

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Adopt Article 8 and Sections 1023.15, 1023.16, 1023.17, 1023. 18 and 1023.19 in Chapter 1 of Division 10 of Title 16 of the California Code of Regulations to read:

**DIVISION 10. Dental Board of California  
CHAPTER 1. General Provisions Applicable to All Licensees**

**Article 8. Sponsored Free Health Care Events – Requirements for Exemption**

**§1023.15. Definitions**

For the purposes of Section 901 of the Code:

(a) “Community-based organization” means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) “Out-of-state practitioner” means a person who is not licensed in California to engage in the practice of dentistry but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice dentistry.

(c) “In good standing” means that a person:

- (1) Is not currently the subject of any investigation by any governmental entity or has not been charged with an offense for any act substantially related to the practice of dentistry by any public agency;
- (2) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon the person's professional conduct or practice, including any voluntary surrender of license; or,
- (3) Has not been the subject of an adverse judgment resulting from the practice of dentistry that the board determines constitutes evidence of a pattern of incompetence or negligence.

NOTE: Authority cited: Sections 1614 and 901, Business and Professions Code.  
Reference: Section 901, Business and Professions Code.

**§1023.16. Sponsoring Entity Registration and Recordkeeping Requirements**

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the Code shall register with the board not later than 90 calendar days prior to the date on which the

sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed Form DBC-901-A (02/2011), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process Form DBC-901-A on behalf of the board. The board or its delegatee shall inform the sponsoring entity within 15 calendar days of receipt of Form DBC-901-A in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the Code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board. In addition, the sponsoring entity shall provide copies of any record required to be maintained by section 901 of the Code to any representative of the board within fifteen (15) calendar days of the request.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval from the board.

(e) Report. Within fifteen (15) calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority cited: Sections 1614 and 901, Business and Professions Code.  
Reference: Section 901, Business and Professions Code.

**§1023.17. Out-of-State Practitioner Authorization to Participate in Sponsored Event**

(a) Request for Authorization to Participate. An out-of-state practitioner (“applicant”) may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization by submitting to the board a completed Form DBC-901-B (02/2011), which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$100. The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity and the applicant whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted Form DBC-901-B is incomplete and the applicant has not responded within 7 calendar days to the board’s request for additional information;

(B) The applicant does not possess a current valid license in good standing.

(C) The applicant has not completed 50 units of continuing education within two years of the date of his or her application.

(D) The applicant has had his or her permission from the federal Drug Enforcement Administration (DEA) to prescribe controlled substances suspended, revoked or denied.

(E) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial under Section 480 of the Code of an application for licensure by the board.

(F) The applicant has a current physical or mental impairment related to drugs or alcohol.

(G) The applicant has been adjudicated by a court to be mentally incompetent or is under a conservatorship, so that the person is unable to undertake the practice of dentistry in a manner consistent with the safety of a patient or the public.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendar days before the date on which the sponsored event will begin.

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event.

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board.

(D) The applicant has participated in three (3) sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in Section 1023.18.

NOTE: Authority cited: Sections 144, 1614, and 901, Business and Professions Code. Reference: Section 144, 480 and 901, Business and Professions Code.

**§1023.18. Termination of Authorization and Appeal.**

(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The board shall provide both the sponsoring entity and the out-of-state practitioner with a written notice of the termination, including the basis for

the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the Code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act (commencing with Section 11445.10 of the Government Code).

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the executive officer may affirm or dismiss the termination of authorization to participate. The executive officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority cited: Sections 1614 and 901, Business and Professions Code.  
Reference: Section 901, Business and Professions Code.

**§1023.19. Additional Practice Requirements for Out-of-State Practitioners Authorized to Participate in Sponsored Free Health Care Events.**

(a) Each out-of-state practitioner authorized to participate in a sponsored event and provide dental services at the sponsored event pursuant to Section 1023.17 shall provide a written notice to each patient or prospective patient prior to performing any services. This notice may be in a form of the out-of-state practitioner's choosing, but shall be in at least 12 point font and include, at a minimum, the following information:

- (1) The state, district, or territory where the out-of-state practitioner is licensed in good standing;

- (2) The name of each governmental agency that has issued the out-of-state practitioner a license to practice dentistry and the effective dates of each license;
- (3) The out-of-state practitioner's license number(s);
- (4) The dates the out-of-state practitioner is authorized to practice by the board; and,
- (5) A disclosure that states: "The Dental Board of California has only authorized me to provide services under my license from another state and only at this free health care event for a period not to exceed ten (10) days."

(b) This notice required by this Section shall be provided separate and apart from all other notices or authorizations that a patient may be given or required to sign and shall be retained by the patient.

NOTE: Authority cited: Sections 1614 and 901, Business and Professions Code.  
Reference: Section 901, Business and Professions Code.



## REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event.** *Note that the information required by Business and Professions Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.* Only one form (per event) should be completed and submitted.

### PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: \_\_\_\_\_

2. Organization Contact Information (*use principal office address*):

_____ Address Line 1	_____ Phone Number of Principal Office
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ Website
_____ County	

Organization Contact Information in California (*if different*):

_____ Address Line 1	_____ Phone Number
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	
_____ County	

3. Type of Organization:

Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

If not, is the organization a community-based organization\*?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

Organization's Tax Identification Number \_\_\_\_\_

If a community-based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*): \_\_\_\_\_

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\* A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

<b>PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS</b>
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Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.

Individual 1:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address
_____ County	

Individual 2:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address
_____ County	

Individual 3:

_____ Name	_____ Title
_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____	_____

City, State, Zip

E-mail address

County

*(Attach additional sheets if needed to list additional principal organizational individuals)*

**PART 3 – EVENT DETAILS**

1. Name of event, if any: \_\_\_\_\_

2. Date(s) of event (not to exceed ten calendar days): \_\_\_\_\_

3. Location(s) of the event (be as specific as possible, including address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the intended event, including a list of all types of healthcare services intended to be provided *(attach additional sheet(s) if necessary)*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

\_\_\_ *Check here to indicate that list is attached.*

6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:

- |  |  |
|--|--|
| <input type="checkbox"/> Acupuncture Board               | <input type="checkbox"/> Physician Assistant Committee   |
| <input type="checkbox"/> Board of Behavioral Sciences    | <input type="checkbox"/> Physical Therapy Board  |
| <input type="checkbox"/> Board of Chiropractic Examiners | <input type="checkbox"/> Board of Podiatric Medicine   |
| <input type="checkbox"/> Dental Board                    | <input type="checkbox"/> Board of Psychology   |
| <input type="checkbox"/> Dental Hygiene Committee        | <input type="checkbox"/> Board of Registered Nursing   |
| <input type="checkbox"/> Medical Board                   | <input type="checkbox"/> Respiratory Care Board  |
| <input type="checkbox"/> Naturopathic Medicine Committee | <input type="checkbox"/> Speech-Language Pathology,<br>Audiology & Hearing Aid Dispensers<br>Board |
| <input type="checkbox"/> Board of Occupational Therapy   | <input type="checkbox"/> Veterinary Medical Board  |
| <input type="checkbox"/> Board of Optometry              | <input type="checkbox"/> Board of Vocational Nursing &<br>Psychiatric Technicians                  |
| <input type="checkbox"/> Osteopathic Medical Board       |  |
| <input type="checkbox"/> Board of Pharmacy               |  |

**Note:**

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form DBC- 901-B) to the Board.
- The organization and the applicant will be notified in writing by the Board whether authorization for an individual out-of-state practitioner has been granted.
- I understand the recordkeeping requirements imposed by California Business and Professions Code Section 901 and Title 16, California Code of Regulations Section 1023.16 to maintain records both at the sponsored event and for five (5) years in California.
- I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

This form, and any attachments, shall be submitted to:

\_\_\_\_\_ Department of Consumer Affairs  
 Attn: [Executive Office]  
 1625 North Market Blvd.  
 Sacramento, CA 95834

\_\_\_\_\_ Dental Board of California  
 Attn: Licensing & Examinations Unit  
 2005 Evergreen Street, Suite 1550  
 Sacramento, CA 95815

Questions regarding the completion of this form should be directed to: the Licensing and Examinations Unit of the Dental Board of California at the address listed above, or by phone or email as follows:

Phone: (916) 263-2300  
 E-mail: dentalboard@dca.ca.gov

I certify under penalty of perjury that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization:

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Title 16, California Code of Regulations Sections 1023.16 and Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected or denied as incomplete. The information provided will be used to determine compliance with Article 8 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1023.15). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.



## **REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT**

In accordance with California Business and Professions Code Section 901 any dentist licensed/certified and in good standing in another state, district, or territory in the United States may request authorization from the Dental Board of California (Board) to participate in a free health care event offered by a sponsoring entity, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days. The Board may deny requests for authorization received less than twenty (20) calendar days before the date on which the sponsored event will begin.

Note: If you are submitting fingerprint cards to the Board (“Ink on Cards”) along with your application, the Board recommends that you submit your completed application package to the Board at least 60 days prior to the scheduled event to assist in the timely processing of your fingerprint submissions through the California Department of Justice and Federal Bureau of Investigation.

### **PART 1 - APPLICATION INSTRUCTIONS**

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$100, made payable to the Dental Board of California. If submitting fingerprint cards instead of using Live Scan, please submit an additional \$51 fee, payable to the Dental Board of California, to process your fingerprint cards for a total fee of **\$151**. See additional details below.
- A copy of each valid and current license and/or certificate authorizing the applicant to engage in the practice of dentistry issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- Copies of Certificates of Completion showing at least 50 units of continuing education within two years of the date of this application.
- Any documents or statements requested on this application.
- Fingerprints. Fingerprints can be done with electronic Live Scan or ink on cards.

**Live Scan** is available only in California, for either residents or visitors, and is far speedier. The California Department of Justice (DOJ) has the form you need to complete and take to the Live Scan service location in California, and a list of the locations where it is obtainable (see [ag.ca.gov/fingerprints](http://ag.ca.gov/fingerprints)). The procedure is that you take the completed form to the service location, pay a fee and your fingerprints are taken on a glass without ink. The fingerprints are then transmitted electronically to the DOJ, and the DOJ sends the report to the Dental Board. Usually the report is received within two days. There is a low rate of rejections with this method.



**PART 3 – LICENSURE INFORMATION**

1. Do you hold a current license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of dentistry in your jurisdiction(s)?

No  If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes  If yes, list every license, certificate, and registration authorizing you to engage in the practice of dentistry in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. CONTINUING EDUCATION. Provide copies of certificates of completion. Do not send originals.

3. Are you currently the subject of any investigation by any governmental entity? Yes  No   
If yes, provide a detailed explanation of the circumstances surrounding the investigation.

4. Have you ever had charges filed against a dental license that you currently hold or held in the past, including charges that are still pending? Yes  No

If yes, provide a detailed explanation and a copy of the documents relating to the filing of charges.

5. Have you ever had any disciplinary action taken against a dental license or other healing arts license? Yes  No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

6. Have you ever surrendered a dental license, either voluntary or otherwise? Yes  No

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

7. Have you ever been the subject of a malpractice settlement or judgment? Yes  No

If yes, provide a detailed explanation of the circumstances and outcome relating to the malpractice settlement or judgment. You may be required to provide additional information after review of your explanation.

**IMPORTANT REQUIREMENT:** If a disciplinary action is filed against any license you currently hold pending the Board's decision on this application for authorization, you must notify the Board in writing within 48 hours.

8. With the exception of conviction of an infraction resulting in a fine of less than \$1,000, have you ever been convicted of any crime, including an infraction, misdemeanor or felony? Yes  No

"Conviction" includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

9. Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)? If Yes, enter DEA number: \_\_\_\_\_ Yes  No

10. Has permission from the DEA to prescribe controlled substances ever been suspended, revoked or denied? Yes  No

If yes, provide a detailed explanation of the circumstances and a copy of the document(s).

11. Do you have a current physical or mental impairment related to drugs or alcohol? Yes  No

12. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes  No

If yes, provide a detailed explanation of the circumstances, date and time of the court order or the duration of the conservatorship.

#### **PART 4 – SPONSORED EVENT**

1. Name of non-profit or community-based organization hosting the free healthcare event (the "sponsoring entity"): \_\_\_\_\_

2. Name of event: \_\_\_\_\_

3. Date(s) & location(s) of the event: \_\_\_\_\_

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

5. Please specify the healthcare services you intend to provide: \_\_\_\_\_

6. Name and phone number of contact person with sponsoring entity: \_\_\_\_\_

### **PART 5 – ACKNOWLEDGMENT/CERTIFICATION**

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I will comply with all applicable practice requirements required of licensed dentists and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed dentists.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- I have read the questions in the foregoing application and that all information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

**My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Dental Board of California.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name Printed: \_\_\_\_\_

**NOTE:** Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.

**NOTICE OF COLLECTION OF PERSONAL INFORMATION**

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations Section 1023.17 and Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 8 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1023.15). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.