

Dental Board of California

2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



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

**AMENDED NOTICE (See New Telephone Number)
TELECONFERENCE MEETING OF
THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT
CREDENTIALING COMMITTEE
Wednesday, April 27, 2011
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 Location:

Jonathan Sykes, MD
Committee Staff
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

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

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

Suzanne McCormick, DDS
Contractors State Licensing Board
9246 Lightwave Avenue, Suite 130
San Diego, CA 92123
(858) 300-5840



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

**TELECONFERENCE MEETING OF
THE ELECTIVE FACIAL COSMETIC SURGERY PERMIT
CREDENTIALING COMMITTEE
Wednesday, April 27, 2011**

AGENDA

3:00 PM Open Session-Roll Call to Establish Quorum

AGENDA ITEM 1 Approval of January 19, 2011 Meeting Minutes

AGENDA ITEM 2 Discussion and Possible Action Regarding Recommendations to the Dental Board to Make Changes to the Website Which Will Clarify the Application Process for the Elective Facial Cosmetic Surgery Permit

***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

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 Karen Fischer, 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.

BUSINESS AND PROFESSIONS CODE

SECTION 1638-1638.7

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 surgery residency program accredited by the Commission on Dental Accreditation of the American Dental Association.

(2) Proof that the applicant has satisfied the criteria specified in either subparagraph (A) or (B):

(A) (i) Is certified, or is a candidate for certification, by the American Board of Oral and Maxillofacial Surgery.

(ii) Submits to the board 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.

(iii) 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:

(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) 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.

(B) (i) Has been granted privileges by the medical staff at a licensed general acute care hospital to perform the surgical procedures set forth in paragraph (A) at that hospital.

(ii) Submits to the board the documentation described in clause (iii) of subparagraph (A).

(3) 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.

(d) The application shall be accompanied by an application fee of five hundred dollars (\$500) for an initial permit. The fee to renew a permit shall be two hundred dollars (\$200).

(e) (1) The board shall appoint a credentialing committee to review the qualifications of each applicant for a permit. Upon completion of the review of an applicant, the committee shall make a recommendation to the 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 this section, 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 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:

(1) "Elective cosmetic surgery" means any procedure defined as cosmetic surgery in subdivision (d) of Section 1367.63 of the Health and Safety Code, and excludes any procedure that constitutes reconstructive surgery, as defined in subdivision (c) of Section 1367.63 of the Health and Safety Code.

(2) "Facial" means those regions of the human body described in Section 1625 and in any regulations adopted pursuant to that section by the board.

(h) A holder of a permit issued pursuant to this section shall not perform elective facial cosmetic surgical procedures unless he or she has malpractice insurance or other financial security protection that would satisfy the requirements of Section 2216.2 and any regulations adopted thereunder.

(i) A holder of a permit shall comply with the requirements of subparagraph (D) of paragraph (2) of subdivision (a) of Section 1248.15 of the Health and Safety Code, and the reporting requirements specified in Section 2240, with respect to any surgical procedure authorized by this section, in the same manner as a physician and surgeon.

(j) Any violation of this section constitutes unprofessional conduct and is grounds for the revocation or suspension of the person's permit, license, or both, or the person may be reprimanded or placed on probation. Proceedings initiated by the board under this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the board shall have all the powers granted therein.

(k) On or before January 1, 2009, and every four years thereafter, the board shall report to the Joint Committee on Boards, Commissions and Consumer Protection on all of the following:

(1) The number of persons licensed pursuant to Section 1634 who apply to receive a permit to perform elective facial cosmetic surgery from the board pursuant to subdivision (a).

(2) The recommendations of the credentialing committee to the

board.

(3) The board's action on recommendations received by the credentialing committee.

(4) The number of persons receiving a permit from the board to perform elective facial cosmetic surgery.

(5) The number of complaints filed by or on behalf of patients who have received elective facial cosmetic surgery by persons who have received a permit from the board to perform elective facial cosmetic surgery.

(6) Action taken by the board resulting from complaints filed by or on behalf of patients who have received elective facial cosmetic 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
JANUARY 19, 2011
MEETING MINUTES**



**ELECTIVE FACIAL COSEMTIC SURGERY PERMIT (EFCS)
CREDENTIALING COMMITTEE
MEETING MINUTES**

Wednesday, January 19, 2011
2005 Evergreen Street, Lake Tahoe Room
Sacramento, CA

DRAFT

Members Present:

Robert Gramins, DDS
Nestor Karas, MD, DDS – Committee Chair
Anil Punjabi, MD, DDS

Members Absent:

Peter Scheer, DDS
Jonathan Sykes, MD

Also Present:

Suzanne McCormick, DDS, Board Liaison to Committee
Denise Johnson, Assistant Executive Officer
Karen Fischer, EFCS Program Coordinator
Sarah Wallace, Dental Board Regulatory & Legislative Analyst
Kristy Shellans, DCA Legal Counsel
Justin Paddock, DCA Regulatory & Legislative Analyst

Dr. Karas, Committee Chair, called the roll and established a quorum.

Agenda Item 1 – Election of Committee Chair

Dr. Karas called for nominations for a new Committee chair who will preside for a two year term beginning at the next Committee meeting. M/S/C (Gramins/Karas) to nominate Dr. Robert Gramins. There were no other nominations. The Committee voted unanimously to elect Dr. Robert Gramins as Chair of the Committee. There was no public comment.

Agenda Item 2 – Approval of November 3, 2009 Minutes

M/S/C (Gramins/Karas) to approve the Committee minutes of the November 3, 2009 meeting. The Committee voted unanimously to accept the minutes as presented. There was no public comment.

Agenda Item 3 – Report of Board Activities and Priorities for 2011

Dr. Suzanne McCormick, Board Liaison brought greetings to the Committee from Board President Dr. John Bettinger and all Board members, and thanked Committee members for serving. She reported that during the last year, the Board's main focus has been on enforcement issues and preparation for Sunset Review, which began October 1, 2010 when staff submitted a report to the Senate Business, Professions, & Economic Development Committee. She explained the Sunset Review process and reported that the first Legislative Committee hearing is scheduled for March 14, 2011.

Dr. McCormick went on to report that Sarah Wallace had replaced Donna Kantner as the Legislative/Regulatory Analyst for the Board, and that the Board had prioritized the regulatory issues that it would be addressing during the next year. Those issues are (1) the Consumer Protection Enforcement Initiative (CPEI), (2) Portfolio Examination Pathway to licensure, and (3) the Uniform Standards relating to substance abuse.

Sarah Wallace explained the regulatory process and timeframes associated with the development of regulations. Dr. McCormick explained that the Board is unable to set the EFCS Permit regulatory package as a priority in 2011. However, Kristy Shellans, legal counsel advised the Committee members that they should continue deliberations of the proposed regulatory language in order to demonstrate the necessity of clarification of the statute in order to build a record for the rule-making file.

Dr. McCormick reported that the Board is continuing to monitor a pilot project of the Office of Statewide Health Planning and Development (OSHDP) which would expand the scope of duties for allied health professionals in community settings.

Agenda Item 4 – Review the Elective Facial Cosmetic Surgery (EFCS) Permit Application Process and Discuss Possible Recommendations for Changes

Karen Fischer, Program Coordinator, reported that the proposed regulatory language with the revisions discussed at the November 2009 Committee meeting were included in the packet. She suggested that the Committee consider discussing and clarifying additional areas of the application process. Dr. Karas, Committee Chair, emphasized that the basic requirements need to be specific and precise.

OPERATIVE REPORTS: (1) Applicants have submitted operative reports that are illegible, too light to read or reproduce. The Committee agreed that the applicant is responsible for submitting reports that are legible. The application is incomplete if operative reports are not legible. Staff will develop language to put on the website to indicate that submitting operative reports that are clear and easily reproducible will ensure the application process is not delayed.

(2) Operative reports do not indicate a facility name and/or location. The Committee agreed that if an operative report lacks identification, such as name and address of the facility, it may be a surgicenter (office) and documentation of accreditation, as listed in statute, will be required.

(3) Operative reports do not identify the applicant as either primary surgeon or first assistant. The Committee agreed that at least ten (10) operative reports should identify the applicant as either the primary surgeon or the first assistant. Additional operative reports, up to 30, may submitted identifying the applicant as second or third assistant.

(4) Operative reports are not organized by category (Category I: Osteocartilaginous or Category II: Soft Tissue). The Committee suggested including a blank index on the website, and language to be developed to encourage applicants to organize the operative reports by category by completing and submitting a list or index of operative reports as part of the application. An operative report can reference procedures from both Category I and Category II, however, the report still only counts as one of the ten minimum reports required.

APPLICATION: The Committee discussed including a checklist as part of the application process. Staff has utilized a checklist for in-house verification that applicants have completed the application requirements. This checklist could be offered to applicants to assist in completing the application process.

Dr. McCormick confirmed with legal counsel that many of the suggested changes relating to clarification of the application process might be addressed on the Board's website until these changes can be developed into regulatory language. Legal counsel agreed that these changes could not be mandatory at this time, but rather that staff could develop language to encourage applicants to submit clear, legible, and indexed operative reports, and a checklist to ensure the application process would not be delayed.

Dr. Punjabi requested that the Committee review the suggested language for the website and the changes to the draft proposed regulatory language at the next Committee meeting.

RENEWAL OF PERMIT AT SIX YEARS: Regarding the statutory requirement for a permit holder to submit evidence of continuing competence every six years upon renewal of the EFCS permit, the Committee concluded that the requirements for renewal at six years would be (1) certification that the permit holder 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, (2) proof of malpractice insurance for specific privileges of the permit, (3) continued Board certification (If the permit holder qualified for the permit through pathway B, this is not a requirement.), and (4) documentation of continued accreditation of the surgical center where procedures are being performed. M/S/C (Karas/Gramins) to draft these requirements into the proposed regulatory language. The motion passed unanimously.

ADDITIONAL ITEMS DISCUSSED: The Committee had asked legal counsel to clarify if a permit holder could upgrade a limited permit and if so, what would be the procedure.

Kristy Shellans', Legal Counsel, opinion is that statute doesn't address upgrading an EFCS permit. She suggested that the permit holder will need to re-apply for the permit, submitting another application and fee along with the documentation for the additional privileges. The Committee discussed that the current application could be revised to include the question as to whether or not the applicant has a current permit. Staff would review the file to see whether or not other documentation would need to be updated (e.g. hospital privileges). The Committee would review the application to upgrade and if approved, the prior permit number would be cancelled and a new permit number would be issued.

The Committee would like to encourage a permit holder to re-apply any time to upgrade the permit. The Committee agreed that the evaluation process would be expedited.

Dr. McCormick pointed out that the term "Cancelled" license has been an issue with the Board. There is a public perception that a cancelled license has negative connotations.

Add another category to the website to update a permit at any time. Staff to prepare language and an application.

Agenda Item 5 – Future Meeting Dates

The Committee reviewed the Board meeting dates that were provided in the packet and scheduled meetings for Wednesday, April 27, 2011 in Southern California; and Wednesday, July 13, 2011 in Sacramento. Dr. McCormick asked that the Committee consider teleconferencing. The members agreed that teleconferencing is a good idea. There was no public comment.

CLOSED SESSION - Consideration of Elective Facial Cosmetic Surgery Permit Applications. CLOSED SESSION began at 3:30 pm. Open Session resumed 4:00 pm.

Recommendations to Dental Board regarding Elective Facial Cosmetic Surgery Permit Applications

Dr. Karas reported that the Credentialing Committee reviewed three (3) permit applications.

Applicant Dr. JB: The Committee unanimously agreed to recommend to the Board that this applicant is ineligible for an EFCS permit because he does not meet the criteria specified under Business & Professions Code, Section 1638.1. This applicant holds a license issued by the Medical Board, not the Dental Board.

Applicant Dr. JPD: The Committee unanimously agreed to recommend to the Board that this application be deferred for review pending further documentation by the applicant.

Applicant Dr. EF: The Committee unanimously agreed to recommend to the Board that this application be approved for unlimited privileges in both Category I and Category II as requested in the application.

Public Comment

There was no public comment.

Adjournment

The meeting adjourned at 4:05 p.m.

AGENDA ITEM

#2

Discussion and possible action regarding recommendations to the Dental Board to make changes to the website which will clarify the application process for the Elective Facial Cosmetic Surgery Permit



MEMORANDUM

DATE	April 21, 2011
TO	Elective Facial Cosmetic Surgery Permit Credentialing Committee Members
FROM	Karen Fischer, Coordinator Elective Facial Cosmetic Surgery Permit Program
SUBJECT	Agenda Item #2: Discussion and Possible Action Regarding Recommendations to the Dental Board to Make Changes to the Website Which Will Clarify the Application Process for the Elective Facial Cosmetic Surgery Permit

BACKGROUND:

At the January 19, 2011 meeting, the Committee discussed the EFCS Permit application process and possible recommendations for changes. Some of the issues discussed included:

- Operative reports should be clear and dark enough to be reproduced.
- Use of an index to organize the operative reports.
- Outlining a process for a permit holder to upgrade a limited permit to full privileges.

Dr. McCormick confirmed with legal counsel that many of the suggested changes relating to clarification of the application process might be addressed on the Board's website until these changes can be developed into regulatory language.

The Committee asked staff to draft additional clarifying language for the application instructions that appear on the website. This draft language is available in the packet for review and discussion.

ACTION:

Submit a recommendation to the Dental Board to make changes to the website which will clarify the application process for the Elective Facial Cosmetic Surgery Permit.

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 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 that the applicant has satisfied the criteria specified in either subparagraph (A) or (B) of Section 1638.1(c)(2).
4. Submit to the board 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.
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.
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

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.

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

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 the pathway 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.
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 provided.
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 provided. Submitting the operative reports in an organized way will ensure the application process moves along quickly.
4. Documentation showing the surgical privileges the applicant possesses at any licensed general acute care hospital and any licensed outpatient surgical facility in this state.
 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 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 provided. Submitting the operative reports in an organized way will ensure the application process moves along quickly.
3. An application fee of \$500.00

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

SAMPLE

Name: _____ Index of Operative Reports

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