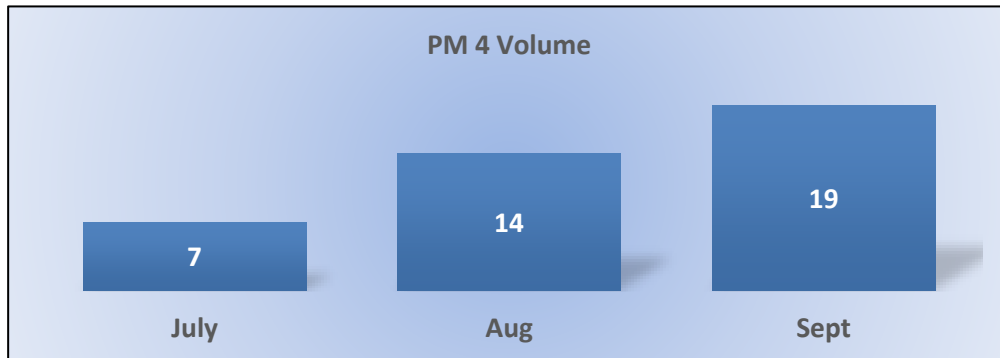


Target Average: 270 Days | Actual Average: 216 Days

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

PM4 | Formal Discipline – Volume

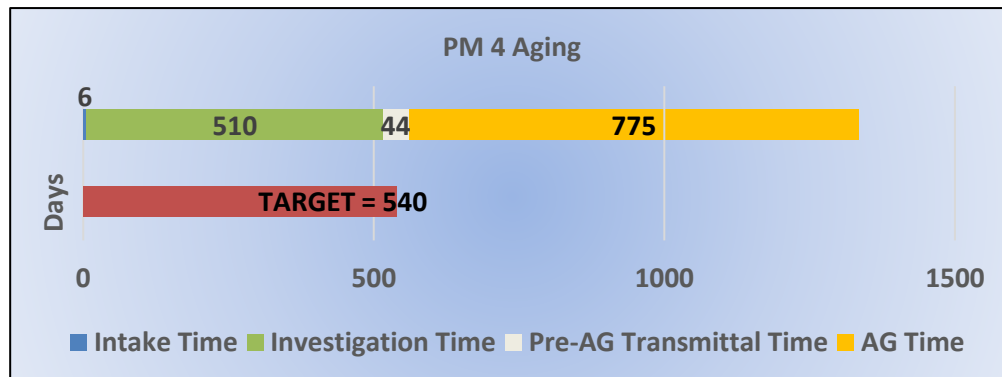
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



Total: 40 | Monthly Average: 13

PM4 | Formal Discipline – Cycle Time²

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

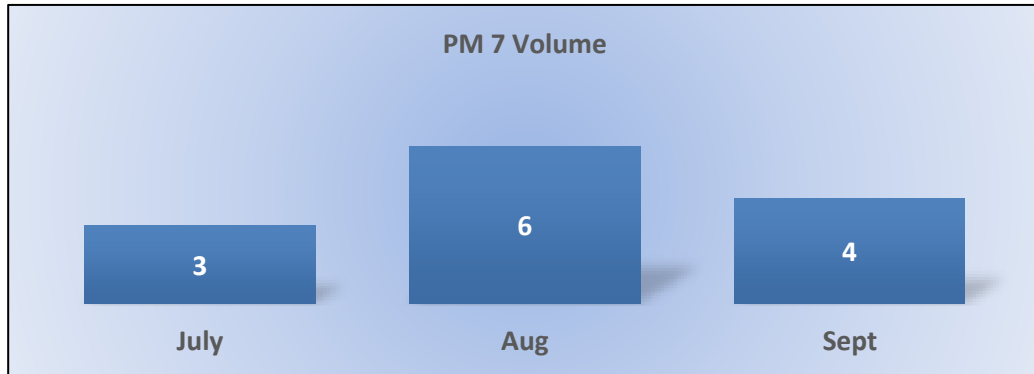


Target Average: 540 Days | Actual Average: 1,335 Days

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

PM7 | Probation Intake – Volume

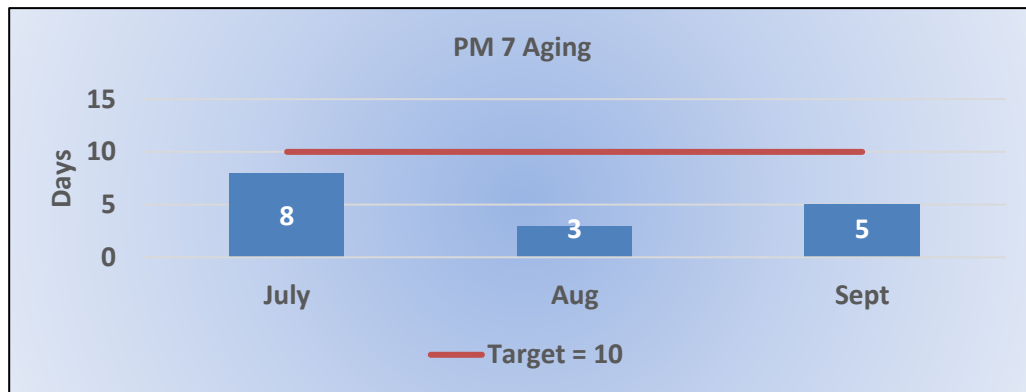
Number of new probation cases.



Total: 13

PM7 | Probation Intake – Cycle Time

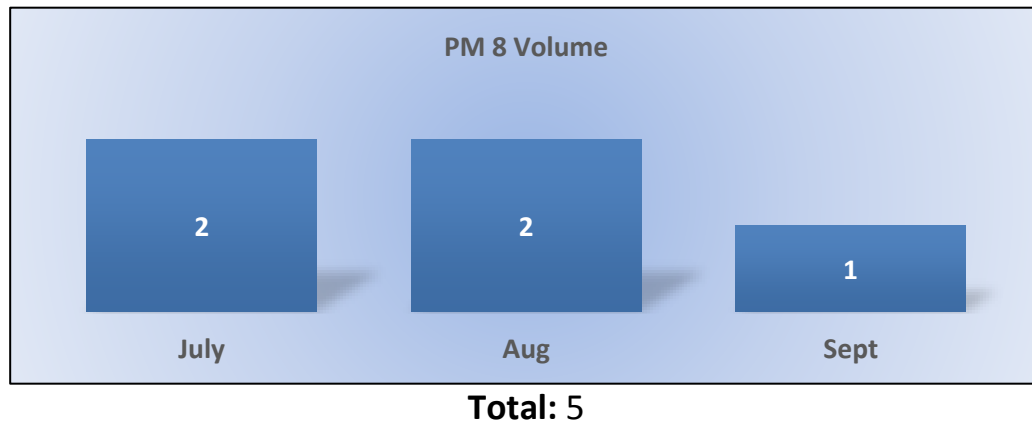
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 4 Days

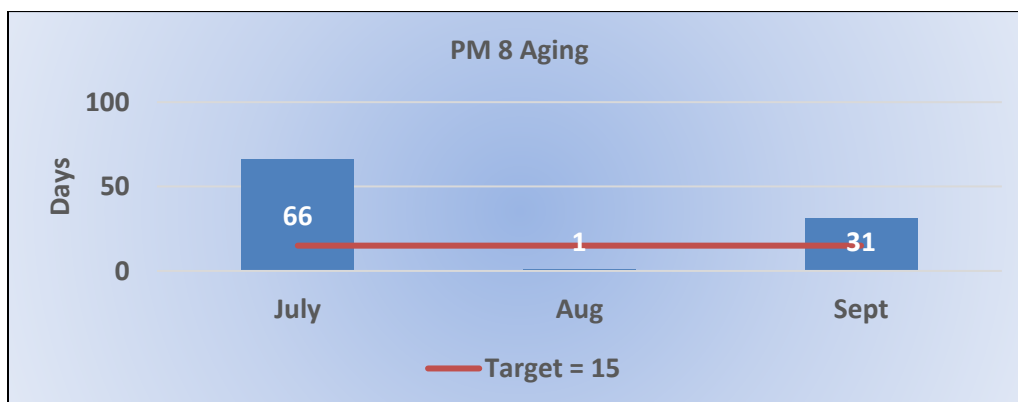
PM8 | Probation Violation Response – Volume

Number of probation violation cases.



PM8 | Probation Violation Response – Cycle Time

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



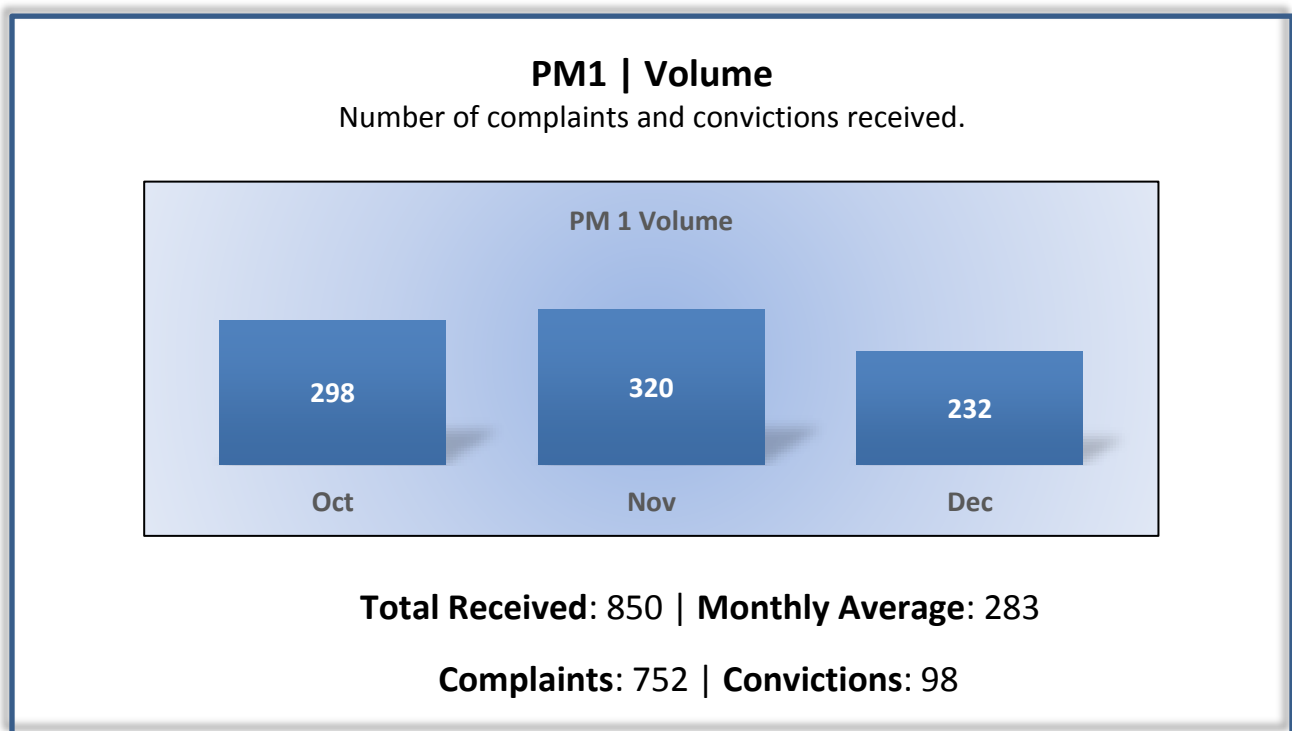
Target Average: 15 Days | Actual Average: 33 Days

Dental Board of California

Enforcement Performance Measures

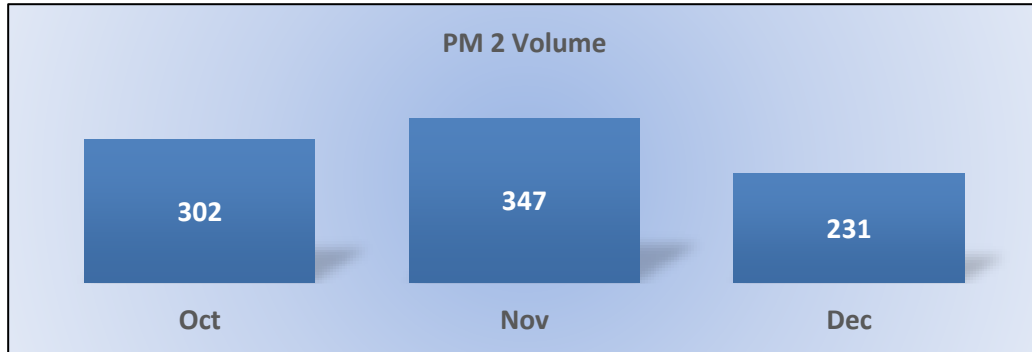
Q2 Report (October - December 2017)

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



PM2 | Intake – Volume

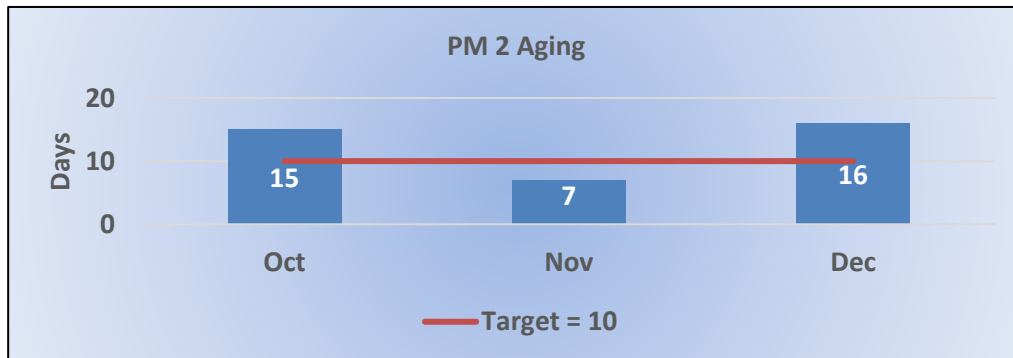
Number of complaints closed or assigned to an investigator.



Total: 880 | Monthly Average: 293

PM2 | Intake – Cycle Time

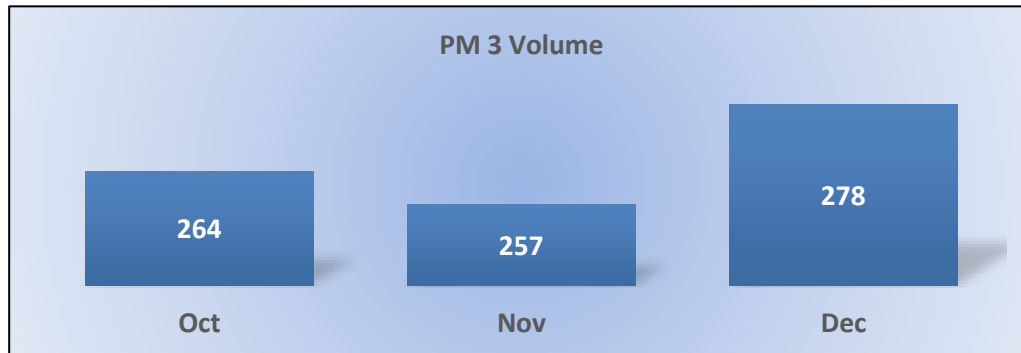
Average number of days from complaint receipt, to the date the complaint was closed or assigned to an investigator.



Target Average: 10 Days | Actual Average: 12 Days

PM3 | Investigations – Volume

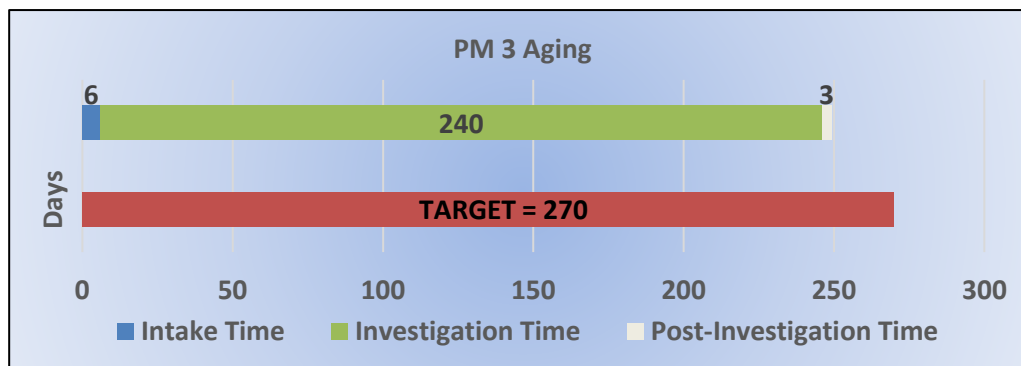
Number of investigations closed (not including cases transmitted to the Attorney General).



Total: 799 | Monthly Average: 266

PM3 | Investigations – Cycle Time¹

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

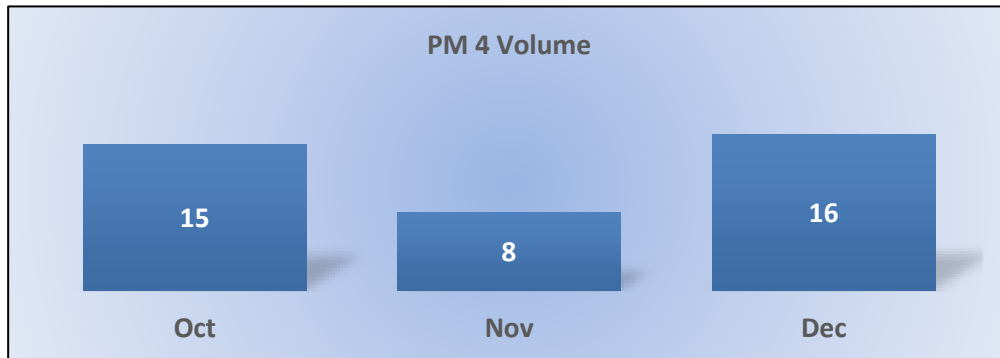


Target Average: 270 Days | Actual Average: 249 Days

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

PM4 | Formal Discipline – Volume

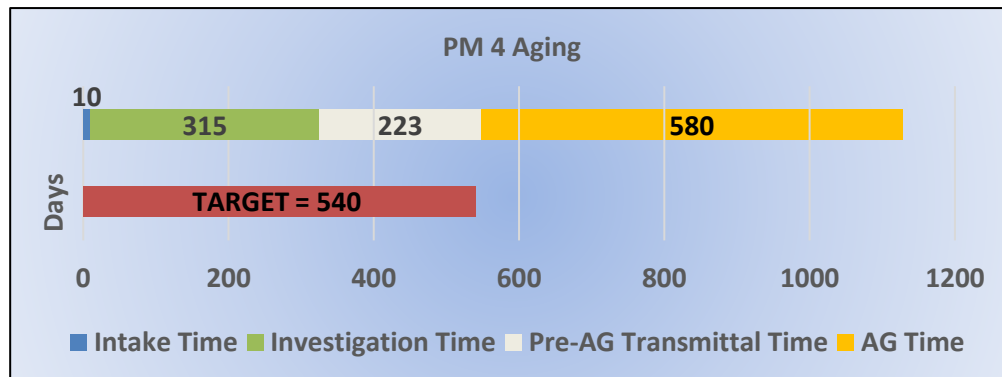
Cases closed after transmission to the Attorney General for formal disciplinary action. This includes formal discipline, and closures without formal discipline (e.g., withdrawals, dismissals, etc.).



Total: 39 | Monthly Average: 13

PM4 | Formal Discipline – Cycle Time²

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

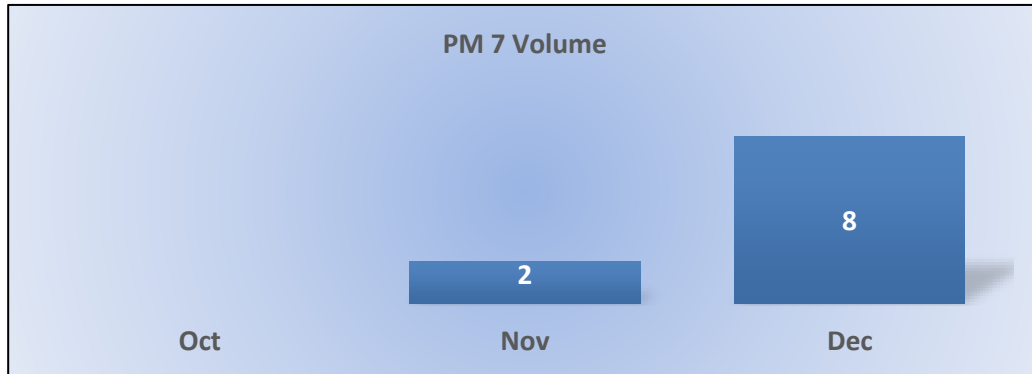


Target Average: 540 Days | Actual Average: 1,128 Days

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

PM7 | Probation Intake – Volume

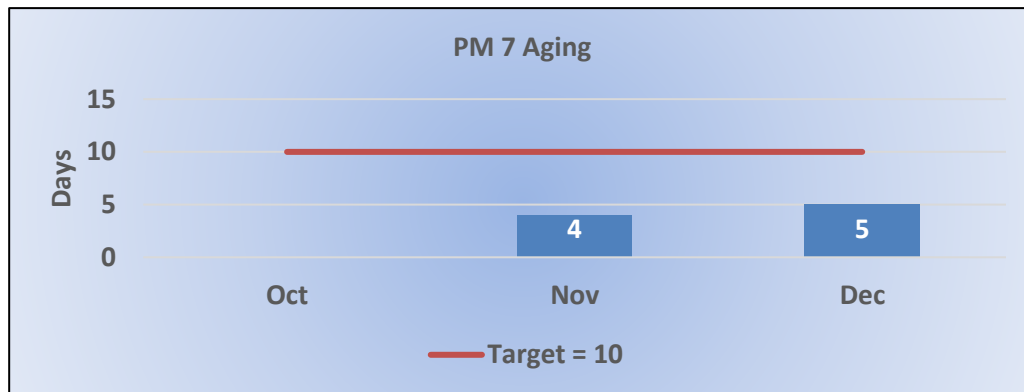
Number of new probation cases.



Total: 10

PM7 | Probation Intake – Cycle Time

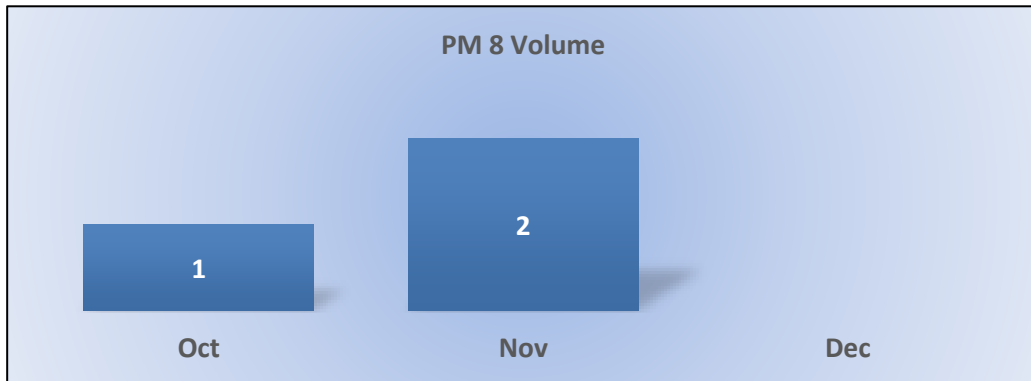
Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.



Target Average: 10 Days | Actual Average: 5 Days

PM8 | Probation Violation Response – Volume

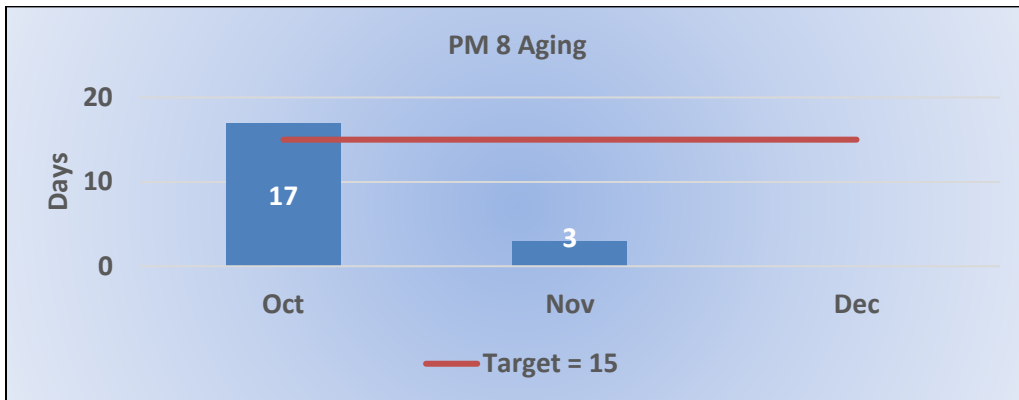
Number of probation violation cases.



Total: 3

PM8 | Probation Violation Response – Cycle Time

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



Target Average: 15 Days | Actual Average: 8 Days



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