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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 916.263.2595 | F 916.263.2140 | www.dbc.ca.gov

*NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee of the Dental Board of California will be held as follows:*

# TELECONFERENCE MEETING OF THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE

**Wednesday, October 3, 2012**

**For more information, please contact (916) 263-2300**

*One or more Committee Member(s) will participate in this meeting at the teleconference sites listed below. Each teleconference location is accessible to the public and the public will be given an opportunity to address the Committee at each teleconference location. The public teleconference sites for this meeting are as follows.*

## Dental Board of California Office and Teleconference Locations:

2005 Evergreen Street, Ste 1550 - Conference Room
Sacramento, CA 95815
(916) 263-2300

## Other Teleconference Locations:

Robert Gramins, DDS
12630 Monte Vista Road, Ste 205
Poway, CA 92064
(858) 485-1290

Peter Scheer, DDS
39935 Vista Del Sol, Ste 100
Rancho Mirage, CA 92270
(760) 837-1515

Louis Gallia, DMD, MD
87 Scripps Drive
Sacramento, CA 95825
(916) 570-3089

Anil Punjabi, MD, DDS
295 Terracina Blvd
Redlands, CA 92373
(909) 798-9950

Brian Wong, M.D.
UC Irvine Medical Center - Pavilion II
101 The City Drive
Irvine, CA 92868
(714) 456-7017

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*NOTICE OF PUBLIC MEETING – Notice is hereby given that a public meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee of the Dental Board of California will be held as follows:*

# TELECONFERENCE MEETING OF THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE
## Wednesday, October 3, 2012

AGENDA

| | |
|---|---|
| **2:00 PM** | Open Session-Roll Call to Establish Quorum |
| **AGENDA ITEM 1** | Approval of July 11, 2012 Meeting Minutes |
| **AGENDA ITEM 2** | Staff Report – Information Only |
| **AGENDA ITEM 3** | Report on Website Information for the Elective Facial Cosmetic Surgery (EFCS) Permit Program |
| **AGENDA ITEM 4** | Future Meeting Dates |
| **AGENDA ITEM 5** | Elective Facial Cosmetic Surgery (EFCS) Permit Application Review and Proposed Regulatory Language |

***CLOSED SESSION** – Consideration of Elective Facial Cosmetic Surgery Permit Applications

**RETURN TO OPEN SESSION**

Recommendations to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Applications

**PROPOSED FUTURE AGENDA ITEMS**

**PUBLIC COMMENT**

**ADJOURNMENT**

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

*Public comments will be taken on agenda items at the time the specific item is raised. The Committee 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 Committee Chair. For verification of the meeting, call (916) 263-2300 or access the Board's Web Site at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Nellie Forgét, Program Coordinator 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.*

# B & P Code

# Section 1638.1

**BUSINESS AND PROFESSIONS CODE**
**SECTION 1638.1**

1638. (a) For purposes of this article, "oral and maxillofacial surgery" means the diagnosis and surgical and adjunctive treatment of diseases, injuries, and defects which involve both functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region.

(b) Any person licensed under the Medical Practice Act (Chapter 5 (commencing with Section 2000)) as a physician and surgeon who possesses, or possessed, a license to practice dentistry in another state, but is not licensed to practice dentistry under this chapter may apply to the board on a form prescribed by the board for an oral and maxillofacial surgery permit.

(c) The board may issue an oral and maxillofacial surgery permit to an applicant who has furnished evidence satisfactory to the board that he or she is currently certified or eligible for certification in oral and maxillofacial surgery by a specialty board recognized by the Commission on Accreditation of the American Dental Association and holds a current license in good standing to practice medicine in the state.

(d) An application shall be accompanied by an application fee of one hundred fifty dollars ($150) and two classifiable sets of fingerprints on forms provided by the board.

1638.1. (a) (1) A person licensed pursuant to Section 1634 who wishes to perform elective facial cosmetic surgery shall first apply for and receive a permit to perform elective facial cosmetic surgery from the board.

(2) A permit issued pursuant to this section shall be valid for a period of two years and must be renewed by the permitholder at the time his or her license is renewed. Every six years, prior to renewal of the permitholder's license and permit, the permitholder shall submit evidence acceptable to the credentialing committee that he or she has maintained continued competence to perform the procedures authorized by the permit. The credentialing committee may limit a permit consistent with paragraph (1) of subdivision (e) if it is not satisfied that the permitholder has established continued competence.

(b) The board may adopt regulations for the issuance of the permit that it deems necessary to protect the health, safety, and welfare of the public.

(c) A licensee may obtain a permit to perform elective facial cosmetic surgery by furnishing all of the following information on an application form approved by the board:

(1) Proof of successful completion of an oral and maxillofacial

credentialing committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by this section.

(2) The credentialing committee shall be comprised of five members, as follows:

(A) A physician and surgeon with a specialty in plastic and reconstructive surgery who maintains active status on the staff of a licensed general acute care hospital in this state.

(B) A physician and surgeon with a specialty in otolaryngology who maintains active status on the staff of a licensed general acute care hospital in this state.

(C) Three oral and maxillofacial surgeons licensed by the board who are board certified by the American Board of Oral and Maxillofacial Surgeons, and who maintain active status on the staff of a licensed general acute care hospital in this state, at least one of whom shall be licensed as a physician and surgeon in this state. Two years after the effective date of this section, any oral and maxillofacial surgeon appointed to the committee who is not licensed as a physician and surgeon shall hold a permit pursuant to this section.

(3) The board shall solicit from the following organizations input and recommendations regarding members to be appointed to the credentialing committee:

(A) The Medical Board of California.

(B) The California Dental Association.

(C) The California Association of Oral and Maxillofacial Surgeons.

(D) The California Medical Association.

(E) The California Society of Plastic Surgeons.

(F) Any other source that the board deems appropriate.

(4) The credentialing committee shall meet at a time and place directed by the board to evaluate applicants for permits. A quorum of three members shall be required for the committee to consider applicants and make recommendations to the board.

(f) A licensee may not perform any elective, facial cosmetic surgical procedure except at a general acute care hospital, a licensed outpatient surgical facility, or an outpatient surgical facility accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Association for Ambulatory Health Care (AAAHC), the Medicare program, or an accreditation agency approved by the Medical Board of California pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(g) For purposes of this section, the following terms shall have the following meanings:

surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

1638.2 (a) Notwithstanding any other provision of law, a person licensed pursuant to Section 1634 who holds a permit to perform elective facial cosmetic surgery issued pursuant to this article may not perform elective facial cosmetic surgery on a patient, unless the patient has received, within 30 days prior to the elective facial cosmetic surgery procedure, and confirmed as up-to-date on the day of the procedure, an appropriate physical examination by, and written clearance for the procedure from, either of the following:

(1) A licensed physician and surgeon.

(2) A person licensed pursuant to Section 1634 who holds a permit to perform elective facial cosmetic surgery issued pursuant to this article.

(b) The physical examination described in subdivision (a) shall include the taking of an appropriate medical history.

(c) An appropriate medical history and physical examination done on the day of the procedure shall be presumed to be in compliance with subdivisions (a) and (b).

(d) A violation of this section shall not constitute a crime.

1638.3 (a) The fee to renew an oral and maxillofacial surgery permit shall be the same as that for renewal of a dental license as determined under Section 1724.

(b) Every provision of this chapter applicable to a person licensed to practice dentistry shall apply to a person to whom a special permit is issued under this article.

1638.5 An oral and maxillofacial surgery permit shall be automatically suspended for any period of time during which the holder does not possess a current valid license to practice medicine in this state.

1638.7 The next occupational analysis of dental licensees and oral and maxillofacial facial surgeons pursuant to Section 139 shall include a survey of the training and practices of oral and maxillofacial surgeons and, upon completion of that analysis, a report shall be made to the Joint Committee on Boards, Commissions, and Consumer Protection regarding the findings.

# Agenda Item 1

# Approval of July 11, 2012 Meeting Minutes

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# TELECONFERENCE MEETING OF THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT CREDENTIALING COMMITTEE MEETING MINUTES

**Wednesday, July 11, 2012**
**For more information, please contact (916) 263-2300**

# DRAFT

**Members Present:**
Robert Gramins, DDS – Chair
Anil Punjabi, MD, DDS
Peter Scheer, DDS
Louis Gallia, DMD, MD
Brian J. Wong, MD

**Members Absent:**

***Also Present:***
Bruce Whitcher, DDS, Board Liaison to Committee
Nellie Forgét, EFCS Program Coordinator
Karen Fischer, Associate Analyst
Spencer Walker, DCA Legal Counsel

**Teleconference Locations with Public Access:**

**Dental Board of California Office and Teleconference Location:**
2005 Evergreen Street, Ste 1550 - Conference Room
Sacramento, CA 95815
(916) 263-2300

**Other Teleconference Locations:**
12630 Monte Vista Road, Ste 205, Poway, CA 92064, (858) 485-1290
295 Terracina Blvd, Redlands, CA 92373, (909) 798-9950
39935 Vista Del Sol, Ste 100, Rancho Mirage, CA 92270, (760) 837-1515
819 Sunset Cliffs Blvd, San Diego, CA 92197, (619) 255-6209
UC Irvine, 1002 Health Sciences Road East, Irvine, CA 92617, (714) 456-7017

Dr. Robert Gramins, Committee Chair, called the roll by teleconference location and established a quorum at 3:27 P.M. No public was in attendance at any location. Dr. Brian Wong joined the teleconference at 3:29 P.M.

**AGENDA ITEM 1 – Introduction of New Committee Chair**
Dr. Robert Gramins welcomed Dr. Bruce Whitcher to the Committee as new Board Liaison.

**AGENDA ITEM 2 - Approval of January 18, 2012 Meeting Minutes**
M/S/C (Scheer/Gramins) to accept the minutes of the January 18, 2012 meeting. Mr. Spencer Walker, Legal Counsel, noted a change to be made on page 3, last paragraph, where it reads Business and Professions Code 1638.1. The upper case C in parenthesis should be lower case. By roll call vote, the motion passed with five (5) in favor.

**CLOSED SESSION** – Consideration of Elective Facial Cosmetic Surgery Permit Applications
Closed Session began at 3:33 P.M. and returned to open session at 3:40 P.M.

**RETURN TO OPEN SESSION - Recommendations to the Dental Board of California Regarding Elective Facial Cosmetic Surgery Permit Applications**

Dr. Gramins reported that the Credentialing Committee reviewed one application.

Applicant Dr. MW: The Committee unanimously agreed to recommend to the Board to issue applicant a permit for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation).

Dr. Scheer recommended staff add an agenda item for the next meeting regarding a blueprint that staff should create utilizing Dr. MW's application since it was such a successful application.

Dr. Gramins recommended adding an agenda item for the next meeting to discuss what changes have been made to the website.

Mr. Walker recommended adding an agenda item to include future agenda item requests.

Staff informed the Committee there would be an agenda item for the next meeting to review the revised application.

**PUBLIC COMMENT**
There was no public comment.

**ADJOURNMENT**
The meeting was adjourned at 3:46 P.M.

# Agenda Item 2

## Staff Report – Information Only

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# MEMORANDUM

| | |
|---|---|
| **DATE** | October 3, 2012 |
| **TO** | Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee |
| **FROM** | Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator |
| **SUBJECT** | **Agenda Item 2: Staff Report – Information Only** |

At the July 11, 2012 Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee meeting it was suggested that a Staff Report be included as a standing item on future agendas.

Since the last Committee meeting, staff has been working on a revised EFCS Permit application and regulatory language which will be discussed under Agenda Item 5 at the October 3rd meeting.

The Committee will be reviewing two permit applications at the upcoming meeting; and staff is holding one additional application until the applicant can provide proof of active status on the staff of a general acute care hospital. The applicant currently has "provisional" status.

Currently there are twenty one (21) permit holders. A list of these permit holders can be found under Agenda Item 3 - Report on Website Information.

# Agenda Item 3

# Report on Website Information for the Elective Facial Cosmetic Surgery (EFCS) Permit Program

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# MEMORANDUM

| | |
|---|---|
| **DATE** | October 3, 2012 |
| **TO** | Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee |
| **FROM** | Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator |
| **SUBJECT** | **Agenda Item 3: Report on Website Information for the Elective Facial Cosmetic Surgery (EFCS) Permit Program** |

**Background:**
When the Elective Facial Cosmetic Surgery (EFCS) Permit program was established, the permit application and instructions were developed using language straight from statute. This information was posted to the Dental Board's website. However, applicants found the permit application process confusing and unclear.

In an effort to clarify the permit application process, Committee members reviewed, in detail, the application instructions and recommended changes that it hoped would clarify the application process until regulations could be developed and adopted by the Dental Board.

The following information is currently available on the Board's website:

- List of Elective Facial Cosmetic Surgery (EFCS) Permit holders: This list includes the permit holder's name, license number, what categories they are approved to practice, the date the permit was issued and when the permit expires.
- Information regarding the Committee: This information describes the purpose of the Committee, how it's made up, terms, meetings and travel.
- The application: This application was taken straight from statute and the application is currently being revised.
- Application instructions: The instructions contain all the recommendations that the past Committees felt bring the application process more clarity.
- Sample operative reports index:

I have included print outs of what is currently on the website.

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# THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT HOLDERS

| Permit Holder | Permit # | Issue/Expire Date | Practice Information* | Discipline |
|---|---|---|---|---|
| Scheer, Peter M<br>Rancho Mirage, CA | 1 | Issued: 8/27/2007<br>Expires: 11/30/2012 | Category I<br>Category II | None |
| Gilbert, David<br>Upland, CA | 2 | Issued: 8/27/2007<br>Expires: 4/30/2014 | Category I<br>Category II | None |
| VanBrocklin, Kyle<br>San Ramon, CA | 3 | Issued: 12/4/2007<br>Expires: 12/31/2013 | Category II | None |
| Jugan, Milan<br>Chula Vista, CA | 4 | Issued: 12/4/2007<br>Expires: 1/31/2014 | Category I<br>Category II | None |
| Gramins, Robert<br>Poway, CA | 5 | Issued: 8/14/2008<br>Expires: 7/31/2013 | Category I<br>Category II - limited to blepharoplasty and brow lifts, including periorbital rejuvenation, facial neurotoxins, and facial fillers | None |
| Mizin, Alexei<br>Calabasas, CA | 6 | Issued: 8/14/2008<br>Expires: 4/30/2013 | Category II - limited to injection of neurotoxins and facial fillers, and fractionated laser procedures. | None |
| Lytle, John<br>La Canada, CA | 7 | Issued: 8/14/2008<br>Expires: 5/31/2014 | Category I | None |
| Machado, Lester<br>Chula Vista, CA | 8 | Issued: 8/14/2008<br>Expires: 7/31/2013 | Category I | None |
| Caldemeyer, Cortland<br>San Diego, CA | 9 | Issued: 5/21/2008<br>Expires: 6/30/2013 | Category I<br>Category II | None |
| Shelhamer, Alan<br>Carlsbad, CA | 10 | Issued: 12/10/2008<br>Expires: 7/31/2014 | Category I<br>Category II | None |
| Pace, Christopher<br>San Diego, CA | 11 | Issued: 12/10/2008<br>Expires: 9/30/2013 | Category I<br>Category II | None |

*A permit may be unlimited, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by Business & Professions Code Section 1638.1 (iii)(I)(II): **Category I**: Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to rhinoplasty and otoplasty. **Category II**: Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

A permit may also be limited if the Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by statute.

| Permit Holder | Permit # | Issue/Expire Date | Practice Information* | Discipline |
|---|---|---|---|---|
| Landis, Charles<br>Chico, CA | 12 | Issued: 7/27/2009<br>Expires: 1/31/2013 | Category I<br>Category II | None |
| Hasse, Charles<br>Irvine, CA | 13 | Issued: 7/27/2009<br>Expires: 9/30/2014 | Category I<br>Category II | None |
| Lin, Albert<br>Poway, CA | 14 | Issued: 7/27/2009<br>Expires: 1/31/2014 | Category I<br>Category II | None |
| Sharafi, Arshiya<br>San Diego, CA | 15 | Issued: 7/27/2009<br>Expires: 2/28/2013 | Category I<br>Category II | None |
| Grecco, Mark<br>Manteca, CA | 16 | Issued: 7/27/2009<br>Expires: 6/30/2014 | Category II – limited to Botox injections and dermal filler placement. | None |
| Gordon, John<br>Bonita, CA | 17 | Issued: 11/29/2009<br>Expires: 1/31/2013 | Category I<br>Category II | None |
| Stepanyan, Martin<br>Burbank, CA | 18 | Issued: 4/5/2010<br>Expires: 2/29/2014 | Category I<br>Category II | 5 years Probation |
| Feider, Erik<br>San Diego, CA | 19 | Issued: 3/29/11<br>Expires: 4/30/14 | Category I<br>Category II | None |
| Morrissette, Michael<br>Camarillo, CA | 20 | Issued: 3/19/12<br>Expires: 9/30/13 | Category II – Limited to : submental liposuction, Botox and fillers, and chemical peels | None |
| Monty C. Wilson<br>Orange, CA | 21 | Issued: 8/21/12<br>Expires: 3/31/13 | Category I<br>Category II | None |

*A permit may be unlimited, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by Business & Professions Code Section 1638.1 (iii)(I)(II): **Category I**: Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to rhinoplasty and otoplasty. **Category II**: Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

A permit may also be limited if the Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized by statute.

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# ELECTIVE FACIAL COSMETIC SURGERY PERMIT (EFCS) CREDENTIALING COMMITTEE

**Purpose**: Credentialing Committee members review the qualifications of an applicant for an EFCS permit in closed session at Committee meetings. The information discussed in closed session is confidential. Upon completion of the application review, the Committee shall make a recommendation to the Dental Board on whether to issue or not issue a permit to the applicant. The permit may be unqualified, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the Credentialing Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized in the statute.

**Committee Composition**: The EFCS Permit Credentialing Committee is composed of five (5) members:

Two (2) oral and maxillofacial surgeons who are licensed by the Dental Board of California, are Board certified by the American Board of Oral and Maxillofacial Surgeons, and who possess a FCS permit.

One (1) oral and maxillofacial surgeon who is licensed by the Dental Board of California and the Medical Board of California, and is Board certified by the American Board of Oral and Maxillofacial Surgeons.

One (1) physician and surgeon licensed by the Medical Board of California with a specialty in plastic and reconstructive surgery.

One (1) physician and surgeon licensed by the Medical Board of California with a specialty in otolaryngology.

All members must maintain an active status on the staff of a licensed general acute care hospital in California.

**Terms**: Although Committee terms have not yet been established, a proposed four (4) year limit is being considered. Members will be developing regulatory language to address terms of service.

**Meetings**: The Committee shall meet at a time and place directed by the Board to evaluate applicants for permits. A quorum of three members shall be required for the Committee to consider applicants and make recommendations to the Board.

**Travel/Expenses:** Meetings are held on a rotating basis between Sacramento and Orange offices, with opportunity for some meetings to be held via teleconference. Expenses are reimbursed in accordance with the Pocket Travel Guide published by the Office of Administrative Services, Accounts Payable Unit of the Department of Consumer Affairs. Committee members receive $100/meeting per diem.

## Licensed Dentists

### ELECTIVE FACIAL COSMETIC SURGERY PERMITS

Business and Professions Code, Section 1638.1, states a person licensed pursuant to Section 1634 who wishes to perform elective facial cosmetic surgery shall first apply for and receive a permit to perform elective facial cosmetic surgery from the board.

### APPLYING FOR AN ELECTIVE FACIAL COSMETIC SURGERY PERMIT

**The primary requirements for a permit to perform Elective Facial Cosmetic Surgery are defined in Business and Professions Code, Section 1638.1.**

**The Committee recommends that the applicant first choose either Pathway A or Pathway B by which the application is being made.**

**Pathway A**: The requirements for an Elective Facial Cosmetic Surgery Permit include, but may not be limited to submitting the following documentation:

1. A completed application form.
2. Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.
3. Proof of certification, or a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.
4. A letter from the program director of the accredited residency program, or from the director of a postresidency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association stating that the licensee has the education, training, and competence necessary to perform the surgical procedures that the licensee has notified the board he or she intends to perform.
5. Submit to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform. The Committee recommends that you submit no more than 30 operative reports. Applicants may request that their permit be limited to specific categories of procedures (Category I and/or II), as specified on the application. As a result, operative reports submitted should be reflective and supportive of the permit category for which the applicant is applying. In addition, operative reports should be clear and dark enough to be reproduced. The Committee recommends that the applicant organize the reports submitted, grouping the procedures by category I and category II and provide the Committee with an index of the reports. A sample index is available. Submitting the operative reports in an organized way will ensure the application process moves along quickly.
6. Documentation showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.
7. Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.
8. An application fee of $500.00

**Pathway B:** The requirements for an Elective Facial Cosmetic Surgery Permit include, but may not be limited to submitting the following documentation:

1. A completed application form.
2. Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.
3. Submit to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform. The Committee recommends that you submit no more than 30 operative reports. Applicants may request that their permit be limited to specific categories of procedures (Category I and/or II), as specified on the application. As a result, operative reports submitted should be reflective and supportive of the permit category for which the applicant is applying. In addition, operative reports should be clear and dark enough to be reproduced. The Committee recommends that the applicant organize the reports submitted, grouping the procedures by category I and category II and provide the Committee with an index of the reports. A sample index is available. Submitting the operative reports in an organized way will ensure the application process moves along quickly.
4. Proof that the applicant has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures [cosmetic contouring of the osteocartilaginous facial structure, which may include, but

is not limited to, rhinoplasty and otoplasty and/or cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation], at that hospital.
5. Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status.
6. An application fee of $500.00

## RENEWING YOUR PERMIT

An Elective Facial Cosmetic Surgery Permit expires when the permitholder license expires and must be renewed every two years. Every six years, prior to renewal of the permitholder's license and permit, the permitholder shall submit evidence acceptable to the credentialing committee that he or she has maintained continued competence to perform the procedures authorized by the permit.

**PERMIT HOLDERS HOLDING A LIMITED ELECTIVE FACIAL COSMETIC SURGERY (EFCS) PERMIT AND WANTING TO UPGRADE PRIVILEGES TO UNLIMITED.**

The requirements to upgrade a limited Elective Facial Cosmetic Surgery Permit to an unlimited permit include, but may not be limited to submitting the following documentation:

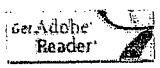
1. A completed application.
2. Submit to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform. The Committee recommends that you submit no more than 30 operative reports. Applicants seeking an unlimited permit should submit operative reports that are reflective and supportive of the permit category for which the applicant is applying. In addition, operative reports should be clear and dark enough to be reproduced. The Committee recommends that the applicant organize the reports submitted, grouping the procedures by category I and category II and provide the Committee with an index of the reports. A sample index is available. Submitting the operative reports in an organized way will ensure the application process moves along quickly.
3. An application fee of $500.00

If the Committee grants a new unlimited permit, the permit holder's prior limited permit number will be cancelled and a new permit number will be issued.

For more information, contact the Dental Board at (916) 263-2300.



This web site contains PDF documents that require the most current version of Adobe Reader to view. To download click on the icon below.

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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

# ORAL & MAXILLOFACIAL SURGERY
# ELECTIVE FACIAL COSMETIC SURGERY
# PERMIT APPLICATION

Business and Professions Code, Section 1638-1638.5

| Office Use Only | | | |
|---|---|---|---|
| Receipt # | | ATS# | |
| Fee Paid: | | Initials: | |
| OMS Permit#: | | Issued: | |
| Exp. Date: | | | |

**NON-REFUNDABLE FILING FEES**
**Application $500**

Full Name: _____

Address of Record: _____

Practice Address (if different) _____

Telephone Number: _____

CA Dental License #(s): _____ Date Issued: _____

Dental License #: _____ State(s) of Issuance: _____

**Elective Facial Cosmetic Surgery Permit Qualifications:** (Complete 1, 2, and 3, choosing either option 2A or 2B)

**1. Oral and Maxillofacial Surgery Residency Program accredited by the CODA of the ADA:**

Dates Attended: _____

Please include proof of certification of completion of a CODA-approved residency program.

**2. Option A: (i)American Board of Oral and Maxillofacial Surgery Status:**

Date Certified: _____

Re- Certification Date: _____

Candidate for Certification: _____

Enclose proof of certification or candidacy for certification by the American Board of Oral and Maxillofacial Surgery.

**(ii)Residency Program Director:** _____

**and/or**

**(ii)Fellowship Program Director:** _____

Enclose a letter either from the residency program director and/or from the director of your CODA-approved post-residency fellowship program, stating that you have the education, training, and competence necessary to perform the surgical procedures that you are requesting the permit for and intend to perform.

(iii)**Operative Reports:**
Submit documentation of **at least 10 operative reports** from residency training or proctored procedures that **are representative of procedures that you intend to perform** from the following categories:

(I) **Cosmetic contouring of the osteocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.
(II) **Cosmetic soft tissue contouring or rejuvenation**, which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

**(iv)Surgical Privileges**
Submit documentation showing all of the surgical privileges that you possess at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

**I request a permit for :** I Cosmetic contouring of the osteocartilaginous facial structure ☐
II Cosmetic soft tissue contouring or rejuvenation ☐

or limited to: _____

_____

_____

_____

2. **Option B: (i)Specific Surgical Privileges**

**(I)Cosmetic contouring of the osteocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.
**(II)Cosmetic soft tissue contouring or rejuvenation**, which may include, but is not limited to, facelift,
blepharoplasty, facial skin resurfacing, or lip augmentation.

**(ii)Operative Reports:**
Submit documentation of **at least 10 operative reports** from residency training or proctored procedures
that **are representative of procedures that you intend to perform** from both of the following catergories:

(I) **Cosmetic contouring of the oseocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.
(II) **Cosmetic soft tissue contouring or rejuvenation**, which may include, but is not limited to, facelift blepharoplasty, facial skin resurfacing, or lip augmentation.

**I request a permit for:** I Cosmetic contouring of the osteocartilaginous facial structure ☐
II Cosmetic soft tissue contouring or rejuvenation ☐

or limited to: _____

_____

_____

_____

_____

**3. Active Staff Status of an Acute Care Hospital**

Submit documentation showing proof of your active status on the staff of a general acute care and that you maintain the necessary privileges based on the bylaws of the hospital to maintain that status

**Certification** – *I certify under the penalty of perjury, under the law of the State of California that the information*
*In this application and any attachments are true and correct.*

Applicant's Signature _____ Date _____

**INFORMATION COLLECTION AND ACCESS**

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

SAMPLE

Name: _____ Index of Operative Reports

| Operative Report | Surgery Type | Procedure(s) | Date | Position |
|---|---|---|---|---|
| 1 | Soft Tissue | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | Osteocartilaginous | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

# Agenda Item 4

# Future Meeting Dates

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 916.263.2595 | F 916.263.2140 | www.dbc.ca.gov

# MEMORANDUM

| | |
|---|---|
| **DATE** | October 3, 2012 |
| **TO** | Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee |
| **FROM** | Nellie Forgét, Elective Facial Cosmetic Surgery (EFCS) Permit Program Coordinator |
| **SUBJECT** | **Agenda Item 4: Future Meeting Dates** |

| 2013 BOARD MEETING DATES | PROPOSED 2013 Credentialing Committee Meeting Dates |
|---|---|
| February 28- March 1, 2013 | January 16th or 23rd, 2013 |
| May 16-17, 2013 | April 10th or 17th, 2013 |
| August 15-16, 2013 | July 10th or 17th, 2013 |
| November 7-8, 2013 | October 2nd or 9th 2013 |

# Agenda Item 5

# Elective Facial Cosmetic Surgery (EFCS) Permit Application Review and Proposed Regulatory

STATE OF CALIFORNIA
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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 3, 2012 |
| **TO** | Elective Facial Cosmetic Surgery Permit Credentialing Committee, Dental Board of California |
| **FROM** | Sarah Wallace, Legislative & Regulatory Analyst<br>Dental Board of California |
| **SUBJECT** | **Agenda Item 5:** Elective Facial Cosmetic Surgery (EFCS) Permit Application Review and Proposed Regulatory Language |

**Background:**

On September 30, 2006, Governor Arnold Schwarzenegger signed Senate Bill 438 (Chapter 909, Statutes of 2006), enacting Business and Professions Code (Code) Section 1638.1, which took effect on January 1, 2007. Code Section 1638.1 authorizes Oral and Maxillofacial Surgeons licensed by the Dental Board of California (Board), who are not also licensed as physicians and surgeons by the Medical Board of California, to perform elective facial cosmetic surgery. Additionally, Code Section 1638.1 specifies the application requirements for an Elective Facial Cosmetic Surgery (EFCS) permit and establishes a Credentialing Committee (Committee) to review the qualifications of each applicant for a permit.

The Committee is responsible for (1) the review of the qualifications of each applicant, and (2) making recommendations to the Board on whether to issue a permit to an applicant. In addition to application review, the Committee may make recommendations to the Board regarding the need for proposed regulatory requirements to clarify the application process for the EFCS permit.

The Board may adopt regulations in order to implement, interpret, or make specific the statutory requirements of its Dental Practice Act. The regulatory process is governed by the provisions of the Administrative Procedure Act (APA). The Board's adopted regulations are reviewed by the Office of Administrative Law (OAL) for the purposes of ensuring compliance with the APA. When reviewing regulatory packages, OAL must utilize the six approval standards as outlined in the APA. Those approval standards are: (1) Necessity, (2) Authority, (3) Clarity, (4) Consistency, (5) Reference, and (6)

Nonduplication. The OAL may only approve regulatory packages that interpret, implement, and make specific existing statutes that meet these standards.

Currently, applicants may find the application form and written application instructions available on the Board's web site. The application and the application instructions were derived specifically from the statutory language contained in Code Section 1638.1. As the Committee has reviewed applications over the past few years, it has identified application requirements that may require regulatory language to clarify the application process for the EFCS permit.

At its April 2009 meeting, staff presented proposed regulatory language to the Committee for review and discussion. During the meeting the Committee discussed the need for a maximum limit on the number of operative reports an applicant may submit as part of the EFCS permit application. The Committee reached a consensus to limit the number of operative reports to a maximum of thirty (30), and directed staff to draft regulatory language to be discussed at a future Committee meeting.

At its next meeting in January 2011, the Committee discussed the application process and the need for additional regulatory requirements. The Committee proposed including the following requirements in the proposed regulatory language: (1) require operative reports to be clear and dark enough to allow easy reproduction for Committee meeting packets, (2) require applicants to utilize an index to organize the operative reports, and (3) clearly define a process for a current permit holder with a limited permit to upgrade to an unlimited permit. Subsequent to the meeting, the Committee's Board Member Liaison directed staff to clarify the application requirements on the Board's web site to the extent legally allowable without interpreting statute until the proposed requirements could be vetted out through the regulatory process. Staff added the Committee's recommendations to the web site and specified that these were merely recommendations and not requirements.

The Committee revisited its discussion of proposed regulatory language during its January 2012 meeting. But, there had been several new appointments to the Committee and members were unfamiliar with the proposed regulatory language. The discussion was tabled until a future meeting.

In March 2012, staff met with Board Legal Counsel to discuss the Committee's recommendations and to discuss what steps were necessary to proceed with regulatory language. Legal Counsel provided staff with suggested changes to be made to the application. Staff was directed to work on the suggested application revisions and regulatory language to be reviewed by Legal Counsel at a later date.

In September 2012, staff met with Board Legal Counsel again to discuss the application revisions and regulatory language. During the meeting, it was determined that it was

time to bring the revised application and regulatory language before the Committee for consideration.

**Items for the Committee's Consideration:**

Staff request the Committee discuss and consider the following items related to the application process for the EFCS permit. The determinations made by the Committee at this meeting will assist staff in further developing proposed regulatory language for the Committee's consideration. Staff has included a draft of the new permit application as well as the draft proposed regulatory language for the Committee's review.

Item #1 - Elective Facial Cosmetic Surgery (EFCS) Initial Permit or Permit to Add Allowable Procedures Application:

The EFCS Program Coordinator, Nellie Forget, has drafted a new application for the Committee's consideration. This new application has been created in an attempt to clearly outline the application process and necessary requirements to applicants. This application would be incorporated by reference into the proposed regulatory language.

Staff requests the Committee review and discuss the new application and provide staff with direction regarding necessary additions or modifications.

Item #2 – Application Recommendations or Requirements:

Discussions at previous Committee meetings have resulted in recommendations to assist applicants through the application process. These recommendations had been posted on the Board's web site and included the following:

- Applicants are encouraged to submit no more than thirty (30) operative reports;
- Operative reports should reflect the procedures that the applicant intends to perform;
- Operative reports should indicate the applicant's position in the procedure; for example, surgeon or assistant;
- Operative reports should indicate the hospital where the operations were performed;
- Operative reports should be clear and dark enough to reproduce; and
- An Operative Reports Index Form may be filled out to assist the Committee with application review.

In the past these recommendations were permissive as they did not have the force of law to be upheld as application requirements. The regulatory process affords the Committee the opportunity to determine whether the recommendations should become requirements and have the force of law to be upheld. The Committee must keep in mind that regulations implement, interpret, or make specific statutory requirements. The proposed regulatory requirements must remain within the parameters of the existing statute. While the other recommendations may become requirements within the

parameters of the statute, the Committee should consider that the statute does not limit the maximum number of operative reports it may receive as part of the application. The statute merely specifies the minimum number of operative reports. Legal Counsel posed a question that if an applicant submits 31 operative reports, would the application be returned to the applicant, or would the Committee review the application?

Staff requests the Committee review and discuss the prior recommendations for application and provide staff with direction as to whether they should become requirements during the regulatory process.

Item #3 – Hospital Privileges:

In the past, the Committee has emphasized the importance that hospital privileges include signatures of the approving parties.

Staff requests the Committee specify whether it wants to require signatures of approving parties on hospital privileges, and specify the approving parties.

Item #4 – Defining Proctored Procedures:

At its November 3, 2009 meeting, the Committee discussed whether to require the proctors, who are physicians/surgeons holding a current, valid and unrestricted license, to be licensed in California. The Committee agreed that they did not want to limit the applicant from seeking and receiving training from qualified proctors outside of California. Prior Legal Counsel cautioned the Committee that with regard to ensuring public safety, the Dental Board has jurisdiction only over California licensed dentists. Additionally, the Committee discussed how to verify the credentials of an out-of-state proctor. The Committee concluded that the applicant could self-certify that the procedures were proctored by either an oral and maxillofacial surgeon in California who holds a current, valid and unrestricted EFCS permit, or a physician and surgeon who holds a current, valid and unrestricted license to practice medicine issued by either the state of California or by another state.

Staff requests the Committee review and provide staff with information to help clearly define "proctored procedures".

DENTAL BOARD OF CALIFORNIA

Proposed Language

**Add new Article _____ to Chapter 2 of Division 10 of Title 16 of the California Code of Regulations and adopt Sections_____ to read as follows:**

**New added text is indicated by underline.**

**§ Application for Permit to perform elective facial cosmetic surgery pursuant to Section 1638.1.**

(a) An applicant for a permit to perform elective facial cosmetic surgery pursuant to Section 1638.1 of the Code shall submit a completed "Elective Facial Cosmetic Surgery Permit Application " (New 10/09) accompanied by the fee specified in Section 1638.1(d) of the code.

(b) For the purposes of this section "proctored procedures", means procedures that are proctored by an oral and maxillofacial surgeon in California who holds a current, valid and unrestricted Elective Facial Cosmetic Surgery permit, or a physician and surgeon who holds a current, valid and unrestricted license to practice medicine issued by the respective state.

(c) Following review, the Dental Board of California shall notify the applicant within 30 days as to whether a full permit or a limited permit will be issued and the basis for any limitations as authorized by Section 1638.1(e)(1) of the code.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code. Reference: Sections 1638.1, Business and Professions Code.

**§ Renewal of Permit to perform elective facial cosmetic surgery pursuant to Section 1638.1.**

(a) Permits issued under this article shall expire no more than 24 months after the issue date. The expiration date of the original permit shall be the same date as the applicant's dental license.

(b) To renew an unexpired permit issued under this section, the applicant shall:

(1) Apply for renewal by completing form number FCSP – 1 (New 10/09)

(2) Pay the fee specified in Section 1638.1(d), and

(3) Certify that the applicant is on active status on the staff of a general acute care hospital or licensed outpatient surgical facility in California and maintains the necessary privileges based on the bylaws of the hospital to maintain that status, and

(4) Certify that the applicant maintains malpractice insurance for the permit which includes coverage for the procedures authorized by his or her permit.

(c) To renew an expired permit issued under this article within 5 years after its expiration, an applicant shall, as a condition precedent to renewal, complete all of the actions described in subdivision (b) and pay a delinquency fee in the amount specified by Section 163.5 of the code.

(d) Failure to provide the required fee or all of the information required by this section renders any application for renewal incomplete and the permit will not be renewed until a complete application is submitted.

(e) Every 6 years upon renewal an Elective Facial Cosmetic Surgery Permit holder shall submit evidence of continuing competence by:

(1) Documentation of the requirements specified in Section (b)(3) and (4), and

(2) Evidence of current board certification that includes cosmetic surgery recertification. This is not required if the permit holder applied for the permit under pathway B.

(f) A permit that is not renewed within five years after its expiration may not be renewed, restored, reinstated or reissued thereafter; however the applicant may apply for and obtain a new permit if he or she satisfies all of the following requirements:

(1) No basis for denial according to Section 1680 exists that, if the permit were issued, would justify its revocation or suspension.

(2) The applicant submits a complete new application for permit eligibility in compliance with Section [insert # of section for Application for Permit]

(3) The applicant submits the applicable fees required by 1638.1(d) of the Code.

Note: Authority cited: Sections 1614, 1638.1(b) Business and Professions Code. Reference: Sections 1638.1, Business and Professions Code.

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# Elective Facial Cosmetic Surgery (EFCS)
# Initial Permit or Permit to Add Allowable Procedures
# Application

Business and Professions Code, Section 1638-1638.7

**Office Use Only**

**Receipt #:_____**

## PART 1 – APPLICATION INSTRUCTIONS

**Any incomplete applications will be returned.**

1. An application must be complete and must be accompanied by all of the following:
   - A processing fee of $500, made payable to the Dental Board of California.
   - All the required documentation specified in the application

2. **REQUIREMENTS:** Applicant must choose either Pathway A or Pathway B to apply. Pathway A requirements apply more towards applicants directly out of residency where as Pathway B requirements are directed more towards practicing doctors who have been out of training for an extended period but have hospital privileges in elective facial cosmetic surgery procedures.

3. **Permit holders holding a limited Elective Facial Cosmetic Surgery (EFCS) Permit and wanting to add allowable procedures.**

   The requirements to upgrade a limited Elective Facial Cosmetic Surgery Permit to an unlimited permit include, but may not be limited to submitting the following documentation:

   a. A completed application.
   b. Submit to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform. The Committee recommends that you submit no more than 30 operative reports. Applicants seeking an unlimited permit should submit operative reports that are reflective and supportive of the permit category for which the applicant is applying. In addition, operative reports should be clear and dark enough to be reproduced. The Committee recommends that the applicant organize the reports submitted, grouping the procedures by category I and category II and provide the Committee with an index of the reports. A sample index is available. Submitting the operative reports in an organized way will ensure the application process moves along quickly.
   c. An application fee of $500.00

   If the Board grants a new unlimited permit, the permit holder's prior limited permit number will be cancelled and a new permit number will be issued.

## PART 2 – NAME, CONTACT, AND LICENSURE INFORMATION

Applicant Name:_____
First Middle Last

Social Security Number _____- _____ - _____

Address of Record:_____

Practice Address (if different):_____

Telephone Numbers: Home:_____Office:_____Cell:_____

Email address:_____

CA Dental License #(s):_____ Date Issued:_____

Other Dental License # (if applicable):_____ State(s) of Issuance:_____

Current EFCS permit # (if applicable):_____ Date Issued:_____

## PART 3 - REQUIREMENTS

**I request a permit for category(ies):**

☐ I - cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty

☐ II - cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation

or limited to:_____
_____
_____
_____

**The following general requirements are specific requirements for both pathways.**

The following table outlines the requirements for each pathway

| Pathway A | Pathway B |
|---|---|
| Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association. | Proof of successful completion of an oral and maxillofacial surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association. |

| | |
|---|---|
| Is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery. | |
| Submits to the board a letter from the program director of the accredited residency program, or from the director of a post-residency fellowship program accredited by the Commission on Dental Accreditation of the American Dental Association, stating that the licensee has the education, training, and competence necessary to perform the surgical procedures that the licensee has notified the board he or she intends to perform. | Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state. |
| Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories:<br>**(I)** Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.<br>**(II)** Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin<br>resurfacing, or lip augmentation. | Submits documentation to the board of at least 10 operative reports from residency training or proctored procedures that are representative of procedures that the licensee intends to perform from both of the following categories:<br>**(I)** Cosmetic contouring of the osteocartilaginous facial structure, which may include, but is not limited to, rhinoplasty and otoplasty.<br>**(II)** Cosmetic soft tissue contouring or rejuvenation, which may include, but is not limited to, facelift, blepharoplasty, facial skin<br>resurfacing, or lip augmentation. |
| Submits documentation to the board showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state. | |
| Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status. | Proof that the applicant is on active status on the staff of a general acute care hospital and maintains the necessary privileges based on the bylaws of the hospital to maintain that status. |

1. Submit Documentation of successful completion of an Oral and Maxillofacial Surgery Residency Program accredited by the Commission on Dental Accreditation (CODA) of the American Dental Accreditation (ADA):

   Dates attended:_____

2. **Operative Reports:** Submit documentation of **at least 10 operative reports** operative reports from residency training or proctored procedures that are representative of the procedures that you intend to perform from the following categories:

   (I) **Cosmetic contouring of the osteocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.

   (II) **Cosmetic soft tissue contouring and rejuvenation,** which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

   **The Committee recommends that you submit no more than 30 operative reports.**

   - Reports should indicate your position in the procedure; for example, surgeon or assistant
   - Reports should indicate the hospital they were performed at.
   - Reports should be clear and dark enough to reproduce.
   - Applicant should fill out the included Operative Reports Index form.

3. **Active Staff Status of an Acute Care Hospital**
   Submit documentation showing proof of your active status on the staff of a general acute care and that you maintain the necessary privileges based on the bylaws of the hospital to maintain that status. This document should include signatures from approving parties to be considered. If applicant's status is provisional, applicant must wait until active status is achieved before applying.

   ***If you choose to apply through Pathway A please complete items 4-6 and skip item 7.***

   Pathway A requirements apply more towards applicants directly out of residency training where as Pathway B requirements are directed more towards practicing doctors who have been out of training for an extended period but who have been granted hospital privileges in elective facial cosmetic surgery.

4. Submit Documentation that you are certified, or a candidate for certification, by the American Board of Oral and Maxillofacial Surgery Status:

   Date Certified:_____
   Re-Certification Date:_____
   Candidate for Certification:_____

5. Submits to the Board a letter from the program director of the accredited residency program, or the director of a postresidency fellowship program accredited by the CODA of the ADA stating that you have the education, training, and competency necessary to perform the surgical procedures that you have notified the Board you intend to perform.

6. **Surgical Privileges**

Submit documentation showing all of the surgical privileges that you possess at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.

***If you choose to apply through Pathway B please complete item 7.***

7. **Hospital Privileges:**
Submit documentation showing proof that you have been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures that you intend to perform.

**Specific Surgical Privileges**

(I) **Cosmetic contouring of the osteocartilaginous facial structure**, which may include, but is not limited to, rhinoplasty and otoplasty.

(II) **Cosmetic soft tissue contouring and rejuvenation,** which may include, but is not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation.

## PART 4 – ACKNOWLEDGEMENT/CERTIFICATION

**Abandonment Date for Application**
In accordance with California Business and Professions Code Section 142 (b) the abandonment date for an application that has been returned to the applicant as incomplete shall be 12 months from the date of returning the application.

**Certification** – *I certify under the penalty and perjury, under the law of the State of California that the information in this application and any attachments are true and correct.*

_____ _____

Applicant's Signature Date

## INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by The Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, (916)263-2300, in accordance with Business & Professions Code, 1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by 30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A 405 (c)(2)(C)). Your social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with requesting state. If you fail to disclose your Social Security

number, you may be reported to the Franchise Tax Board and be assessed a penalty of $100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the name(s) and address(es) submitted may, under limited circumstances, be made public.

Name: Index of Operative Reports

| Operative Report | Surgery Type | Procedure(s) | Date | Position | Facility name and location |
|---|---|---|---|---|---|
| 1 | *Osteocatilaginous* | | | | |
| 2 | *Soft TIssue* | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
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