STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Dental Board of California will be held as follows:

Tuesday, November 8, 2011

Sportsmen's Lodge, 12825 Ventura Blvd.
Studio City, CA 91604
818-769-4700 or 916-263-2300

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

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

8:00 a.m. DENTAL BOARD OF CALIFORNIA – FULL BOARD

ROLL CALL ..... Establishment of a Quorum

AGENDA ITEM 9 ..... Approval of the Full Board Meeting Minutes from August 11-12, 2011

AGENDA ITEM 10 ..... President's Report

AGENDA ITEM 11 ..... Executive Officer's Report

AGENDA ITEM 12 ..... Update on Dental Hygiene Committee of California (DHCC) Activities

AGENDA ITEM 13 ..... Budget Reports: Dental Fund & Dental Assisting Fund

AGENDA ITEM 14 ..... Election of Dental Board of California Officers

AGENDA ITEM 15 ..... Update Regarding SB 540 (Chapter 385, Statutes of 2011) Dental Board of California's Sunset Review

AGENDA ITEM 16 ..... Examination Committee Report
The Board may take action on any items listed on the attached Examination Committee agenda

AGENDA ITEM 17 ..... Licensing, Certification & Permits Committee Report
The Board may take action on any items listed on the attached Licensing, Certification & Permits Committee agenda and act on recommendations to the Board regarding issuance of new licenses to replace cancelled licenses and recommendations to the Board regarding whether to grant, deny or request further evaluation for conscious sedation permit onsite inspection and evaluation failure

AGENDA ITEM 18 ..... Dental Assisting Committee Report
The Board may take action on any items listed on the attached Dental Assisting Committee agenda

AGENDA ITEM 19 ..... Legislative and Regulatory Committee Report
The Board may take action on any items listed on the attached Legislative and Regulatory Committee agenda

AGENDA ITEM 20 ..... Enforcement Committee Report
The Board may take action on any items listed on the attached Enforcement Committee agenda

AGENDA ITEM 21 ..... Discussion of Prospective Legislative Proposals:
Stakeholders Are Encouraged to Submit Proposals in Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting

AGENDA ITEM 22 ..... (A) Presentation by Dr. Howard Katz Regarding the Use of Botox and Dermal Fillers in Dentistry

(B) Discussion and Possible Action Regarding Subcommittee Recommendations on the Use of Botox and Dermal Fillers in Dentistry

AGENDA ITEM 23 ..... Update on Portfolio Licensure Examination for Dentistry (AB 1524, Stats 2010 ch 446)

AGENDA ITEM 24 ..... Update on Actions Taken to Implement the Patient Protection and Affordable Healthcare Act

AGENDA ITEM 25 ..... Report on the October 12, 2011 meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action Regarding the Subcommittee Recommendation for Appointment of an Elective Facial Cosmetic Surgery Permit Credentialing Committee Member

PUBLIC COMMENT

ADJOURNMENT

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DENTAL BOARD OF CALIFORNIA
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Dental Board of California
Meeting Minutes
Thursday, August 11, 2011

Department of Consumer Affairs
1625 North Market Blvd, 1st Floor Hearing Room, S-102
Sacramento, CA 95834

DRAFT

Members Present:
John Bettinger, DDS, President
Bruce Whitcher, DDS, Vice President
Luis Dominicis, DDS, Secretary
Steven Afriat, Public Member
Fran Burton, Public Member
Stephen Casagrande, DDS
Judith Forsythe, RDA
Huong Le, DDS
Steven Morrow, DDS
Thomas Olinger, DDS

Members Absent:
Rebecca Downing, Public Member
Suzanne McCormick, DDS

Staff Present:
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Nancy Butler, Supervising Investigator
Lori Reis, Complaint and Compliance Unit Manager
Adrienne Mueller, Enforcement Coordinator
Donna Kantner, Licensing and Examination Unit Manager
Dawn Dill, Dental Assisting Program Manager
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers, Executive Assistant

President John Bettinger called the meeting to order at 8:15 a.m. Secretary Luis Dominicis called the roll and established a quorum. The full Board immediately went into closed session to discuss the Executive Officer's performance evaluation; and to deliberate and take action on disciplinary matters. At the conclusion of these discussions, the Licensing, Certification, and Permits (LCP) Committee met in closed session to review one application for issuance of a new license to replace a cancelled license.

The Board returned to open session at 11:39 a.m.

President Bettinger called the meeting to order and reported that the Board reviewed the Executive Officer's performance; and deliberated and took action on disciplinary matters. He asked Dr. Bruce Whitcher, Chair of the Licensing, Certification, and Permits (LCP) Committee to report on what the LCP Committee discussed in closed session. Dr. Whitcher reported that the Committee considered one application for issuance of a new license to replace a cancelled license. The application was tabled until additional information related to malpractice actions by the applicant was received.

Agenda items were taken out of order to accommodate guest speakers.

AGENDA ITEM 8: Discussion and Possible Action Regarding Eligibility Requirements for Special Permits *(Business and Professions Code Section 1640)*

Dr. Steven Morrow, Board member and faculty member at Loma Linda University School of Dentistry reported that on May 14, 2011, the California dental school Deans and/or their representatives met during the California Dental Association meeting in Anaheim to discuss concerns they have regarding Special Permits issued by the Dental Board of California. Dr. Morrow met with the group on behalf of Loma Linda University and Dr. John Bettinger, Board President, participated in this meeting representing the Dental Board of California.

Dr. Morrow explained that Special Permits are a type of "restricted" dental license that are used by dental schools in California to recruit and retain non-California licensed dentists to fill faculty positions in their advanced dental education programs and their DDS programs. Through participation in the faculty practice, the school is able to increase the dentist faculty member's financial compensation and provide the opportunity for the dentist to maintain and/or improve their clinical skills.

The ability to hire dental faculty to fill vacant positions in dental schools in the nation, and specifically in California has reached a near crisis point. This has occurred for a number of reasons: 1. The economic slow-down resulting in a decrease in the financial support of dental education, not only in State supported institutions, but in private universities as well; 2. The aging dental school faculty population and their rate of retirement; and 3. The student educational debt resulting in a limited number of recent graduates' ability to pursue a career in dental education. As a result, dental schools have been forced to rely on hiring foreign trained dentists and dental specialists.

Dr. Morrow then outlined the two specific concerns expressed by the California dental school Deans regarding the issue of special permits:

1. Confusion and/or ambiguity regarding the eligibility requirements for the applicant outlined in Business & Professions Code Section 1640(b) and (c).
2. The limitation on the number of special permits available in the different categories as outlined in Business & Professions Code Sections 1640.2 and 1640.3

At this point in the discussion, President Bettinger introduced Dr. Ron Mito, former vice president of the Dental Board and Associate Dean of UCLA School of Dentistry. Dr.

Mito re-emphasized that there is not an adequate pool of applicants to fill the over 400 full-time vacant faculty positions throughout the country. As a result, to recruit the best candidates the pool must be expanded to include international dental graduates, of which there are two types: (1) those who have completed both dental school and advanced training in a foreign country, and (2) those who have completed dental school in a foreign country and received advanced training from a CODA accredited specialty program. The Deans feel that the applicant requirements for a special permit outlined in Business & Professions Code Sections 1640(b) and (c) are confusing and are asking for the Board's interpretation. Specifically, does a person who has completed a CODA approved specialty program meet the requirements of 1640(b)? Dr. Mito stated that the position of academic dentistry is that these individuals do meet the requirement and that all individuals who successfully complete a CODA approved program should be viewed as competent in their field. Additionally, their certificates of training should be considered equivalent to a degree.

Kristy Shellans, legal counsel discussed the eligibility requirements outlined in statute. She stated that by the schools interpretation, sections 1640 (b) and (c) are the same. However, she explained that statute should not be interpreted to have surplus (be duplicative). She stated that she was not prepared to give a final legal opinion on the questions discussed today. Further study is needed. Ms. Shellans responded to the question of increasing the number of special permits by saying that this statutory change would require legislation.

Dr. Mito asked that the Board consider seeking legislation to clarify the applicant eligibility requirements for a special permit. Additionally, he asked that the Board consider there also be legislation to increase the number of special permits granted to California Dental Schools.

Ms. Fran Burton, Board member and Chair of the Legislative/Regulatory Committee responded that she feels a legal opinion is necessary before there is any discussion about legislative remedies.

M/S/C (Morrow/Burton) to request legal counsel provide the Board with a legal opinion regarding the interpretation of significant, pertinent portions of *Business and Professions Code Sections 1640 – 1640.*3 relating to the discussion held during the meeting today. The motion passed unanimously. Dr. Morrow asked that staff review the Board's past interpretations of the statute for consistency.

Public Comment
Dr. Earl Johnson, UCSF staff member, stated that he concurred with everything Dr. Mito said and requested that if statutes are being changed, he would like to include a change so that graduates of CODA approved specialty training programs will be eligible to take the dental licensing examination.

The Committee meetings commenced at 12:15 p.m.

The full Board reconvened at 2:10 p.m.

AGENDA ITEM 1: Presentation on the use of Botox in Dentistry by Dr. Louis Malcmacher, President of the American Academy of Facial Aesthetics.
Louis Malcmacher, DDS is the President of the American Academy of Facial Aesthetics, an educational organization which offers approximately 50 training programs per year in the use of BOTOX and dermal fillers. In addition to lecturing, he has practiced as a general dentist for over thirty years and is licensed in the state of Ohio. Dr. Malcmacher requested that he be put on the Board agenda to give a presentation on the use of BOTOX and dermal fillers in dentistry.

He began his presentation with a broad overview and stated that BOTOX and dermal fillers have become an issue in dentistry. According to Dr. Malcmacher, thirty-five states allow general dentists to use BOTOX for cosmetic and therapeutic uses. He went on to say that BOTOX and dermal fillers are reversible, non-surgical procedures that, when appropriately trained, general dentists are legally, ethically, and morally obligated to offer their dental patients as available treatment options. He emphasized that these treatments are non-surgical and reversible.

BOTOX and dermal fillers are currently used throughout the country for therapeutic treatment of TMJ and retention of dentures. Dr. Malcmacher stated that since dentists are trained to give injections inside the mouth, they are highly qualified to administer injections outside the mouth as with BOTOX and dermal fillers. He showed a video of him administering BOTOX on a patient for treatment of facial pain. He also showed a video of him administering dermal fillers on a patient.

Dr. Malcmacher went on to say that the California Dental Practice Act is much like other dental practice acts throughout the country. Although he admitted he was not a lawyer, he feels that the Business & Professions Code Section 1625 reference to “associated structures” opens the door to treatment of the head and neck for facial pain by general dentists. He also mentioned that the UCLA School of Dentistry offers a Facial Pain residency; and that the FDA has approved BOTOX as the primary therapy for chronic migraines and facial pain. In closing, he referred to Business & Professions Code Section 1638 for the definition of oral and maxillofacial surgery.

AGENDA ITEM 2: Discussion and Possible Action Regarding Scope of Practice Issues and Board Policy Related to the Use of Botox and Dermal Fillers.
The discussion of Dr. Malcmacher’s presentation continued into Agenda Item #2. Dr. Huong Le, Board member, asked for confirmation that 35 states allow general dentists to use BOTOX for cosmetic and therapeutic treatment. Dr. Malcmacher responded yes. However California allows its use for therapeutic treatment only.

Fran Burton, Board member, asked how many of those 35 states had to enhance their legislation to allow the use of Botox. Dr. Malcmacher stated that none of the 35 states enhanced their legislation; however four months ago Arizona passed legislation to allow

the use of BOTOX for “cosmetic/aesthetic” applications where formerly only “therapeutic” use was allowed. Ms. Burton stated that she does not think that the California statute, as written, allows the use of BOTOX for cosmetic purposes by general dentists. She would like to see a legal opinion on this matter.

Kristy Shellans, Legal Counsel, clarified that *Business and Professions Code Section 1638* does not apply to general dentists. The section applies to physicians who were licensed to practice dentistry in another state. Ms. Shellans further clarified that the pertinent B & P code section in this matter is *1625; and* she does not feel that it is possible to come up with a “rule” because it is a case by case analysis, based on the scope of practice that is outlined in *section 1625.* Ms. Shellans suggested that the Board must look at what the purpose is for using any particular procedure. If it’s not for the “diagnosis or treatment, by surgery or other method, of diseases and lesions and correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures.…” then it cannot be done.

With respect to the discussion about “associated structures”, Ms. Shellans stated that while it is true that the statute does not define this term, the dictionary does. “Associated” means connected. Therefore you must look at what is connected to those different structures and determine what the purpose is for using the procedure. If the purpose does not fall within the realm of what is outlined in statute, then the procedure cannot be performed by a general dentist.

Ms. Shellans pointed out that there is extensive history behind the enactment of the Elective Facial Cosmetic Surgery Permit (Business & Professions Code Section 1638.1). The argument for creation of the permit was that the current 1625 statute did not allow dentists to perform cosmetic procedures. EFCS Permits are now issued for procedures using BOTOX and dermal fillers.

Ms. Shellans pointed out that it would be difficult for her to give a legal opinion on this issue that would not be an underground regulation. The evaluation of the use of BOTOX and dermal filler by general dentists should be decided by expert opinion tied to the statute (B&P Code Section 1625). The decision should not be spurious, that is created to fit within 1625. Performing any specific procedure should be tied back to the purpose(s) outlined in statute. If the goal is to allow general dentists to use BOTOX and dermal fillers for aesthetic (cosmetic) purposes only, there will be problems defending that position.

She further voiced her concern that the Board may be devaluing the EFCS Permit by going down this road. Dr. Dominicis pointed out that using BOTOX and/or dermal fillers is not surgery. Ms. Shellans responded that the discussion of whether or not it is considered surgery is not relevant. Dr. Dominicis stated that when his patients come in for bleaching he is not performing any therapeutic procedure, it is purely cosmetic. Ms. Shellans stated that the question that needs to be answered by the Board is whether or not a procedure is for cosmetic purposes only. If so, it is not legally defensible.

In the interest of time, President Bettinger tabled further discussion of this item until the November meeting. He appointed a two member subcommittee, Drs. Dominicis and Olinger, and asked that they work with staff to look at all issues, including the legal aspect, of general dentists' use of BOTOX for cosmetic purposes. He also asked the subcommittee to work with staff and legal counsel to develop a statement to post on the Board's website relating to BOTOX and dermal filler use by general dentists.

Dr. Malcmacher commented that by having *B&P code 1638* in the Dental Practice Act, the Board has defined what oral and maxillofacial surgery is including aesthetics. Again, although he admitted that he is not a lawyer, he contends that this definition of oral and maxillofacial surgery, which dentists are allowed to perform, is what other Board's have used to allow veneers and other cosmetic procedures to be done. Dr. Malcmacher stated that dental schools like UCLA treat associated structures, including the whole head and neck and have been doing so for a long time.

There was no additional public comment.

AGENDA ITEM 3(A): Discussion and Possible Action Regarding Comments Received During the 45-day Public Comment Period for the Board's Proposed Rulemaking to Amend Title 16, CCR, Sections 1018 and 1020.5 Regarding Uniform Standards for Substance Abusing Licensees and Disciplinary Guidelines

Sarah Wallace, Legislative and Regulatory Analyst, provided background information leading up to the 45-day comment period which began on March 25, 2011 and ended on May 9, 2011 during which time the Board received oral testimony from the California Dental Association (CDA) and written comments from the Center for Public Interest Law. The regulatory hearing was held on May 10, 2011. The Substance Abuse Coordination Committee (SACC) met on April 11, 2011 and revised requirements contained in the *Uniform Standards Relating to Substance-Abusing Licensees.*

Lori Reis, Complaint and Compliance Unit Manager gave an overview of the proposed changes to the Dental Board's Diversion Contract with Maximus as they relate to SB 1441.

Kristy Shellans, Legal Counsel, clarified that the reason for giving this overview was to make everyone aware that the Department of Consumer Affairs is moving forward with changes to the Maximus contract to incorporate the uniform standards even though the Dental Board hasn't acted on the Substance Abuse Coordination Committee's (SACC's) guidelines yet. She noted that there is a dual movement both on the regulatory level and the contract level to incorporate these guidelines. There will be a need to come back to the contract issues once the Board has decided how it wants to proceed to be sure that the contract and the Board's guidelines are consistent.

Ms. Fran Burton, Board Member, stated that she raised her concern a year ago regarding the standards themselves and whether or not they are discretionary.

Ms. Wallace reported that Bill Lewis, CDA, delivered verbal testimony at the regulatory hearing indicating CDA's overall support of the proposed regulations. He thanked the Dental Board and staff for recognizing the distinction between the appropriate role of the Board's Diversion Program and disciplinary action. Mr. Lewis also stated that it is important for the Board to maintain flexibility and discretion while treating individuals self-referred into the Diversion Program. Since this was not an adverse comment, there was no Board action.

Ms. Wallace stated that the second comment received was from the Center for Public Interest Law. Julianne D'Angelo Fellmeth, Administrative Director, submitted a letter stating that the proposed regulations do not incorporate the correct version of the Uniform Standards developed by the Department of Consumer Affairs' SACC. Furthermore, with the SACC finalizing its Uniform Standards in April 2011, the new version should be incorporated into the DBC's Disciplinary Guidelines. Ms. Fellmeth also stated that the view of the Center for Public Interest Law is that "the Dental Board of California does not have discretion to order individual conditions". She stated that Business and Professions Code Section 315 states: "…the committee shall formulate uniform and specific standards in each of the following areas that each healing arts Board shall use in dealing with substance-abusing licensees, whether or not a Board chooses to have a formal diversion program…" and that there is nothing discretionary in this language.

Staff recommended rejection of these comments because the Dental Board incorporated the original terms of the probationary standards recommended by the SACC into its originally noticed text, which was filed before the SACC amended its standards in April 2011. The Board intends to modify its proposed text to reflect these new amendments as of April 2011.

Ms. Wallace read the following excerpt from the proposed response to the comment:

"However, the Board staff disagreed with the commenter that the Board has no discretion. The Board believes that rulemaking is a discretionary act that has been specifically delegated to the Board by law, not the SACC. The SACC has been given no power to enact rules or regulations by *Section 315 of the Business and Professions Code* and the SACC's proposed standards are not exempt from the APA. As a result, any standards the SACC proposes do not have the force of law (statute or regulation) and do not set standards for the Board's licensees unless adopted by the Board through the rulemaking process. In addition, *Section 315 of the Business and Professions Code* does not restrict the Board's discretion to determine how and when to use the standards, or divest it of its rulemaking authority. The statute merely states that the Boards "shall use" the standards formulated by the SACC in dealing with substance-abusing licensees. The Board has done this by proposing to add the standards <u>as written</u> by the SACC to its guidelines. However, the Board has made it clear that it still has authority to determine how and whether to apply the standards."

Richard DeCuir, Executive Officer, stated that he believes that the issue of discretion is still ambiguous. Fran Burton asked if the follow-up on this issue that was requested at the last Board meeting was done. Board Legal Counsel Kristy Shellans stated that the proposed response to the comment is her analysis as to why she believes the Board has discretion. It's up to the Board whether or not they wish to agree with that argument and adopt the analysis as their comment in response to the argument that the Board has no discretion. Ms. Shellans stated that her analysis is her opinion and the Board is free to disregard it. However, her opinion is that it would be more legally defensible for the Board to retain its discretion because of the way the statute is written. This statute does not say that the Board has no discretion. There are plenty of statutes within the Dental Practice Act that state that the Board does have discretion and does set standards granting the Board sole discretion to determine what probationary conditions apply in every case. Ms. Shellans stated that it would be hard to ignore her opinion when the Board's laws say the Board must exercise its discretion. In her opinion, the Board cannot legally say that the law divests the Board of its discretion when it doesn't say that in Section 315 of the Business and Professions Code. Conversely, in other provisions of the Dental Practice Act, the law explicitly states that the board has discretion. Ms. Shellans pointed out that the proposed section of the Disciplinary Guidelines that Ms. Fellmeth took exception with was a statement that said the Board has discretion to decide when and how the terms are applied. Ms. Shellans further explained why not exercising the Board's discretion when imposing discipline on a substance-abusing licensee would be legally indefensible. She provided examples of two recent court cases where courts had found that boards in this Department had abused their discretion by either: (1) not exercising their discretion when required to by law; or, (2) acting arbitrarily by imposing terms and conditions of probation not rationally related to the alleged violations. She stressed that a court would probably find that failure to exercise discretion in using these standards would be an abuse of discretion.

Ms. Burton stated that she had previously asked for a legislative counsel opinion. Ms. Shellans explained that the Board does not have the power to ask for that opinion. Rosielyn Pulmano, staff person from the Senate Business, Professions and Economic Development Committee, stated that legislative counsel had spoken with the Department of Consumer Affairs chief legal counsel and had indicated verbally that in her opinion the standards are mandatory. Ms. Shellans asked if anyone from the legislative counsel was going to draft a written opinion for the Legislature. Ms. Pulmano stated yes. Ms. Pulmano stated that if you look at the legislative analysis of SB 1441, it was the intent of the Legislature that when they said "use" it meant to "apply" those standards for each licensee who is in diversion or who is on probation for substance abuse. She further stated that it is the verbal opinion of legislative counsel that Section 315.4, although included in authorization, cannot be read exclusively of the 315 requirements which are that the standards are mandatory.

Mr. Afriat, Board member, questioned Ms. Pulmano regarding her statement that the standards are mandatory when the legislation does not actually reference these standards as mandatory. He further explained that while it may have been the intent of the Legislature, no one can really know what the intent of all four Senators and the

legislators who voted for this bill was. They may have all had different interpretations. Mr. Afriat also asked Ms. Pulmano, why those in the Legislature who thought it was important to make these guidelines mandatory, thought that was better public policy. Ms. Pulmano commented that some of the guidelines are indeed discretionary. There is discretion built into the guidelines such as how many times a licensee must be tested and how often. There are exceptions to the requirements which allow discretion. Dr. Bettinger stated that he is troubled by the differences in the legal opinions. Ms. Pulmano stated that in closing, she would like to say that Section 3.5 of Article 3 in the California Constitution provides that:

"An administrative agency, including an administrative agency created by the Constitution or an initiative statute, has no power:

(a) To declare a statute unenforceable, or refuse to enforce a statute, on the basis of it being unconstitutional unless an appellate court has made a determination that such statute is unconstitutional;

(b) To declare a statute unconstitutional;……"

Mr. Afriat asked Ms. Pulmano if it was her position, based on what she just stated, that if the Board follows the advice of their Legal Counsel they would be invalidating the ordinance or is it possible that the Board's Legal Counsel is reading the ordinance and giving her best interpretation of it? He questioned if it was possible that the ordinance wasn't written as well as it should have been. Ms. Pulmano stated that from their perspective, they believe that the discretion is inconsistent with the original intent of the statute. Dr. Whitcher asked Ms. Pulmano if there was an outstanding legislative opinion that was still due. She replied that their Senator is contemplating that opinion and he will make that determination when they return from recess. Dr. Whitcher stated that the Board may want to hold off until that opinion is rendered. Fran Burton stated that for purposes of full disclosure, because the Director was there, she asked if there was anything he wanted to lend to the conversation.

Brian Stiger, Acting Director of the Department of Consumer Affairs, commended the Dental Board for being so expedient in moving along with the new SB 1441 standards. He stated that there has been a lot of discussion regarding discretion. The Department's position is that these standards are mandatory. There is built in discretion as to whether or not a particular standard applies to the individual situation but once an applicable standard is in place, there is no room for amending that standard or making it less restrictive. However, Mr. Stiger feels that the Board certainly has the discretion to make the standards more restrictive. Mr. Stiger confirmed that he and the Department's Deputy Director of the Legal Affairs Division (Chief Legal Counsel) met with Senate Business, Professions & Economic Development Committee (Committee) representatives and their Legislative Counsel where the subject of discretion was discussed and they all agreed that the standards were mandatory.

Doreathea Johnson, Chief Legal Counsel for the Department of Consumer Affairs, commented that there seems to be some confusion centered around the question as to whether or not this statute itself, *B & P Code Section 315,* is in fact discretionary or whether or not the language in that statute requires the Board to apply the uniform

standards that have been adopted by the Committee that was charged by the Legislature to adopt those standards. Ms. Johnson stated that the language "…shall use" has been interpreted by the Department to mean "to employ" the standards that have been developed by the Substance Abuse Coordination Committee (SACC). She further explained that if the Board is going to employ the terms, the question is whether or not the Board has discretion in terms of deviating from those standards. She further stated that it's evident from the action that the Board has taken in promulgating these regulations that by stating that the standards should be followed in all cases in which a licensee is placed in a Diversion program or where the license itself has been placed on probation due to substance abuse is indicative that the Board found that all of these standards should be applied where it is applicable. She stated that there is built in discretion within the language.

Ms. Johnson stated that in terms of the discretion, there are two issues at hand: (1) the discretion that this Board has in simply promulgating regulations; and, (2) then the discretion it has in applying the statute that is the law of the state with respect to the application of those standards that have been adopted by the SACC Committee. She explained that by virtue of the fact that the Board is adopting them via the regulatory process, the standards themselves, as indicated by Ms. Pulmano, had within them a certain level of discretion. She stated that she believes that if the Board was to look at standards 1, 2, 5 and 7, they clearly allow the Board discretion in terms of whether or not they are applicable in that situation, based on the facts that you have at that time. Ms. Johnson stated that the Board is not abdicating their discretion in determining ultimately what is applicable and what is not. Ms. Johnson stated that she agrees with Ms. Pulmano in the rendering of the oral opinion by Legislative Counsel and she also agrees with Dr. Whitcher that it might be best to wait until they have that opinion before making such an important decision.

Mr. Afriat stated that he is troubled by the word "standards." He stated that using the word "standards" implies that there is no room for discretion whereas if the word "guidelines" was used it would convey a more discretionary approach. Mr. Stiger responded that when the SACC Committee was first formed the standards were initially called "guidelines". It wasn't until the final adoption that the wording was changed to convey the intent that they are to be used as written by every Board. He further stated that the development of the guidelines/standards was done by enforcement experts from every Board along with the Executive Officers. Mr. Stiger commented that the primary goal of the Department as well as every healing arts Board is public protection and he feels that these standards are designed to do just that.

Doreathea Johnson stated that the Board should be mindful of looking at the totality of the standards so that they preserve their defensibility on either side should that become necessary.

Dr. Olinger asked if he was correct in his assumption that under these new standards, if a licensee self-referred into the Diversion program, he/she would not be allowed to practice for 30 days. Ms. Shellans answered "yes; that is correct." Dr. Olinger

commented that he feels that this will effectively eliminate self-referrals and force dentists to practice in an impaired state longer potentially causing more public harm because they can't afford to be out of business for 30 days not to mention their staff being unemployed.

Ms. Shellans pointed out that the SACC Committee was comprised of the Executive Officers of all the healing arts Boards. Those officers are not charged with setting standards for the Dental Practice Act, the Dental Board is. She stated that if the Board had no discretion the Board would not be having this discussion, the standards would already have been enacted. Mr. DeCuir stated that he wonders why the Executive Officers were excluded from the meeting between the Director, the Department's Chief Counsel, the Senate Business, Professions & Economic Development Committee and their Legislative Counsel. Mr. Stiger stated that they had that meeting to be sure that the Department had a firm understanding of what the intent of the legislation was. He also stated that they wanted to make sure that it was consistent at the Department level before they moved forward with the Boards.

Mr. Stiger commended the Dental Board on its expediency and thoroughness in incorporating all of the standards into the Board's rulemaking package. He noted that there are a couple of Boards that have concerns about discretion and the Department is working to clarify that issue. Mr. Stiger stated that even if a Board felt that they had the discretion to make changes to the standards, he stated that he would hope that they would choose not to make changes and implement them as they are. Mr. Stiger stated that if a Board decides that they cannot accept the standards as they are, and they want to keep the discretion in, the Board is ultimately the final decision maker. He further stated that he hoped that the Board would include language in the package that requires the Board to articulate the reasons for making changes to those standards for transparency purposes. Kristy Shellans, Legal Counsel to the Dental Board, explained that the reasoning would be set forth in her very lengthy response to comments as to why the Board feels it has discretion. She stated that that the explanation would be in the rulemaking file if the Board agrees with that response. She framed the issues for the Board as follows: Does the Board want to act to accept this response to comment or do they not want that response to comment in? Does the Board want to accept Julianne D'Angelo Fellmeth's position that they have no discretion, and remove the language that offends her?

Mr. Afriat stated that as a Certified Addictions Counselor, he will say with confidence that if the mandatory guidelines of a 30 day suspension from practice are imposed, it will have a seriously chilling effect on people voluntarily submitting themselves for Diversion. With regard to the Legislative Counsel opinion, he stated that he is fully prepared to wait and see what that says and give the Board's Counsel an opportunity to react to that. Mr. Afriat stated that he felt that it was important to say as a Board Member who wants to support the staff, that the Executive Officer and Board Counsel are here and even though their bosses are sitting in the audience, they are presenting differing views and he appreciates that they have the freedom to do that. M/S/C (Dominicis/Afriat) that the Board wait until they have all the information including

Legislative Counsel's opinion before moving forward with this issue. The motion passed unanimously.

Public comments included Rosielyn Pulmano stating that in response to the Board member's comments that were made that there was concern that some of the standards proposed might deter substance abusing licensees from self-referral or voluntarily going into the Diversion program. She noted that there was only one self referral to the Dental Board's Diversion Program last year. She added that she wanted to resonate Director Stiger's statement that it is a confidential program and no disciplinary action is taken against the licensee. However, she stated that it is the Board's responsibility to not only look out for the interests of the licensee but also protect the public.

Fran Burton asked Sarah Wallace what consequences a delay would cause. Ms. Wallace informed the Board that the rulemaking was noticed in March so the one year rulemaking deadline would be March 24, 2012. Ms. Wallace continued that if this item were tabled until November, there should still be ample time to complete the rulemaking by the March deadline. Dr. Whitcher asked if the changes would be minor such as just taking out the line about discretion or more major language changes. Ms. Wallace stated that there is no proposed language at this time. Such language would have to come from the Board. Kristy Shellans stated that if the Board chooses to remove all references to discretion the language would need to be re-written and the language that says the Board has sole discretion in determining which terms and conditions shall apply would also need to be removed. Ms. Shellans stated that staff cannot come up with language without a recommendation from the Board. Mr. Stiger offered that the Department's Chief Counsel has come up with some suggested language if the Board would like to utilize it. Mr. Stiger read the Chief Legal Counsel's recommendations, as follows: … the current language for 'Uniform Standards Related to Substance Abuse and Disciplinary Guidelines states that …'in reaching a decision on a disciplinary action under the administrative procedures act, the Dental Board of California shall consider the Dental Board of California Uniform Standards'… one change would be; rather than saying the Dental Board of California shall 'consider", the Chief Counsel would recommend saying the Dental Board of California shall 'apply'. Additionally, the sentence beginning with …'deviation from these guidelines and orders'… the Chief Counsel would recommend that language be stricken. Ms. Shellans stated that she would have a concern about striking that language as the Disciplinary Guidelines apply to non-substance abusing cases as well as substance abusing cases. Mr. Stiger suggested crafting some language to cover the non-substance abusing cases.

There was no further public comment.

AGENDA ITEM 3(B): Discussion and Possible Action Regarding Adoption of Proposed Amendments to Title 16, CCR, Sections 1018 and 1020.5 Regarding Uniform Standards for Substance Abusing Licensees and Disciplinary Guidelines

The Board did not take action on this agenda item because agenda item 3(A) relating to the Board's response to comments received was tabled until further clarification

regarding the authorizing statute was received from Legislative Counsel. M/S/C (Afriat/Olinger) to table Agenda Item 3(B). The motion passed unanimously.

The Board returned to Committee Meetings

The full Board reconvened at 5:30 p.m.

AGENDA ITEM 4: Renewal Application for Universidad De La Salle. Discussion Regarding:
Dr. Dominicis immediately recused himself from any discussion and voting of this agenda item.

(1) Current Status and Review of the School's Application;
Dr. Le provided the report of the subcommittee for the renewal of approval of the University De La Salle Dental Program. Dr. Le reported that, on April 20, 2011, Dr. Bettinger appointed Dr. Morrow and herself to serve as the subcommittee to manage the application process for renewal of the Board's approval for the dental education program at University De La Salle. The subcommittee was charged with the following tasks: (1) reviewing current Board statutes and regulations relating to the renewal of foreign dental schools, (2) establish and implement the application process for the renewal of Board approval, (3) review the renewal application and identify any deficiencies, (4) notify the applicant in writing of any deficiencies and identify information needed to deem the application complete, and (5) review the completed application and determine the necessary steps needed to evaluate the re-approval of the school and provide a written report with recommendations to the Board upon completion of the review process.

Dr. Le reported that the subcommittee received the renewal application and supporting documentation from the University De La Salle School of Dentistry on May 3, 2011. The renewal application had been written mostly in Spanish and the subcommittee requested an English version. On June 17, 2011, the subcommittee received an English translation of the application; however it was not an exact translation of the first application but was complimentary. In reviewing the application, the subcommittee decided to combine both versions to obtain the necessary information. Dr. Le stated that the subcommittee met at the Board office on July 13, 2011 and deemed the application deficient and additional documents were needed for the application to be considered complete. The subcommittee sent a list of required additional documents to the school the first week in August and the school was advised to submit the needed documentation as soon as possible.

Dr. Le reported that the Board sent a preliminary budget to the University De La Salle School of Dentistry in May and the school sent a check for the estimated expenses. Board staff did not want to process the check without a completed application. Board staff is working on a new budget which will be sent to the school. Dr. Le reported that once the subcommittee receives the additional information that was requested and the application is deemed complete, the subcommittee will review the complete application

and conduct a site visit of the school. Dr. Le stated that the California Code of Regulations, Title 16, Section 1024.6(a)(2) specifies the requirements for the site team. She reported that the subcommittee has assembled a preliminary list of potential individuals who meet the specified criteria who could assist in the site team visit and will contact those people once the review of the complete application is finished.

The subcommittee thanked the Board for giving them the authority to act as its designee to move forward in the renewal process.

(2) the Board's Authority to Approve a Specified Curriculum within a School of Dentistry or Only a Dental School;

Kristy Shellans, DCA Senior Staff Counsel, explained that the Board had requested a legal opinion regarding whether the Board has authority to approve a specified curriculum within a foreign dental school or if the Board has the authority to approve the foreign dental school as an institution. Ms. Shellans reported that she reviewed the Board's statutes and regulations and it is her legal opinion that the Board has the authority to grant dental school approvals and does not have authority to grant an approval for a dental school to offer only a specified curriculum in the dental school. She stated that it is clear in the statutes and regulations that the Board's approval authority of the foreign dental school is institutional.

(3) the Board's Authority to Extend the School's Approval Pending Completion of its Review.

Ms. Shellans explained that the Board had requested a legal opinion regarding the Board's authority to extend the schools current approval for a reasonable period of time to complete its review and assessment if the Board is unable to complete the review of Universidad De La Salle's renewal application before the school's current approval expires on November 4, 2011. Ms. Shellans reported that upon review of the statutes and regulations governing the approval of foreign dental schools, the Board may interpret its authorizing statutes in a manner that allows the Board to extend the Universidad De La Salle's current approval for a reasonable period of time to complete its review and assessment of the school and its application so that the school's current approval does not expire before the Board acts on the application. The Board's regulation (CCR, Title 16, Section 1024.4) provides a time period of 225 days for the Board's review of a completed application prior to issuing a notification of approval or disapproval. Ms. Shellans recommended, in order to maintain consistency with the Board's mandate to ensure foreign dental schools are equivalent, that the Board extend the current approval for 225 days from the date of receipt of the completed application so that the Board may have enough time to conduct the site visit and make the decision to approve or disapprove the renewal application. Dr. Bettinger requested clarification if the application would have to be completed prior to the November expiration date of the current approval; Ms. Shellans clarified that if the completed application is not submitted prior to the expiration date, then the current approval would expire. The subcommittee expressed confidence that the Universidad De La Salle School of Dentistry would be able to submit a completed application with the additional information the subcommittee had requested prior to the expiration date.

Dr. Morrow stated that an application shall be considered to be complete if it appears that the institution has submitted all of the information, documents, and fees required by this article, including any additional documents the Board may request to determine if the institution meets the minimum standards. Once the Board determines that the application is complete and meets the minimum standards the Board will notify the institution of its application approval or disapproval within two hundred twenty five (225) days. Dr. Morrow clarified that if the completed application is not received prior to the expiration date, then the current approval will expire.

Dr. Earl Johnson, member of the public, commented that the Board should request the Legislature to accept the findings of the American Dental Association International Commission on Dental Accreditation rather than require the Board to conduct the review of foreign dental schools.

M/S/C (Morrow/Olinger) to approve an extension of the currently existing approval of the Universidad De La Salle School of Dentistry for a period of time not to exceed 225 after the receipt of a completed application for renewal provided that the completed application is received prior to the November 4, 2011 expiration date of the current approval. The motion passed unanimously. Dr. Dominicis had recused himself from the discussion and vote of this agenda item.

Ms. Shellans asked the Board if it wanted to make her legal opinion regarding the Universidad De La Salle's Foreign Dental School renewal application available to the public. M/S/C (Olinger/Afriat) to make the legal opinion available to the public. The motion passed unanimously. Dr. Dominicis had recused himself from the discussion and vote of this agenda item.

There was no further public comment.

AGENDA ITEM 5: Future Dates for Board Meetings:
The Board decided upon the following meeting dates for 2012:

- Thursday, February 23, 2012 and Friday, February 24, 2012 in San Diego, California.
- Thursday, May 17, 2012 and Friday, May 18, 2012 in San Francisco, California.
- Thursday, August16, 2012 and Friday, August 17, 2012 in Sacramento, California.
- Thursday, November 8, 2012 and Friday, November 9, 2012 in Los Angeles, California.

The Board discussed the possibility of holding a meeting in Orange Country rather than San Diego, but took no action.

There was no public comment.

AGENDA ITEM 6: Discussion and Possible Action Regarding SB 540 (Price) – Legislative Proposal for the Dental Board of California's Sunset Review:

Karen Fischer, Associate Analyst, reported that, at its May 2011 meeting, the Board directed staff to submit a letter to Senator Price indicating the Board's support of SB 540 while at the same time outlining the Board's concerns; a letter was sent to Senator Price as directed. The bill was heard in the Assembly Business and Professions Committee on July 5, 2011 and Drs. Bettinger, Whitcher, and Ms. Fran Burton, along with staff, attended the hearing. The bill was amended on July 12th and specified that the Board be comprised of eight (8) practicing dentists, one (1) registered dental hygienist, one (1) registered dental assistant, and five (5) public members.

The bill also contained amendments relating to the five-member Dental Assisting Council. Ms. Fischer reported that staff had been notified that amendments relating to the Dental Assisting Council had been submitted to Legislative Counsel and would be made in the Assembly Appropriations Committee meeting scheduled for August 17th. Board staff expects additional amendments relating to the Dental Assisting Council's membership qualifications will be made prior to the Appropriations Committee hearing.

Ms. Fischer reported that in response to the Board's concerns relative to collecting dental assisting licensing fees, the Senate Business, Professions, and Economic Development Committee staff inserted legislative intent language into the bill stating: "It is the intent of the Legislature that any fees established by the Dental Board of California under Section 1725 of the Business and Professions Code that are in effect on December 31, 2011 , continue to apply on and after January 1, 2012, until the board changes those fees by regulation, as set forth in Section 12 of this act." The Board's legal counsel maintained that the "legislative intent" language regarding the dental assisting fees may be insufficient and not legally defensible. The Senate Business, Professions, and Economic Development Committee staff maintain the language is sufficient.

Ms. Fischer reported that the bill does not contain the requested enforcement tools such as time limitations on public disclosure for citation issued for less egregious violations, Notice of Correction, and Letter of Admonishment. The language regarding sunset dates in previous versions of the bill had been taken out, and the amended language contained a sunset date of January 1, 2016.

M/S/C (Burton/Afriat) to direct staff to send a letter to the author indicating support of SB 540 as amended on July 12, 2011. The motion passed unanimously.

There was no public comment.

AGENDA ITEM 7: Discussion and Possible Action Regarding SB 544 (Price), Professions and Vocations: Regulatory Boards Relating to the Consumer Health Protection Enforcement Act:

Sarah Wallace, Legislative and Regulatory Analyst, reported that Senate Bill 544 (Price) Professions and vocations: regulatory boards was last amended on April 14, 2011 and contains enforcement changes similar to that of Senate Bill 1111 (Negrete McLeod, 2009-2010 Legislative Session) and is a two-year bill. Ms. Wallace reported that the bill

contains a total of one-hundred-and-ninety-one (191) sections containing various amendment and additions to the Business and Professions Code and the Government Code. Of the one-hundred-and-ninety-one sections, there are forty (40) sections that contain proposed amendments and additions that will directly affect the Board. These proposed amendments and additions are included in the general provisions of the Business and Professions Code applicable to the Department of Consumer Affairs and all healing arts boards, and provisions contained in the Dental Practice Act. Ms. Wallace stated that the purpose of this agenda item is to seek the Board's position on the provisions contained in SB 544 as currently amended.

Ms. Burton stated that because this is a two-year bill and amendments will most likely be made at the beginning of the 2012 Legislative year, it would be premature and inefficient for the Board to spend time taking positions on this bill at this meeting. M/S/C (Afriat/Burton) to table this agenda item until the February 2012 Board meeting. The motion passed unanimously.

There was no public comment.

AGENDA ITEM 9: Update on Pending Regulatory Packages:

A. Dental Assisting Educational Programs and Courses *(California Code of Regulations, Title 16, Sections 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8 and 1071)*

Sarah Wallace, Legislative and Regulatory Analyst, reported that the final rulemaking file was submitted to the Director of the Department of Consumer Affairs (Department) on May 26, 2011. A 90-day extension was granted as authorized in Business and Professions Code Section 313.1. She reported that the final rulemaking file is required to be approved by the Director of the Department, the Secretary of the State and Consumer Services Agency (Agency), and the Director of the Department of Finance (Finance). Staff has requested an expedited review and anticipates this process may take 30 to 60 days. Once the approval signatures are obtained, the rulemaking will be submitted to the Office of Administrative Law. The Office of Administrative Law will have 30 working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State and will become effective 30 days later. The deadline to submit the final rulemaking to the Office of Administrative Law is August 30, 2011.

B. Minimum Standards for Infection Control *(California Code of Regulations, Title 16, Section 1005)*

Ms. Wallace reported that the final rulemaking file was submitted to the Office of Administrative Law on June 10, 2011. The regulatory file was approved by the Office of Administrative Law and filed with the Secretary of State on July 21, 2011 and the regulation is effective on August 20, 2011.

C. Consumer Protection Enforcement Initiative *(California Code of Regulations, Title 16, Sections 1018.05 and 1020)*

Ms. Wallace reported that the final rulemaking file was submitted to the Director of the Department on June 13, 2011. The final rulemaking file is required to be approved by the Director of the Department, the Secretary of Agency, and the Director of Finance. Once the approval signatures are obtained, the rulemaking will be submitted to the Office of Administrative Law. The Office of Administrative Law will have 30 working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State and will become effective 30 days later. The deadline to submit the final rulemaking to the Office of Administrative Law is February 17, 2012.

D. Uniform Standards Relating to Substance Abusing Licensees and Disciplinary Guidelines *(California Code of Regulations, Title 16, Sections 1018 and 1020.5)*
Ms. Wallace reported that the Board, at its February 25, 2011 meeting, discussed and approved proposed regulatory language relative to the uniform standards relating to substance abusing licensees and Disciplinary Guidelines. The Board directed staff to initiate a rulemaking. Ms. Wallace stated that the initial rulemaking file was submitted to the Office of Administrative Law on March 11, 2011. The proposed action was published on March 25, 2011 and was noticed on the Board's web site and mailed to interested parties. The 45-day public comment period began on March 25, 2011 and ended on May 9, 2011. The regulatory hearing was held on May 10, 2011. The Board received oral testimony from the California Dental Association and written comments from the Center for Public Interest Law. The Substance Abuse Coordination Committee (SACC) met on April 11, 2011 and revised requirements contained in the *Uniform Standards Relating to Substance-Abusing Healing Arts Licensees*. Ms. Wallace reported that the Board voted to table the response to comments received during the 45-day public comment period until a legal opinion is received from Legislative Counsel regarding the Board's discretion relative to mandatory probation conditions.

E. Sponsored Free Health Care Events *(California Code of Regulations, Title 16, Sections 1023.15, 1023.16, 1023.17, and 1023.18)*
Ms. Wallace reported that the Board, at its February 25, 2011 meeting, discussed and approved proposed regulatory language relative to sponsored free health care events. The Board directed staff to initiate a rulemaking. Staff is currently drafting the initial rulemaking documents and will be filing the proposed regulation with the Office of Administrative Law in the near future.

Public Comment:
There was no public comment.

Recess:
The Board recessed at 6:27 p.m.

Dental Board of California Meeting Minutes
Friday, August 12, 2011
Department of Consumer Affairs
1625 North Market Blvd, 1st Floor Hearing Room, S-102
Sacramento, CA 95834
DRAFT

Members Present:
John Bettinger, DDS, President
Bruce Whitcher, DDS, Vice President
Luis Dominicis, DDS, Secretary
Steven Afriat, Public Member
Fran Burton, Public Member
Stephen Casagrande, DDS
Judith Forsythe, RDA
Huong Le, DDS
Steven Morrow, DDS
Thomas Olinger, DDS

Members Absent:
Rebecca Downing, Public Member
Suzanne McCormick, DDS

Staff Present:
Richard DeCuir, Executive Officer
Denise Johnson, Assistant Executive Officer
Kim Trefry, Enforcement Chief
Sarah Wallace, Legislative and Regulatory Analyst
Karen Fischer, Associate Analyst
Linda Byers, Executive Assistant

President Bettinger called the meeting to order at 8:24 a.m. Secretary Dominicis called the roll and established a quorum.

AGENDA ITEM 10: Approval of the Amended Full Board Meeting Minutes from February 24-25, 2011
M/S/C (Afriat/Le) to approve the amended full Board meeting minutes from the February 24-25, 2011. There was no additional public comment. The motion passed unanimously.

AGENDA ITEM 11: Approval of the Full Board Meeting Minutes from May 19-20, 2011
M/S/C (Afriat/Dominicis) to approve the full Board minutes from the May 19-20, 2011 meeting. There was no additional public comment. The motion passed unanimously.

AGENDA ITEM 12: President's Report
President Bettinger reported that on the previous day in closed session the Board conducted the annual performance review of the Executive Officer. During that

time it became very apparent to all Board members how important their decision had been several years ago to hire Richard DeCuir to be the Board's Executive Officer. Dr. Bettinger continued that there is not enough time to list all the accomplishments, but it is apparent that Mr. DeCuir's leadership and placement of talented staff in key positions along with his positive management style enabled the Board staff to accomplish an unbelievable amount of work with diminished resources. To Richard and your staff, we owe you so much. Richard, we are proud, as I know your staff is, to have you continue as the Board's Executive Officer. (applause)

Dr. Bettinger commended Board members Judith Forsythe and Dr. Bruce Whitcher for all their efforts in reaching out to the dental assisting community and their work with the Dental Assisting Forum. There has been much progress in resolving issues relating to the merging of the dental assistants into the Board. There is still much to do. Next year with the establishment of the Dental Assisting Council, many dental assisting issues will be efficiently addressed.

Dr. Bettinger recognized the California Dental Association's work in progress on a report regarding access to care. It is very significant and important that the Association has been reaching out throughout the state to get input. We will be hearing from Dr. Alan Felsenfeld, Speaker of the CDA House of Delegates and an esteemed Oral and Maxillofacial surgeon who will be making a presentation on access to care.

Finally, Dr. Bettinger thanked all the Board members for taking time away from family and work to attend these meetings and to participate in important Board issues.

AGENDA ITEM 13: Executive Officer's Report

Richard DeCuir, Executive Officer thanked the Board. He said that in preparing his Executive Officer's report that he took input from his managers. He began his report by saying that there is a state budget. The Board's appropriation for FY 2011-12 is $11.3 million for the Dentistry Fund and $1.6 million for the Dental Assisting for a total appropriation of $12.9 million. This includes a 5% reduction in personal services, and cell phone and home storage permit reductions. Additional reductions between 1-5% are expected.

While we anticipate that SB 541 will pass, Board staff is engaged in the daunting task of writing hundreds of expert consultant contracts in the event that it does not pass. Mr. DeCuir reported that he has received budget approval for a teleconferencing system between the Sacramento office and Orange office. This will enhance communication between the northern and southern California offices.

Mr. DeCuir reported that, to date there is a total of 72.8 positions at the Board; 61.8 filled and 11 vacant. Due to the state hiring freeze, recruitment has been difficult. Regarding the Complaint and Compliance Unit, monthly audits continue to take place to ensure that the CSAs are maintaining a current workload; Lori Reis, Manager is working with one of the senior dental consultants in revising and updating the current Dental Consultant procedure manual; and beginning June,

2011 a Consumer Satisfaction Survey was included with all complaint closure letters.

With regard to the Enforcement Unit, Mr. DeCuir reported that Supervising Investigator Teri Lane along with Supervising DAG Greg Salute spoke to the graduating dental students of the class of 2011 at the University of California, San Francisco. The presentation lasted about two hours and was heard by approximately 100 students.

Mr. DeCuir introduced the members of the new Investigative Analysis Unit: April Alameda, Unit Manager, Shannan Borton, Erica Cano, Sheila Keechel, and Sean Cogan, all Associate Enforcement Analysts. This group, along with Shirley Boldrini, Inspector in the Northern California office visited the Asian Health Services Dental Clinic in Oakland for a mock inspection with Board member Dr. Huong Le. The visit was very informative and provided new staff with an opportunity to see an actual dental clinic, how operatories are set up, how the instrument sanitation process works, and what an inspector looks for during an inspection.

Mr. DeCuir reported that Inspector Shirley Boldrini volunteered her time when she participated in the Remote Area Medical (ROM) Fair at Cal Expo this Spring. Shirley volunteered her time as a RDA-EF for over ten hours serving the underprivileged and individuals without medical or dental insurance. The dental portion of the fair served a total of 4700 people. The total tally was 5500 fillings, 1600 cleanings, 3600 extractions, and 1400 Panorex x-rays.

Mr. DeCuir further reported that sworn staff from both northern and southern offices served a search warrant on an office in Richmond alleged to have been providing unlicensed dentistry. Criminal charges are pending in Contra Costa County. He also reported that in response to a tip from a former employee, the Board sent investigators to the Napa area to investigate allegations that an unlicensed dental assistant was hired and allowed to perform prophys on children and place temporary crowns. The assigned investigator was able to get written admissions from both parties and subsequently filed criminal violations with the Napa County District Attorney's Office. Both the dentist and dental assistant pled no contest. This investigation was organized and directed by Investigator Kyle Clanton. Nancy Butler, Supervising Investigator introduced Kyle Clanton. Mr. Clanton gave a brief explanation of his work experience and education before coming to work for the Dental Board.

AGENDA ITEM 14: Update on Dental Hygiene Committee of California (DHCC) Activities

Dr. Bettinger reported that there are several members of the hygiene community in attendance. The newly elected president of the California Dental Hygienist Association was introduced. Dr. Bettinger mentioned that he accepted the resignations of the members of the Dental Assisting Forum (DAF).

AGENDA ITEM 15: Budget Reports: Dental Fund & Dental Assisting Fund

Richard DeCuir, Executive Officer before giving his budget report, introduced Ms. Sharon Langness, Budget Analyst for the Board. Mr. DeCuir reported that both

funds should end the year with a reversion of approximately $763,575 in the Dentistry Fund and approximately $305,845 in the Dental Assisting Fund. These reversions are attributed to a number of factors such as reduced personal services in both funds due to the Governor's hiring freeze, and overall general expenses for both funds being reduced. The Board is currently being required to cut 5% from overall expenditures from both funds. There was a general discussion about the meaning of reversion and what happens to the monies that are reverted. Refer to Analyses of Fund Conditions in the meeting packet for further details. There was no additional public comment.

AGENDA ITEM 16: Presentation by the California Dental Association (CDA) regarding Access to Care

Dr. Alan Felsenfeld, Oral and Maxillofacial surgeon and Speaker of the CDA House of Delegates, reported that CDA has been actively looking at access to care issues in many ways; through advocacy, legislation and through activities of the CDA foundation. CDA has a resolution dating back to 2002 which deals with the issues of helping the underserved receive oral health care. The House of Delegates, in 2008, directed CDA to undertake a comprehensive study aimed at improving access to dental care for underserved populations. CDA has been deeply involved in this research and analysis project since 2009. At that time, two workforce groups were formed; an Access Workgroup and a Workforce Task Force. The goal of these groups was to identify ways to improve dental care for the nearly 30% of the state population that experiences barriers to dental care while preserving the dental delivery system that works very well for the majority of the rest of Californians.

Dr. Felsenfeld gave a summary of the Access report stating that the written analysis and associated research includes more than 500 pages of documentation and evidence based research which is available on CDA's website. There is also a 54 page executive summary available. The two recently released Institute of Medicine reports, the Kellogg, Pew and Macy foundations and Healthcare Reform are just some of the national organizations and activities that are placing pressure on the healthcare system to provide oral health care to more people. Healthcare Reform in particular, through passage of the Affordable Healthcare Act, is expected to provide dental coverage to between one and two million more children in California who are not receiving care now, beginning in 2014.

The recent loss of Denti-cal benefits to adults in California and suspension of the only state supported dental disease program have increased the burden and created even larger gaps in healthcare for children. Thirty percent of California's population has limited or no access to dental care and unfortunately this group suffers from disproportionate dental disease. Eleven million Californians have no dental coverage whatsoever with seven million considered low-income, or disadvantaged enough to be eligible for Medicaid. Of the Medi-cal/Medicaid eligible, one in three or 4.5 million are children. Data shows that in 2007, fewer than 4000 dentists provided significant amounts of dental care to Medi-cal beneficiaries. There are 900,000 children covered by the CHIP, Healthy Families program. One UCLA study designated over 200 areas of the state as being underserved where the ratio of dentists to people was such that it was not enough

to provide adequate care to people living in those areas proving that existing programs are not getting the job done. The report emphasizes that just as there is not just one cause there will not be just one solution.

CDA has taken a comprehensive approach, committed to becoming the expert on the issue through a deliberative process with decision making based on comprehensive, accurate and evidence based information. Dr. Felsenfeld stated that the two volunteer workgroups that were previously mentioned were formed to study the issue from different perspectives. The groups examined existing research and also commissioned several studies. Commissioned research included; a comprehensive review of the oral healthcare systems in California, an analysis of the state oral healthcare infrastructure within the government, history and overview of the dental residency programs including their financing and an analysis of their potential to improve access to care for the underserved population, the capacity of California's present dental delivery system, an economic analysis of new workforce models and the possible impact on private practicing dentists and the safety and quality of irreversible procedures being performed by dental providers worldwide. A report was developed that has a three-phase proposal for looking at this problem.
The proposals are structured in such a way that one effort is built on another focusing first on what has been shown to work and putting in efforts where they can be expected to have the greatest impact.

Phase one of the report contains eight objectives, the basis of which is to establish a foundation for public oral health programs and enhancing capacity by expanding what is working today. The first objective and CDA's first priority would be to build a high functioning state oral health infrastructure for the purposes of both management and leadership including a state Dental Director and staff placed at the executive level. This individual would have multiple functions but mostly he/she should be charged with assuring involvement in the decision making and being able to work across programs for the inclusion and advancement of oral health programs within the administration as well as developing a plan that envisions what is possible and structured in a participatory way emphasizing the collaboration of both the private and the public sectors.

The second objective the report emphasizes in response to the challenge of building adequate capacity is through the expansion of qualified health centers or FQAC's, that are funded to serve the very population that needs access the most whose full potential has not been realized. In 2009 the federal government approved the expansion of these centers beyond the four walls of the building allowing FQAC's to contract with dentists in the community to provide care to clinic patients in the providers' private offices. However, this has not yet been realized in California. The report states that the advantages to doing this would include Dentists' participation in serving the underserved population without the administrative burden of Medi-cal, arranging for a predetermined amount of time or a predetermined number of patients, expanding the capacity of health centers to meet the requirements to provide dental care while reducing the financial burden of expansion of capital facilities, staffing requirements and stabilizing costs for them

with the most benefit being to patients allowing increasing access, from more locations for care and shorter waiting times for appointments.

The final phase one objective relates to recommendations with respect to dental workforce. The recommendation is twofold: first, it supports the use of community health workers also known as promotoras, who are highly effective in their communities in improving health outcomes because they know the social norms and the values and the culture of their communities and have been shown to be effective at assisting others in changing behavior. Secondly, it recommends a continuation of the research conducted on safety and quality; specifically that a scientifically rigorous investigation be completed to answer the questions that remain regarding safety, quality, cost effectiveness and patient satisfaction of irreversible dental procedures being performed by traditional and non-traditional providers including dentists and non-dentists. The report finds this to be a vital step in the analysis of the ability of dental healthcare providers to be more efficacious but more importantly safe in the delivery of dental healthcare. The proposal acknowledges that this is the necessary next step to build an evidence base to guide any new provider or scope of practice recommendations. The recommended study parameters will include things such as multiple offices of dentist supervision, multiple pathways of education or training and evaluating dentists and non-dentists alike.

Phase two is based on the work in Phase one and it begins by recommending the development of a program to bring oral health care to children at or near where they live or go to school. Reducing the risk of dental caries before it begins or early in its progression assures that this highly preventable disease may be controlled before the onset of costly damage in both human and economic terms. Partnering with key organizations and agencies that naturally have groups of caregivers and children in attendance such as schools, WIC and Head Start programs can maximize the opportunities to deliver health education, preventative and restorative dental care services as well as assistance with access to ongoing care in the community. School based and school linked programs that provide dental education, services and case management have been heralded as valuable in reaching underserved communities for decades unfortunately, California suspended its 30-year-old school based programs but the federal government has made it a priority and includes funding to states to support these programs. The phase two recommendations also include the use of proven technology. This is not about new providers or changing scope. It is about maximizing the reach of the dentist to insure more people get the safe, high quality care they need sometimes over distances which would make access impossible. For example, technology now exists to support the collaboration of professionals working in community settings such as schools and long term care facilities. Electronic collaboration such as radiographs photos and charting have been used in medicine but are slow to be adopted in dentistry. These technologies could be used to bring many more patients into the delivery system with a supervising dentist making diagnostic decisions in support of allied professionals working within their scope and thus being able to serve patients in the community setting. The other phase two objective is the recommendation to extend access to early preventive services through augmentation of Medi-Cal reimbursement rates. This is based on the

understanding of the importance of coordinating dental visits with preventive education and care to reduce the need for future costly work. It has been shown that even a small boost goes a long way to increasing access to services.

The final phase, Phase three is about dental delivery system innovation. The first objective is to re-establish adult dental benefits in the Medi-Cal program. The second objective is to expand the capacity of hospital based emergency dental care. Emergency departments cannot provide care for acute dental treatable conditions and they are limited to prescriptions for pain and infections along with dental referral. This recommendation seeks to include emergent dental care capacities within hospital facilities. The final objective in phase three seeks to optimize workforce capacity. This objective also calls for the support of a mandatory one year post graduate residency. The main purpose of the recommendation is to increase the competency of young dentists to provide complex care and advance the profession.

At this point these are just recommendations. The report and the recommendations will go to the CDA House of Delegates in November and the House will then decide what CDA's direction will be and the course of action at which time they will begin implementation. Dr. Casagrande asked Dr. Felsenfeld if he anticipated this resulting in Legislation down the road and how does he see the Board interacting with this? Dr. Felsenfeld stated that right now they anticipate nothing as there are too many recommendations to be reviewed. The CDA House of Delegates will review it in November and come up with what they feel are good recommendations. Dr. Casagrande asked if anyone has done a statewide dental office production capacity to see if there is under utilization of space. Dr. Felsenfeld stated that one of the research projects that was commissioned did just that. The study found that private practices were 90% utilized and clinics were 80% utilized. Dr. Dominicis asked if one of the reports revealed certain areas that have a shortage of dental providers. Dr. Felsenfeld responded that the purpose of one of the studies was specifically to identify the areas where there are not enough dental providers. Dr. Casagrande asked if the polling that was done for dental office capacity went out to the entire dental community or only CDA member dentists. Dr. Felsenfeld stated that the poll was done by an outside research firm and he is not sure of the answer. Dr. Bettinger stated that whatever happens, he would hope that the Dental Board of California would have the latitude to develop regulations for education and testing so that new scopes of dentistry or new providers could be tested to insure public safety as well as licensing and compliance. Dr. Felsenfeld assured the Dental Board that they will be a key partner in all phases of this endeavor.

Dr. Morrow stated that the "Pipeline Project" was designed as a collaboration between government and educational facilities to create clinics in rural areas with dental students rotating through those clinics as providers. The Medi-Cal University Project was a very active source for providing for the underserved until adult medi-cal benefits were suspended. Dr. Morrow asked if CDA has looked at the possibility of a cooperative effort with the dental education community both in undergraduate pre-doctoral education as well as post graduate and PGY1 where assistance in funding for the development of clinics that could be rotated through

by students as care providers for the underserved in rural areas. Dr. Felsenfeld stated that that was one of the factors that was in the reports.

Katie Dawson, California Dental Hygienists Association (CDHA), commented that UCSF has done extensive research on capacity to serve and the results of that report were that if all of the dentists in California were working at 100% capacity there would still be 30% of the population that would not have access because the current workforce could not handle all the need for dental care. CDHA as a whole welcomes the opportunity to be a part of this process. Ms. Dawson stated that her concern is that there may be several different dental support groups coming forward with possible new legislation when there are already highly trained and educated members of the team that are ready to go right now if there is interest in expanding the scope of practice for members of the dental team. Dr. Morrow pointed out that there is a difference between need and demand. Even if there are 30% of the population was in need of dental care, a portion would not seek care even if it were free therefore lessening the demand.

Jenny Katlove, Children's Partnership, commended CDA for the work they have done to identify the multiple barriers individuals face in accessing dental care and acknowledging that it is a very complex issue. She stated that in 2014 they anticipate about 1.2 million additional children will have dental coverage due to the implementation of the Affordable Care Act creating a increased demand. The Children's Partnership looks forward to working with CDA and the Dental Board in finding a solution to access to care. Dr. Sharon Golightly, stated that she would hope that the Board would consider legislative changes to the Loan Forgiveness Program for professionals. She requests that modifications be made to the loan program to forgive some of the debt if graduates, including dentists, hygienists and registered dental assistants, agreed to practice in rural areas. There was no additional public comment.

AGENDA ITEM 17: Examination Committee Report

Dr. Casagrande Chair of the Examination Committee reported that the Committee met, roll was called and a quorum was established. The minutes of the May 19, 2011 meeting were approved unanimously. Dr. Casagrande reported that the Committee reviewed the dental assisting program examination statistics. He commented that while there is improvement in the pass rate for the Registered Dental Assistant written, he expressed his concern that the scores are still low. He went on to report that Dr. Dominicis gave the WREB report. The Committee reviewed the cost analysis of the RDA Practical and RDAEF exams prepared by staff. The RDA practical examination pays for itself; the RDAEF does not. The Committee asked for additional data before determining if exam fees will need to be increased.

Dr. Olinger commented that he was encouraged to see the break-out of RDA examination scores according to first time candidates, and repeat candidates He was pleased to see that 75% of the first time candidates were passing the exam. He feels that the first timers have worked very hard to prepare for the exam and have taken it seriously.

Board member Fran Burton expressed concern that the failure rates for all candidates taking the RDAEF written exam (41%), and the first time candidates (42%) are both high. Dr. Casagrande commented that it may be due to candidates not studying the subjects that appear on the exam. Dr. Dominicis asked if there was someone from the RDAEF community that could comment on the exam. He would like to hear from the teachers and those who prepare the students about the plausibility of the exam questions. Dr. Morrow commented that when your sample size is small, the data will be skewed. Dr. Whitcher commented that with some of the other examinations, associations have commented that there are problems with reference materials not being pertinent or available, and exam outlines and study guides may not be relevant. Dr. Whitcher and Ms. Burton would like input from the teaching community on this EF issue. Mr. DeCuir, Executive Officer commented that the staff has focused on the Registered Dental Assisting examination and not the RDAEF exam.

Ms. Burton went on to comment on the cost analysis performed by staff with regard to the RDA practical and RDAEF exams. She thought the analysis was very confusing and that it was difficult to determine whether or not the fees need to be raised. Mr. DeCuir reported that this item was discussed in Committee and it was determined that a more complete cost analysis will be brought back to the Committee in November. Dr. Dominicis asked that the most recent examinations being conducted between the August and November Board meetings be included in the new cost analysis. There was no additional public comment. M/S/C (Forsythe/Afriat) to accept the Committee's report. The motion passed unanimously.

AGENDA ITEM 18: Examination Appeals Committee Report

This Committee did not meet because there were no examination appeals to review.

AGENDA ITEM 19: Licensing, Certification & Permits Committee Report

Dr. Whitcher, Chair of the Licensing, Certification & Permits Committee reported that the Committee met, roll was called and a quorum was established. The minutes of the May 19, 2011 meeting were approved unanimously. He reported that the Committee reviewed dental and dental assisting program licensure and permit statistics. There was a 2% increase in delinquencies for dentists, 5% increase for RDAEFs and 9% for RDA licenses since October 2009. The Oregon Board reported similar statistics that may be related to the economy and tardiness in renewing. The Committee noted that 103 RDAs have received licenses since the April Board meeting. Dr. Whitcher also reported that the Committee reviewed the General Anesthesia/Conscious Sedation permit evaluation statistics. He noted that the General Anesthesia evaluation program is ahead of schedule and thanked Jessica Olney. However, there are a large number of postponements (nearly 50%) for conscious sedation evaluations, many due to licensees not yet having a place to practice and/or the availability of patients. An emerging trend is that there is a lack of conscious sedation evaluators. The Committee will be studying this further. It may be necessary to have a separate course to calibrate conscious sedation evaluators in order to fill the evaluator pool. The Committee also received a staff report on the new fingerprinting requirements for licensees. The program is

exceeding expectations in that there is less difficulty with administration than anticipated. Dr. Whitcher reported that there was one application for a new licensee to replace a cancelled license that was considered in closed session. The Committee tabled the application until staff can bring back further information. M/S/C (Afriat/Burton) to accept the Committee's report. There was no public comment. The motion passed unanimously.

AGENDA ITEM 20: Dental Assisting Committee Report

Ms. Judith Forsythe, Chair of the Dental Assisting Committee reported that the Committee met, roll was called and a quorum established. The minutes of the May 19, 2011 meeting were approved unanimously. She reported that Tanya Webber, Analyst for the Board gave an update regarding the status of dental assisting programs and courses. Currently there are 18 applications that are continuing to be reviewed by staff and consultants until the new regulations become effective. The complete list of approved and pending applications for dental assisting programs and courses is in the Board packet. Ms. Forsythe reported that the Committee reviewed the dates and sites for dental assisting examinations. She commented that this information was also presented to the Examination Committee and requested that in order to reduce redundancy that this item be agendized in only one committee. The consensus of the Board was that it would be put on the agenda in the Dental Assisting Committee. Ms Forsythe reported that there is a new exam site in Santa Maria and staff is looking into additional examination sites in different parts of the state. She also reported that Dr. Tracy Montez with Applied Measurement Services presented an update on the Registered Dental Assistant written examination. She reported that the pass rate for candidates graduating from a Board approved program is 42%; ROP style program is 1%; OJT work experience is 15%. Dr. Montez reported that infection control is the largest category of missed questions. She will continue to bring forth information on this exam at future meetings. Ms. Forsythe reported that she and Dr. Whitcher were appointed by Dr. Bettinger to be a subcommittee to survey RDAEF licensees for the purpose of analysis of workforce and barrier to care issues. The committee is still gathering information.

Dr. Dominicis asked that staff bring to the next meeting, a break out of how many total programs have been Board approved, e.g. how many Infection Control Courses; how many registered dental assisting programs, etc. Ms. Fran Burton asked about the questionnaire that was sent out for the RDAEF survey. She is concerned that the right questions were not asked and therefore we are not getting any results. Ms. Forsythe commented that this is the initial attempt at gathering the information. The process will be revised as it progresses.

Public Comment:

Dr. Earl Johnson, Orthodontic Association commented that 25% of the Registered Dental Assistant examination is on infection control. He believes that the examination should reflect questions relating to duties; and he believes that too much weight is given to infection control questions. He believes this puts the OJT candidates at a disadvantage. He believes the distribution of questions on this examination is skewed.

Sharon Go-Lightly, dental hygienist commented that it is the Board's obligation to protect the public by ensuring that all dental assisting personnel know the minimum standards for infection control. All candidates taking the exam, whether through formal training or OJT, should be able to answer all questions relating to infection control.

Dr. Casagrande asked staff if the dental assisting community receives public notice of the Board meetings? He observed that there were not many members of the dental assisting community attending the Board meeting this week. His interpretation is that they are happy with what the Board is doing.

Dr. Lori Gagliardi, CADAT (California Association of Dental Assisting Teachers) responded to Dr. Casagrande's comment by emphasizing that she and representatives of her organization not only attend all Dental Board meetings, but also actively participate in agenda discussions of the Board. In reference to questions about the RDA exam, it is obvious that candidates who go through formal training perform much better on the exam, than candidates who go through non-board approved programs (ROP) and OJT programs. She suggested that in order to continue to protect the public, perhaps it is time for the Board to review whether or not people who have not gone through a formal registered dental assisting program should be able to take the exam. She asked that the Board put on its agenda a review of the work experience pathway for the RDA exam. Dr. Huong Le, Board member commented that while the Board could look at the issue, she does not want the Board to put up barriers to RDA licensure.

Earl Johnson, Orthodontic Association, attends the Board meetings to follow issues relating to dental assistants. He feels the playing field is not level. He suggests that all OJT candidates pass the infection control exam before they take the RDA examination. He feels the candidates should be told what areas will be tested.

LaDonna Drury-Klein, California Association of Dental Assisting Teachers responded by saying that for the first time since the early 1980s, the Board has made available to every candidate an exam content outline and exam plan with over 400 knowledge statements that an exam candidate can access at any time. This is due to the efforts of Dr. Tracy Montez of Applied Measurement Services who was brought into the process by Richard DeCuir, Executive Officer. She went on to say that she would like to see similar exam content outlines and exam plans developed for the Dental Sedation Assistant, Orthodontic Assistant, and RDAEF examination candidates. M/S/C (Afriat/Burton) to accept the Committee's report. There was no additional public comment. The motion passed unanimously.

AGENDA ITEM 21: Legislative and Regulatory Committee Report

Ms. Fran Burton, Chair of the Legislative and Regulatory Committee reported that the Committee met, roll was called and a quorum established. The minutes of the May 19, 2011 meeting were approved unanimously. She reported that the Legislature will be back on Monday from summer recess and there are critical deadlines for fiscal committee to meet. Please refer to this calendar in your Board packet. The Committee was updated by Sarah Wallace, Legislative/Regulatory

Analyst on the bills that the Committee had previously reviewed. No new positions were taken. The Committee did review a new gut and amend bill, AB 1424 (Perea) which gives authority to hold a license of those who have a tax liability. The Committee suggested a watch position on this legislation. There was no additional public comment. M/S/C (Afriat/Olinger) to accept the Committee's report. Kristy Shellans, Legal Counsel commented that the Committee took a watch position on AB 1424 and wanted to know whether the Board agreed with that position. Mr. Afriat took that comment as a friendly amendment to his motion. It was seconded by Dr. Olinger and passed unanimously.

AGENDA ITEM 22: Enforcement Committee Report

In the absence of the Chair, Ms Rebecca Downing, Vice-Chair Dr. John Bettinger of the Enforcement Committee reported that the Committee met, roll was called and a quorum established. The minutes of the May 19, 2011 meeting were approved unanimously. He reported that the Committee reviewed the enforcement statistics for the Complaint and Compliance Unit. The average number of complaints received during the previous 12 months is 307 per month. The average number of cases closed within that same time period is 255 per month. The average number of days a complaint took to close within the last 12 months was 103 days. There was a goal to move the pending cases within 30-60 days and Lori's unit met that deadline. Dr. Bettinger reported that one complaint intake position remains vacant due to the hiring freeze.

Dr. Bettinger reported that the Committee reviewed the investigative statistics and closures are up significantly because more staff were hired to help with the workload. He also reported that the number of cases in the oldest category (3 years and older) has decreased from 38 (in November 2010) to nine. The Committee received a report on the Diversion Program. Alcohol is still the drug of choice. The Diversion Program Manager reported that there was only one self-referral. Dr. Olinger commented that one self-referral is not insignificant when viewed in the context of three total referrals.

Dr. Bettinger reported that the Committee received a report on enforcement personnel. The Investigative Analysis Unit is now fully staffed. He reported that the Board was granted a hiring freeze exemption and will be able to hire an additional four sworn investigators. There was no additional public comment. M/S/C (Afriat/Olinger) to accept the Committee's report. The motion passed unanimously.

AGENDA ITEM 23: Update on Portfolio Licensure Examination for Dentistry (AB 1524, Stats 2010 ch 446)

Dr. Bettinger stated that COMIRA has been working with the dental schools to calibrate the schools and develop the regulatory tools to proceed with Portfolio. Roberta Chinn, PhD, Assistant Director of Psychometric Services for COMIRA, reported that her agency has been working with focus groups from each of the dental schools. There were six focus groups conducted at USC: Oral Diagnosis and Treatment Planning, Endodontics, Removable Prostodontics, Periodontics, Indirect Restoration and Direct Restoration. The workshops were well attended and additional meetings were requested by the participants. Dr. Chinn stated that

the Portfolio examination is not just a grading sheet, it is the whole concept including a framework of thoughtfully looking at all the assumptions underlying the exam, understanding the case criteria for the examination as well as the scoring criteria. Dr. Chinn reported that each of the schools, USC, UOP, UCSF, UCLA, Loma Linda and Western Universities, sent a representative to each of the workshops. Dr. Chinn felt that all of the schools saw the value of this type of format even though it is not the only alternative for initial dental licensure. They saw it as a valuable comprehensive evaluation of a dental student's competency in practice. COMIRA asked these focus groups to help define what the purpose of each of these competency exams was. It was noted and agreed that these evaluations are not for specialty practice but to determine minimum competencies in each of these areas. Exact case numbers have yet to be determined but as of now there will be at least two cases per competency to be assessed. Case criteria was discussed, determined and agreed upon. Conduction of the competency exams was discussed including when, in the course of study, would be appropriate; possibly during the last two years of study instead of just the last semester. The scoring factors and grading criteria drew lively conversation and the criteria are currently being reviewed by the school representatives as well as their respective faculty. COMIRA felt that one of the keys to the acceptance of this Portfolio process was to not only have representatives look at what the work product was but have the representatives take it back to their respective schools and have the faculty give input and bring back the collaborated work product from each school. COMIRA anticipates after the review and the compilation of the second round, a draft of a work product with each of the representatives and their respective schools, they will start planning for additional meetings. Dr. Bettinger commented that there is a lot of misconception by examining boards from other states surrounding the Portfolio process mainly having to do with the pressure on a school to pass a student so that they can graduate. Portfolio is a voluntary alternative. A student can still graduate from dental school without going through the Portfolio process. The other criticism is bias. The question is; can you subjectively examine your own students? Dr. Chinn stated that there will be a standardized process to calibrate the faculty. The calibration process as well as a built in checks and balances system should eliminate any perceived bias. Mr. Afriat asked how the individuals coming to the focus group are selected. Dr. Chinn stated that they were selected by the Associate Dean of their respective school and field. Dr. Olinger asked if there will be any Dental Board representation to evaluate the paperwork after these faculty members have passed these individuals. He also asked for elaboration regarding the checks and balances system. Dr. Chinn deferred to Dr. Casagrande regarding Board representation stating that earlier discussions talked about developing procedures for the Board to examine all the paperwork and to do auditing procedures. Regarding checks and balances, there will be input from all the schools as to how people are calibrated and trained, which will then be standardized and approved by the Board, with formal training sessions to follow. The checks and balances would occur by doing statistical studies on the pilot version which COMIRA believes is necessary before carrying out the process in full. There would be criteria for selecting examiners. Being a faculty member would not guarantee that you would be an examiner there would be certain criteria, training, and calibration involved. Dr. Dominicis commented that the way it is structured now, the exam itself is going to be approved by the schools and the

Board. Dr. Dominicis stated that he finds it odd that a student could fail an exam created by his school but still graduate from that school. Dr. Dominicis asked legal counsel if failure of the Portfolio exam counts as 1 strike towards your 3 strikes before needing remedial study. Ms. Shellans stated that she has not looked into that issue and would have to do further research to answer that question. Mr. DeCuir reminded the audience that COMIRA has only been working on this project for four months so they are in the very early stages of development and implementation of the process to make Portfolio work. Dr. Le asked about additional competencies that were discussed early on by herself and Dr. Casagrande such as Oral Surgery and Pediatric Dentistry and about audits. Dr. Casagrande answered that there are two parts to Portfolio; there is the clinical experience and the exam. In the clinical experience there are 25 procedures in oral surgery that they must achieve before their Portfolio is complete in that area. Portfolio is a compilation of a students work designed to be a complete comprehensive evaluation of that candidates' minimum competencies. Dr. Casagrande further stated that as far as audits go, it is similar to being a referee. You are there to enforce the rules. In this case the Board not only enforces the rules but makes them as well. Dr. Sharon Golightly asked if the Portfolio Pathway to licensure would be available to foreign trained dentists who enter a California school for the last two years of training. Dr. Morrow stated that all schools that have an International Dentistry Program graduate their students as U.S. trained and these students would be included and able to take the Portfolio Pathway to licensure. Dr. Alan Felsenfeld commended the Dental Board on its foresight and the landmark collaboration between CDA, the dental schools and the Board to create this new process. Dr. Felsenfeld feels that Portfolio will add to the education of the students and better safety of the public. There was no additional public comment.

AGENDA ITEM 24: Discussion of Prospective Legislative Proposals

Dr. Bettinger asked stakeholders and Board members whether there were any prospective legislative proposals to consider. There were none.

AGENDA ITEM 25: Discussion and Possible Action Regarding Regulatory Priorities for the 2011/2012 Fiscal Year.

Sarah Wallace, Legislative/Regulatory Analyst reported on the eight regulatory packages that the Board had focused its effort on during the 2010-2011 fiscal year. They are: (1) Disciplinary Guidelines (CCR, Title 16, § 1018) - Status: Complete, (2) Retroactive Fingerprinting requirements (CCR, Title 16, §§ 1007, 1008, and 1017.2) - Status: Complete, (3) Dental Assisting Educational Programs and Courses (CCR, Title 16, §§ 1070, 1070.1, 1070.2, 1070.6, 1070.7, 1070.8, and 1071) - Status: Pending Department of Finance review, (4) Minimum Standards for Infection Control (CCR, Title 16, § 1005) - Status: Complete, (5) Consumer Protection Enforcement Initiative (CCR, Title 16, §§ 1018.05 and 1020) - Status: Pending Department of Finance review, (6) Portfolio Examination Requirements - Status: Pending contractor's findings, (7) Uniform Standards Relating to Substance Abusing Licensees and Disciplinary Guidelines (CCR, Title 16, §§ 1018 and 1020.5) - Status: Pending Board review of comments received during the 45-day public comment period, and revision of current regulations for (8) Use of Conscious Sedation, Use of Oral Conscious Sedation for Pediatric Patients, and Use

of Oral Conscious Sedation for Adult Patients - Status: Pending establishment of a task force to develop recommendations.

Both the Board and staff have been working diligently since November 2010 to ensure that the regulatory files move forward to maintain maximum public protection. A status report regarding the eight regulatory packages listed above can be found in Attachment 1 of Agenda Item 25 of the Board meeting materials located on the website.

Ms. Wallace reported that since the November 2010 meeting, the Board and staff have identified approximately twenty regulations that need to be added or require updating; a complete list of which can be found in Attachment 2 of Agenda Item 25 of the Board meeting materials located on the Board's website.

Staff requested that the Board review the list of issues that require rulemakings, and establish a priority list to assist staff with determining workload for FY 2011/2012. Staff recommended that the Sponsored Health Care Events regulatory package and the Citation and Fine Records Purge Requirements regulatory package be considered on the list of priorities as the Board discussed this agenda item.

Richard DeCuir, Executive Officer interjected that the Board should be aware that most Boards and Bureaus process two to three regulatory packages per year. He said that staff cannot continue to grind out the number of regulatory packages that have been undertaken during the last two years. He asked that the Board me mindful of the workload when considering the regulatory priorities for the upcoming year; and asked the Board to consider narrowing the list of twenty regulatory priorities to six.

Kristy Shellans, Legal Counsel commented that Business & Professions Code Section 27 requires the Dental Board to post ALL its enforcement actions indefinitely on the internet. She recommended that this be changed statutorily rather than through regulations in order to avoid consistency problems. She went on to suggest that the Board pursue legislation that would change the Dental Practice Act to allow the Board to place a time limitation on how long to retain and post enforcement actions. The Board of Behavioral Sciences is an example of a Board which is also covered under Section 27, but has amended its practice act to put a five year limitation on posting enforcement actions. Ms. Shellans does not believe that this change can be made through regulation. Richard DeCuir, Executive officer, said that he raised this question with Senate B, P & E staff and the direction he received was to pursue the possibility of making this change through the regulatory process. He would like keep both options open, if possible.

Kristy Shellans, Legal Counsel recommended that the Board consider adding to its list of regulatory priorities, the several directives to adopt regulations that appear in SB 540; the most important one being the fees for the dental assistants. Ms. Shellans believes that since the current collection of fees is not in regulation that there may be difficulty justifying the collection of fees should someone challenge it. Mr. DeCuir reported that he was advised by the Senate B, P & E Committee staff that the intent language in SB 540 will be sufficient for the Board to continue to collect the RDA current fees and that the regulations will need to be in place before the fees are raised.

Ms. Forsythe mentioned that the list of regulations is overwhelming. She wanted to know where the dental assisting regulations fall within the Board's priorities.

Ms. Burton commended Sarah Wallace and the executive staff for all the work that has been accomplished during the last year. LaDonna Drury-Klein, CADAT, thanked Sarah Wallace for her immediate responsiveness and hard work on all the dental assisting regulations. Ms. Klein offered her assistance in prioritizing the dental assisting regulations listed.

With regard to *Dental Assisting Program Application and Examination Requirements (CCR, Title 16, Sections 1076-1081.1, and 1083)* regulations, Ms. Klein suggested that the current implementation of AB 2637 is working and therefore there is no immediate need, from an examination perspective, to make any changes at this time.

Ms. Klein recommended that ALL course requirement regulations be updated at the same time: *Pit & Fissure Sealant Course Requirements (CCR, Title 16, § 1070.3), Radiation Safety Course Requirements (CCR, Title 16, §§ 1014-1014.1), Coronal Polishing Course Requirements (CCR, Title 16, § 1070.4), and Ultrasonic Scaling Course Requirements (CCR, Title 16, § 1070.5)*. The *Teaching Methodology* requirements would require new regulations and could probably be addressed within the above mentioned course requirement regulations. CADAT would like more time to work with Board staff to clean up the current educational course requirements before the regulatory process begins, therefore she recommends that review of these regulations be pushed out. She further recommended that any changes to regulations regarding duties and settings for dental assistants, registered dental assistants, and registered dental assistants in extended functions could wait for 12 months.

Dr. Le thanked Ms. Klein for her public comments regarding the regulatory priorities for dental assisting issues. Dr. Le wanted to ensure the dental assisting community that the Board listens and responds to its concerns.

Dr. Whitcher commented that the Dental Assisting Forum (DAF) had been tasked with reviewing the course requirement regulations for these four courses. He expressed concern that, since the DAF members had recently resigned and the Dental Assisting Counsel outlined in SB 540 would not be up and running for some time, the work would not continue. Ms. Klein responded that CADAT has always felt that it was more effective to work directly with the Board and its Dental Assisting Committee. CADAT is happy to continue to work with Board staff on all dental assisting issues.

Before concluding, Ms. Klein asked that the Board consider adding to its priority list, regulations to address an issue that was missed in the educational development process of AB 2637. Specifically, Business & Professions Code, Section 1752.1(c)(a) relating to credit toward work experience for candidates who graduated from a non-Board approved program. Dr. Whitcher indicated that the subcommittee would take the recommendation under advisement and asked staff to prepare this issue as an item for future discussion. There was no additional public comment.

M/S/C (Afriat/Olinger) to accept the staff recommendations to prioritize Sponsored Health Care Events, Citation and Fine Records Purge Requirements, and directives in

SB 540 as the regulatory packages to pursue in 2012. Staff will work with the subcommittee (Burton/Whitcher) to develop additional regulatory and legislative priorities. The motion passed unanimously.

AGENDA ITEM 26: Discussion and Possible Action Regarding the Update of the Board's Strategic Plan

Dr. Bruce Whitcher, Vice-President gave a brief overview of the development of the Board's two year strategic plan (Plan) which was adopted in July, 2010. In it's "*Background Paper for the Dental Board of California Oversight Hearing March 14, 2011*", the Senate Business, Professions, and Economic Development Committee (Committee) identified that the Board's Strategic Plan lacked depth and specificity as to how the Board will achieve its specific objectives. The Committee recommended that the Board revise its Plan to include action items and realistic target dates for how its goals and objectives will be met.

In response to the Committee recommendation, Dr. Whitcher reviewed the Plan and offered suggestions for how to add some depth and metrics to each Goal and Objective outlined. He commented that it may be too early to discuss changing the Plan and that the intent always was to review the Plan in 2012. Ms. Fran Burton and Dr. Huong Le suggested that this item be tabled until a future meeting to allow Board members and staff to review Dr. Whitcher's suggestions. M/S/C (Burton/Forsythe) to table this item for a future meeting. The motion passed unanimously.

PUBLIC COMMENT

There was no additional public comment.

ADJOURNMENT

Dr. Bettinger adjourned the meeting at 1:08 p.m.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

MEMORANDUM

DATE	October 17, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 10:** President's Report

Dr. John Bettinger will give a verbal report.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	October 19, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 11:** Executive Officer's Report

Richard DeCuir, Executive Officer, will give a verbal report.

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MEMORANDUM

DATE	October 17, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 12:** Dental Hygiene Committee of California (DHCC) Activities Update

Representatives from the Dental Hygiene Committee of California will provide a verbal report.

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MEMORANDUM

DATE	October 20, 2011
TO	Board Members
FROM	Sharon Langness, Budget Analyst
SUBJECT	**Agenda Item 13: Budget Report: Dentistry Fund & Dental Assisting Fund**

The Department of Finance is still making adjustments to the state budget, and has not released line item appropriations for individual programs, so an expenditure report will not be available for this Board meeting. According to the latest CALSTARS Report, dated September 30, 2011, the Dentistry Fund has spent approximately 22% of its overall FY 11-12 budget allotment (roughly $2.5 million), and the Dental Assisting Fund has spent approximately 18% (roughly $308 thousand).

Year end reversions for FY 10-11 were slightly higher than projected in the August Board meeting. The Dentistry Fund reverted $805,584, and the Dental Assisting Fund reverted $397,340. These higher reversions can be attributed to several factors. Most notibly we are still under the Governor's hiring freeze and have been unable to fill vacancies, thereby realizing a larger savings in Personal Services. We also underspent in Exams, Enforcement, Travel, Equipment, and General Expenses.

We had a timely budget this year, so our daily operations and purchasing were not disrupted. We were able to purchase replacement copiers and printers for those that had outlived their usefulness, and we are working on approval for several other significant purchases including replacement of investigator handguns and GPS units, both of which have out-lived their service life and are beginning to malfunction, as well as updating our Dental Practice Act for 2012.

We have renewed several contracts to date this fiscal year, including with Shred It for Confidential Document Destruction, with SPB for Psychological Screening for Peace Officers, with PSI for Computer-Based Law & Ethics exams, with OPES for RDA Written Law & Ethics exam, with DOJ for access to the CURES database relating to controlled substances, and with Systems Y2K for Office Equipment Maintenance. We are renewing the contract for access to the CLEAR Electronic Library, and working on a new Legislative Tracking contract. The Department of Consumer Affairs (DCA) has distributed the new contract for use with Expert Consultants pursuant to enactment of Senate Bill 541. Numerous questions have arisen, so the Contracts Unit is meeting with Legal to get clarification. They will disseminate the findings to all Boards and Bureaus after they meet.

This concludes the Budget Report. Richard DeCuir will answer any questions you have at the Board meeting.

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MEMORANDUM

DATE	October 17, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Item 14:** Election of Dental Board of California Officers

Business and Professions Code, Section 1606: Election of Officers
"The board shall elect a president, a vice president and a secretary from its membership. This section controls over the provisions of section 107 of this code with respect to the selection of officers."

The 2006 Board adopted policy on election of officers is attached and reads:

"Election of Officers
It is board policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the board."

Board Member
Administrative Procedure Manual

Dental
Board of
California

Adopted by the Board
1/27/2006

Dental Board of California
1432 Howe Avenue, Suite 85
Sacramento, CA 95825-3241
www.dbc.ca.gov

CHAPTER 4. SELECTION OF OFFICERS AND COMMITTEES

Officers of the Board
(B&P Code Section 1606)

The Board shall elect from its members a President, a Vice President, and a Secretary.

Election of Officers
(Board Policy)

It is board policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the board.

Officer Vacancies
(Board Policy)

If an office becomes vacant during the year, an election shall be held at the next meeting. If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Committee Appointments
(Board Policy)

The President shall establish committees, whether standing or special, as he or she deems necessary. The composition of the committees and the appointment of the members shall be determined by the Board President in consultation with the Vice President, Secretary and the Executive Officer. When committees include the appointment of non-Board members, all impacted parties should be considered.

Attendance at Committee Meetings
(Board Policy)

If a Board member wishes to attend a meeting of a committee of which he or she is not a member, that Board member cannot participate or vote during the committee meeting, and must not sit on the dais.

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MEMORANDUM

DATE	October 17, 2011
TO	Dental Board Members
FROM	Karen Fischer, Administrative Analyst, Coordinator – Sunset Review Sarah Wallace, Legislative/Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 15:** Update Regarding Senate Bill 540 (Chapter 385, Statutes of 2011) Dental Board of California's Sunset Review

On September 30, 2011, Governor Brown signed into law Senate Bill 540 (Chapter 385, Statutes 2011), authored by Senator Curren Price Jr., which extends the licensing, regulatory, and enforcement authority of the Dental Board of California (Board) until January 1, 2016, changes the composition of the Board from fourteen (14) members to fifteen (15), establishes a Dental Assisting Counsel, and makes several changes to the provisions of the Dental Practice Act. The legislation will take effect January 1, 2012.

The signing of this legislation brings to a close a very long and arduous journey by the Board and staff through the Sunset Review process.

Following is a brief Summary of the Sunset Review process; an Overview of the provisions of SB 540; and an Action Plan for implementation of this important legislation.

SUMMARY OF THE SUNSET REVIEW PROCESS:

The Board was first notified March 1, 2010 by the Senate Committee on Business, Professions, and Economic Development (Committee) that the Board would begin its sunset review process in the fall of 2010. Board staff organized into workgroups to gather background information relating to all aspects of the Board's regulatory program including its history and function, budget and staff, licensing requirements, and licensing, complaint and compliance, and enforcement programs and statistics. The research was culminated into a comprehensive report that was submitted to the Legislature on October 1, 2010.

The Committee published its initial staff report and recommendations on March 7, 2011. The oversight hearing took place on March 14, 2011. Throughout the 18 month process, members of the Board and staff worked closely with Committee staff consultant, Rosielyn Pulmano, via in-person meetings, telephone calls, and emails to clarify information relating to the Board and to answer any questions that arose during the process.

Senator Curren Price Jr. authored Senate Bill 540 which became the vehicle to address the Dental Board issues identified through the sunset review process. On April 25, 2011,

SB 540 was amended to include the Committee recommendations. The bill progressed through both the Senate and Assembly and was amended seven times before reaching the Governor's desk.

OVERVIEW OF THE PROVISIONS OF SB 540:

Following is an overview of the provisions contained in Senate Bill 540 (Chapter 385, Statutes of 2011).

Business and Professions Code Section 651:

- Deletes the provisions in Section 651 relating to advertising specialty area of practice. These provisions were deemed unconstitutional in the Potts Case and have.

Business and Professions Code Section 1601.1:

- Extends the operations of the Dental Board until January 1, 2016 and renders the Board subject to the review of the appropriate policy committee of the Legislature.

- Changes the composition of the Board to include:
  - 8 Practicing Dentists,
  - 1 Registered Dental Hygienist,
  - 1 Registered Dental Assistant, and
  - 5 Public Members
  - **15 Total Board Members**

Business and Professions Code Section 1603:

- Provides that the Governor shall appoint the following members:
  - 8 Practicing Dentists,
  - 1 Registered Dental Hygienist,
  - 1 Registered Dental Assistant, and
  - 3 Public Members

- Provides that the Senate Committee on Rules and the Speaker of the Assembly shall each appoint 1 public member.

Business and Professions Code Section 1611.3:

- Requires the Board to comply with the requirements contained in Business and Professions Code Section 138 by January 1, 2013.

- Provides that the Board shall require that the notice include a provision that the Board is the entity that regulates dentists and provide the telephone number and Internet address of the Board.

- Provides that the Board shall require the notice to be posted in a conspicuous location accessible to public view.

- Business and Professions Code Section 138 requires every board in the department, as defined in Section 22, to initiate the process of adopting regulations on or before June 30, 1999, to require its licentiates, as defined in Section 23.8, to provide notice to their clients or customers that the practitioner is licensed by this state. A board shall be exempt from the requirement to adopt regulations pursuant to this section if the board has in place, in statute or regulation, a requirement that provides for consumer notice of a practitioner's status as a licensee of this state.

Business and Professions Code Section 1616.5:

- Contains provisions relative to the Board's appointment of an Executive Officer and extends the repeal date of the section until January 1, 2016.

Business and Professions Code Section 1628.7:

- Requires the Board to adopt written guidelines on how to make probation assignments for licensees and to ensure that probationary and evaluation reports are conducted consistently and regularly.

Business and Professions Code Section 1632:

- Requires the Board to ensure that the law and ethics examination reflects current law and regulations and that the examinations are randomized.

Business and Professions Code 1695.5:

- Makes changes to the provisions that apply to a licensee who withdraws or terminates from the diversion program and provides that all diversion records for that licensee shall be provided to the Board's enforcement program and may be used in any disciplinary proceeding, including if the licensee tests positive for banned substances.

Business and Professions Code Section 1725:

- Requires fees relating to the licensing and permitting of dental assistants to be established by regulation.

- Legislative intent language specifies that it is the intent of the Legislature that any fees established by the Dental Board of California under Section 1725 of the Business and Professions Code that are in effect on December 31, 2011, continue to apply on and after January 1, 2012, until the board changes those fees by regulation, as set forth in Section 12 of this act.

Business and Professions Code Sections 1742, 1752.3 and 1753.4:

- Creates the Dental Assisting Council (DAC) to consider all matters relating to dental assistants in California and make recommendations to the Board relating to dental assisting matters.
    - Specifies that the members of the DAC shall be appointed by the Board and shall include the RDA member of the board, another member of the Board, and five RDA's representing a broad range of dental assisting experience and education.
    - Specifies DAC appointment criteria and duties of the DAC.
    - Requires the Board to make the initial appointments to the DAC by May 1, 2012.

Business and Professions Code Sections 1901 and 1903:

- Provides for the repeal of the Dental Hygiene Committee of California (DHCC) on January 1, 2015 and provides for staggered terms for members of the DHCC beginning January 1, 2012.

- Requires the DHCC to be subject to review by the appropriate policy committee of the Legislature.

Business and Professions Code Section 1905.2:

- Specifies that recommendations of the DHCC regarding scope of practice issues, shall be approved, modified or rejected by the Board within 90 days of submission of the recommendation.

- Specifies that if the Board rejects or significantly modifies the intent or scope of the recommendation, the DHCC may request that the Board provide its reasons in writing for rejecting or significantly modifying the recommendation within 30 days of the DHCC's request.

Business and Professions Code Section 1973:

- Provides that the Board will continue to distribute the funds in the California Dental Corps Loan Repayment Program until all of the monies are expended.

ACTION PLAN:

Board staff will be formulating action plans to implement the following provisions of SB 540:

- Board staff has been advised that our current regulatory language contained in CCR, Title 16, Section 1054.1 should be repealed because it repeats the statutory language that was deemed unconstitutional.

- Staff will develop language to present to the Board for consideration of initiation of a rulemaking to add Title 16, CCR, Section 1065 regarding requirements for posting notice to consumers of licensure by the Dental Board. This should be complete by January 1, 2013.

- Staff will develop and present to the Board for adoption written guidelines on how to make probation assignments for licensees and to ensure that probationary and evaluation reports are conducted consistently and regularly during the summer of 2012.

- Staff will work with the Officer of Examination Resources (OER) to ensure that the law and ethics examination reflects current law and regulations and that the examinations are randomized.

- Board to prioritize the initiation of a rulemaking to address fee increases relating to the licensing and permitting of dental assistants. This will not be done unless the Board determines it needs to increase the dental assisting fees in 2013.

- Board to establish the process by which appointments will be made to the Dental Assisting Counsel (DAC) in order to meet the deadline of May 1, 2012 outlined in SB 540.

Senate Bill No. 540

CHAPTER 385

An act to amend Sections 651, 1603, 1628.7, 1632, 1695.5, 1725, 1752.3, 1753.4, 1905.2, and 1973 of, to amend and repeal Sections 1901 and 1903 of, to add Section 1611.3 to, to repeal and amend Sections 1601.1 and 1616.5 of, and to repeal and add Section 1742 of, the Business and Professions Code, relating to dentistry.

[Approved by Governor September 30, 2011. Filed with Secretary of State September 30, 2011.]

LEGISLATIVE COUNSEL'S DIGEST

SB 540, Price. Dentistry.

(1) Existing law, until January 1, 2012, provides for the Dental Board of California within the Department of Consumer Affairs. Existing law requires the membership of the board to consist of 8 practicing dentists, a registered dental hygienist, a registered dental assistant, and 4 public members. Existing law requires the Governor to appoint all of the members of the board, except that the Senate Committee on Rules and the Speaker of the Assembly each appoint a public member. Existing law, until January 1, 2012, allows the board, with the approval of the Director of Consumer Affairs, to appoint a person exempt from civil service as the executive officer of the board. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would extend the operation of those provisions until January 1, 2016, and instead specify that the board would be subject to review by the appropriate policy committees of the Legislature. The bill would change the membership of the board to include one additional public member, to be appointed by the Governor. The bill would also create a Dental Assisting Council of the board, to be appointed by the board, to consider matters relating to dental assistants and make recommendations to the board and standing committees of the board, as specified.

Existing law makes it unlawful for a healing arts practitioner to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. Existing law prohibits a dentist from making certain advertisements or holding himself or herself out as a specialist unless he or she meets specified criteria.

This bill would delete the advertising prohibitions described above that apply only to dentists.

Existing law requires every board in the Department of Consumer Affairs to initiate the process of adopting regulations on or before June 30, 1999, to require its licensees to provide notice to their clients or customers that the practitioner is licensed in this state, except as specified.

This bill would require the board to comply with that provision by January 1, 2013, and would set forth requirements for the notice to be adopted by the board.

Existing law authorizes the board to, upon an applicant's successful completion of the board examination, issue a probationary license to an applicant for licensure as a dentist or dental auxiliary. Existing law authorizes the board to require the applicant to comply with specified terms or conditions of a probationary license.

This bill would require the board to adopt written guidelines on how to make probation assignments and to ensure that probationary and evaluation reports are conducted consistently and regularly.

Existing law requires an applicant for licensure as a dentist to successfully complete an examination in California law and ethics developed and administered by the board.

This bill would require the board to ensure that the law and ethics examination reflects current law and regulations and that the examinations are randomized.

Existing law requires the board to establish criteria for the acceptance, denial, or termination of licentiates in a diversion program for the rehabilitation of licensees.

This bill would make changes to the provisions that apply to a licensee who withdraws or terminates from the diversion program. The bill would provide that all diversion records for that licensee shall be provided to the board's enforcement program and may be used in any disciplinary proceeding, including if the licensee tests positive for banned substances, as specified.

Existing law provides that the amount of the fees under the Dental Practice Act that relate to the licensing and permitting of dental assistants shall be established by resolution.

This bill would instead require those fees to be established by regulation.

Existing law requires the board to extend the California Dental Corps Loan Repayment Program of 2002 and distribute the money remaining in the account only until July 1, 2012.

This bill would instead require the moneys to be distributed until all of the moneys are expended.

(2) Existing law creates the Dental Hygiene Committee of California within the Dental Board of California. The committee is responsible for the registration and regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions. Under existing law, the committee consists of 9 members appointed by the Governor. Under existing law, members of the committee are appointed to a term of 4 years and the terms for the initial appointments

expire on December 31, 2011. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would provide for the repeal of the committee on January 1, 2015. The bill would provide for staggered terms for members of the committee beginning January 1, 2012, as specified. The bill would require the committee to be subject to review by the appropriate policy committees of the Legislature.

The people of the State of California do enact as follows:

SECTION 1. Section 651 of the Business and Professions Code is amended to read:

651. (a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A "public communication" as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.

(b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:

(1) Contains a misrepresentation of fact.

(2) Is likely to mislead or deceive because of a failure to disclose material facts.

(3) (A) Is intended or is likely to create false or unjustified expectations of favorable results, including the use of any photograph or other image that does not accurately depict the results of the procedure being advertised or that has been altered in any manner from the image of the actual subject depicted in the photograph or image.

(B) Use of any photograph or other image of a model without clearly stating in a prominent location in easily readable type the fact that the photograph or image is of a model is a violation of subdivision (a). For purposes of this paragraph, a model is anyone other than an actual patient, who has undergone the procedure being advertised, of the licensee who is advertising for his or her services.

(C) Use of any photograph or other image of an actual patient that depicts or purports to depict the results of any procedure, or presents "before" and "after" views of a patient, without specifying in a prominent location in easily readable type size what procedures were performed on that patient is a violation of subdivision (a). Any "before" and "after" views (i) shall be comparable in presentation so that the results are not distorted by favorable poses, lighting, or other features of presentation, and (ii) shall contain a

statement that the same “before” and “after” results may not occur for all patients.

(4) Relates to fees, other than a standard consultation fee or a range of fees for specific types of services, without fully and specifically disclosing all variables and other material factors.

(5) Contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

(6) Makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence.

(7) Makes a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.

(8) Includes any statement, endorsement, or testimonial that is likely to mislead or deceive because of a failure to disclose material facts.

(c) Any price advertisement shall be exact, without the use of phrases, including, but not limited to, “as low as,” “and up,” “lowest prices,” or words or phrases of similar import. Any advertisement that refers to services, or costs for services, and that uses words of comparison shall be based on verifiable data substantiating the comparison. Any person so advertising shall be prepared to provide information sufficient to establish the accuracy of that comparison. Price advertising shall not be fraudulent, deceitful, or misleading, including statements or advertisements of bait, discount, premiums, gifts, or any statements of a similar nature. In connection with price advertising, the price for each product or service shall be clearly identifiable. The price advertised for products shall include charges for any related professional services, including dispensing and fitting services, unless the advertisement specifically and clearly indicates otherwise.

(d) Any person so licensed shall not compensate or give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity unless the fact of compensation is made known in that publicity.

(e) Any person so licensed may not use any professional card, professional announcement card, office sign, letterhead, telephone directory listing, medical list, medical directory listing, or a similar professional notice or device if it includes a statement or claim that is false, fraudulent, misleading, or deceptive within the meaning of subdivision (b).

(f) Any person so licensed who violates this section is guilty of a misdemeanor. A bona fide mistake of fact shall be a defense to this subdivision, but only to this subdivision.

(g) Any violation of this section by a person so licensed shall constitute good cause for revocation or suspension of his or her license or other disciplinary action.

(h) Advertising by any person so licensed may include the following:

(1) A statement of the name of the practitioner.

(2) A statement of addresses and telephone numbers of the offices maintained by the practitioner.

(3) A statement of office hours regularly maintained by the practitioner.

(4) A statement of languages, other than English, fluently spoken by the practitioner or a person in the practitioner's office.

(5) (A) A statement that the practitioner is certified by a private or public board or agency or a statement that the practitioner limits his or her practice to specific fields.

(B) A statement of certification by a practitioner licensed under Chapter 7 (commencing with Section 3000) shall only include a statement that he or she is certified or eligible for certification by a private or public board or parent association recognized by that practitioner's licensing board.

(C) A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California may include a statement that he or she limits his or her practice to specific fields, but shall not include a statement that he or she is certified or eligible for certification by a private or public board or parent association, including, but not limited to, a multidisciplinary board or association, unless that board or association is (i) an American Board of Medical Specialties member board, (ii) a board or association with equivalent requirements approved by that physician and surgeon's licensing board, or (iii) a board or association with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in that specialty or subspecialty. A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by an organization other than a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" in reference to that certification, unless the physician and surgeon is also licensed under Chapter 4 (commencing with Section 1600) and the use of the term "board certified" in reference to that certification is in accordance with subparagraph (A). A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" unless the full name of the certifying board is also used and given comparable prominence with the term "board certified" in the statement.

For purposes of this subparagraph, a "multidisciplinary board or association" means an educational certifying body that has a psychometrically valid testing process, as determined by the Medical Board of California, for certifying medical doctors and other health care professionals that is based on the applicant's education, training, and experience.

For purposes of the term "board certified," as used in this subparagraph, the terms "board" and "association" mean an organization that is an American Board of Medical Specialties member board, an organization with equivalent requirements approved by a physician and surgeon's licensing board, or an organization with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in a specialty or subspecialty.

The Medical Board of California shall adopt regulations to establish and collect a reasonable fee from each board or association applying for recognition pursuant to this subparagraph. The fee shall not exceed the cost of administering this subparagraph. Notwithstanding Section 2 of Chapter 1660 of the Statutes of 1990, this subparagraph shall become operative July 1, 1993. However, an administrative agency or accrediting organization may take any action contemplated by this subparagraph relating to the establishment or approval of specialist requirements on and after January 1, 1991.

(D) A doctor of podiatric medicine licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California may include a statement that he or she is certified or eligible or qualified for certification by a private or public board or parent association, including, but not limited to, a multidisciplinary board or association, if that board or association meets one of the following requirements: (i) is approved by the Council on Podiatric Medical Education, (ii) is a board or association with equivalent requirements approved by the California Board of Podiatric Medicine, or (iii) is a board or association with the Council on Podiatric Medical Education approved postgraduate training programs that provide training in podiatric medicine and podiatric surgery. A doctor of podiatric medicine licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" unless the full name of the certifying board is also used and given comparable prominence with the term "board certified" in the statement. A doctor of podiatric medicine licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by an organization other than a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" in reference to that certification.

For purposes of this subparagraph, a "multidisciplinary board or association" means an educational certifying body that has a psychometrically valid testing process, as determined by the California Board of Podiatric Medicine, for certifying doctors of podiatric medicine that is based on the applicant's education, training, and experience. For purposes of the term "board certified," as used in this subparagraph, the terms "board" and "association" mean an organization that is a Council on Podiatric Medical Education approved board, an organization with equivalent requirements approved by the California Board of Podiatric Medicine, or an organization with a Council on Podiatric Medical Education approved postgraduate training program that provides training in podiatric medicine and podiatric surgery.

The California Board of Podiatric Medicine shall adopt regulations to establish and collect a reasonable fee from each board or association applying for recognition pursuant to this subparagraph, to be deposited in the State Treasury in the Podiatry Fund, pursuant to Section 2499. The fee shall not exceed the cost of administering this subparagraph.

(6) A statement that the practitioner provides services under a specified private or public insurance plan or health care plan.

(7) A statement of names of schools and postgraduate clinical training programs from which the practitioner has graduated, together with the degrees received.

(8) A statement of publications authored by the practitioner.

(9) A statement of teaching positions currently or formerly held by the practitioner, together with pertinent dates.

(10) A statement of his or her affiliations with hospitals or clinics.

(11) A statement of the charges or fees for services or commodities offered by the practitioner.

(12) A statement that the practitioner regularly accepts installment payments of fees.

(13) Otherwise lawful images of a practitioner, his or her physical facilities, or of a commodity to be advertised.

(14) A statement of the manufacturer, designer, style, make, trade name, brand name, color, size, or type of commodities advertised.

(15) An advertisement of a registered dispensing optician may include statements in addition to those specified in paragraphs (1) to (14), inclusive, provided that any statement shall not violate subdivision (a), (b), (c), or (e) or any other section of this code.

(16) A statement, or statements, providing public health information encouraging preventative or corrective care.

(17) Any other item of factual information that is not false, fraudulent, misleading, or likely to deceive.

(i) Each of the healing arts boards and examining committees within Division 2 shall adopt appropriate regulations to enforce this section in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Each of the healing arts boards and committees and examining committees within Division 2 shall, by regulation, define those efficacious services to be advertised by businesses or professions under their jurisdiction for the purpose of determining whether advertisements are false or misleading. Until a definition for that service has been issued, no advertisement for that service shall be disseminated. However, if a definition of a service has not been issued by a board or committee within 120 days of receipt of a request from a licensee, all those holding the license may advertise the service. Those boards and committees shall adopt or modify regulations defining what services may be advertised, the manner in which defined services may be advertised, and restricting advertising that would promote the inappropriate or excessive use of health services or commodities. A board or committee shall not, by regulation, unreasonably prevent truthful, nondeceptive price or otherwise lawful forms of advertising of services or commodities, by either outright prohibition or imposition of onerous disclosure requirements. However, any member of a board or committee acting in good faith in the adoption or enforcement of any regulation shall be deemed to be acting as an agent of the state.

(j) The Attorney General shall commence legal proceedings in the appropriate forum to enjoin advertisements disseminated or about to be disseminated in violation of this section and seek other appropriate relief to enforce this section. Notwithstanding any other provision of law, the costs of enforcing this section to the respective licensing boards or committees may be awarded against any licensee found to be in violation of any provision of this section. This shall not diminish the power of district attorneys, county counsels, or city attorneys pursuant to existing law to seek appropriate relief.

(k) A physician and surgeon or doctor of podiatric medicine licensed pursuant to Chapter 5 (commencing with Section 2000) by the Medical Board of California who knowingly and intentionally violates this section may be cited and assessed an administrative fine not to exceed ten thousand dollars ($10,000) per event. Section 125.9 shall govern the issuance of this citation and fine except that the fine limitations prescribed in paragraph (3) of subdivision (b) of Section 125.9 shall not apply to a fine under this subdivision.

SEC. 2. Section 1601.1 of the Business and Professions Code, as added by Section 3 of Chapter 31 of the Statutes of 2008, is repealed.

SEC. 3. Section 1601.1 of the Business and Professions Code, as added by Section 1 of Chapter 35 of the Statutes of 2008, is amended to read:

1601.1. (a) There shall be in the Department of Consumer Affairs the Dental Board of California in which the administration of this chapter is vested. The board shall consist of eight practicing dentists, one registered dental hygienist, one registered dental assistant, and five public members. Of the eight practicing dentists, one shall be a member of a faculty of any California dental college, and one shall be a dentist practicing in a nonprofit community clinic. The appointing powers, described in Section 1603, may appoint to the board a person who was a member of the prior board. The board shall be organized into standing committees dealing with examinations, enforcement, and other subjects as the board deems appropriate.

(b) For purposes of this chapter, any reference in this chapter to the Board of Dental Examiners shall be deemed to refer to the Dental Board of California.

(c) The board shall have all authority previously vested in the existing board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 4. Section 1603 of the Business and Professions Code is amended to read:

1603. Except for the initial appointments, members of the board shall be appointed for a term of four years, and each member shall hold office until the appointment and qualification of his or her successor or until one

year shall have elapsed since the expiration of the term for which he or she was appointed, whichever first occurs.

A vacancy occurring during a term shall be filled by appointment for the unexpired term, within 30 days after it occurs.

No person shall serve as a member of the board for more than two terms.

The Governor shall appoint three of the public members, the dental hygienist member, the dental assistant member, and the eight licensed dentist members of the board. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

Of the initial appointments, one of the dentist members and one of the public members appointed by the Governor shall serve for a term of one year. Two of the dentist members appointed by the Governor shall each serve for a term of two years. One of the public members and two of the dentist members appointed by the Governor shall each serve a term of three years. The dental hygienist member, the dental assistant member, and the remaining three dentists members appointed by the Governor shall each serve for a term of four years. The public members appointed by the Senate Committee on Rules and the Speaker of the Assembly shall each serve for a term of four years.

SEC. 5. Section 1611.3 is added to the Business and Professions Code, to read:

1611.3. The board shall comply with the requirements of Section 138 by January 1, 2013. The board shall require that the notice under that section include a provision that the board is the entity that regulates dentists and provide the telephone number and Internet address of the board. The board shall require the notice to be posted in a conspicuous location accessible to public view.

SEC. 6. Section 1616.5 of the Business and Professions Code, as added by Section 5 of Chapter 31 of the Statutes of 2008, is repealed.

SEC. 7. Section 1616.5 of the Business and Professions Code, as amended by Section 3 of Chapter 33 of the Statutes of 2008, is repealed.

SEC. 8. Section 1616.5 of the Business and Professions Code, as added by Section 2 of Chapter 35 of the Statutes of 2008, is amended to read:

1616.5. (a) The board, by and with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

(b) This section shall remain in effect only until January 1, 2016, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2016, deletes or extends that date.

SEC. 9. Section 1628.7 of the Business and Professions Code is amended to read:

1628.7. (a) The board may, upon an applicant's successful completion of the board examination, in its sole discretion, issue a probationary license to an applicant for licensure as a dentist or dental auxiliary. The board may require, as a term or condition of issuing the probationary license, the applicant to do any of the following, including, but not limited to:

(1) Successfully complete a professional competency examination.
(2) Submit to a medical or psychological evaluation.
(3) Submit to continuing medical or psychological treatment.
(4) Abstain from the use of alcohol or drugs.
(5) Submit to random fluid testing for alcohol or controlled substance abuse.
(6) Submit to continuing participation in a board approved rehabilitation program.
(7) Restrict the type or circumstances of practice.
(8) Submit to continuing education and coursework.
(9) Comply with requirements regarding notification to employer and changes of employment.
(10) Comply with probation monitoring.
(11) Comply with all laws and regulations governing the practice of dentistry.
(12) Limit practice to a supervised structured environment in which the licensee's activities shall be supervised by another dentist.
(13) Submit to total or partial restrictions on drug prescribing privileges.
(b) The probation shall be for three years and the licensee may petition the board for early termination, or modification of a condition of, the probation in accordance with subdivision (b) of Section 1686.
(c) The proceeding under this section shall be conducted in accordance with the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.
(d) The board shall adopt written guidelines on how to make probation assignments for licensees and shall ensure that probationary and evaluation reports are conducted consistently and regularly.
SEC. 10. Section 1632 of the Business and Professions Code is amended to read:
1632. (a) The board shall require each applicant to successfully complete the Part I and Part II written examinations of the National Board Dental Examination of the Joint Commission on National Dental Examinations.
(b) The board shall require each applicant to successfully complete an examination in California law and ethics developed and administered by the board. The board shall provide a separate application for this examination. The board shall ensure that the law and ethics examination reflects current law and regulations, and ensure that the examinations are randomized. Applicants shall submit this application and required fee to the board in order to take this examination. In addition to the aforementioned application, the only other requirement for taking this examination shall be certification from the dean of the qualifying dental school attended by the applicant that the applicant has graduated, or will graduate, or is expected to graduate. Applicants who submit completed applications and certification from the dean at least 15 days prior to a scheduled examination shall be scheduled to take the examination. Successful results of the examination

shall, as established by board regulation, remain valid for two years from the date that the applicant is notified of having passed the examination.

(c) Except as otherwise provided in Section 1632.5, the board shall require each applicant to have taken and received a passing score on one of the following:

(1) A portfolio examination of the applicant's competence to enter the practice of dentistry. This examination shall be conducted while the applicant is enrolled in a dental school program at a board-approved school located in California. This examination shall utilize uniform standards of clinical experiences and competencies, as approved by the board pursuant to Section 1632.1. The applicant shall pass a final assessment of the submitted portfolio at the end of his or her dental school program. Before any portfolio assessment may be submitted to the board, the applicant shall remit to the board a three hundred fifty dollar ($350) fee, to be deposited into the State Dentistry Fund, and a letter of good standing signed by the dean of his or her dental school or his or her delegate stating that the applicant has graduated or will graduate with no pending ethical issues.

(A) The portfolio examination shall not be conducted until the board adopts regulations to carry out this paragraph. The board shall post notice on its Internet Web site when these regulations have been adopted.

(B) The board shall also provide written notice to the Legislature and the Legislative Counsel when these regulations have been adopted.

(2) A clinical and written examination administered by the Western Regional Examining Board, which board shall determine the passing score for that examination.

(d) Notwithstanding subdivision (b) of Section 1628, the board is authorized to do either of the following:

(1) Approve an application for examination from, and to examine an applicant who is enrolled in, but has not yet graduated from, a reputable dental school approved by the board.

(2) Accept the results of an examination described in paragraph (2) of subdivision (c) submitted by an applicant who was enrolled in, but had not graduated from, a reputable dental school approved by the board at the time the examination was administered.

In either case, the board shall require the dean of that school or his or her delegate to furnish satisfactory proof that the applicant will graduate within one year of the date the examination was administered or as provided in paragraph (1) of subdivision (c).

SEC. 11. Section 1695.5 of the Business and Professions Code is amended to read:

1695.5. (a) The board shall establish criteria for the acceptance, denial, or termination of licentiates in a diversion program. Unless ordered by the board as a condition of licentiate disciplinary probation, only those licentiates who have voluntarily requested diversion treatment and supervision by a committee shall participate in a diversion program.

(b) A licentiate who is not the subject of a current investigation may self-refer to the diversion program on a confidential basis, except as provided in subdivision (f).

(c) A licentiate under current investigation by the board may also request entry into the diversion program by contacting the board's Diversion Program Manager. The Diversion Program Manager may refer the licentiate requesting participation in the program to a diversion evaluation committee for evaluation of eligibility. Prior to authorizing a licentiate to enter into the diversion program, the Diversion Program Manager may require the licentiate, while under current investigation for any violations of the Dental Practice Act or other violations, to execute a statement of understanding that states that the licentiate understands that his or her violations of the Dental Practice Act or other statutes that would otherwise be the basis for discipline, may still be investigated and the subject of disciplinary action.

(d) If the reasons for a current investigation of a licentiate are based primarily on the self-administration of any controlled substance or dangerous drugs or alcohol under Section 1681, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drugs for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the licentiate is accepted into the board's diversion program and successfully completes the requirements of the program. If the licentiate withdraws or is terminated from the program by a diversion evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

(e) Neither acceptance nor participation in the diversion program shall preclude the board from investigating or continuing to investigate, or taking disciplinary action or continuing to take disciplinary action against, any licentiate for any unprofessional conduct committed before, during, or after participation in the diversion program.

(f) If a licentiate withdraws or is terminated from the diversion program for failure to comply or is determined to be a threat to the public or his or her own health and safety, all diversion records for that licentiate shall be provided to the board's enforcement program and may be used in any disciplinary proceeding. If a licentiate in a diversion program tests positive for any banned substance, the board's diversion program manager shall immediately notify the board's enforcement program and provide the documentation evidencing the positive test result to the enforcement program. This documentation may be used in a disciplinary proceeding.

(g) Any licentiate terminated from the diversion program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the diversion program. A licentiate who has been under investigation by the board and has been terminated from the diversion program by a diversion evaluation committee shall be reported by the diversion evaluation committee to the board.

SEC. 12. Section 1725 of the Business and Professions Code is amended to read:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

(a) The application fee for an original license shall not exceed twenty dollars ($20). On and after January 1, 2010, the application fee for an original license shall not exceed fifty dollars ($50).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed fifty dollars ($50) for the written examination and shall not exceed sixty dollars ($60) for the practical examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed fifty dollars ($50).

(d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.

(e) The fee for the written examination in law and ethics for a registered dental assistant shall not exceed the actual cost of the examination.

(f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.

(g) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(h) For third- and fourth-year dental students, the fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(i) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(j) The board shall establish the fee at an amount not to exceed the actual cost for licensure as a registered dental hygienist in alternative practice.

(k) The biennial renewal fee for a registered dental assistant whose license expires on or after January 1, 1991, shall not exceed sixty dollars ($60). On or after January 1, 1992, the board may set the renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit in an amount not to exceed eighty dollars ($80).

(*l*) The delinquency fee shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater. Any delinquent license or permit may be restored only upon payment of all fees, including the delinquency fee.

(m) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25).

(n) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California

Community Colleges shall not exceed one thousand four hundred dollars ($1,400).

(o) The fee for review of each approval application for a course that is not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed three hundred dollars ($300).

(p) No fees or charges other than those listed in subdivisions (a) to (o), inclusive, above shall be levied by the board in connection with the licensure or permitting of dental assistants, registered dental assistant educational program site evaluations and course evaluations pursuant to this chapter.

(q) Fees fixed by the board pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(r) Fees collected pursuant to this section shall be deposited in the State Dental Assistant Fund.

SEC. 13. Section 1742 of the Business and Professions Code is repealed.

SEC. 14. Section 1742 is added to the Business and Professions Code, to read:

1742. (a) There is hereby created a Dental Assisting Council of the Dental Board of California, which shall consider all matters relating to dental assistants in this state, on its own initiative or upon the request of the board, and make appropriate recommendations to the board and the standing committees of the board, including, but not limited to, the following areas:

(1) Requirements for dental assistant examination, licensure, permitting, and renewal.

(2) Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.

(3) Allowable dental assistant duties, settings, and supervision levels.

(4) Appropriate standards of conduct and enforcement for dental assistants.

(5) Requirements regarding infection control.

(b) (1) The members of the council shall be appointed by the board and shall include the registered dental assistant member of the board, another member of the board, and five registered dental assistants, representing as broad a range of dental assisting experience and education as possible, who meet the requirements of paragraph (2).

(2) The board shall consider, in its appointments of the five registered dental assistant members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state. Two of those members shall be employed as faculty members of a registered dental assisting educational program approved by the board, and shall have been so employed for at least the prior five years. Three of those members, which shall include one registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those members shall have possessed a current and active registered dental assistant or registered dental assistant in extended

functions license for at least the prior five years, and shall not be employed by a current member of the board.

(c) No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. All final candidate qualifications and applications for board-appointed council members shall be made available in the published board materials with final candidate selection conducted during the normal business of the board during public meetings.

(d) A vacancy occurring during a term shall be filled by appointment by the board for the unexpired term, according to the criteria applicable to the vacancy within 90 days after it occurs.

(e) Each member shall comply with conflict of interest requirements that apply to board members.

(f) The council shall meet in conjunction with other board committees, and at other times as deemed necessary.

(g) Each member shall serve for a term of four years, except that, of the initial appointments of the nonboard members, one of the members shall serve a term of one year, one member shall serve a term of two years, two members shall serve a term of three years, and one member shall serve a term of four years, as determined by the board.

(h) Recommendations by the council pursuant to this section shall be approved, modified, or rejected by the board within 120 days of submission of the recommendation to the board. If the board rejects or significantly modifies the intent or scope of the recommendation, the council may request that the board provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within 30 days of the request.

(i) The board shall make all the initial appointments by May 1, 2012.

(j) The council shall select a chair who shall establish the agendas of the council and shall serve as the council's liaison to the board, including the reporting of the council's recommendations to the board.

SEC. 15. Section 1752.3 of the Business and Professions Code is amended to read:

1752.3. (a) On and after January 1, 2010, the written examination for registered dental assistant licensure required by Section 1752.1 shall comply with Section 139.

(b) On and after January 1, 2010, the practical examination for registered dental assistant licensure required by Section 1752.1 shall consist of three of the procedures described in paragraphs (1) to (4), inclusive. The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. The procedures shall be performed on a fully articulated maxillary and mandibular typodont secured with a bench clamp. Each applicant shall furnish the required materials necessary to complete the examination.

(1) Place a base or liner.

(2) Place, adjust, and finish a direct provisional restoration.

(3) Fabricate and adjust an indirect provisional restoration.

(4) Cement an indirect provisional restoration.

SEC. 16. Section 1753.4 of the Business and Professions Code is amended to read:

1753.4. On and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions shall successfully complete an examination consisting of the procedures described in subdivisions (a) and (b). On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, shall successfully complete an examination consisting of the procedures described in subdivision (b). The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.

(a) Successful completion of the following two procedures on a patient provided by the applicant. The prepared tooth, prior to preparation, shall have had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: $\frac{7}{8}$ crown, $\frac{3}{4}$ crown, or full crown, including porcelain fused to metal. Alginate impression materials alone shall not be acceptable:

(1) Cord retraction of gingiva for impression procedures.

(2) Take a final impression for a permanent indirect restoration.

(b) Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory:

(1) Place, condense, and carve an amalgam restoration.

(2) Place and contour a nonmetallic direct restoration.

(3) Polish and contour an existing amalgam restoration.

SEC. 17. Section 1901 of the Business and Professions Code is amended to read:

1901. (a) There is hereby created within the jurisdiction of the Dental Board of California a Dental Hygiene Committee of California in which the administration of this article is vested.

(b) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date. Notwithstanding any other provision of law, the repeal of this section renders the committee subject to review by the appropriate policy committees of the Legislature.

SEC. 18. Section 1903 of the Business and Professions Code is amended to read:

1903. (a) (1) The committee shall consist of nine members appointed by the Governor. Four shall be public members, one member shall be a practicing general or public health dentist who holds a current license in California, and four members shall be registered dental hygienists who hold

current licenses in California. Of the registered dental hygienists members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of his or her appointment or have any current financial interest in a dental-related business.

(2) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:

(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) (1) Except as specified in paragraph (2), members of the committee shall be appointed for a term of four years. Each member shall hold office until the appointment and qualification of his or her successor or until one year shall have lapsed since the expiration of the term for which he or she was appointed, whichever comes first.

(2) For the term commencing on January 1, 2012, two of the public members, the general or public health dentist member, and two of the registered dental hygienist members, other than the dental hygiene educator member or the registered dental hygienist member licensed in alternative practice or in extended functions, shall each serve a term of two years, expiring January 1, 2014.

(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the committee a person who previously served as a member of the committee even if his or her previous term expired.

(d) The committee shall elect a president, a vice president, and a secretary from its membership.

(e) No person shall serve as a member of the committee for more than two consecutive terms.

(f) A vacancy in the committee shall be filled by appointment to the unexpired term.

(g) Each member of the committee shall receive a per diem and expenses as provided in Section 103.

(h) The Governor shall have the power to remove any member from the committee for neglect of a duty required by law, for incompetence, or for unprofessional or dishonorable conduct.

(i) The committee, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the committee and vested in him or her by this article.

(j) This section shall remain in effect only until January 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2015, deletes or extends that date.

SEC. 19. Section 1905.2 of the Business and Professions Code is amended to read:

1905.2. Recommendations by the committee regarding scope of practice issues, as specified in paragraph (8) of subdivision (a) of Section 1905, shall be approved, modified, or rejected by the board within 90 days of submission of the recommendation to the board. If the board rejects or significantly modifies the intent or scope of the recommendation, the committee may request that the board provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within 30 days of the request.

SEC. 20. Section 1973 of the Business and Professions Code is amended to read:

1973. (a) The Dentally Underserved Account is hereby created in the State Dentistry Fund.

(b) The sum of three million dollars ($3,000,000) is hereby authorized to be expended from the State Dentistry Fund on this program. These moneys are appropriated as follows:

(1) One million dollars ($1,000,000) shall be transferred from the State Dentistry Fund to the Dentally Underserved Account on July 1, 2003. Of this amount, sixty-five thousand dollars ($65,000) shall be used by the Dental Board of California in the 2003–04 fiscal year for operating expenses necessary to manage this program.

(2) One million dollars ($1,000,000) shall be transferred from the State Dentistry Fund to the Dentally Underserved Account on July 1, 2004. Of this amount, sixty-five thousand dollars ($65,000) shall be used by the Dental Board of California in the 2004–05 fiscal year for operating expenses necessary to manage this program.

(3) One million dollars ($1,000,000) shall be transferred from the State Dentistry Fund to the Dentally Underserved Account on July 1, 2005. Of this amount, sixty-five thousand dollars ($65,000) shall be used by the Dental Board of California in the 2005–06 fiscal year for operating expenses necessary to manage this program.

(c) Funds placed into the Dentally Underserved Account shall be used by the board to repay the loans per agreements made with dentists.

(1) Funds paid out for loan repayment may have a funding match from foundation or other private sources.

(2) Loan repayments may not exceed one hundred five thousand dollars ($105,000) per individual licensed dentist.

(3) Loan repayments may not exceed the amount of the educational loans incurred by the dentist applicant.

(d) Notwithstanding Section 11005 of the Government Code, the board may seek and receive matching funds from foundations and private sources to be placed into the Dentally Underserved Account. The board also may

contract with an exempt foundation for the receipt of matching funds to be transferred to the Dentally Underserved Account for use by this program.

(e) Funds in the Dentally Underserved Account appropriated in subdivision (b) or received pursuant to subdivision (d) are continuously appropriated for the repayment of loans per agreements made between the board and the dentists.

(f) On or after July 1, 2010, the board shall extend the California Dental Corps Loan Repayment Program of 2002 and distribute the money remaining in the account until all the moneys in the account are expended. Regulations that were adopted by the board for the purposes of the program shall apply.

SEC. 21. It is the intent of the Legislature that any fees established by the Dental Board of California under Section 1725 of the Business and Professions Code that are in effect on December 31, 2011, continue to apply on and after January 1, 2012, until the board changes those fees by regulation, as set forth in Section 12 of this act.

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
P (916) 263-2300 F (916) 263-2140 www.dbc.ca.gov

MEMORANDUM

DATE	October 17, 2011
TO	Dental Board of California
FROM	Linda Byers, Administrative Assistant Dental Board of California
SUBJECT	**Agenda Items 16-20:** Committee Reports

Committee Chairs will give verbal reports.

STATE OF CALIFORNIA
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MEMORANDUM

DATE	October 19, 2011
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant Dental Board of California
SUBJECT	**Agenda Item 21:** Discussion of Prospective Legislative Proposals

Background
Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting.

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MEMORANDUM

DATE	October 17, 2011
TO	Dental Board Members
FROM	John Bettinger, DDS Dental Board of California
SUBJECT	**Agenda Item 22(A):** Presentation by Howard Katz, DDS, Regarding the Use of Botox and Dermal Fillers in Dentistry

Dr. Katz will give a presentation.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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Dental Board of California
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MEMORANDUM

DATE	October 17, 2011
TO	Dental Board Members
FROM	Subcommittee Members Luis Dominicis, DDS and Tom Olinger, DDS Dental Board of California
SUBJECT	**Agenda Item 22(B):** Discussion and Possible Action Regarding Subcommittee Recommendations on the Use of Botox and Dermal Fillers in Dentistry.

The Dental Board of California receives regular inquiries from licensed dentists regarding the use of Botox and Dermal Fillers in California. Many states allow general dentists to inject Botox and Dermal Fillers. There is confusion over the legality of the use of Botox and Dermal Fillers in dentistry in California both by providers and by patients. This agenda item is under consideration to allow the Dental Board of California to clarify its policy on the use of these products in dentistry.

At the August 11-12, 2011 Board meeting, Dr. Bettinger appointed a subcommittee of Drs. Dominicis and Olinger to research the use of Botox and Dermal Fillers and to report back to the Board with a recommended Board policy on the use of Botox and Dermal Fillers.

The subcommittee will present its report at the meeting and there will be a discussion of the subcommittee recommendations.

Possible Actions to Consider Related to the Use of Botox:
1. Vote to not restrict the use of Botox, non-surgically, as long as it is within the scope of practice and the dentist has obtained adequate training.
2. Vote to restrict the use of Botox, non-surgically to Elective Facial Cosmetic Surgery Permit holders.
3. Table the discussion.
4. Consider other options presented at the meeting.
5. Take no action.

Possible Actions to Consider Related to the Use of Dermal Fillers
1. Vote to not restrict the use of Dermal Fillers, non-surgically, as long as it is used within the scope of practice and the provider has adequate training.
2. Vote to restrict the non-surgical administration of Dermal Fillers to holders of the Elective Facial Cosmetic Surgery permit.
3. Table the discussion.
4. Consider other options presented at the meeting.
5. Take no action.

GEORGIA BOARD OF DENTISTRY
Board Meeting
May 6, 2011
Professional Licensing Board
237 Coliseum Drive
Macon, GA 31217

General – Dr. Rebecca Carlon
Dr. Stacey provided the Board with a statement on the scope of dental practice and the utilization of Botox and Derma-fillers. Dr. Holcomb made a motion to adopt the statement. Dr. Godfrey seconded the motion to adopt the position statement as follows:

The definition of "Dentistry" in O.C.G.A. 43-11-1.(6) states that a dentist can perform procedures for "....diseases, disorders, or conditions, or any combination thereof, of the oral cavity, maxillofacial area, or the adjacent and associated structures, or any combination thereof, and their impact on the human body provided by a dentist, within the scope of his or her education, training, and experience,....". The scope of dentistry in the state of Georgia routinely includes the performance of both cosmetic and therapeutic procedures on both the hard and soft tissues of the head and neck area by licensed dentists, and is clearly considered within the standard practice of dentistry and is routinely taught in accredited dental schools, postgraduate general dentistry and dental specialty programs, and continuing education seminars.

In O.C.G.A. 43-11-17.(a)(1) the term "dental operation" is used. The term has previously been interpreted to mean "pertaining to a tooth or teeth". However, dentists practicing under their Georgia dental license routinely perform dental operations that may not involve teeth but do involve the oral cavity, maxillofacial area, or the adjacent and associated structures. "Dental operation" should correctly be interpreted to mean an "operation performed by a dentist" within the scope of his or her education, training, and experience.

It is the opinion of the members of the Georgia Board of Dentistry that the injection of Botox and dermal fillers to treat "conditions" in the head and neck area for cosmetic and/or therapeutic purposes is clearly within the scope of dentistry as defined in O.C.G.A 43-11-1. and 43-11-17. when performed by a dentist who can demonstrate the necessary education, training, and experience.

Executive Director's Open Session - Ms. Anita Martin

- Ms. Martin advised the Board that the application processing is current and should remain at thirty (30) working days during this major application and licensing period.

Attorney General's Open Session – Mr. Reagan Dean

- Mr. Dean provided the Board with a draft response to frank R. Recker, Esq. concerning Georgia's advertising regulations. Dr. Stacey made a motion to approve the letter Mr. Dean has drafted. Dr. Carroll seconded the motion and it carried unanimously.

- Mr. Dean provided to the Board advice that notifications to local licensing jurisdictions is allowed under §O.C.G.A. 36-60-6(a). The Board decided that it would mail the letter to jurisdictions when a Cease and Desist is accepted, provide a hard copy of the Cease and Desist and specifically cite the business and individual involved in the matter.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

MEMORANDUM

DATE	November 7, 2011
TO	Dental Board Members
FROM	Georgetta Griffith Dental Board of California
SUBJECT	**Agenda Item 23:** Update on Portfolio Licensure Examination for Dentistry (AB 1524, Chapter 446, Statutes of 2010)

Background:
In February 2011, Comira Testing was selected as the contractor to work with the Board to develop the implementation criteria for the Board's new Portfolio examination process. Comira has worked with the California dental schools to develop the Portfolio examination and has held focus group meetings to discuss the criteria for each component of the examination.

To date, Comira has completed two out of the three reports that were due by September 1, 2011. Those reports pertain to the content and structure for competency examinations and the competency examination processes that apply common standards.

Additionally, Comira has completed the working draft of the evaluation criteria for the six required competencies for the Portfolio examination. The completion of this work lays the foundation for development of the examination process that will clearly define the standardized criteria to be used for the assessment and grading of a candidate's competency.

Unfortunately, Comira has experienced some unforeseen personnel changes that has caused a delay in completing the third report. Richard DeCuir, Executive Officer, and Board staff have been working diligently with Comira to resolve this situation. Staff is finalizing a plan of action to get the contract back on track. We are confident this matter will be resolved without any adverse affect on the completion of the contract and the implementation of the Portfolio examination.

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

MEMORANDUM

DATE	October 14, 2011
TO	Dental Board Members
FROM	Sarah Wallace, Legislative & Regulatory Analyst Dental Board of California
SUBJECT	**Agenda Item 24:** Update on Actions Taken to Implement the Patient Protection and Affordable Healthcare Act

Background:

The purpose of this agenda item is to keep the Board informed of any activities that have transpired relative to the Dental Board of California and the implementation of the Patient Protection and Affordable Healthcare Act.

On October 5, 2011, representative from a select group of Department of Consumer Affairs healing arts boards met with Russia Chavis and Ross Brown from the Legislative Analyst's Office (LAO) for a briefing relating to Patient Protection and Affordable Healthcare Act. Representatives from the Department of Consumer Affairs, Medical Board of California, Board of Registered Nursing, Dental Board of California, Board of Optometry, Psychology Board, and Board of Vocational Nursing and Psychiatric Technicians attended the meeting.

The LAO is conducting a self-generated report regarding the bifurcated processes of the Department of Insurance and the Department of Managed Health Care (Departments) and called the briefing for the purposes of learning more about:

1. What each healing arts board does,
2. What current interactions the healing arts boards have with the Departments of Insurance and Managed Health Care,
3. And any foreseeable interaction the healing arts boards may have with the Health Benefits Exchange (Exchange) and the Departments in the wake of federal health care reform implementation.

Each healing arts board provided background information for their programs and explained current interactions with the Departments. With the exception of Medical Board of California and Board of Registered Nursing, the only interaction the healing arts boards have with the Departments occur when investigating insurance fraud cases or misconduct in managed healthcare facilities. The Medical Board of California and the Board of Registered Nursing typically deal with the Departments regarding Medi-Cal.

Currently, the Dental Board of California staff does not see any foreseeable interaction with the Exchange in the wake of federal health care reform. The Exchange is still promulgating regulations to establish qualifications and requirements. It is unclear, at this time, if dental insurance providers will be included in the Exchange and will be included in the services provided as a result of the health care reform. Board staff will continue to study the impact of the health care reform may have on the functions of the Board. There was a general consensus of all healing arts board that it is currently difficult to determine how the health care reform may impact all of the healing arts boards.

Board Action Requested:
No action necessary.

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Dental Board of California
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MEMORANDUM

DATE	October 18, 2011
TO	Dental Board of California
FROM	Nellie Forgét, Coordinator Elective Facial Cosmetic Surgery Permit Program
SUBJECT	**Agenda Item 25:** Report of the October 12, 2011 meeting of the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee; Discussion and Possible Action Regarding Consideration of the Subcommittee Recommendation to Appoint a Member to the Elective Facial Cosmetic Surgery Permit Credentialing Committee

CURRENT UPDATE:

The Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee met on October 12, 2011 by teleconference in five (5) locations, including Sacramento, Poway, Redlands, Rancho Mirage, and San Diego. Dr. Louis Gallia was recently appointed to the EFCS Committee. This was Dr. Gallia's first Committee meeting where he was sworn in and welcomed by the Committee.

In closed session, the Credentialing Committee reviewed two (2) applications. The Committee tabled both applications pending receipt of additional information.

Dr. McCormick will give further verbal review of the EFCS permit Credentialing Committee meeting.

COMMITTEE VACANCY:

Dr. Jonathan Sykes, one of the first appointees to the EFCS permit Committee in 2007, resigned this past summer 2011. His resignation created a vacancy on the Credentialing Committee for a physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in the California.

When a vacancy on the Committee occurs, statute requires the Board send letters to the Medical Board, the California Dental Association, the California Association of Oral and Maxillofacial Surgeons, the California Medical Association and the California Society of Plastic Surgeons, asking for their input and recommendations regarding the members to be appointed to the credentialing committee.

A letter was sent certified mail to the above mentioned organizations on August 2, 2011. A follow-up phone call made on September 14, 2011, followed by emails.

Two organizations responded, each with one recommendation: The Medical Board of California and the California Association of Oral and Maxillofacial Surgeons. The California Society of Plastic Surgeons, the California Medical Association, and the California Dental Association replied that they had no recommendation at this time.

The Medical Board of California recommended Dr. Brian Wong who currently practices at UC Irvine. The California Association of Oral and Maxillofacial Surgeons recommended Dr. Michael Schwartz who currently is in private practice in Pasadena. Please see the attached Curriculum Vitae (CV) for each applicant.

The candidate information was forwarded to the subcommittee for review. Dr. McCormick and Dr. Whitcher will report their findings at the November 2011 Board meeting.

ACTION REQUESTED

Accept the Subcommittee's recommendation to fill the vacancy on the Elective Facial Cosmetic Surgery Permit Credentialing Committee.

Dr. Michael Schwartz

MEDICAL BOARD OF CALIFORNIA
LICENSE LOOKUP SYSTEM

License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

License:	**G 50895** Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the NBME examination.
License Type:	Physician and Surgeon
Name:	MICHAEL STEPHEN SCHWARTZ, M.D.
Address of Record:	**960 E GREEN ST STE 101** **PASADENA, CA 91106**
Address of Record County:	LOS ANGELES
License Status:	**License Renewed & Current** Licensee meets requirements for the practice of medicine in California.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	August 1, 1983
Expiration Date:	May 31, 2013
School Name:	LOYOLA UNIVERSITY OF CHICAGO STRITCH SCHOOL OF MEDICINE
Year Graduated:	1982

Survey Information:

The following information is **self-reported by the licensee and has not been verified by the Board.**

Activities In Medicine:	PATIENT CARE - 40+ HOURS RESEARCH - NO HOURS TEACHING - 1 TO 9 HOURS ADMINISTRATION - 1 TO 9 HOURS
Primary Practice Location Zip Code:	91106
Board Certification(s):	No board certifications identified
Primary Practice Area(s):	FACIAL, PLASTIC & RECONSTRUCTIVE SURGERY
Secondary Practice Area(s):	OTOLARYNGOLOGY
Post Graduate Training Years:	8 YEARS
Ethnic Background:	Declined to Disclose
Foreign Language(s):	Declined to Disclose
Gender:	Male

Public Record Action(s):

Please select the Public Record Documents tab to view the public document database. If information is posted in the Administrative Disciplinary Actions, Court Order, Administrative Citation Issued, or License Issued with Public Letter of Reprimand categories below, documents may be available for review. To find out what information is and is not available, please click here.

Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

No Administrative Disciplinary Actions found.

Court Order:

This information would be provided if a physician's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

No Court Orders found.

Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

No Administrative Actions Taken by Other State or Federal Government found.

Felony Conviction:

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No Felony Convictions found.

Misdemeanor Conviction:

California Business and Professions Code section 2027 (A)(7) states effective 1/1/07, any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed shall be posted on the Internet. To see if a conviction has been expunged or dismissed, please contact the court below.

No Misdemeanor Convictions found.

Administrative Citation Issued:

A citation and/or fine has been issued for a minor violation of the law. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of this matter.

No Administrative Citations found.

License Issued with Public Letter of Reprimand:

The Medical Board of California has concurrently issued the applicant a medical license and a Public Letter of Reprimand for a minor violation that does not require probationary status or warrant denial. The issuance of a Public Letter of Reprimand is not considered disciplinary action and is not reported to the National Practitioner Databank or the Federation of State Medical Boards.

No License Issued with Public Letter of Reprimand found.

Hospital Disciplinary Action:

The action taken by this healthcare facility against this physician's staff privileges to provide health care services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

No Hospital Disciplinary Actions found.

Malpractice Judgment:

A malpractice judgment is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported judgments and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the judgment report or any other information concerning the judgment. For more information contact the court of jurisdiction listed below.

No Malpractice Judgments found.

Arbitration Award:

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No Arbitration Awards found.

Malpractice Settlements:

A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of $30,000 or more.

No Malpractice Settlements found.

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Public Record Documents:

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No documents found.

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Curriculum Vitae

Michael S. Schwartz, M.D.
960 East Green St., Suite 101
Pasadena, CA. 91106

Board Certification:
Otolaryngology-Head and Neck Surgery, October, 1989
Percentile Rank: 92

Facial Plastic and Reconstructive Surgery, April, 1992

American Board of Cosmetic Surgery, April, 2010

Licensure:
California: G50895
Arizona: 38057
DEA: AS2271904

Education:
B.A. in Biochemistry, Lawrence University, Appleton, WI., 1978
M.D., Loyola Stritch School of Medicine, Maywood, Il., 1982

Postgraduate Training:
At Los Angeles County/USC Medical Center:
Internship, Internal Medicine, 7/82-6/83
Residency, Internal Medicine, 7/83-6/84
Internship, General Surgery, 7/84-6/85
Residency Otolaryngology-Head and Neck Surgery, 7/85-6/89

Fellowship, Facial Plastic and Reconstructive Surgery:
M. Eugene Tardy, Jr., M.D., University of Illinois, 7/89-12/89
Dale H. Rice, M.D., LAC/USC Medical Center, 01/90-6/90
General Cosmetic Surgery, Body Sculpting Center, Scottsdale, AZ., 03/08-03/09,
American Academy of Cosmetic Surgery

Academic Appointments:

Clinical Assistant Professor, Division of Facial Plastic Surgery, Dept of Otolaryngology
LAC/USC Medical Center
6/90-6/95

Publications:

Schwartz, M.S., Tiwari, J.L., And Rice, D.H. Bell's palsy and HLADR: a possible association. Arch. Otolaryngol., 112:753-4, 1986.

Schwartz, M.S., Kahlstrom, E.J., and Hawkins, D.B. Airway obstruction secondary to tuberculous lymph node erosion into the trachea: drainage via bronchoscopy. Otol. Head and Neck Surg., 99(6):604-6, 1988.

Schwartz, M.S. and Crockett, D.M. Management of a large frontoethmoid osteoma with sinus cranialization and cranial bone graft reconstruction. Int. J. Ped. Otorhinol., 20:63-72, 1990.

Glovsky, M.M. and Schwartz, M.S. Upper airways involvement in pulmonary disease. Seminars in Respiratory Medicine. 9(4):449-558, 1988.

Stanley, R.B., Jr., and Schwartz, M.S. Immediate reconstruction of contaminated central craniofacial injuries with free autogenous grafts. Laryngoscope, 99(10):1011-1015, 1989.

Tardy, M.E., Jr., Schwartz, M., and Parras, G. Saddle nose deformity: autogenous graft repair. Facial Plastic Surgery, 6(2):121, 1989.

Tardy, M.E., Jr., Parras, G., and Schwartz, M.S. Aesthetic surgery of the face. Dermatology Clinics, 9(1):169-187, 1991.

Tardy, M.E. and Schwartz, M.S. The evolution of the rhinoplasty outcome: long-term results. In: Rhinoplasty by Rollin K. Daniel, p.779-814, Little, Brown and Co., 1993.

Presentations:

Bell's Palsy and HLA-DR: a possible association. Pacific Coast Oto-Ophthalmologic Society, July 1, 1985.

Immediate reconstruction of contaminated central craniofacial injuries with autogenous grafts. Western Section Triological Society, January 3, 1998.

Current techniques in nasal reconstruction. Academy of Facial Plastic Surgery (AAO-HNS meeting), September 30, 1992.

Nasal reconstruction emphasizing the subunit principle. Academy of Facial Plastic Surgery (AAO-HNS meeting), September 28, 1993.

Revision Rhinoplasty: Addressing the Alar/Tip/Columellar Complex, 25th Anniversary Meeting, AACS, Scottsdale, AZ, January, 2009.

Hospital Affiliations:

Huntington Hospital, Pasadena, CA.
Huntington Outpatient Surgery Center, Pasadena, CA.
Arcadia Methodist Hospital, Arcadia, CA.
Specialty Surgical Center of Arcadia, Arcadia, CA.
Pasadena Surgery Center, Pasadena, CA.
Madison 101 Pasadena Surgery Center, Pasadena, CA.

Society Memberships:

American Academy of Cosmetic Surgery
American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Otolaryngology-Head and Neck Surgery
California Academy of Cosmetic Surgery
American Medical Association
California Medical Association

Dr. Brian Wong

MEDICAL BOARD OF CALIFORNIA
LICENSE LOOKUP SYSTEM

License Information:

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License:	**A 50734** Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the FLEX (Federation Licensing Exam), USMLE (United States Medical Licensing Exam) or LMCC (Licentiate of Medical Council of Canada) written examination and has been licensed less than four years in another state OR may be an International medical school graduate whose pathway to licensure was based on the above exams or approved combinations of the NBME (National Board Medical Exam), FLEX or USMLE.
License Type:	Physician and Surgeon
Name:	BRIAN JET-FEI WONG, M.D.
Address of Record:	**BLDG 56 RM 500 RT 81** **101 THE CITY DR** **ORANGE, CA 92868**
Address of Record County:	ORANGE
License Status:	**License Renewed & Current** Licensee meets requirements for the practice of medicine in California.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	May 5, 1992
Expiration Date:	September 30, 2013
School Name:	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
Year Graduated:	1990

Survey Information:

The following information is **self-reported by the licensee and has not been verified by the Board.**

Activities In Medicine:	PATIENT CARE - 30 TO 39 HOURS RESEARCH - 30 TO 39 HOURS TEACHING - 10 TO 19 HOURS ADMINISTRATION - 1 TO 9 HOURS
Primary Practice Location Zip Code:	92868
Board Certification(s):	FACIAL, PLASTIC & RECONSTRUCTIVE SURGERY OTOLARYNGOLOGY Visit ABMS to verify
Primary Practice Area(s):	OTOLARYNGOLOGY
Secondary Practice Area(s):	FACIAL, PLASTIC & RECONSTRUCTIVE SURGERY
Post Graduate Training Years:	7 YEARS
Ethnic Background:	Declined to Disclose
Foreign Language(s):	Declined to Disclose
Gender:	Male

Public Record Action(s):

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A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of $30,000 or more.

No Malpractice Settlements found.

Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.

Public Record Documents:

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No documents found.

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BRIAN JET-FEI WONG

Department of Otolaryngology-
Head andNeck Surgery
UC Irvine Medical Center
101 The City Drive
Bld 56 Suite 500
Orange, CA 92868
[redacted]

The Beckman Laser Institute
and Medical Clinic
UC Irvine College of Medicine
1002 Health Science Road East
Irvine, CA 92612
[redacted]

Personal

[redacted]

Education

University of Amsterdam, Doctor of Philosophy in Medical Physics, 2001, *doctoral thesis "Laser Mediated Cartilage Reshaping"*, (Prof. Martin J.C. van Gemert, supervisor)

The Johns Hopkins University School of Medicine, Baltimore, Maryland, Doctor of Medicine, 1990

Goethe Institute, Rothenburg o.d. Tauber, Federal Republic of Germany, Summer 1987

Oxford University (Wolfson), Oxford, United Kingdom, Graduate Student in Plasma Science Group, Department of Engineering Science 1985-1986

University of Southern California, Los Angeles, California, Bachelor of Science in Biomedical Engineering, *Summa Cum Laude*, 1985

Clinical Training

Division of Facial Plastic Surgery, Department of Otolaryngology- Head and Neck Surgery, UC Irvine -Fellow July 1997- June 1998

Department of Otolaryngology- Head and Neck Surgery, UC Irvine -Chief Resident July 1995- December 1996

Department of Otolaryngology- Head and Neck Surgery, UC Irvine -Resident July 1992- June 1995

Department of Surgery, UC Irvine, Intern and General Surgery Resident July 1990-July 1992

Academic Appointments

Professor III	Department of Otolaryngology- Head and Neck Surgery Department of Biomedical Engineering Department of Surgery (July 2009-)
Director	Facial Plastic Surgery Program (2007-) Department of Otolaryngology- Head and Neck Surgery
Vice Chairman	Department of Otolaryngology- Head and Neck Surgery (July 2007-)
Professor II	Department of Otolaryngology- Head and Neck Surgery Department of Biomedical Engineering Department of Surgery (July 2006-)
Associate Director	Facial Plastic Surgery Fellowship Program (2006-2007) Department of Otolaryngology- Head and Neck Surgery
Associate Professor III	Department of Surgery (joint appointment) (July 2005- June 2006)
Associate Professor III	Department of Otolaryngology- Head and Neck Surgery The Department of Biomedical Engineering (line, with tenure, July 2004)
Associate Professor II	Department of Otolaryngology- Head and Neck Surgery The Department of Biomedical Engineering (in residence, July 2003)
Associate Professor I	Department of Otolaryngology- Head and Neck Surgery The Whitaker Foundation Center Biomedical Engineering (in residence, July 2001)
Assistant Professor	The Whitaker Foundation Center Biomedical Engineering (joint appointment) (July 2000- June 2001)
Assistant Professor	Department of Otolaryngology- Head and Neck Surgery (in Residence, Step III)
Clinical Instructor	Department of Otolaryngology- Head and Neck Surgery University of California Irvine, January 1997-June 1998
Consultant Surgeon	Surgical Service

Long Beach Veteran's Administration Medical Center
February 1997-2003

Board Certifications

American Board of Otolaryngology Diplomate (15396) 10 April 1998

American Board of Facial Plastic and Reconstructive Surgery Diplomate 23 June 2007

Licensure

California	A 050734	May 1992 (active)
Michigan	4301069381	Jan 1997 (inactive)

National Provider Identifier (NPI) 1487748752

Research Grants

G1. "Ho:YAG Laser Applications in Otolaryngology", NewStar Lasers Research Grant (equipment grant ~$150,00) **(PI)**

G2. "Head Mounted Displays in Surgery", Optics 1 Research Grant (equipment, ~$10,000)**(PI)**

G3. "Quantitative Assessment of Laser-Tissue Interactions on Otic Capsule, Cortical, and Lamellar Bone"American Otological Society Research Fund, 1994-1995**(PI)** $25,000.00

G4. "A Center of Laser-Related Biomedical Research" Office of Naval Research (N00014-94-0874), 1997-2000, **(Co-investigator,** Michael W. Berns, PI) $328,841

G5. "Optimization of Laser Mediated Cartilage Reshaping", National Institutes of Health-NIDCD (K-08 DC 00170), 1998-2004, **(PI)** (*active*) $658,356

G6. "Advanced Surgical Instrumentation Research Laboratory", University of California Irvine Health Science Partners, **(PI)** (active) $10,000

G7. Faculty Desktop Computing Initiative Award Recipient, University of California Irvine $2,000

G8. "Optical Coherence Tomography: A Novel Modality for Imaging the Cochlea", The National Organization for Hearing Research, 1999-2000 **(PI)**

$10,000

G9. "Mechanical Analysis of Cartilage Following Photothermal Heating", Multi-Investigator Faculty Research Grant, Academic Senate Council on Research, Computing and Library Resources, University of California Irvine, 2000-2001, **(PI)**
$20,000

G10. "A Center of Laser-Related Biomedical Research", Air Force Office of Scientific Research (F49620-00-1-0371), 2000-2003, (**co-investigator,** Michael W. Berns, PI)
$124,715

G11. "Surgical Device Laboratory", Ida Miriam Stern Memorial Fund, New York, NY
$10,000

G12. "Powered Instrumentation for Rhinoplasty Surgery", Medtronic, (equipment, ~$50,000)**(PI)**

G13. "Photothermal Stimulation of Chondrocyte Proliferation", American Society for Laser Medicine and Surgery, 2001-2002, **(PI)**
$15,000

G14. "Optical Diagnosis of Early Laryngeal Cancer", Flight Attendant Medical Research Institute (32456), 2003- 2005, **(PI)** (*active*)
$216,884

G15. "Analysis of Thermoviscoelastic Behavior in Cartilage", National Institutes of Health, NIDCD, (R03 DC005572), 2003-2006, **(PI)** (*active*)
$200,970

G16. "Non-Invasive Optical Imaging of Vocal Cord Microstructure", National Institutes of Health, NIDCD, (R21 DC 006026-01), 2003-2005, **(PI)** (*active*)
$300,9408

G17. "Office-Based OCT Laryngoscopy of Vocal Cord Cancer", The Tobacco- Related Disease Research Program (TRDRP), University of California- Office of the President (12RT-0113), 2003-2006, **(PI)** (*active*)
$510,000

G18. "Advanced Optical Technologies for Defense Trauma and Critical Care", Air Force Office of Scientific Research (FA9550-04-1-0101), 2004-2007, (**co-investigator,** Michael W. Berns, PI),
$346,780

G19. "Analysis of Thermoviscoelastic Behavior in Cartilage- Research Supplement for Underrepresented Minorities Programt", National Institutes of Health, NIDCD, (R03 DC005572), 2003-2006, **(PI)** (*active*)
$46,987

G20. "Mechanisms Accompanying Laser-Induced Chondrocyte Proliferation", Multi-Investigator Faculty Research Grant, Academic Senate Council on Research, Computing and Library Resources, University of California Irvine, 2004-2005, (**PI**) $7,950

G21. "Optical Diagnosis of Early Laryngeal Cancer", Flight Attendant Medical Research Institute (32456), 2005- 2006, (**PI**), *awarded, competing renewal* $108,000

G22. "Compact Laser Instruments for Otologic Surgery", National Institutes of Health, NIDCD, (2-R44-DC004615-02A2), 2006-2008, (**PI** of subcontract, Jeff Pierce, PI, Infralase, Albuquerque, NW), $227,760

G23. "Screening and Diagnosis of Laryngeal Cancer with OCT." Flight Attendant Medical Research Institute, 2007-2010, (**PI**), $325,000

G24. "Pre-clinical Feasibility Study of Tissue Oxygenation Imager", National Institute of General Medical Sciences, 2006-2007 (R41 GM077713-01), (Co-I, Anthony Durkin, PhD, PI of UCI Subcontract), $99,000

G25. "Laser Reshaping of the Rabbit Ear", Candela Corporation, 2006-2009 (**PI**), $ 56,989

G26. "Reconstruction of Facial Cartilage Using Electromechanical Reshaping", Department of Defense Deployment Related Medical Research Program, 2009-2012 (DR090349) (**PI**), $827,000

G27. "Laser Cartilage Reshaping", Lockheed-Martin Corporation, (**PI**), (2009-2010) $120,000

G28. "Electromechanical reshaping of tissue", NIH/NIDCR, National Institute for Dental and Craniofacial Research, (1R21DE019026-01A2) 2009-2011, (**PI**), (2009-2011) $420,750

G29. "Office based Real-time high Speed 3-D OCT system for Diagnosis of Early Laryngeal" NIH/NCRR, National Center for Research Resources (1R43RR026184-01) (**PI** of subcontract, Tirunelveli Ramalingam, PI, OCT Medical, Newport Beach, CA) $120,000

G30. Diagnosis of Subglottic Stenosis and Edema in Neonates Using OCT, NIH/NHLBI, NIDCD/ (1R01HL103764-01), (**PI**), (2010-2015) $ 3,120,861

G31. "Advanced Laser Technology for Fractional Skin Resurfacing and Other Surgical Applications, NIH/NIBIB (1 R43 EB009955-01A1), (**PI** of subcontract, Ravinder Jain, PI, Infralase, Albuquerque, NM), (2011-2012) $29,936

G32. "Modeling The Pediatric Upper Airway Using Anatomic Optical Coherence Tomography" NIH/NHLBI (1 R01 HL105215-01), (2010-2014), (**PI** along with Z. Chen and S. Elghobashi- Multiple PI Mechanism) $3,850,440

G33. "Development of a 3D Real-time System for Imaging Subglottic Stenosis and Edema in Neonates" *pending (score 20)*, (**PI** of subcontract, Tirunelveli Ramalingam, PI, OCT Medical, Newport Beach, CA)

G34. "High Speed 3-D OCT Office-Based Diagnosis of Early Laryngeal Cancer", (**PI**) NIH/NIDCD/NCI/NIBIB (1R01EB009187), *Pending*, $2,497,070

G35. "Laser Reshaping of Nasal Septum", NIH/NIDCD/NIBIB (1R01DC009005), (**PI**), *Pending*, $1,250,00

Awards

Best Presentation Award, XIX Annual Pacific Voice Conference 2011
Stanley van den Noort and Elliot Frohman Mentoring Award, UC Irvine 2011
Chairman's Prize- Head and Neck Optical Diagnostics Society (London) 2010
Flight Attendant Medical Research Institute Clinical Innovator Award 2007
Flight Attendant Medical Research Institute Clinical Innovator Award 2003
American Society for Laser Medicine and Surgery Young Investigator Award 2001
American and Academy of Facial Plastic and Reconstructive Surgery Sir Harold Delf Gillies Award 1998
American Society for Laser Medicine and Surgery John A. Dixon Award 1998
American Academy of Otolaryngologic Allergy Travel Grant Award Recipient Basic Course in Otolaryngologic Allergy 1997
Association for Research In Otolaryngology Award 1993
American Academy of Otolaryngology- Head and Neck Surgery Travel Award Recipient for Cherry Blossom Conference on Hearing and Equilibrium 1993
National Institutes of Health Research Training Grant (9T35 HL07606) 1989- 1990
German Academic Exchange Fellow 1987 Goethe Institute, BRD
National Institutes of Health Summer Research Training Grant Recipient 1987
National Institute for Neurological and Communicative Disorders (deferred in preference to above award).
Tau Beta Pi National Graduate Fellowship Recipient 1986-1987
Rotary Foundation Graduate Fellow 1985-1986 at Oxford University
National Science Foundation Summer Science Training Program Grant

Academic Honors

Tau Beta Pi, Alpha Omega Alpha, Phi Beta Kappa, Sigma Xi, Phi Kappa Phi,
Trustee Scholar (University of Southern California)
Valedictorian University of Southern California, School of Engineering

Other Honors

Orange County Medical Association- Physicians of Excellence (Orange Coast Magazine) 2007, 2008, 2009, 2010, 2011
Best Doctors in America® from 2007-2008, 2009-2010, 2011-2012
Who's Who in America
Who's Who in Medicine and Healthcare
Who's Who in the West
Who's Who in the Science and Engineering

Research Experience

1993-present	Beckman Laser Institute and Medical Clinic, UC Irvine
1992-1994	Department of Otolaryngology- Head and Neck Surgery, UC Irvine (Supported in part by NASA Goddard Research Center)"Shape Memory Probes in Otologic Procedures"
1988-1990	Hearing Science Center, Department of Otolaryngology/ Head and Neck Surgery, Johns Hopkins School of Medicine.
1985- 1986	Plasma Science Group, Department of Engineering Science, Oxford University.
1985	Department of Radiopharmacy, USC School of Pharmacy.
1985	Estelle Doheny Eye Clinic-USC School of Medicine.
1984-1985	Signal and Image Processing Institute, USC School of Engineering.
1983-1984	USC Institute for Physics and Imaging Science.
1981	USC Department of Biomedical Engineering.
1980	National Science Foundation Summer Science Training Program USC School of Engineering.

Editorial Board

Lasers in Medical Science (2000-)
Associate Editor (2009-)
Lasers in Surgery and Medicine (2003-)
The Journal of Biomedical Optics (2008-)
Associate Editor (2008-)
The Open Plastic and Reconstructive Surgery Journal (2008-)

Editorial Review

Lasers in Medical Science (1996-)
Journal of Biomedical Optics (1999-)
Lasers in Surgery and Medicine (2000-)
Frontiers in Bioscience (2001-)
Archives of Facial Plastic Surgery (2001-)
Otolaryngology- Head and Neck Surgery (2001-)
Applied Optics (2001-)

Laryngoscope (2001-)
Annals of Otology, Rhinology, and Laryngology (2002-)
American Journal of Rhinology (2003-)
Annals of Biomedical Engineering (2003-)
IEEE Transactions on Medical Imaging (2004-)
Optical Engineering (2004-)
Osteoarthritis and Cartilage (2005-)
Optical and Laser Technology (2006-)
Photochemistry and Photobiology (2007-)
Optics Express (2009-)
Head and Neck (2009-)

Grant Review

United States Civilian Research and Development Foundation, Arlington, VA (2000)

National Institutes of Health- Center for Scientific Review SBIR Special Study Session (2001)

National Institutes of Health- Center for Scientific Review -Clinical Oncology Study Session (CONC) 2002

National Institutes of Health- National Institute on Deafness and other Communication Disorders- Special Emphasis Panel (2002)

National Institutes of Health- Center for Scientific Review SBIR Special Study Session (2003)

National Institutes of Health- Center for Scientific Review -Clinical Oncology Study Session (CONC) 2003

National Institutes of Health- National Institute of General Medical Sciences Minority Biomedical Research Program (MPRC) (2003)

United States Civilian Research & Development Foundation, Cooperative Grants Program, Arlington, VA (2003)

National Center for Competence in Research Computer Aided and Image Guided Medical Interventions, Zurich, Switzerland (2004)

National Institutes of Health- Center for Scientific Review Biomedical Imaging Technology (BMIT) Study Section (2005)

National Institutes of Health- Center for Scientific Review Special Emphasis Panel Biomedical Imaging Technology Study Section (2005)

National Institutes of Health- National Institute of General Medical Sciences Minority Biomedical Research Program (MPRC) (2005)

Research Grants Council (RGC) of Hong Kong, Earmarked Research Grant program (ERG) (2006)

National Institutes of Health- Center for Scientific Review, Surgical Sciences, Biomedical Imaging And Bioengineering (SBIB) Study Section (2006)

National Institutes of Health- Center for Scientific Review Special Emphasis Panel Biomedical Imaging Technology and Medical Imaging (2006)

National Institutes of Health- Center for Scientific Review Small Business Medical Imaging (SBMI) Study Section (2007-Feb)

Research Grants Council (RGC) of Hong Kong, Earmarked Research Grant program (ERG) (2007)

National Institutes of Health- Center for Scientific Review Small Business Medical Imaging (SBMI) Study Section (2007-June to *present*)

Raine Medical Research Foundation/Department of Health Western Australia (2007)

Flight Attendant Medical Research Institute Multi-Center Award Review(2007)

Research Grants Council (RGC) of Hong Kong, Earmarked Research Grant program (ERG) (2008)

Flight Attendant Medical Research Institute Peer Review Panel Meeting (2008)

Research Grants Council (RGC) of Hong Kong, Earmarked Research Grant program (ERG) (2009)

National Institutes of Health- Center for Scientific Review Challenge Grant Special Emphasis Panel Review: Musculoskeletal, Oral and Skin Sciences (MOSS) Surgical Sciences, Biomedical Imaging, and Bioengineering (SBIB) (2009)

National Institutes of Health- Center for Scientific Review, Respiratory Sciences Small Business Activities Special Emphasis Panel (ZRG1 RES-C) (2009)

Vanderbilt University IDEAS Competition (2009)

National Sciences and Engineering Research Council of Canada (NSERC) Discovery Grant Reviewer (2009)

The National Medical Research Council (NMRC) is Singapore (2011)

American Society for Laser Medicine and Surgery (ASLMS) Research Grant Committee (2011)

National Institutes of Health- Center for Scientific Review, Respiratory Sciences Small Business Activities Special Emphasis Panel (2011) 05 ZRG1 CVRS-H (11) B

Research Grants Council (RGC) of Hong Kong, Earmarked Research Grant program (ERG) (2011)

Professional Memberships

Head & Neck Optical Diagnostics Society	(founding member)
Triological Society	*Fellow (2007)*
American Academy of Facial Plastic and Reconstructive Surgery	*Fellow (2006)*
Society of University Otolaryngologists- Head and Neck Surgeon	(2005)
American Society for Lasers in Surgery and Medicine	*Fellow (2003)*
American College of Surgeons ("FACS")	*Fellow (2001)*
American Academy of Otolaryngology- Head and Neck Surgery	*Fellow (1998)*
53936	
Biomedical Optics Society	
The International Society for Optical Engineering (SPIE)	
American Academy of Otolaryngic Allergy	

Conference Organization

Association for Research in Otolaryngology, Annual Research Symposium
San Diego, September 1995
conference moderator

International Symposium on Biomedical Optics, San Jose, CA 24-29 Jan 98
Lasers and Optical Technology in Otolaryngology
program committee

International Symposium on Biomedical Optics, San Jose, CA 23-29 Jan 99
Lasers and Optical Technology in Otolaryngology
program committee

International Symposium on Biomedical Optics, San Jose, CA 23-29 Jan 00
Lasers and Optical Technology in Otolaryngology
program committee

American Academy of Otolaryngology- Head and Neck Surgery Annual Research Forum, San Diego, CA September 2002

Conference moderator

International Symposium on Biomedical Optics, San Jose, CA 22-27 Jan 05
Executive Organizing Committee

Triological Society Meeting- Western Section, Las Vegas, NV, 29-31 January 2009
Program Committee

International Symposium on Biomedical Optics, San Francisco, CA January 22-28, 2011
Program Chair for the Photonic Therapeutics and Diagnostics, *organizational lead for 12 conferences in symposium*

3rd Scientific Meeting of the Head and Neck Optical Diagnostics Society, Innsbruck, Austria, 11 May 2011
Program Committee

International Symposium on Biomedical Optics, San Francisco, CA January 21-26, 2012
Program Chair for the Photonic Therapeutics and Diagnostics, *organizational lead for 12 conferences in symposium*

The Triological Society Combined Sectional Meetings Miami, FL January 26-28, 2012
Program Committee

Continuing Medical Education Course Directorships

Eighth Annual UC Irvine Otolaryngology- Clinical Update and Research Symposium, 8 June 2007, Orange, CA
Course Director

The UC Irvine Rhinoplasty Course, Irvine, CA 9-10 June 2007
Course Director

37th Annual Otolaryngology Update
23-26 February 2008, Phoenix, AZ
Co-Course Director

Ninth Annual UC Irvine Otolaryngology- Clinical Update and Research Symposium, 20 June 2008, Orange, CA
Course Director

38th Annual Otolaryngology Update
14-17 February 2009, Rancho Mirage, CA
Course Director

Tenth Annual UC Irvine Otolaryngology- Clinical Update and Research Symposium, 12 June 2009, Orange, CA

Course Director

39th Annual Otolaryngology Update
13-16 February 2010, Indian Wells, CA
Course Director

Eleventh Annual UC Irvine Otolaryngology- Clinical Update and Research Symposium,
18 June 2010, Orange, CA
Course Director

40th Annual Otolaryngology Update
19-22 February 2011, Indian Wells, CA
Course Director

Twelfth Annual UC Irvine Otolaryngology- Clinical Update and Research Symposium,
8 June 2011, Orange, CA
Course Director

41st Annual Otolaryngology Update
18-21 February 2012, La Quinta, CA
Course Director

Session Chairmanships

International Symposium on Biomedical Optics, San Jose, CA 19-26 Jan 01
Lasers and Optical Technology in Otolaryngology

International Symposium on Biomedical Optics, San Jose, CA 19-26 Jan 01
Laser Cartilage Reshaping

International Symposium on Biomedical Optics, San Jose, CA 19-25 Jan 02
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

International Symposium on Biomedical Optics, San Jose, CA 25-31 Jan 03
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

Joint International Laser Conference- American Society for Lasers in Medicine and Surgery, British Medical Laser Association, and the European Laser Association, Edinburgh, Scotland, 21-23 Sep 03
Lasers in Otolaryngology and Dentistry

International Symposium on Biomedical Optics, San Jose, CA 24-31 Jan 04
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

International Symposium on Biomedical Optics, San Jose, CA 22-23 Jan 05
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

American Society for Laser Surgery and Medicine, Annual Meeting, 30 March- 3 April, 05 Orlando, FL
Otolaryngology

International Symposium on Biomedical Optics, San Jose, CA 21-27 Jan 06
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

American Society for Laser Surgery and Medicine, Annual Meeting, 6 -9 April 06 Boston, MA
Otolaryngology

International Symposium on Biomedical Optics, San Jose, CA 20-26 Jan 07
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

International Symposium on Biomedical Optics, San Jose, CA 19-24 Jan 08
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

International Symposium on Biomedical Optics, San Jose, CA 23-28 Jan 09
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

Western Section Triological Society Meeting, Las Vegas, NV 29-13 January 09
Plastics/Aesthetics Session

2nd International Symposium on Hemangiomas and Vascular Malformations of the Head and Neck, Little Rock, AR 9-10 October 2009
Venous/Venular Malformations

International Symposium on Biomedical Optics, San Francisco, CA 23-28 Jan 09
Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

Head and Neck Optical Diagnostics Society 2nd Scientific Meeting in conjuctions with SPIE Photonics West/Biomedical Optics Symposium, 23-24 January 2010, San Francisco, CA

10th International Symposium of Facial Plastic Surgery, American Academy of Facial Plastic and Reconstructive Surgery, Westin Diplomat Resort and Spa, Hollywood, Florida, 28 April to 2 May 2010

Tissue Engineering- Session Chair

New Computer Assisted Innovations in Facial Plastic Surgery-Session Chair

International Symposium on Biomedical Optics, San Francisco, CA 22-27 Jan 2011

Advanced Technology and Instrumentation in Otolaryngology: Lasers, Optics, Radiofrequency and Related Technology

13th IPA World Congress, International Photodynamic Association, Innsbruck, Austria 11 May 2011

Head and Neck Optical Diagnostics II- Session Chair

Courses

Management of Keloids and Hypertrophic Scars, American Academy of Facial Plastic and Reconstructive Surgery, 9th International Symposium of Facial Plastic Surgery, May 1-4, Las Vegas, NV

Laser Training and Certification

Argon, CO_2, KTP (Nd:YAG),Erbium:YAG, Holmium:YAG (instructor)

Additional Employment History (selected)

Design Engineer, Moses Katz and Associates, Los Angeles, California
Street design of pre-planned communities 1987

Teaching Assistant, USC Department of Electrical Engineering, Division of Electrophysics. Taught circuit theory course. 1983

Liaison Engineer, Northrop Aircraft Corporation, Hawthorne, California 1982

Publications

Journal Articles- peer reviewed

J1. **Wong, B.J.F.** ,Mattox, D.E., "The Effects of Polyamines and Polyamine Inhibitors on Rat Sciatic and Facial Nerve Regeneration". Exp. Neurol. 111: 63-6 1991

J2. **Wong, B.J.F.**, Liaw, L-H.L., Neev, J., Berns, M.W. Scanning Electron Microscopy of Otic Capsule and Calvarial Bone Ablated by a Holmium:YAG Laser, Lasers in Medical Science 9: 249-260 1994.

J3. **Wong, B.J.F.**, Passy, V.DiSaia, P., "Metastatic Small Cell Carcinoma to the Masseter Muscle Originating from the Uterine Cervix" ENT Journal. 74: 118-121. 1995

J4. **Wong, B.J.F**, Sung, V., Berns, M.W., Svaasand, L.O., Neev, J. "Holmium:YAG Laser Ablation Characteristics in Calvarial Lamellar and Cortical Bone: The Role of Water and Tissue Micro-Architecture", Lasers in Medical Science, 10:181-188. 1995

J5. **Wong, B.J.F.,** Dickinson, M.R., Berns, M.W., Neev, J. Identification Of Photoacoustic Transients During Pulsed Laser Ablation Of the Human Temporal Bone. J Clinical Laser Medicine and Surgery 14: 385-392. 1996

J6. **Wong, B.J.F.**, Hashisaki, G.T., "Management of the Bloom's Syndrome Patients: Guidelines and Report of a Case", Otolaryngology- Head and Neck Surgery 114: 295-298, 1996

J7. **Wong, B.J.F.,** Lee,J.P., Dickinson, M.R.,Svaasand, L.O., Neev, J.Photothermal Induced Temperature Changes In A Model Inner Ear: A Comparison Of Visible, Infrared, And Ultraviolet Lasers, IEEE Journal of Selected Topics in Quantum Electronics, 3: 951-958, 1996

J8. **Wong, B.J.F**, Neev, J., Lee, J., Hashisaki, G.T., Berns, M.W., "Thermal Imaging of the Temporal Bone in CO2 Laser Surgery: An Experimental Model" Otolaryngology and Head and Neck Surgery, 117:610-5, 1997.

J9. **Wong, B.J.F.**,Neev, J., and van Gemert, M.J.C.Surface Temperature Distributions in CO_2, Argon, and KTP (Nd:YAG) Laser Ablated Otic Capsule and Calvarial Bone, American Journal of Otology, 18: 766-772, 1997.

J10. **Wong, B.J.F**, and Till, J. Video Laryngoscopy with Head Mounted Display.Phonscope, 1: 117-122, 1998

J11. Keschner, D.,**Wong, B.J.F.,** Kelley, T. Transglottic Scleroma, American Journal of Otolaryngology, 19: 407-411, 1998

J12. **Wong, B.J.F.**, Si,M-S., Cho,C., Liaw, L-H.L.,Neev, J., XeCl Laser Surgery of the Vocal Cords: A Histologic Comparison with CO_2 Laser in a Porcine Model, Otolaryngol Head Neck Surg, 118: 371-5, 1998

J13. **Wong, B.J.F.**, Milner, T.E., Kim, H., Nelson, J.S, Sobol, E.N., Stress Relaxation of Porcine Septal Cartilage During Nd:YAG ($\lambda = 1.32$ μm) Laser Irradiation: Mechanical, Optical, and Thermal Responses, Journal of Biomedical Optics, 3:409-14., 1998.

J14. **Wong, B.J.F.**, Milner, T.E., Anvari, B., Sviridov, A., Omel'chenko, A., Bagratashvili, V.V., Sobol, E.N., Nelson, J.S.Measurement of Radiometric Surface Temperature and Integrated Back-Scattered Light Intensity During Feedback Controlled Laser-Assisted Cartilage Reshaping, Lasers Med Sci, 13: 66-72, 1998

J15. Sobol,E.N., A.,Kitai, M., Jones,N, Sviridov, A.P., Milner, T.E., **Wong,B.J.F.,** Heating and structure alterations in cartilage under laser radiation IEEE Journal of Selected Topics in Quantum Electronics, 35: 532-539, 1999

J16. **Wong, B.J.F,** Gibbs, L., Neev, J., and Shanks, J. Measurement of Acoustic Transients During Pulsed Holmium:YAG Laser Ablation of Cadaveric Human Temporal Bone, Lasers in Medical Science 15: 2-5, 2000

J17. **Wong, B.J.F.**,Cervantes, W.,Doyle, K.J., Karamzadeh, A., Boys, P., Brauel, G. Scott, R. The Prevalence of External Auditory Canal Exostoses Among Surfers. Arch Otolaryngol Head Neck Surg. 125:969-972, 1999

J18. **Wong, B.J.F,** Scott, G., Daly, C.R. New Device for Laser- Assisted Uvulopalatoplasty, ENT J., 78: 298-300, 1999

J19. Madsen S.J., Chu E, **Wong, B.J.F,** . The Optical Properties of Porcine Nasal Cartilage. IEEE J Selected Topics in Quantum Electronics 5:112-1133, 1999

J20. **Wong, B.J.F**, Milner T.E., Kim, H.K, Telenkov, S., Chew, C.F., Sobol, E.N., Nelson, J.S.Characterization of Temperature Dependent Biophysical Properties During Laser Mediated Cartilage Reshaping. IEEE J Selected Topics Quantum Electronics 5:1095-1102, 1999

J21. **Wong, B.J.F**, Milner, T.E., Harrington, A., Ro, J., Dao, X., Sobol, E.N., Nelson, J.S. Feedback Controlled Laser Mediated Cartilage Reshaping, Archives of Facial Plastic Surgery 1:282-287, 1999

J22. **Wong, B.J.F**, Milner, T.E., Kim, H.K., Chao, K., Sun, C.-H., Sobol, E.N., Nelson, J.S.. Proteoglycan Synthesis in Porcine Nasal Cartilage Grafts Following Nd:YAG (λ=1.32 μm) Laser Mediated Reshaping. Photochemistry and Photobiology; 71: 218-224, 2000

J23. Larian, B., **Wong, B.**, Crumley, R.L., Moeinolmolki, B., Muranaka, E., Keates, R.H. Facial Trauma and Ocular/Orbital Injury. Journal of Cranio-Maxillofacial Trauma 5: 15-24, 1999

J24. Youn, J-I., Telenkov, S.A., Kim, E., Bhavaraju, N.C., **Wong, B.J.F.**, Valvano, J.W., Milner, T.E., Optical and Thermal Properties of Nasal Septal Cartilage, Lasers in Surgery and Medicine, 27: 119-28, 2000

J25. Karamzadeh, A.M., Rasouli, A., Tanenbaum, B.S. Milner, T.E., Nelson, J.S., **Wong, B.J.F.** Laser-Mediated Cartlage Reshaping With Feedback-Controlled Cryogen Spray Cooling: Biophysical Properties And Viability, Lasers in Surgery and Medicine, 28: 1-10, 2001

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Disclosures and Records of Invention

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D7. Method And Apparatus For Cartilage Reshaping By Radiofrequency Heating, United States Government Department of Energy ID #: S-94256.

D8. Simple Low Cost Device for Obtaining Digital Images of the Ear Through an Otoscope UC Case 2003-166-1

D9. Device for Controlling and Limiting Thermal Injury to Tissue During Thermal Procedures where tissue is simultaneously mechanically deformed UC Case 2003-286-1

D10. Laryngeal Videostroboscopy System, UC Case 2004-295-1

D11. Absorbable Plates for Reconstructive Surgery of Bone and Fracture Treatment, UC Case 2001-360-1

Human Protocols (principal investigator or faculty sponsor)

Wound Healing Studied in Artificial Human Skin, Scars and Keloids (2003-3388)

Anthromometric Analysis of the Ethnic Face (2004-3993)
Amir Karamzadeh, MD (resident)

Wound Healing Stuides in Artificial Human Skin, Scars, and Keloids (2003-3388)
Lynn Chiu (medical student)

Near Infrared Optical Coherence Tomography of the Larynx (2003-3025)

Optimization of Laser Mediated Cartilage Reshaping (2003-2827)

Study Of Human Keloid Fibroblasts In Tissue Engineered Structures (2002-2602)- with
Behrooz Torkian, MD (resident)

Near-Infrared Transillumination of the Paranasal Sinuses (2002-2672)-

Prospective Evaluation of Laser-Assisted Septoplasty (2000-1203)- *inactive*

Survey Nasopharyngeal Carcinoma in Orange County (2000-1049)

Optimization of Laser Mediated Cartilage Reshaping (98-494)

Spectroscopy of Head and Neck Tumors (98-411)- *inactive*

Thermal Imaging of the Temporal Bone in CO_2 Laser Surgery (96-194) *inactive*

Detection of Pseudomonas Aeruginosa in Bronchial Alveolar Lavage Fluid by Autofluorescence (93-425) *inactive*

Optical Imaging of the Paranasal Sinsuses (93-423) *inactive*

Detection of Pseudomonas Aeruginosa in Chronic Otitits Media by Autofluorescence (93-413)- *inactive*

Human Protocols (co- investigator)

A Novel Method for Measuring Ciliary Beat Frequency in Human Nasal Epithelium (98-477)

Dynamic Epidermal Cooling During Pulsed Laser Treatment of Port Wine Stain and Facial Rhytides (94-200)

Animal Protocols (principal investigator)

Optical Coherence Tomography: A Novel Modality for Imaging the Cochlea (2000-2161)

Optimization of Laser Mediated Cartilage Reshaping (98-2024)

Reshaping of Trachea Using a New Zealand White Rabbit (Orchytolagus Cuniculus) Model (2004-2553)

University & Public Service-During Review Period

University

Team Physician, UC Irvine inter-collegiate athletics (men and women) (2000-)
Space Resource Allocation Advisory Committee (SRAAC), UCI Senate

College of Medicine:

College of Medicine Admissions Interview Committee (1998-1999, 2001-)

College of Medicine, Surgical Instrumentation Laboratory- ad hoc committee

College of Medicine Representative Assembly (2000-)

College of Medicine, Medical Scientist Training Program Interview Committee (2002-)

Strategic Planning for Assistant Professors (SPAP) Committee (2003-)

Faculty Search Committee, Department of Medicine, Division of Hematology (2005)

Chao Family Comprehensive Cancer Center, Member (2006-)

Medical Scientist Training Program Interview Committee (2005-)

Academic Resources Advisory Council (ARAC) (2006-)

Chairmanship Search Committee, Department of Otolaryngology (2009)

Department of Otolaryngology:

Department of Otolaryngology Resident Research Committee (1998-)
Chair 2001-

Department of Biomedical Engineering, Graduate Education Committee (2000-)

Director, Surgical Device Laboratory, Department of Otolaryngology- Head and Neck Surgery (2000-)

Department of Otolaryngology Executive Committee (2004-)

Associate Director, Facial Plastic Surgery Program (2006-2007)

Chief, Division of Facial Plastic Surgery Program (2007-)

Director, Facial Plastic Surgery Fellowship (2007-)

Beckman Laser Institute:

Technology Transfer Committee Member (2004-)

Budget and Planning Committee Member (2004-)

Community

Team Physician, Concordia University (men and women) (2000-)
Oxford University Society, Los Angeles Chapter (member)
Cardinal and Gold Athletic Support Group University of Southern California

Organizational Service

New Technologies and Devices Committee, American Academy of Facial Plastic and Reconstructive Surgery

Board of Directors, American Society for Lasers in Medicine and Surgery (2004-2007)

American Board of Otolaryngology
Examiner (2004, 2005, 2007)
Senior Examiner (2009-)

Council Member (Board), Head and Neck Optical Diagnostics Society (2008-2011)

American Society for Laser Medicine and Surgery (2008-2009)

Nominating Committee

Triological Society- Western Section (2009-1010)
Nominating Committee

Chairman (President), Head and Neck Optical Diagnostics Society (2011-2013)

Invited Presentations

T1. *Laser-Tissue Interactions in Otologic Hard Tissues: Thermal Imaging In Ear* Surgery **Los Angeles County Otolaryngology-Head and Neck Surgery Society,** April 1994

T2. *Laser-Tissue Interactions in Otologic Hard Tissues,* **Los Alamos National Laboratory-Applied Theoretical Physics Division** September 12, 1994

T3. *Laser Surgery of Hard Tissue*, **Orange County Surgical Society** October 27, 1994

T4. *Lasers and Other New Technologies in Turbinate Management*, **Recent Advances in the Management of Rhinitis and Sinusitis** April 20, 1996. Orange CA

T5. *Optical Diagnostic Method for Laser Assisted Cartilage Reshaping*, **American Society for Laser Medicine and Surgery** Annual Meeting 3-7 April, 1998, San Diego, CA

T6. *Laser Mediated Cartilage Reshaping*, **Institute of Electrical and Electronic Engineers-Lasers and Electro-Optics Society** 11 th Annual Meeting, 4 December 1998, Orlando, FL

T7. *Feedback Controlled Cartilage Reshaping,* **University of Southern California, Department of Biomedical Engineering,** Graduate Seminar, 8 December 1998, Los Angeles, CA

T8. *Laser Thermal Shaping of Cartilage Implants*, **The Engineering Foundation,** Conference on Advances in Optics for Biotechnology, Medicine, and Surgery, 1-6 August, 1999, Kona, Hawaii

T9. *Laser Applications in Otorhinolaryngology*, **The Society of Otorhinolaryngology and Head-Neck Surgery Nurses**, 23rd Annual Congress and Nursing Symposium, 29 September, 1999, New Orleans, LA

T10. *Photothermal Acceleration of Stress Relaxation in Cartilage*, **The Biomedical Engineering Program, School of Engineering, UC Irvine** 10 February 2000

T11. *Otolaryngology- Head and Neck Surgery: An Overview for the Clinician Scientists.* **UC Irvine MD-PhD Student Colloquim**, 16 October 2000

T12. *Cartilage Reshaping*, **Laser Welding Symposium,** Biomedical Optics Society 19-26 January 2000, San Jose, CA

T13. *Radiosurgery*, **Head and Neck Surgery Symposium, Southern California Kaiser Permanente Medical Group,** 19 March 2001, Anaheim, CA

T14. *Lasers and Optical Technologies in Otolaryngology*, **Head and Neck Surgery Symposium, Southern California Kaiser Permanente Medical Group,** 19 March 2001, Anaheim, CA

T15. *Laser Cartilage Reshaping*, Royal Adelaide Hospital, Adelaide, South Australia, January 2002

T16. *Lasers and Cartilage: Reshaping, Growth, and Proliferation*, Young Investigator Award Presentation, **American Society for Lasers Medicine and Surgery, Annual Meeting,** 14 April 2002, Atlanta, GA

T17. *Sub-Ablative Laser Tissue Interactions in Cartilage Reshaping, Growth, and Proliferation*, **Institut National de la Sante' et de la Recherche Medicale** (INSERM), 29 April 2002, Lille, France

T18. *Lasers in Surgery*, Grand Rounds, **Santa Rosa Memorial Hospital**, Santa Rosa, CA 17 January 2003

T19. *Laser Cartilage Reshaping*, Joint International Laser Conference **American Society for Laser Medicine and Surgery, British Medical Laser Association, and European Laser Association**, 22 September 2003, Edinburgh, Scotland

T20. *In Vivo OCT Imaging of the Laryngeal Cancer*, **Aero-Digestive Oncology Retreat, Chao Family Clinical Cancer Center**, University of California Irvine, 16 October 2003 Balboa Bay Club, Newport Beach, CA

T21. *Lasers in Otolaryngology- Head and Neck Surgery*, Grand Rounds, **Department of Otolaryngology- Head and Neck Surgery, University of Texas Health Sciences Center San Antonio**, 21 October 2003, San Antonio, TX

T22. *Emerging Optical Technologies in Otolaryngology- Head and Neck Surgery,* **San Antonio Society for Otolaryngology- Head and Neck Surgery**, 21 October 2003, San Antonio, TX

T23. *Laser Cartilage Reshaping*, **College of Engineering, University of California, Davis**, 9 February 2004, Davis, CA

T24. *Optical Coherence Tomography and its Clinical Application to the Aerodigestive Tract*, **San Antonio Biophotonics Symposium, University of Texas Health Sciences Center San Antonio**, 27 February 2004, San Antonio, TX

T25. *Modulation of Wound Healing and Scar Using Photodynamic Therapy* **Institute of Electrical and Electronics Engineers- Lasers and Electro-Optics Society** (IEEE-LEOS) Summer Topicals Conference 2004, 28-30 June 2004, San Diego, CA

T26. *Photodynamic Therapy Modulates Wound Healing in Keloid Tumors,* **Engineering Conferences International**, Light Activated Tissue Regeneration and Therapy I, 23 August 2004, Kailua-Kona, HI

T27. *Effects of Lower Power Irradiation on Cartilage Tissue,* **Engineering Conferences International**, Light Activated Tissue Regeneration and Therapy I, 25 August 2004, Kailua-Kona, HI

T28. *The Thermoforming and Electroforming of Cartilage Tissues,* **Department of Bioengineering, University of California San Diego**, 15 September 2004, La Jolla, CA

T29. *Reshaping Cartilage: from the Lab Bench to the Bedside,* **Department of Otolaryngology- Head and Neck Surgery, Kansas University Medical Center**, 22 October 2004, Kansas City, KS

T30. *Nasal Fractures Physiology, Diagnosis, and Treatment,* **Sports Medicine Program, Concordia University**, 15 November 2004, Irvine, CA

T31. *Cartilage Reshaping and Regeneration,* Medical Free Electron Laser Program Workshop, **Wellman Laboratories of Photomedicine, Massachusetts General Hospital, Harvard Medical School**, 6 December 2004, Boston, MA

T32. *Facial Fractures Physiology, Diagnosis, and Treatment,* **Sports Medicine Program, Department of Athletics, UC Irvine**, 8 March 2005, Irvine, CA

T33. *Potential Laser Applications in Rhinoplasty,* Annual Meeting, **Annual Meeting American Society for Laser Medicine and Surgery**, 1 April 2005, Lake Buena Vista, FL

T34. *Laser Cartilage Reshaping and Regeneration,* **Medical Free Electron Laser Program Workshop, Air Force Office of Scientific Research, Clark Center, Stanford University**, 14 September 2005, Stanford, CA T34.

T35. *The Basics of Laser-Tissue Interactions in Otolaryngology*, Mid - **Winter Meeting - Oregon Academy of Otolaryngology-Head and Neck Surgery, Inc. / Oregon Health Sciences University Department of Otolaryngology** 18 February 2006 Timberline, Oregon

T36. *Emerging Optical Technologies in Otolaryngology- Head and Neck Surgery*, **Mid - Winter Meeting – Oregon Academy of Otolaryngology-Head and Neck Surgery, Inc. / Oregon Health Sciences University Department of Otolaryngology** 19 February 2006 Timberline, Oregon

T37. *Wither Surgery? The Eighty Hour Work Week,* **Alpha Omega Alpha**, University of California Irvine Chapter, 27 April 2006, Irvine, CA

T38. *The Science Behind Keloids and the Future of Therapy,* **Ninth International Symposium of Facial Plastic Surgery, American Academy of Facial Plastic and Reconstructive Surgery**, 1 May 2006, Mandalay Bay, Las Vegas, NV

T39. *Biophotonics in Medicine and Surgery,* **51st Annual Meeting of the Plastic Surgery Research Council**, 17 May 2006, Dana Point, CA

T40. *Hispanic Rhinoplasty,* **Annual Meeting, Department of Otolaryngology- Head and Neck Surgery, Kansas University Medical Center**, 2 June 2006, Kansas City, KS

T41. *Vascular Malformations of the Head and Neck: Step by Step Work Up,* **The Eighth Annual, UC Irvine Otolaryngology Clinical Update and Research Symposium**, Department of Otolaryngology- Head and Neck Surgery. UC Irvine 8 June 2007, Orange, CA

T42. *Surgical Anatomy for Rhinoplasty*, **Rhinoplasty Course, The Department of Otolaryngology Head and Neck Surgery University of California Irvine**, 9 June 2007, Irvine, CA

T43. *Functional Rhinoplasty-* **Rhinoplasty Course, The Department of Otolaryngology Head and Neck Surgery University of California Irvine**, 10 June 2007, Irvine, CA

T44. *Optical Therapeutics in Cartilage for the Treatment of Traumatic Injuries in the Head, Neck, and Airway,* Medical Free Electron Laser Program Workshop, **Air Force Office of Scientific Research**, 9 August 2007, Irvine, CA

T45. *Zygomaticomaxillary Complex, Orbital and Le Fort Fractures.* **The Division of Otolaryngology-Head and Neck Surgery, University of California, San Diego** Surgical Dissection Workshop August 10, 2007, La Jolla, CA

T46. *Functional Rhinoplasty* ***The 37th Annual Otolaryngology Updates Course, the Otolaryngology Research Foundation****, Phoenix, AZ 25 February 2008*

T47. *Laser in Surgery and Medicine.* **Citrus Valley Medical Center**, Covina, CA, 6 May 2008

T48. *Early Diagnosis of Laryngeal Cancer using Optical Coherence Tomography*, **Flight Attendant Medical Research Institute**, Boston, MA 14 May 2008

T49. *Lasers in Otolaryngology.* ***The Department of Otolaryngology- Head and Neck Surgery, Boston University,*** *14 May 2008, Boston, MA*

T50. *Facial Trauma and Injury* **John F. Kennedy Memorial Hospital**, Indio, CA 11 June 2008

T51. *Orbital Fractures: Tips, Tricks, Endoscopes and Resorbable Plates,* **The Ninth Annual, UC Irvine Otolaryngology Clinical Update and Research Symposium**, Department of Otolaryngology- Head and Neck Surgery. UC Irvine 20 June 2008, Orange, CA

T52. *Lasers in Otolaryngology* **Irvine Regional Medical Center**, Irvine, CA 25 June 2008

T53. *Lasers in Surgery and Medicine.* **Temple Community Hospital**, Los Angeles, CA, 20 January 2009

T54. *Triological Society Thesis Presentation: Evolving Attractive Faces Using Morphing Technology and Genetic Algorithms: A New Approach to Determining Ideal Facial Aesthetics.* **Western Section Triological Society Annual Meeting**, Las Vegas, NV 31 January 2009

T55. *Trends in Rhinoplasty and Case Studies*, **Western Section Triological Society Annual Meeting**, Las Vegas, NV 31 January 2009

T56. *Cartilage Grafts in Open Structure Rhinoplasty*, **2009 Otolaryngology Updates**, *Department of Otolaryngology- Head and Neck Surgery, UC Irvine, Rancho Mirage, CA 16 February 2009*

T57. *Management of Facial Trauma in Athletes*, **Athletic Training Program, Concordia University**, Irvine, CA 25 February 2009

T58. *The clinical application of optical coherence tomography in the head and neck*, **The Head and Neck Optical Diagnostics Society Meeting**, London, United Kingdom, 14 March 2009

T59. *Laser Treatment of HHT,* **2nd International Symposium on Hemangiomas and Vascular Malformations of the Head and Neck**, Little Rock, AR 9-10 October 2009

T60. *Functional Rhinoplasty, the Septum, and the Nasal Valve,* ***Combined Section Meetings, Triological Society Annual Meeting****, Orlando, FL 6 February 2010*

T61. *Maintaining Nasal Tip Projection*, **2010 Otolaryngology Updates**, *Department of Otolaryngology- Head and Neck Surgery, UC Irvine, Indian Wells, CA 13 February 2010*

T62. *Getting Started with Fat Grafting*, **2010 Otolaryngology Updates**, *Department of Otolaryngology- Head and Neck Surgery, UC Irvine, Indian Wells, CA 16 February 2010*

T63. *Endoscopy,* **The International Workshop on Bioimaging Technologies for Enchanced Healthcare**, *University of British Columbia, Vancouver, BC 24 April 2010*

T64. *Reshaping The Face: Re-engineering Cartilage In Vivo*, **10th International Symposium of Facial Plastic Surgery**, American Academy of Facial Plastic and Reconstructive Surgery, Westin Diplomat Resort and Spa, Hollywood, Florida, 28 April 2010

T65. *Advances in Optical Imaging of the Skin and Superficial Tissues*, **10th International Symposium of Facial Plastic Surgery**, American Academy of Facial Plastic and Reconstructive Surgery, Westin Diplomat Resort and Spa, Hollywood, Florida, 2 May 2010

T66. *What's New in Facial Plastic Surgery*, **The Triological Society Combined Sections Meeting**, Westin Kierland Resort, Scottsdale, Arizona 27 January 2011

T67. *OCT Applications in the Studies of Glottic Functions and Voice*, **Bioengineering Applications in Performing Arts and Entertainment Industry Conference (BAIPAEIC) & XIX Pacific Voice Conference (PVC): Safety, Efficiency & Health on Stage**, Santa Clara University, Santa Clara, CA 22 April 2011

T68. *Dynamic Imaging of the Larynx Using Optical Coherence Tomography*, **13th IPA Word Congress, International Photodynamic Association**, Innsbruck, Austria 11 May 2011

T69. *Optical Coherence Tomography in the Child with Upper Airway Obstruction,* **Annual International Conference of the American Thoracic Society**, Denver, CO, 17 May 2011

T70. R*ib Cartilage in Rhinoplasty and Nasal Reconstruction* **The Twelth Annual, UC Irvine Otolaryngology Clinical Update and Research Symposium**, Department of Otolaryngology- Head and Neck Surgery. UC Irvine 10 June 2011, Orange CA

T71. *Nasal Airway Obstruction: Functional Rhinoplasty, Septoplasty, and Turbinate Reduction*, **Primary Care Meets Surgical Subspecialty Care – Partners in the Healing Process**, UC Irvine School of Medicine Saturday, June 11, 2011

Presentations (as speaker)

t1. **University of California, Irvine- Otolaryngology Grand Rounds** 1993- *Ma*nagement of the Unknown Primary, Otosclerosis, *Management of Paranasal* Sinus Malignancy, *Benign Diseases of the True Vocal Folds* Basic Anatomy, Pathogenesis,and Management, *Pathology of Mal*ignant Salivary Gland Neoplasms, Nerve Regeneration, Orbital and Ocular Trauma, Segmental Tracheal Resections, *Surgical Resection* of Oropharyngeal Malignancies, Juvenile Nasoangiofibroma, *Managemen*t of Pharyngocutaneous Fistula, Cancer of the Ear, Thyroplasty, *Epistaxis*, Lasers in Otolaryngology

t2. Small Cell Carcinoma Metastatic to the Masseter Muscle Originating from the Uterine Cervix**American College of Surgeons**- Annual Meetting, Santa Barbara, CA, January 1993

t3. Mucoepidermoid Carcinoma of the Larynx, Case Report and Review of Laryngeal Seromucous Cancers.**American College of Surgeons**- Annual Meetting, Newport Beach, CA January 1994

t4. Holmium-YAG Laser Tissue-Interactions in Otic Capsule, Calvarial, and Lamellar Bone: Ablation Rates, Thermal Characteristic, and Histologic Correlates"**Pacific Coast Otologic-Ophthalmologic Conference,** June 1994

t5. Surface Characteristics of Argon Laser Ablated Bone in the Presence and Absence of an Initiatior**Photonics West '95/ BiOS '95- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 4-10 February 1995

t6. Surface Characterization of Laser Ablated Hard Tissue: A Comparison of Scanning White Light Interferometry and Electron Microscopy, **Photonics West '95/ BiOS '95- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 4-10 February 1995

t7. Pulsed Infrared Laser Ablation Rates and Characteristics in Otic Capsule **Photonics West '95/ BiOS '95- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 4-10 February 1995

t8. Thermal Characteristics of CO2, Argon, and KTP (Nd:YAG) Ablated Bone, **Photonics West '95/ BiOS '95- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 4-10 February 1995

t9. Head Mounted Display (HMD) for Use in Functional Endoscopic Sinus Surgery, **Photonics West '95/ BiOS '95- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 4-10 February 1995

t10. Photothermal Induced Temperature Changes In A Model Inner Ear: A Comparison

Of Visible, Infrared, And Ultraviolet Lasers, **American Society for Laser Medicine and Surgery** Annual Meeting 2-4 April, 1995, San Diego

t11. Identification Of Photoacoustic Transients During Pulsed Laser Ablation Of the Human Temporal Bone, **American Otological Society** 128th Annual Meeting April 29-30, 1995. Palm Desert, CA

t12. Laser-Tissue Interactions in the Porcine Otic Capsule Tissue Model **BiOS Europe '95-** The European Laser Association and the Biomedical Optics Society, September 12-16, 1995, Barcelona, Spain

t13. Considerations in Head Mounted Display Design for Functional Endoscopic Sinus Surgery **BiOS Europe '95-** The European Laser Association and the Biomedical Optics Society, September 12-16, 1995, Barcelona, Spain

t14. Thermo-optical and Mechanical Properties of Cartilage During Feedback Controlled Laser-Assisted Cartilage Shaping, **Photonics West '97/ BiOS '97- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 8-14 February 1997

t15. Acoustic Measurements During Holmium:YAG Laser Ablation of Cadaveric Human Temporal Bone: Preliminary Observations, **Photonics West '97/ BiOS '97- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 8-14 February 1997

t16. Thermo-Optical And Mechanical Properties Of Cartilage During Feedback Controlled Laser-Assisted Reshaping, **American Society for Laser Medicine and Surgery** Annual Meeting 3-6 April, 1997, Phoenix, AZ

t17. Double Free Flap Reconstruction of the Head and Neck following Major Oromandibular and Oropharyngeal Cancer Surgery, **American Society for Head and Neck Surgery** 39th Annual Meeting, May 11-13, 1997, Scottsdale, AZ

t18. Thermo-Optical and Mechanical Response of Cartilage to Laser Irradiation, **Medical Free Electron Laser Program Contractor's Meeting**, Hansen Experimental Physics Laboratory, Stanford University 16-17 May 1997, Stanford, CA

t19. Critical Temperature Transitions in Laser Mediated Cartilage Reshaping, **Photonics West '98/ BiOS '98- Biomedical Optics-** Society of Photo-Optical Instrumentation Engineers, San Jose, CA 31 January - 6 February 1998

t20. Phase Transformations during Laser Mediated Cartilage Reshaping, **Medical Free Electron Laser Program Contractor's Meeting**, Massachusetts Institute of Technology 11- 12 June 1998, Boston, MA

t21. Optical Coherence Tomography of the Rat Cochlea: Preliminary Investigations,

Photonics West '98/ BiOS '98- Biomedical Optics- Society of Photo-Optical Instrumentation Engineers, San Jose, CA 23 January 1999

t22. Feedback Controlled Laser Mediated Cartilage Reshaping, **Southern California Biomedical Optics Society**, Irvine, CA 22 April 99

t23. The Porcine and Lagomorph Septal Cartilages: Models for Tissue Engineering and Morphologic Cartilage Research, **American Rhinologic Society, Annual Spring Meeting**, 15 May 200, Orlando, FL

t24. Laser Mediated Cartilage Reshaping- "An Overview", **American Academy of Facial Plastic and Reconstructive Surgery, Spring Meeting**, 14 May 2000, Orlando, FL

t25. Imaging the Internal Structure of the Rat Cochlea Using Optical Coherence Tomography at 0.827 nm and 1.3 μm, **Western Section of the American Laryngological, Rhinological, and Otological Society**, 7 January 2001, Carlsbad, CA

t26. Laser-Septo Chondro-Correction, **American Academy of Facial Plastic and Reconstructive Surgery, Spring Meeting**, 12 May 2001, Palm Desert, CA (with Emil Sobol)

t27. The Use of Preserved Autogenous Septal Cartilage in the "Touch Up Rhinoplasty": Clinical Experience and A Review of the Literature, **American Academy of Facial Plastic and Reconstructive Surgery, Spring Meeting**, 12 May 2001, Palm Desert, CA

t28. In vivo imaging of the Guinea Pig Cochlea using Optical Coherence Tomography, **American Otological Society** 134th Annual Meeting, 12 May 2001. Palm Desert, CA

t29. Cartilage Reshaping: Prospects for the Future, **American Rhinologic Society** Spring Meeting, 14 May 2001, Palm Desert, CA

t30. In Vivo Optical Coherence Tomography of the Human Larynx: Normative and Benign Pathology in 82 Patients. **Triological Society, 108th Annual Meeting**, 16 May 2005, Boca Raton, FL

Teaching

Residents

Facial Plastic Surgery Conference coordinator (1996-1997, 2006)

Otolaryngology Grand Rounds (1996-present)

Otolaryngology Residents Instruction (1996- present)

Otolaryngology Resident Research Rotation (1996- present)

Sinus Surgery Dissection Course with Heinz Stammberger (visiting Prof) Feb 2009

Medical Students

Otolaryngology Research Elective (Medicine 699-S) (1996-present)

Advanced 4th Year Medicine Surgical Rotation (Medicine 526 (IV)) (1996-present)

Surgical Selective Clerkship Rotation (Medicine 526 (III)) (1996-present)

Patient/Doctor II (Medicine 519 A-B-C) (1996-present)s

Clinical Correlation Lecture: Rhinoplasty and Nasal Anatomy (2004-present)

Graduate Students

Course Director Introduction to Clinical Medicine for Biomedical Engineers (ENG 240) (2001- present)

Undergraduates

Lecturer, Photomedicine Course (BioSci130) (1998-present)

Lecturer, Photomedicine Course (BME 1) (2003-present)

Undergraduate Directed Research supervisor (BioSci 199) (1995-present)

Undergraduate Directed Research supervisor (BME 199) (2002-present)

Freshman Seminar Spring (Uni Stu 3) *The Changing Face of Beauty in the Age of Extreme Makeovers* (2005- present)

Undergraduate Directed Research supervisor (BioSci 199) (1995-present)

Consultant for student design teams for engineering design course (E-4), Harvey Mudd College, Claremont, CA (1998- present)

Advisement of Students, Residents, and Post-doctoral Fellows

Post-doctoral Fellows

Sergio Diaz, PhD	September 2000- April 2001
Dmitry Protsenko, PhD	August 2002-
Shuguang Guo, Ph.D.	September 2003- (with Zhongping Chen, Ph.D.)
James M. Ridgway, M.D.	July 2004- June 2005
Yong-Seok Chae, PhD	September 2005-August 2008
David Vokes, FRACS	July 2005- July 2006
Ryan McGaughey, PhD	January 2007- January 2009
Majestic Tam, MBBS	July 2007- January 2008
Ling-Feng Yu, PhD	January 2008- October 2009
Marc Rubinstein, MD	July 2008-
Sucbei Moon, Ph.D.	September October 2009-
Anthony Chin Loy, MD	July 2011-

Clinical Fellows

Alicia Sanderson, MD	July 2007-June 2008 Walter Reed Medical Center, Bethesda, MD
Omar Husein, MD	July 2007- June 2008 Private Practice, Spokane, WA Sir Harold Delf Gillies Award (American and Academy of Facial Plastic and Reconstructive Surgery)
Michael Rodriguez, MD	July 2008- June 2009 Private Practice, Miami, FL
Eugene A. Chu, MD	July 2009- June 2010 Kaiser Permanente, Bellflower, CA

	Sir Harold Delf Gillies Award (American and Academy of Facial Plastic and Reconstructive Surgery)
Alexis Furze, MD	July 2010- June 2011
Lynn L. Chiu, MD	July 2011-

Research Specialists

Ryan Jackson, MS	August 2003- August 2004 MD-PhD Program Medicine and Electrical Engineering Stanford University
Enrique Camacho, BS	January 2004- NIH-NIDCD post baccalaureate minority research fellowship
River Hutchison, BS	June 2004- January 2005 Physics PhD Program, Montana State University
Jorge Perez, BS	June 2004- May 2008
Cara Chelbicki, BS	December 2006-September 2010
Cyrus Manuel, BS	July 2007-
Marc Rubinstein, MD	July 2008-
Ashley Hamamoto, BS	October 2010-
Arya Saidi, BS	January 2011- May 2011
Alex Wang, BS	August 2011-

Graduate Students

Advisor

Yong-Seok Chae, Ph.D.	(June 2000-June 2005)

Supervisor

Randy Wei	student (summer 2004)

Eugenia Jantzen	graduate student, Moscow State University (Summer 2004, 2005)

Committee Member

Jong-In Youn, Ph.D.	Department of Biomedical Engineering University of Texas at Austin Awarded 2003 Principal Advisor: Thomas E. Milner, Ph.D.
Yaomin Lin, M.S.	Department of Electrical and Computer Engineering University of California Irvine Awarded 2004 Principal Advisor: Frank G. Shi, Ph.D.
Lindsey VanSchoiack, M.S.	Department of Biomedical Engineering University of California Irvine Principal Advisor: James Earthman, Ph.D.

Residents (supervised on research rotations)

Name	Grad Year	Current Status
Clifford Chew, MD	00	Otolaryngology, private practice, San Francisco, CA
Timothy Kuo, MD	00	Otolaryngology, Fellowship, Facial Plastic Surgery, The Lasky Clinic, Beverly Hills, CA/ UCLA affiliate Private Practice, Seattle, WA
Ryan Gallivan, MD	01	Otolaryngology Fellowship, Cleveland Clinic Private Practice, Bend , OR
Frank Sutton, MD	-	Otolaryngology, anesthesia residency, UT Southwestern
Michael Keefe, MD	02	Otolaryngology Private Practice, Kaiser Permanente, Anaheim
John Chang, MD	03	Otolaryngology Private Practice, Marshfield Clinic Eau Claire, WI
Behrooz Torkian, MD	05	Otolaryngology, Fellowship, Facial Plastic Surgery, UC Irvine
Amir M. Karamzadeh, MD	06	Otolaryngology Residency AMA Foundation Seed Grant Research Award 2004 Resident Research Grant, American Academy of Facial Plastic and Reconstructive Surgery 2004 Fellowship, UC Irvine
Hausin Wong, MD	06	Otolaryngology Residency AMA Foundation Seed Grant Research Award 2005

		Fellowship, Children's Hospital of Chicago
Michael Chao, MD	07	Otolaryngology Residency Private Practice, Philadephia, PA
Alice Lee, MD	08	Otolaryngology Residency Otology-Neuro-otology Fellowship, Michigan Ear Institute
James M. Ridgway, MD	09	Otolaryngology Residency Best Clinical Paper, American Head and Neck Surgical Society 2005 Shirley Baron Award, The Triologic Society - Outstanding Research Manuscript 2007 Travel Award American Society for Lasers in Medicine - 2007 Seymour Cohen Award, American Broncho-Esophagological Association for Outstanding Research Manuscript – 2007 Facial Plastic Surgery Fellowship, University of Washington
Paul Holden, MD	09	Otolaryngology Residency Facial Plastic Surgery Fellowship, Indiana University Private Practice, Scottsdale
Ali Sepehr, MD	09	Otolaryngology Residency Facial Plastic Surgery Fellowship, University of Toronto Private Practice, Irvine
Esther Fine, MD	10	Otolaryngology Residency Kaiser Permanente, Modesto CA
Rohit Garg, MD	11	Otolaryngology Residency Fellowship, Rhinology, Kaiser Permanente, Irvine
Davin Chark, MD	12	Otolaryngology Residency
Jonathan Boyd, MD	13	Otolaryngology Residency
Sepehr Olieai, MD	13	Otolaryngology Residency
Christian Conderman, MD	14	Otolaryngology Residency
Jennifer Lin, MD	14	Otolaryngology Residency
Amy Yau, MD	14	Otolaryngology Residency

Medical Students (supervised on research electives)

Matthew Katz, MD
New York Medical College '99
General Surgery Residency, UCSD

Kenneth Chao, MD
University of Texas at San Antonio School of Medicine '01
Whitaker Foundation Biomedical Engineering Research Training Fellowship 2000
Alpha Omega Alpha Student Research Fellowship 2001 (National)
Radiation Oncology Residency, William Beaumont Hospital, Royal Oak, Michigan

Joon Choi, MD
University of Rochester School of Medicine '01
Received Joel Noe Award Award 1999 American Society for Lasers in Medicine and Surgery (National)
Research Fellow, Department of Plastic Surgery, UCLA 2000-2001
Integrated Plastic Surgery Residency Program, University of Michigan

Amir Karamzadeh, MD
UCI School of Medicine '01
UCI Dean's Office Summer Research Fellowship 1998
Alpha Omega Alpha Student Research Fellowship 1999 (National)
J. Gordon Hatfield Award for Excellence in Surgery 2001
Otolaryngology Residency, UC Irvine

Alexandre Rasouli. MD
UCI School of Medicine '02
NIH Research Training Fellowship (T35 GM08630-03) 1999
Whitaker Foundation Biomedical Engineering Research Training Fellowship 2000
Orthopedic Surgery Residency, UC Irvine

Eugene Chu, MD
UCSF School of Medicine '03
Otolaryngology Residency, Johns Hopkins University

Charlton Kim, MD
Yale University School of Medicine '03
Thesis: Novel Applications of Two-Photon Microscopy in Biomedicine
Internal Medicine Residency, UCLA

Mark Goan, MD
Tulane University School of Medicine '02
General Surgery Residency, Cedars-Sinai Los Angeles

Maithy Truong, MD
UCI School of Medicine '03
UCI Dean's Office Summer Research Fellowship 2000
American Medical Association Student Research Grant 2001 (National)

UCI Dean's Award for Best Research Project 2001
Otolaryngology Residency, Stanford University

Mark Yamaguchi, MD
Creighton University School of Medicine '02
Anesthesiology Residency, University of Illinois in Chicago

Chris Bergeron, MD UCI School of Medicine '02
Otolaryngology Residency, University of Southern California
Otolaryngology Residency, Stanford University

Michael Chao, MD UCI School of Medicine '02
Otolaryngology Residency, UC Irvine

John Nguyen, MD, MBA
UCI School of Medicine '03
UCI Graduate School of Management (MBA-MD program)
Otolaryngology Residency, University of Southern California

Kevin Ho, MD UCI School of Medicine '05
Whitaker Foundation Biomedical Engineering Research Training Fellowship 2002
UCI Dean's Office Summer Research Fellowship 2002
UCI Dean's Office Best Summer Research Project Award 2003
Pacific Coast Oto-Ophthalmologic Society Resident Manuscript Award 2003
Nathan Weinstein Memorial Research Award 2004
Otolaryngology Residency, University of Texas Medical Branch Galveston
Graduation with Distinction in Research UC Irvine

Rodney Engel, MD Albert Einstein College of Medicine of Yeshiva University '05
Internal Medicine Residency, Mayo Clinic, Scottsdale, AZ

Lynn Chiu, MD UCI School of Medicine '05
Recipient NSF Fellowship for study in Taipei, Taiwan (2002)
UCI Dean's Office Summer Research Fellowship 2002
American Society for Lasers in Surgery and Medicine Travel Award (2003)
American Society for Lasers in Surgery and Medicine Student Research Grant (2003) *National Award*
Alpha Omega Alpha Student Research Fellowship (2003) *National Award*
UCI Vincent P Carroll Jr. Memorial Research Award (2003)
American Medical Association Medical Student Poster Award (2003)
Otolaryngology Residency, University of Washington

David Hay, MD St. Louis University School of Medicine '05

Reza Dehdari, MD University of Miami School of Medicine '06
Radiology Residency, Mt Sinai, Miami, FL

Anthony Lam, MD UCI School of Medicine '06
UCI Dean's Office Summer Research Fellowship 2003
Obstetrics and Gynecology Residency, UNLV

Michael Brewer, MD UCI School of Medicine '06
UCI Dean's Office Summer Research Fellowship 2003
American Society for Lasers in Surgery and Medicine Travel Award 2004

Walter Y. Tsang, MD UCI School of Medicine '07
UCI Dean's Office Summer Research Fellowship 2004
Whitaker Foundation Biomedical Engineering Research Training Fellowship 2004

Megan Boysen, MD UCI School of Medicine '07
UCI Dean's Office Summer Research Fellowship 2004

Usama Mahmood, MD
UCI School of Medicine '06
Mentored Medical Student Clinical Research Research Fellowship
UCI Nathan Weinstein Memorial Research Award (2005)
Radiation Oncology Residency, University of Maryland

Randy Wei UCI School of Medicine '10- MSTP program

Meghann Kaiser, MD
UCI School of Medicine '06
Alpha Omega Alpha
Otolaryngology Residency, UC Irvine

Nguyen Pham, MD UCI School of Medicine '06
Otolaryngology Residency, UC Davis

Jon-Paul Pepper, MD UCI School of Medicine '07
Alpha Omega Alpha
Otolaryngology Residency, University of Michigan

Victor Da Costa, MD UCI School of Medicine '07
Otolaryngology Residency, Duke University

Pedram Ghasri UCI School of Medicine '11

Allen Foulad	UCI School of Medicine '11
Edward Wu	UCI School of Medicine '12
Michael Li	New York Medical College '11
Sterling Dubin	George Washington University School of Medicine '11
Mohammed Shaikh	UCI School of Medicine '11
Mehdi Sina-Khadiv	UCI School of Medicine '10 Otolaryngology Residency, University of Southern California
Karam Badran	UCI School of Medicine '14
Lauren Tracy	UCI School of Medicine '14
Ian Manarino	UCI School of Medicine '14
Michael Kinzinger	Case Western Reserve School of Medicine '14

Undergraduate Students (directed research and research internships)

Vivian Sung, MD	UCI '95	Tufts University School of Medicine, '99 Obstetrics and Gynecology Residency University of Pittsburgh
Jon Lee, MD	UCI '95	New York Medical College '99 Radiology Residency New York Medical College
Ming Si, MD	UCI '95	UCLA School of Medicine '99 General Surgery Residency UC Irvine NRSA Research Fellow Stanford University General Surgery Residency UCSF
Calvin Cho, MD	UCI '95	UCI School of Medicine '99 Anesthesiology Residency UCLA
Hong Kim, BS	UCI '97	United States Peace Corp, Ghana, West Africa MPH program, Johns Hopkins University UC San Francisco School of Medicine, '07
Darren Gray, MS	Harvey Mudd College '98	Johns Hopkins, Biomedical Engineering Graduate Program
Simon Fraser, BS	University of Melbourne '98	Electrical Engineering Software engineer, ClickAction, Los Angeles

Andrew Harrington, BS
Harvey Mudd College '99 Engineering
Engineer, Textronix, Beaverton, Or

Jason Ro, BS Harvey Mudd College '99 Engineering

Joey Kimball, BS Harvey Mudd College '00 Engineering
Graduate Student, Elec. Eng, UC Berkeley

Xavier Dao, BA UCI '00 Biology
UC Irvine Undergraduate Research Opportunities Program
Fellowship Recipient

Kevin Mee, BS UCI '99 Chemistry and Computer Science

George Peng,BS UCI '00 Electrical Engineering

Reshmi Basu, BS UCI -02 Biological Sciences
UC Irvine Undergraduate Research Opportunities Program
Fellowship Recipient
UCI Irvine Student Researcher of the Month (2001)
Medical Student, UCSD

Matthew Burden Harvey Mudd College '02 Engineering

Elizabeth Johansen, BS
Harvey Mudd College '01 Engineering
Engineer, IDEO, Boston, MA

Nidhi Pandhoh UCI '03 Biological Sciences
UC Irvine Undergraduate Research Opportunities Program
Fellowship Recipient
Medical Student, UCSD

Justin Aaker UCI '04 Physics

Ryan Wright UCI '05 Biological Sciences
UC Irvine Undergraduate Research Opportunities Program
Fellowship Recipient
American Society for Lasers in Surgery and Medicine
Travel Award 2004
Best Student Paper Annual Meeting American Society for
Lasers in Surgery and Medicine 2004

Ryan Jackson, MS Harvey Mudd College '03 Engineering
MD-PhD Program, Electrical Engineering

		Stanford University
Gigi Au	Harvey Mudd College '04	Engineering Graduate Student, Electrical Engineering, UC Irvine
Nicholas Carbone	Harvey Mudd College '05	Engineering
Chao Li	UCI '07	Biological Sciences UC Irvine Undergraduate Research Opportunities Program Fellowship Recipient American Society for Laser Surgery and Medicine Student Research Grant Recipient UC Irvine Interdisciplinary Summer Undergraduate Research Experience Fellow Medical Student, Harvard Medical School
Quoc Tran	UCI '08	Biological Sciences
Josh Slater	Harvey Mudd College '06	Engineering
Tristan Sharp	Harvey Mudd College '06	Physics
Kunal Amin	UCI '09	Biomedical Engineering
Belinda M. Dao	UCI '09	Biological Sciences Medical Student, UC Irvine
Anu Kohli	Harvey Mudd College '09	Engineering
Daniel Pivonka	Harvey Mudd College'08	Engineering
Allison Zemek	UCI '10	Biomedical Engineering UC Irvine Undergraduate Research Opportunities Program Fellowship Recipient American Society for Laser Surgery and Medicine Student Research Grant Recipient Barry M. Goldwater Fellowship Recipient 2007 Medical Student, Stanford Univeristy
Alissa Yamazaki	Brown University '09	Biology
Koohyar Karimi	UCI '09	Biological Sciences UC Irvine Undergraduate Research Opportunities Program Fellowship Recipient Dental School, Loma Linda University

Zlatko Devcic	UCI '09	Biological Sciences UC Irvine Undergraduate Research Opportunities Program Fellowship Recipient Medical Student, UCSF
Cyrus Manuel	UCI '08	Biomedical Engineering
Amanda Lim	UCI '11	Biomedical Engineering Medical Student, Loma Linda University
Erica Su	UCI '11	Biomedical Engineering
Natalie Popenko	UCI '11	Biological Sciences
David Avila	UCI' 11	Biomedical Engineering
Tiffany Liu	UCI '11	Biological Sciences
Ashley Hamamoto	UCI '11	Biological Sciences
Anthony Nguyen	UCI '12	Biomedical Engineering
Jinwan Kim	UCI '12	Biomedical Engineering
Nathan Ruff	UCI '13	Biological Sciences
Christina Stavropolous	UCI '13	Biological Sciences
Syed Husain	UCI '13	Biological Sciences
Lauren Law	UCI '13	Biological Sciences